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**AFRICAN STRATEGIES
FOR HEALTH (ASH)**

Childhood TB Landscape Analysis

Progress to-date

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Outline

- Rationale for a Landscape Analysis
- Countries included (Asia and Africa)
- Methodology
- Information collected to-date
- Preliminary observations
- Take-away messages
- Q & A



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Why are we doing this?

1. Insufficient information on childhood TB

“...uncertainty in estimation has been used to inform

“...the number of

“...the difficulties in provision of accurate estimates of childhood TB are widely acknowledged...” - Graham

... of TB in



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Why are we doing this?

2. The information we do have is not centralized





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The Landscape Analysis

1. One-stop shop for information on childhood TB activities in countries:
 - What is the status of childhood TB programming?
 - Mapping of recent/current studies, results and partners.

2. Tool for advocacy:
 - What are the successes?
 - What/where are the gaps and challenges?

3. Develop strategic approaches:
 - Defining strategic opportunities to build childhood TB programming.



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Products of Landscape Analysis

- Products under development:
 - **Country tracker:** quick overview of key parameters on childhood TB in select countries
 - **Database and report:** deeper dive into childhood TB activities at country level and subsequent narrative analyzing the results
 - **Country profiles:** two-page reports on current epidemiology, national policies, partners working in childhood TB, etc.



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Countries Included

(Preliminary observations on those in **Bold**)

Africa (21)		Asia (20)	
Angola	Rwanda	Afghanistan	Kyrgyzstan
Botswana	Senegal	Armenia	Pakistan
Congo (Republic of)	South Africa	Azerbaijan	Philippines
DR Congo	South Sudan	Bangladesh	Russia
Ethiopia	Swaziland	Belarus	Tajikistan
Ghana	Tanzania	Burma	Ukraine
Kenya	Uganda	Cambodia	Uzbekistan
Lesotho	Zambia	China	Viet Nam
Malawi	Zimbabwe	Georgia	
Mozambique		India	
Namibia		Indonesia	
Nigeria		Kazakhstan	



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Methodology

- Document & Literature Review (103 documents*, 51 articles)
- Key informant interviews (15 conducted)
- Analysis of WHO Data (CNR data for 41 countries)
- Survey to Africa NTP managers (responses from 17 African countries)

* *Program reviews (EMM, JMM), TDY reports, Ops, country strategic plans, guidelines, data reports, Global Fund documents*



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Information collected to date (I)

Topic	Indicators	Africa (12)	Asia (20)
Political will	Child TB in NSP	92%	60%
	Included in NSP budget	92%	15%
	Activity in GF budget	100%	10%
Leadership & advocacy	Active childhood TB working group	50%	45%
	Children as the focus of World TB Day in the past 5 years	0%	55%
Data collection/ reporting	CNR/CDR disaggregated by age	100%	65%
	Child TB cases represent 5-15% of total cases	100%	65%
	Outcomes tracked for children (separate from adults)	100%	60%
	HIV data recorded and reported for Child TB	42%	45%
	Reported Child MDR-TB in last year	0%	45%



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Information collected to date (2)

Topic	Indicators	Africa (12)	Asia (20)
Guidelines	National Childhood TB guidelines	100%	85%
	Childhood TB training in the past 3 years	17%	50%
	Childhood TB module included in overall training	0%	55%
	Separate training on child TB case management	0%	50%
Pediatric FDCs	Mentioned in guidelines	100%	55%
	Available at district level	8%	0%
Prevention	IPT National Policy for children of household contacts	100%	80%
	In line with WHO rapid advice of 10mg/kg	58%	0%
	Pediatric INH available	67%	45%
	NTP has contact screening register	42%	40%
	Child IPT data recorded and reported	0%	55%
Screening & Referral integrated	Is screening and referral integrated into other programs (e.g. HIV, MCH, etc.)	8%	50%
Operational research	Operational Research for childhood TB being conducted	58%	45%



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Africa NTP Survey Results (n=17)

NTP reported challenges

1. Difficulties with diagnosing TB in children- **56%**
reported this as the biggest challenge
2. Health system shortcomings- **33%**
3. Difficulties with identifying & protecting children at highest risk of TB- **28%**
4. Lack of data to support funding and planning- **17%**
5. Lack of community awareness and CSO support-
39% reported this as the smallest challenge



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Consolidating and analyzing the information

If we understand these to be challenges?

1. Difficulties with diagnosing TB in children
2. Difficulties with identifying & protecting children at highest risk of TB

How do we use the LA to respond?

