

# UNICEF and childhood TB



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# ENDING TUBERCULOSIS IN CHILDREN

## KEY FACTS

**1** MILLION children fell ill with TUBERCULOSIS (TB) in 2014

**400** children die each day from TB

## CHALLENGES IN REACHING CHILDREN WITH TB



**DIFFICULTIES IN TB DIAGNOSIS**  
lead to children often getting missed or overlooked



**TB TREATMENT NOT CHILD-FRIENDLY**  
leading to poor health outcomes and development of drug-resistance



**INCREASED COLLABORATION NEEDED**  
between actors in TB, HIV and maternal and child health

## NEW HOPE FOR CHILDREN WITH TB

### CHILD-FRIENDLY TB TREATMENT NOW AVAILABLE

FIXED-DOSE COMBINATIONS OF 3 DRUGS IN ONE TABLET

After sustained advocacy and new investments, child-friendly formulations that do not need to be cut or crushed to achieve an appropriate dose are available, offering the opportunity to simplify and improve treatment for children everywhere. These new formulations are available thanks to a project lead by TB Alliance and WHO, and funded by UNITAID and USAID. The formulations will be available in 2016.

#### BENEFITS



Accurately-dosed as per WHO recommendations

Fewer pills will:  
- ease burden on health workers  
- simplify procurement, and  
- facilitate scale-up of pediatric treatment

Improves adherence thus slowing the spread of drug resistance

**BETTER CHILD SURVIVAL SAVING MANY LITTLE LIVES**

64% of the estimated cases are not reported, not diagnosed

How can UNICEF help to

- improve case detection and access to the new FDCs
- Provide preventive services



TB ALLIANCE



World Health Organization

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# UNICEF - overview

- UNICEF's mandate is to promote the rights and well-being of children, guided by the UN Convention on the Rights of the Child
- Presence in 190 countries, 7 regional offices
- Country offices: 5-year country programme of cooperation with host government
- Specialized offices: Supply Division (Immunizations and other commodities)
- Programme Division at HQ:
  - Technical leadership and guidance
  - Support to COs to support national programs to go to scale with proven interventions
  - Manage and disseminate programme knowledge and experiences

# UNICEF – Programme Division

Young children  
development

Education

HIV/AIDS

# TB?

## Health

- Child Health (Pneumonia, Diarrhea, Malaria, HIV, TB)
- Maternal and Newborn
- Immunization
- Emergencies
- Knowledge management (OR)

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# Care seeking along the continuum of care

