

CENTRE FOR HEALTH RENYA SOLUTIONS

Globally, childhood tuberculosis (TB) is a major cause of morbidity and mortality. In 2017, over one million children suffered from TB, leading to 230,000 deaths. Children, 5 years and under, are at risk for severe TB disease. Adoption of isoniazid preventive therapy (IPT), well-recognized for preventing TB, has been slow. Kenya is a high burden country for TB, multidrug resistant TB, and TB/HIV. In 2016, Kenya notified 75,894 TB cases of which 6,619 (8.5%) were paediatric. Only 5.5% of eligible children initiated IPT. Kenya's National TB Program has prioritized paediatric TB and was the first to rollout new paediatric formulations; however, the question remains, how to reach Kenyan children who need treatment?

To address this question, TB **REACH** awarded Centre for Health Solutions (CHS), a Kenyan NGO, a Wave 5 grant, "FIKIA: Finding the Children" to bridge the TB identification, diagnosis, and treatment gap for children under 5. The project focused on household exposures to identify children at risk and to improve TB diagnosis and IPT uptake. Additional activities included rolling out a national child contact register and HCW TB trainings, in-person and through Project ECHO (a web platform). ECHO sessions reinforced learning and provided a forum to discuss challenging cases. Other activities included screening children at paediatric outpatient and Maternal and Child Health departments using an app developed by another TB REACH grantee, IRD Bangladesh.



In this project, adults with TB were asked to bring children for screening. 8060 adults with TB identified 2,022 children under 5 in their homes. 1848 (91%) of these children were screened; 1610 (87%) initiated IPT and 83% completed IPT; and 119 (6%) were diagnosed with TB and started on treatment. For other case finding activities, 124,695 children were screened; 44,582 had two TB symptoms; and 554 had TB and initiated treatment. Because of the project success the Kenya National TB Program committed to support Project ECHO -Pediatric TB country wide, to promote universal use of child contact registers, and incorporate lessons learnt into the new National Strategic Plan.

In March 2018, baby Blessing's mother was HIV positive and living on the street. The mother defaulted ART and had TB in pregnancy, which was treated. Baby Blessing had an HIV test at 6 weeks with a negative result, but at month 9, the HIV test was positive. Both child and mother were not on any HIV treatment. The child had difficulties in breathing, poor weight gain, and no cough. The clinician shared the case on the Pediatric TB ECHO session for guidance. Experts in the session advised for a chest x-ray. The x-ray was suggestive of TB and the child was given treatment and has since improved. The mother was grateful to the clinician for saving Blessing's life.









TB REACH

FINDING AND TREATING PEOPLE WITH TB IN THE WORLD'S POOREST COMMUNITIES

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TB REACH combines fasttrack, results-based financing with rigorous, external monitoring and evaluation (M&E) to produce effective results. As a direct result, many national governments and/ or other donor agencies such as The Global Fund have chosen to scaleup successful approaches and maximize their own investments.

TB REACH awards grants up to US one million dollars to institutions or organizations that have put forward innovative solutions to find, treat, and stop the spread of TB

At its conception, TB REACH focused on demonstrating how active case finding can improve TB case detection, and now has expanded to promote state of the art technologies and approaches to improve treatment outcomes, TB prevention and product innovation.