- NSP Cascade (Funding)
- Guidelines cascade (Organizational)
- IPT cascade (Operationalization)



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Cascade of NSP to GF/CN and work plans.... Africa (n=12), Asia (n=20)

**NSP has section on
child TB and budget
reflects that
commitment**

Asia – 60%, 15%

Africa - 75%, 33%



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Cascade of NSP to GF/CN and work plans.... Africa (n=12), Asia (n=20)

NSP has section on
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Asia – 60%, 15%
Africa - 75%, 33%

Concept note
includes section on
child TB; specific
budget to support
child TB

Asia – 20%, TBD
Africa - 25%, TBD



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GF successfully negotiated, with child TB support included in final documents.

Asia – TBD
Africa - TBD



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Asia – TBD
Africa - TBD

Work plans by NTP and partners align with CN and budget allocation

Asia – TBD
Africa – TBD



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Cascade of Guidelines - from policy to practice.... Africa (n=12), Asia (n=20)

**National GL include
Child TB**

Asia – 80%

Africa – 100%

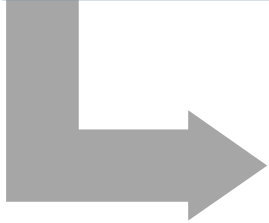


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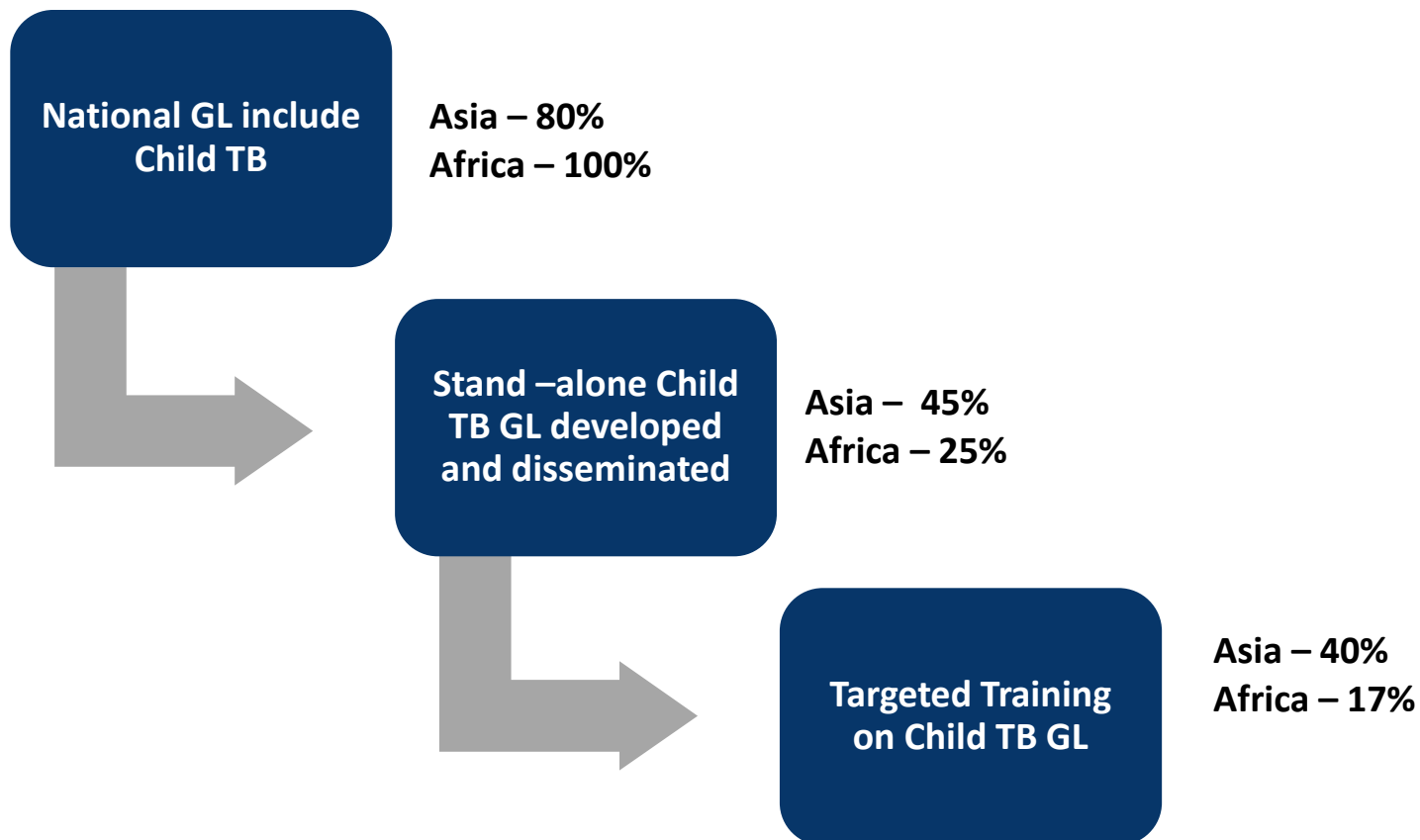
**Stand –alone Child
TB GL developed
and disseminated**