Home/Community



1<sup>st</sup>/secondary level facilities



Hospital



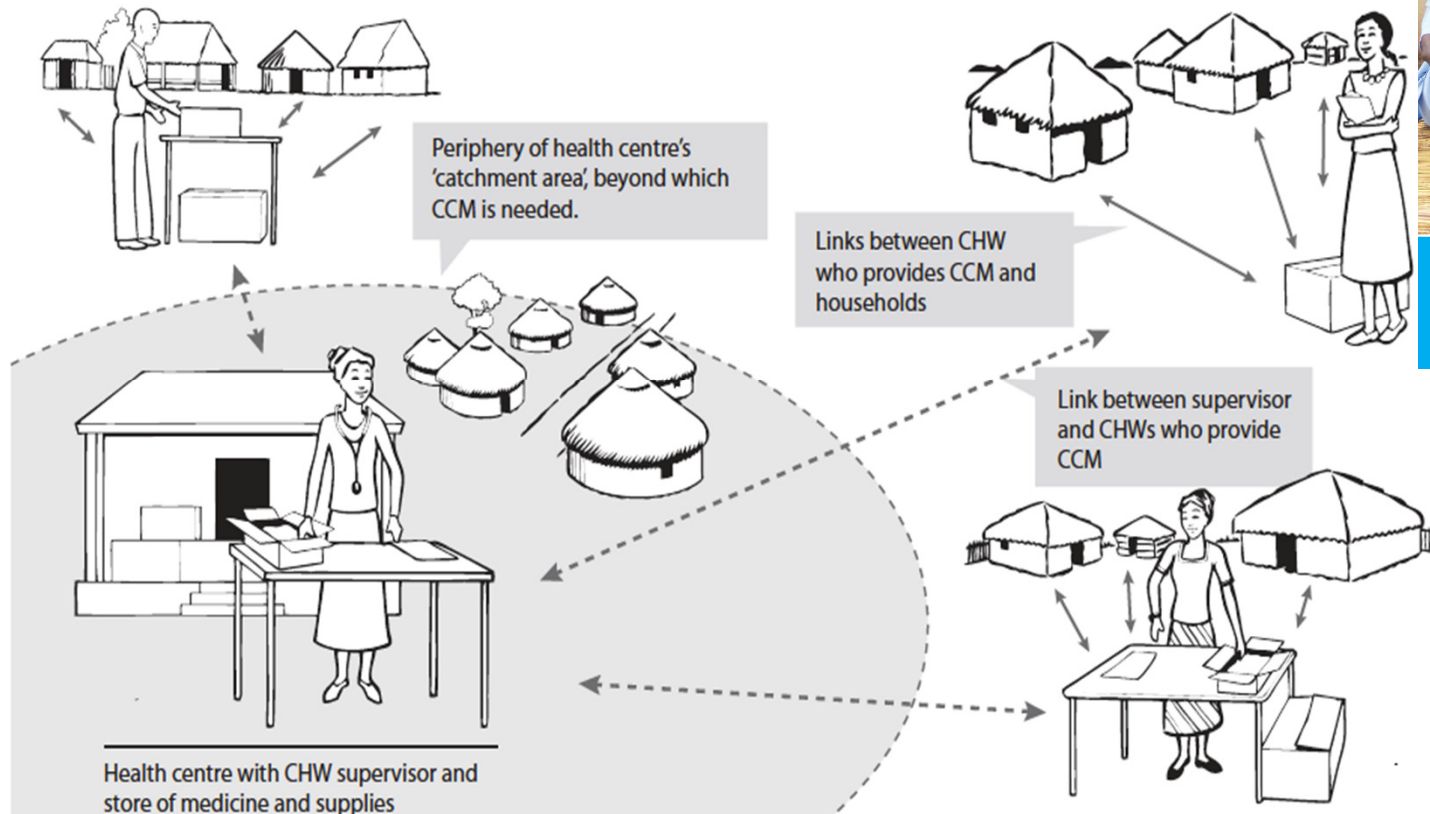
Improve access

Decentralize

# Integrated community case management (iCCM) is an effective strategy for scaling up interventions at the community level

**iCCM – key set of interventions delivered by CHW, focusing on main killers of children: Pneumonia, Malaria, Diarrhea**

Community health workers improve access to treatment in underserved areas



WHO/UNICEF JOINT STATEMENT  
Integrated Community Case Management (iCCM)