**Asia – 45%
Africa – 25%**



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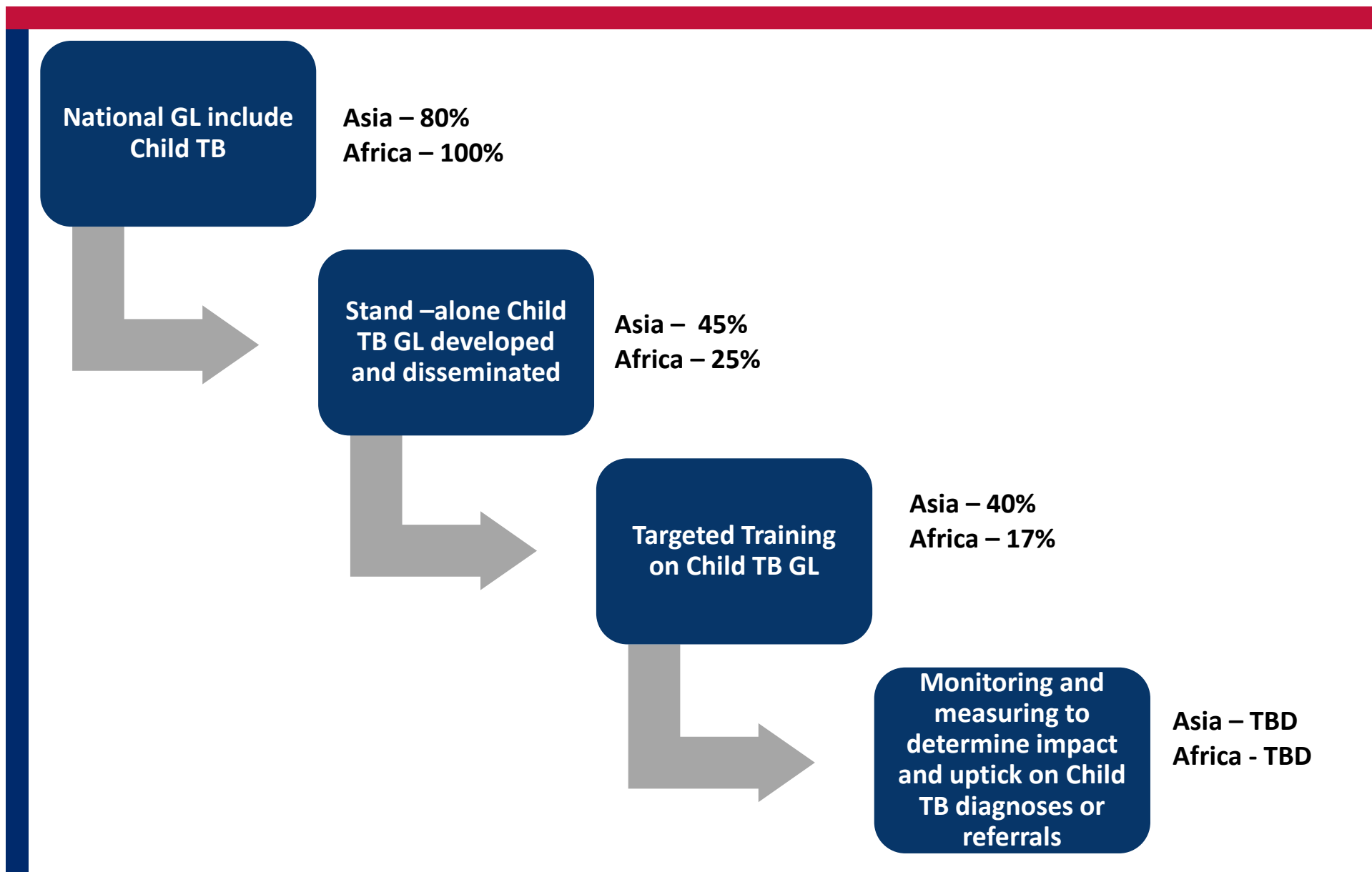
Cascade of Guidelines - from policy to practice.... Africa (n=12), Asia (n=20)





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Cascade of Guidelines - from policy to practice.... Africa (n=12), Asia (n=20)