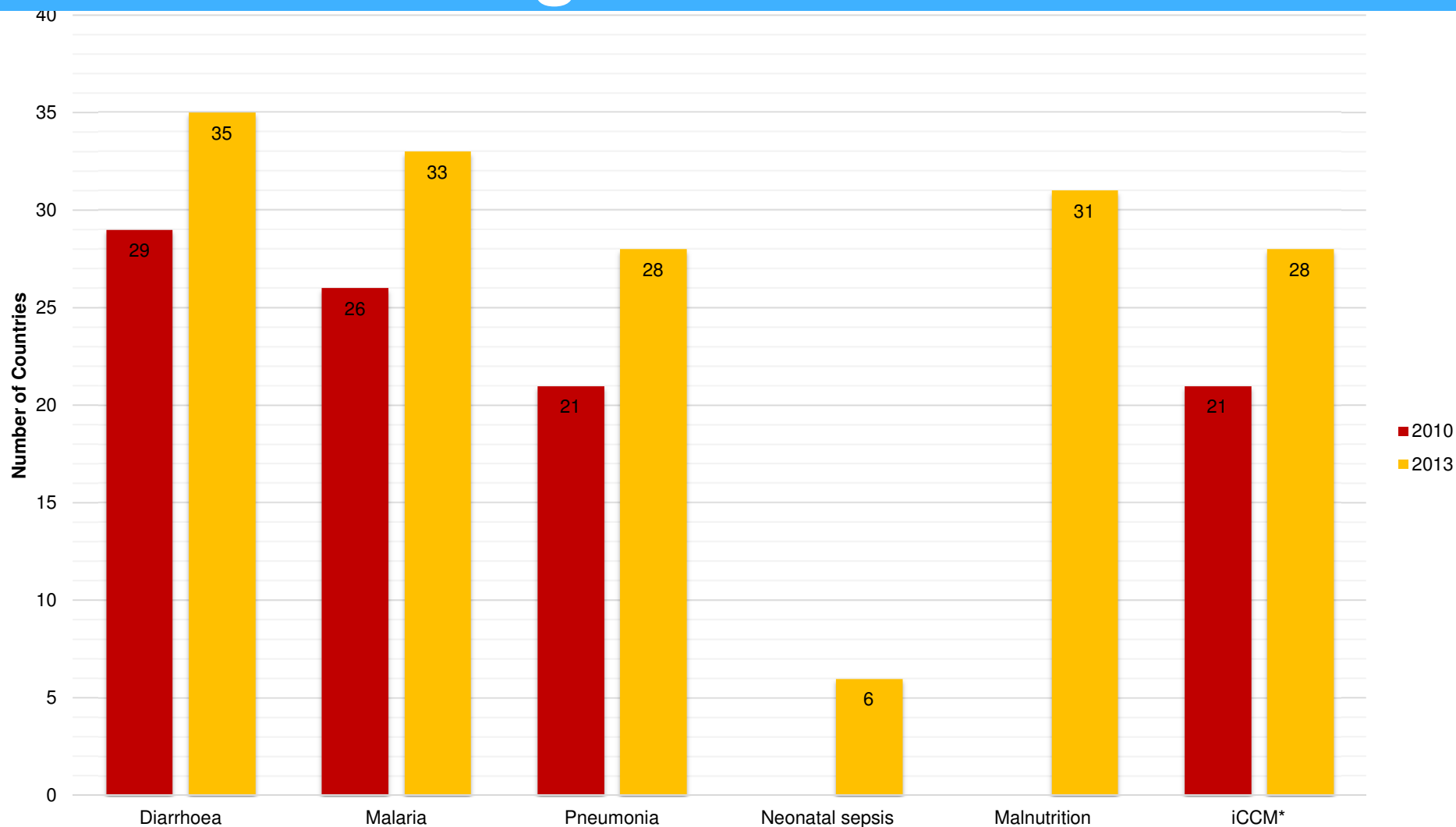


An equity-focused strategy to improve access to essential treatment services for children



**Ideal platform for TB interventions: case finding and prevention**

# Implementation of Community Case Management in Africa



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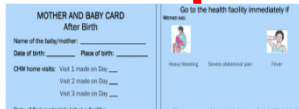
Notes: \*iCCM refers to services for diagnosis and treatment for pneumonia, diarrhoea and malaria are provided together. There was no data for neonatal sepsis and malnutrition in the 2010 survey.

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# WHO/UNICEF adapted CHW materials (2014)

## Caring for the newborn at home

- Promotion of ANC and skilled care at birth
- Care in facility
- Recognition of newborn illness
- Special care for low birth weight



## Caring for the sick child in the community (iCCM)

- Referral of children with danger signs
- Acute

### Sick Child Recording Form

Sick Child Recording Form  
(for community-based treatment of child aged 2 months up to 5 years)

CHW: \_\_\_\_\_  
(Day / Month / Year)

Child's name: First \_\_\_\_\_ Age: \_\_\_ Years \_\_\_ Months \_\_\_ Day / Girl  
Mother's name: \_\_\_\_\_ Relationship: Mother / Father / Other \_\_\_\_\_  
Sex: \_\_\_\_\_ Community: \_\_\_\_\_

Identify problems:

ASSESS AND LOOK	Any DANGER SIGN or other problem to refer?	SECK but NO Danger Sign?
1. What are the child's problems? (If not sorted, then ask to be sorted)		
# Cough (2 or more times in 24 hrs)	<input type="checkbox"/> Cough for 21 days or more	<input type="checkbox"/> Diarrhoea (less than 14 days AND no blood or mucus)
# Diarrhoea (2 or more loose stools in 24 hrs)	<input type="checkbox"/> Diarrhoea for 14 days or more	<input type="checkbox"/> Diarrhoea (less than 14 days AND no blood or mucus)
# Fever (temp. 38°C or more)	<input type="checkbox"/> Fever for less than 7 days or more	<input type="checkbox"/> Fever (less than 7 days) in a malaria area
# Convulsions	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Convulsions
# Difficulty drinking or feeding	<input type="checkbox"/> Not able to drink or feed anything	<input type="checkbox"/> Not able to drink or feed anything
# Any other problem I cannot treat (for example, problem breast feeding, injury, burn)	<input type="checkbox"/> Other problem to refer	<input type="checkbox"/> Other problem to refer
# Chest indrawing (FOR ALL CHILDREN)	<input type="checkbox"/> Chest indrawing	<input type="checkbox"/> Chest indrawing
# Fast breathing	<input type="checkbox"/> Fast breathing	<input type="checkbox"/> Fast breathing
# Usually sleepy or unconscious	<input type="checkbox"/> Usually sleepy or unconscious	<input type="checkbox"/> Usually sleepy or unconscious
# Swelling of both feet	<input type="checkbox"/> Swelling of both feet	<input type="checkbox"/> Swelling of both feet

2. Decide: Refer or treat child (tick boxes)

If ANY Danger Sign or other problem, refer to health facility

If NO Danger Sign, treat at home and advise caregiver

GO TO PAGE 2



# HIV/Risk of HIV? TB contact?

## Caring for the sick child

- Care-giving skills
- Infant and young child feeding
- Prevention of illness
- Family response to child's illness

**Newborn, birth up to 1 week**

- Immediately after birth, put your baby in skin to skin contact with you.
- As soon as possible, and your baby is awake, give your baby the first milk (colostrum).
- Breastfeed day and night, as often as your baby wants, at least 8 times in 24 hours. Frequent feeding promotes breast milk.
- If your baby is low birth weight, breast every 2 to 3 hours. Wake the baby for feeding after 3 hours, if baby does not wake self.
- Make sure your baby is well anchored to the breast and is suckling well.
- Do not give other foods or fluids.

**1 week up to 6 months**

- Breastfeed as often as your child wants.
- Start giving 1 to 2 tablespoons of thick porridge and well-mashed foods during 2 to 3 meals each day.
- Continue with breast milk and increase gradually to 10 oral meals each.
- Offer 1 to 2 snacks each day between meals. If 2 snacks, give small chewable items to eat.

**6 months up to 12 months**

- Breastfeed as often as your child wants.
- Give 12 cups of finely chopped or mashed family foods during 2 to 4 meals each day.
- Offer 1 to 2 snacks each day between meals.
- For snacks, give small chewable items to eat with fingers. Let your child try to feed self, but provide help.

**12 months up to 2 years**

- Breastfeed as often as your child wants.
- Give 24 cups to a full cup of family foods 3 or 4 times each day. Chop or mash the foods, if necessary.
- Offer 1 to 2 snacks each day between meals.
- For snacks, give small chewable items to eat with fingers. Encourage—but do not force—your child to eat. Talk face-to-face with your child during feeding.
- Feed always patiently.

**2 years and older**

- Give at least a full cup of family foods during 3 to 4 meals each day. Allow, twice daily, give soft-boiled eggs between meals.
- Offer a variety of foods. If a new food is introduced, offer "taster" several times. Show that you like the food.

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RECOMMENDATIONS FOR FEEDING YOUR CHILD