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Cascade of IPT from Policy to Practice... Africa (n=12), Asia (n=20)

National IPT Policy

Asia – 80%
Africa – 100%

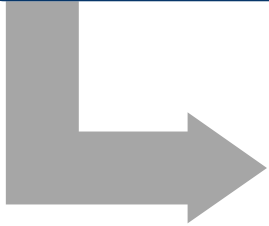


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Cascade of IPT from Policy to Practice... Africa (n=12), Asia (n=20)

National IPT Policy

Asia – 80%
Africa – 100%



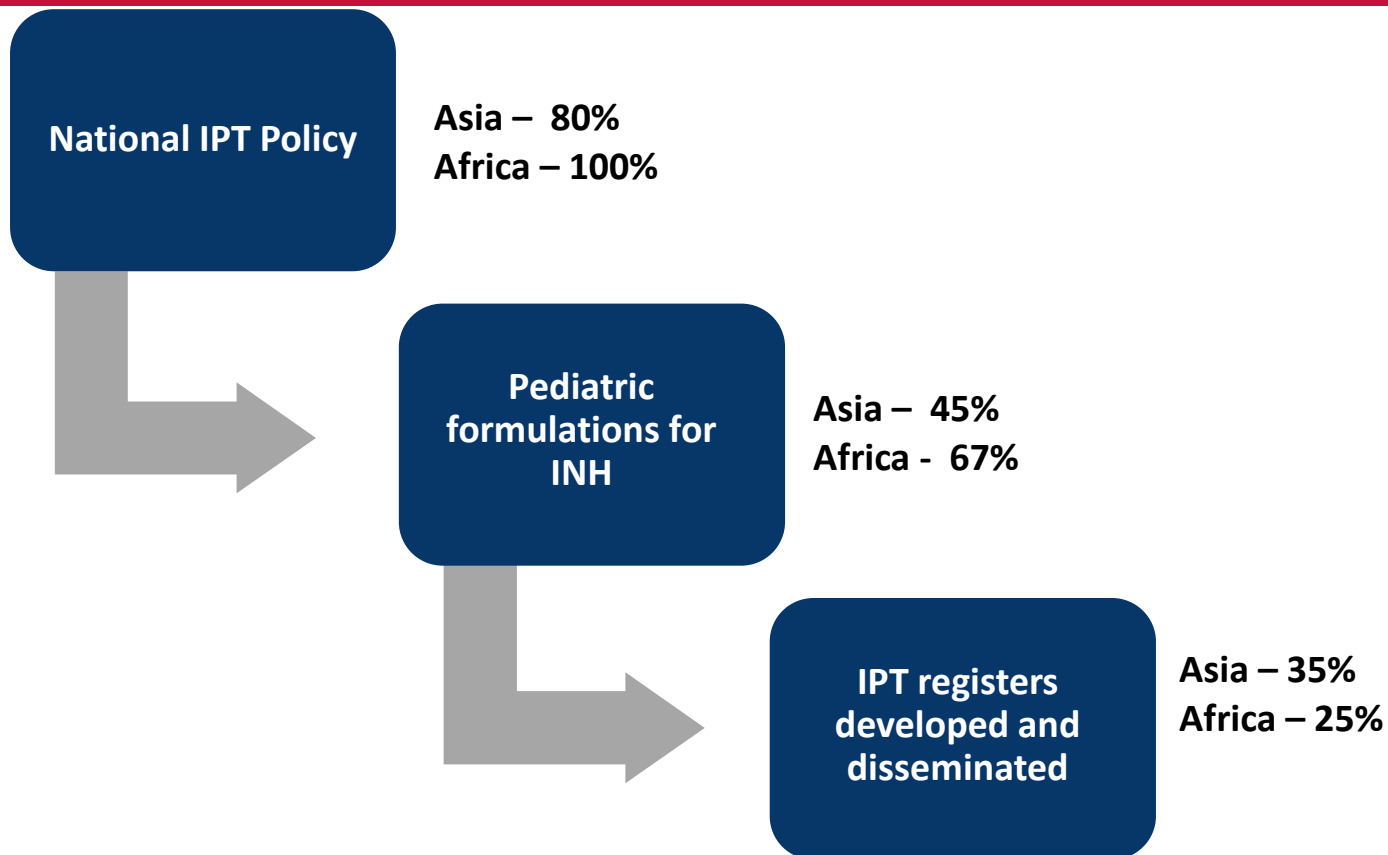
**Pediatric
formulations for
INH**

Asia – 45%
Africa - 67%



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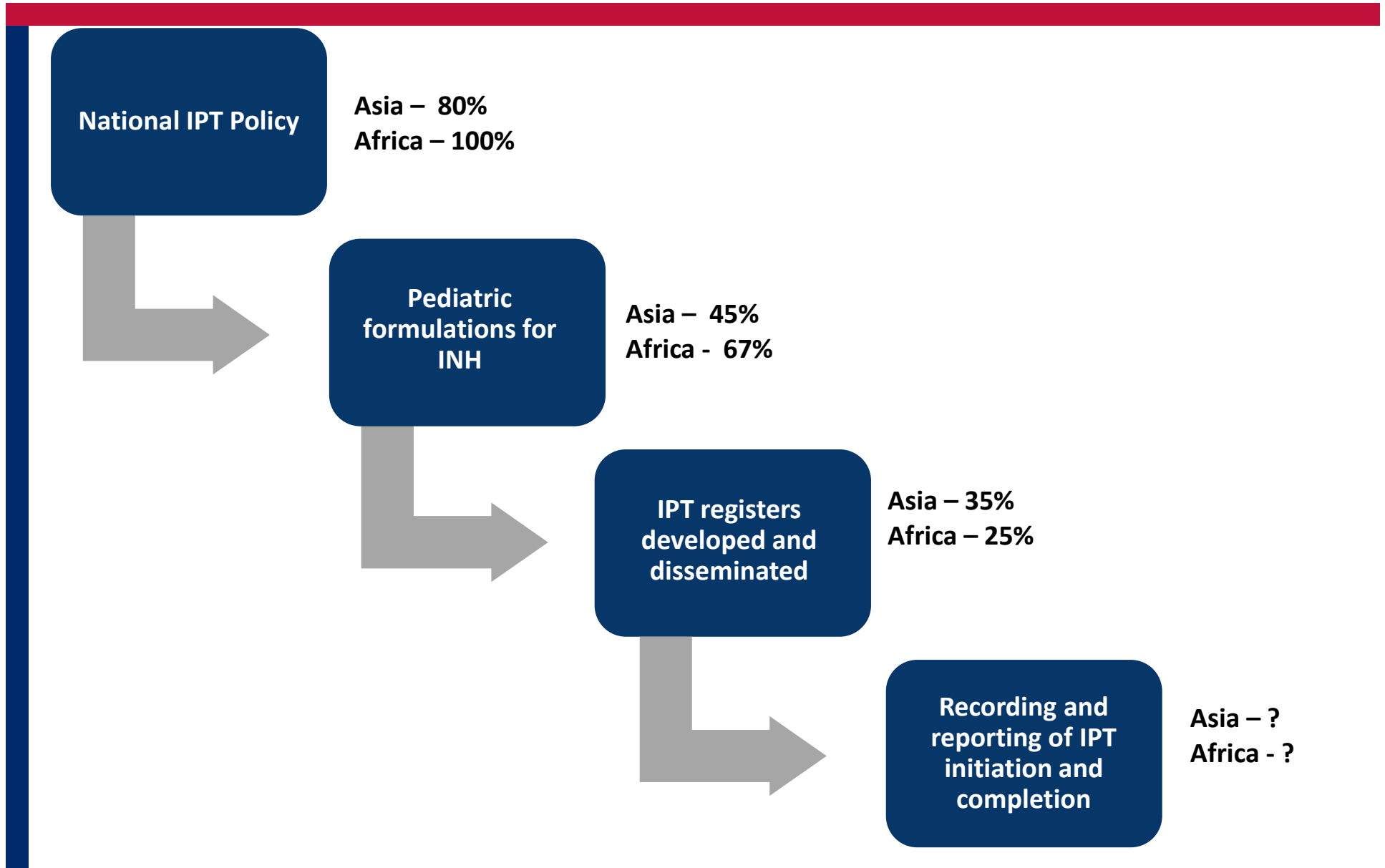
Cascade of IPT from Policy to Practice... Africa (n=12), Asia (n=20)





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Cascade of IPT from Policy to Practice... Africa (n=12), Asia (n=20)





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Take away messages

- Advocating for Funding is key:
 - NSP, GF CNs, incorporation of child TB into GF allocations and NTP work plans necessary
- Organizing service delivery is important
 - Ensure GL enable HW's to provide services, train and equip HWs, track progress
- Operationalizing service delivery
 - Implement policy (equip HW and communities to implement “low hanging fruit” activities)



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What do we still need to know?

- Who are your current “champions” for childhood TB?
- What funding support for childhood TB is reflected your NSP and CN in your country?
- Is your country conducting routine training in childhood TB?
- How is your country operationalizing childhood TB contact case management and monitoring IPT to completion?
- What operational research is being conducted in your country on childhood TB?