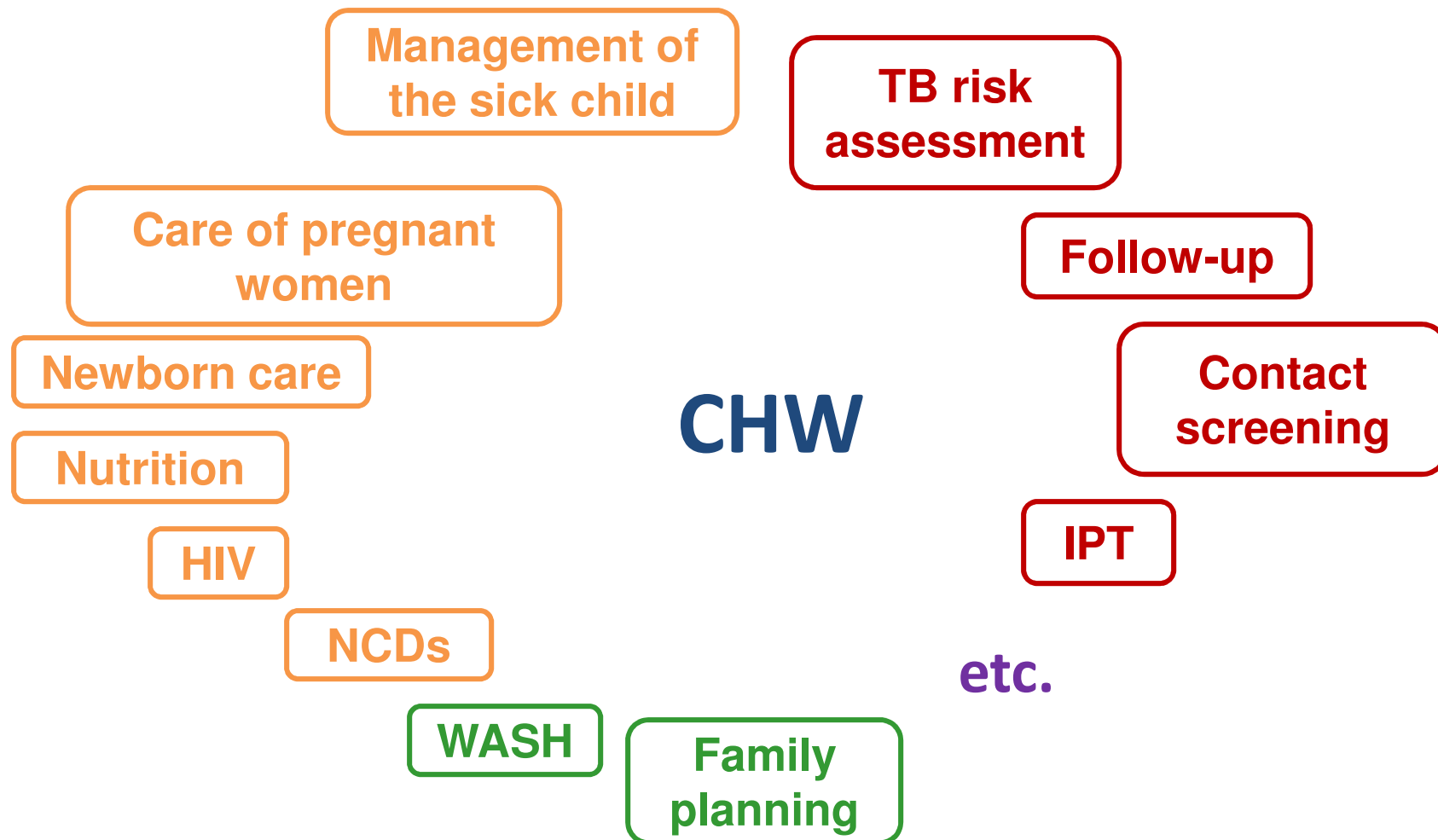




# What is the impact?

- TB case finding?
- TB outcomes?
- What would be the impact of scale-up?
- Uptake of preventive therapy – cases prevented?
- **But also:** impact on other child health measures (pneumonia, malnutrition)

# The community platform – opportunities in a complex system



# How can we best integrate TB and other conditions into the existing community platform

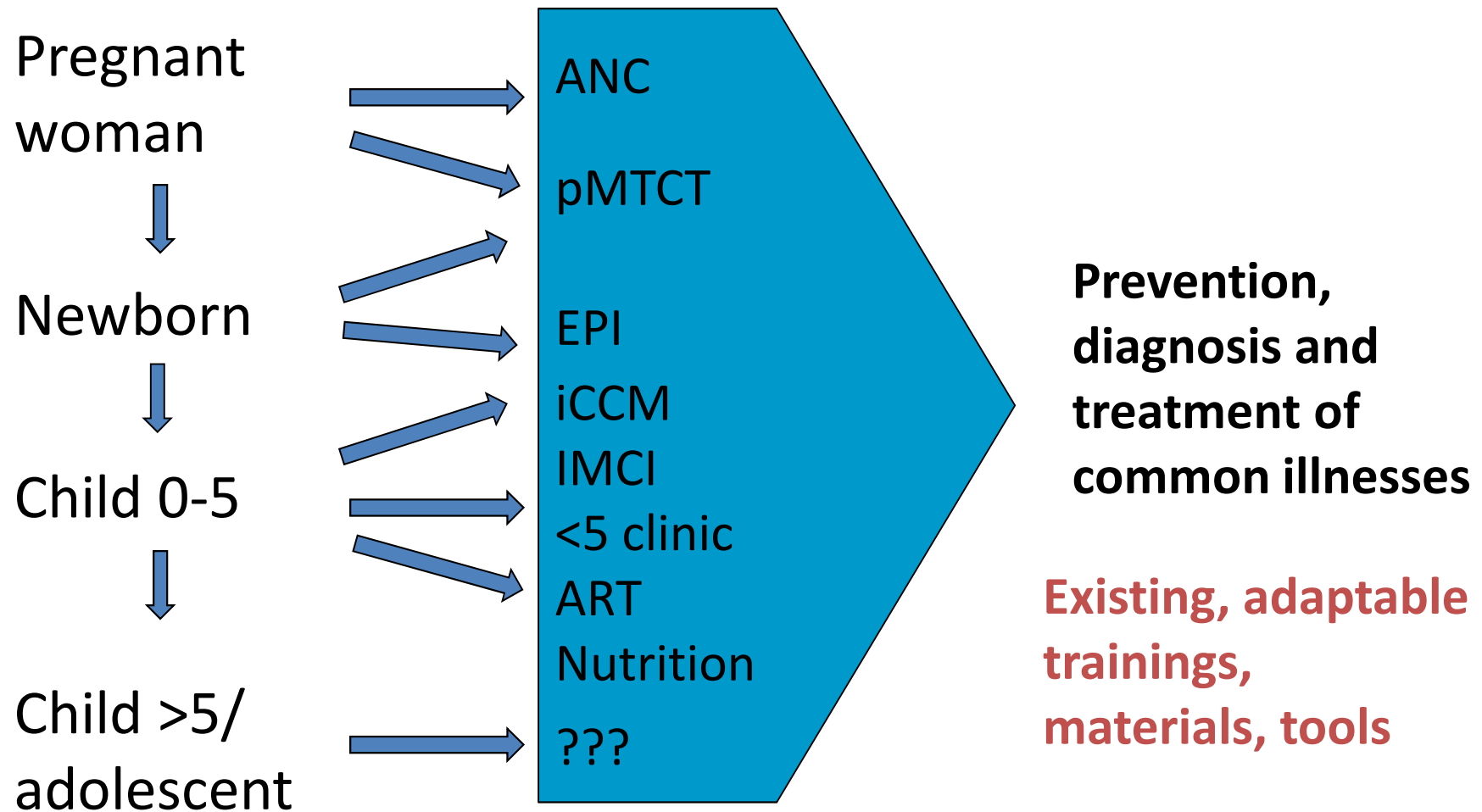
- **Operational feasibility**

- Can we maintain quality?
- What management and reporting tools are needed?
- How can we develop comprehensive training approaches?
- How can we harmonize M&E?
- Referral systems needed
- Preparedness of receiving facilities

- **Cost**

- Health system
- Patients

# Many opportunities for linking TB to existing approaches along the MCNH continuum of care



# Engage UNICEF at country level

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# Advocacy – moving TB beyond TB



- End the epidemics of TB, HIV
- End preventable maternal and child deaths

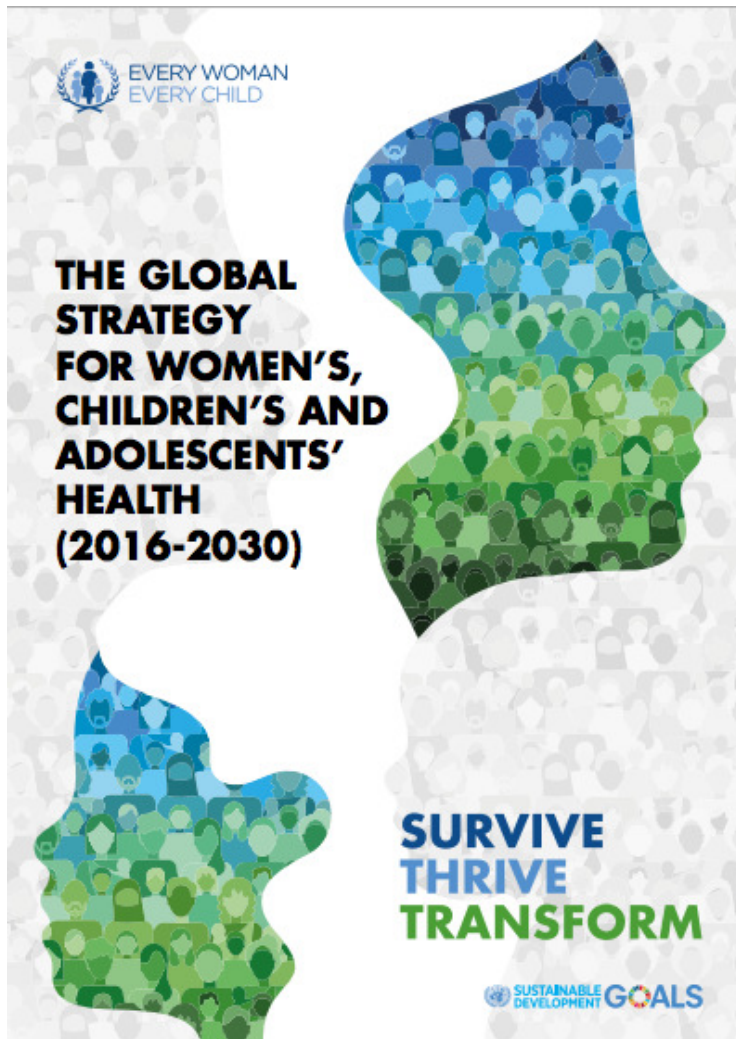
INTRODUCING  
**THE**  
**END TB**  
STRATEGY



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# Advocacy – moving TB beyond TB



COMMITTING TO CHILD SURVIVAL  
A PROMISE RENEWED



CHILD SURVIVAL  
**CALL to ACTION**  
Ending Preventable Child Deaths

Summary Roadmap

Version 1  
June 14, 2012

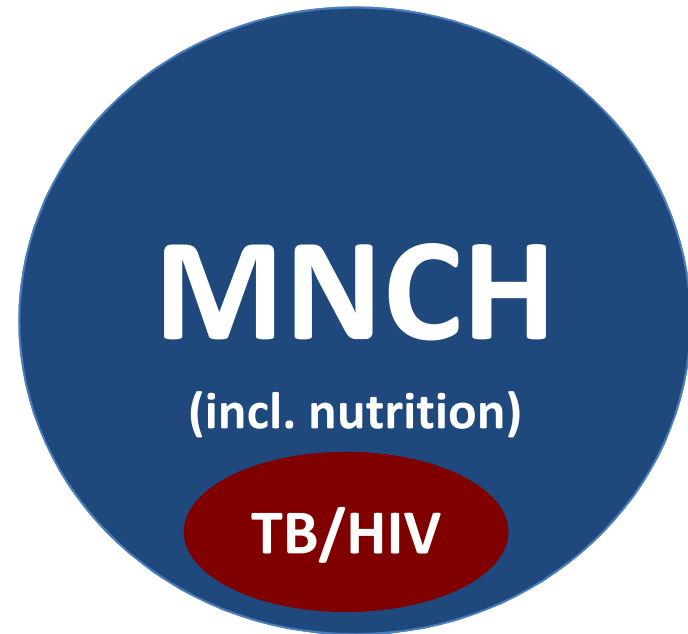
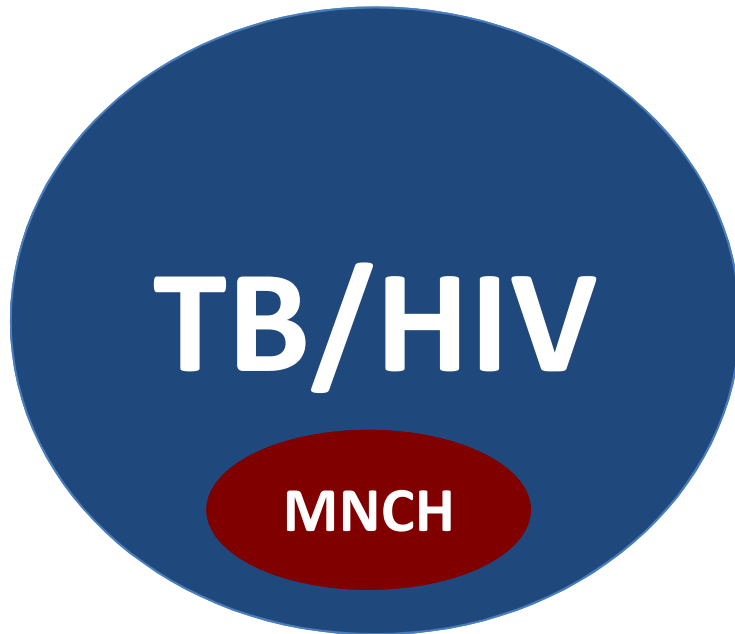
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# Advocacy and evidence

## Increase presence in the MNCH space

Task forces, TWGs, Conferences, Publications



- Make a compelling case
- Identify joint challenges and benefits



# The New Funding Model is a key opportunity for driving increased MNCH integration

## GF – UNICEF MOU

*“Exploring options to maximize synergies with maternal and child health, the Board strongly encourages Country Coordinating Mechanisms (CCMs) to **identify opportunities to scale up an integrated health response that includes maternal and child health in their applications for HIV/AIDS, TB, malaria and health systems strengthening.**”*

GFATM Board Recommendation 2010

- **Integration in TB/HIV concept notes**
- **TB/HIV in HSS concept notes**
- **Operational research**

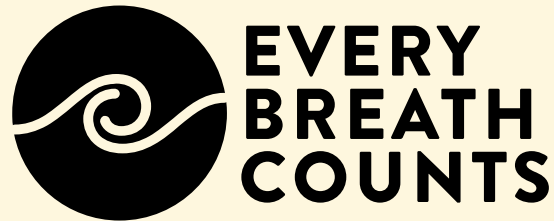
# Funding opportunities



**GLOBAL FINANCING FACILITY  
IN SUPPORT OF EVERY  
WOMAN, EVERY CHILD**

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## **CAMPAIGN GOAL**

**Raise awareness of pneumonia as a leading cause of death relative to other childhood diseases and relative to available financing.**

## **CAMPAIGN TARGET**

**Policymakers, donors, and African leaders.**

## **OBJECTIVE**

**Strong country ownership; broad-based support at the highest level, ambitious multi-stakeholder action; and alignment with the SDGs.**

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# Update on Childhood TB Training Initiatives





# The Union

International Union Against  
Tuberculosis and Lung Disease  
*Health solutions for the poor*

## Childhood TB Learning Portal

COURSES

RESOURCES

COMMUNITY

HELP

[Register/Sign In](#)



Welcome to the Childhood TB Learning Portal. We support the development of knowledge, skills and networks for those involved

# *Childhood TB for Healthcare Workers: An Online Course*

- 538 users have started the online course
  - 23% (123 users) have completed the course
- 194 users have downloaded the offline course
- 265 users registered but never downloaded the offline course or started the online course



**USAID**  
FROM THE AMERICAN PEOPLE

**TB CARE I**



**World Health  
Organization**

# Supporting online training

(K. Du Preez, L. Du Plessis, A. Hesseling)

- The Desmond Tutu TB Centre, with funding from USAID TB CARE II, piloted the course in the Nelson Mandela Metro areas in the Eastern Cape Province of South Africa
  - The facilitation only included provision of computer centers, help with online course login, etc.
- Almost 300 primary care nurses were trained using the course on a self-study basis



TB CARE II  
SOUTH AFRICA



# To come in 2016/17: Facilitator guide for online training

- Goal: to apply concepts learned in the online course to one's work setting in order to improve the care of children with TB
- Provides information necessary to lead a facilitated session
- Can be adapted to different practice locations
- Organized by module and follows format of the online course

The Union

CHALLENGE TB

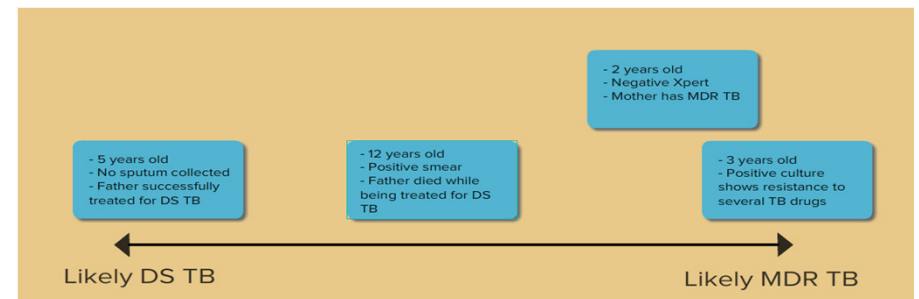
 **KNCV**  
TUBERCULOSIS FOUNDATION





# Childhood MDR-TB for Healthcare Workers: An Online Course

- Similar process and format as *Childhood TB for Healthcare Workers: An Online Course*
- Designed for more specialized audience
- Goal is to link healthcare workers with existing resources and evidence to gain confidence to treat children with MDR-TB
- 5 modules
  1. Introduction
  2. Diagnosis
  3. Treatment
  4. Programme Management
  5. Comprehensive Review



# Acknowledgements

- The Union
  - Steve Graham
  - Rajita Bhavaraju
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- DTTC
  - Karen Du Preez
  - Lienki Du Plessis
  - Anneke Hesseling
- WHO
  - Malgosia Grzemska
  - Annemieke Brands
- Jennifer Furin
- James Seddon
- Amanda Warner
- All who provided input and feedback to the training initiatives
- Funding
  - USAID TB CARE I and II
  - USAID Challenge TB

# **Please come and join the Union Working group and scientific section meetings!**

- **Childhood TB WG** (Anne Detjen, James Seddon)  
Feedback on training initiatives and other activities, Re-define aims and objectives, New leadership
- **New: Maternal and child TB WG** (Adrie Bekker, Surbhi Modi, Lisa Cranmer)  
Establish a community of researchers and practitioners to advance a research and program agenda for TB prevention and detection for women and children

**Both groups will meet together on Friday, December 4 at 8 am,  
room MR 2.41-2.43**

- **Adult and Child Lung Health Section meets on Friday,  
December 4 at 17.15-18.45, Marco Polo-Westin**

**Thank you**