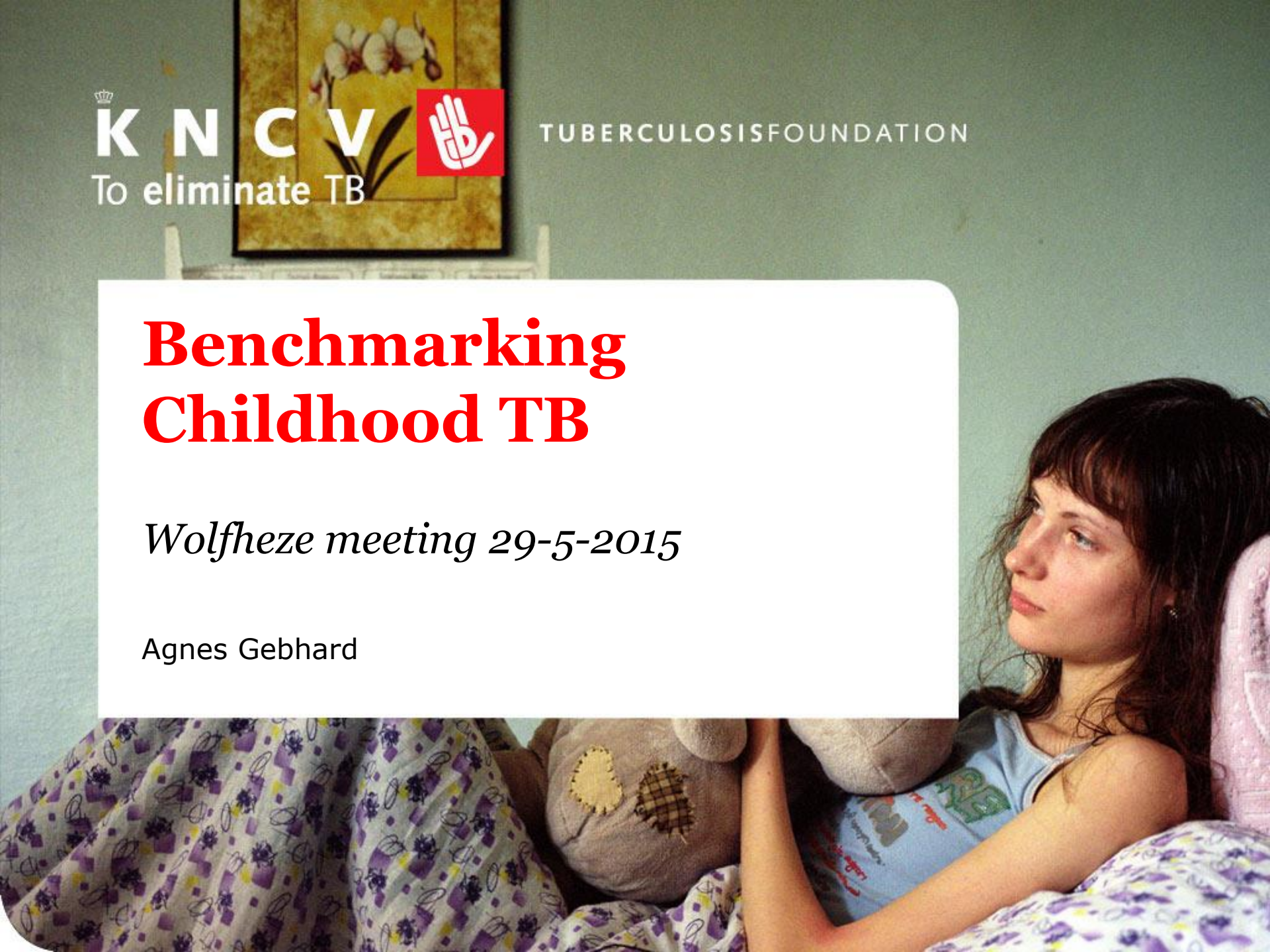


# Benchmarking Childhood TB

*Wolfheze meeting 29-5-2015*

Agnes Gebhard



# Benchmarking of childhood TB



**Objective:** Visualizing progress in the implementation of childhood TB policies towards alignment with WHO guidelines, in the framework of a TB program

The KNCV Childhood TB benchmarking tool is

- A self-assessment tool, designed to serve as a basis for discussions, brainstorming and joint planning with stakeholders
- Provides insight in
  - Political commitment, management and stakeholder coordination
  - Technical approaches
  - Access to Childhood TB care
- Fully based on and in line with the 2014 WHO guidance on Childhood TB

KNCV benchmarking tool for Childhood TB policies and practice version 1.0



KNCV benchmarking tool for Childhood TB policies and practice

## Background

Diagnosing TB in children is more difficult than in adults and treatment for children needs to take into account the specific needs of children and their families.

Children with TB differ from adults in their response to the disease; they are at increased risk to develop to serious forms of TB, especially TB meningitis and miliary TB; they also are at an increased risk of progressing from primary TB infection to active TB, and are therefore a target group for preventive treatment.

Therefore TB control interventions need to address the specific vulnerabilities and needs of children and their families.

WHO has developed guidance for countries how to address childhood TB; countries are in the process of aligning their policies with these guidelines.

## The benchmarking tool

**Objective:** The benchmarking tool is meant to serve as a basis for discussions, brainstorming, and strategic planning and as a tool for monitoring progress in the realization of childhood TB policies towards alignment with WHO guidelines, in the framework of a TB program.

The tool provides insight in

- the place of childhood TB in the national TB policy;
- the appropriateness of the procedures used to identify TB in children;
- the quality of the case-management of children with TB;
- the appropriateness of the data collected on childhood TB;
- the actions that need to be taken to improve approaches to childhood TB

This benchmarking tool is based on the WHO *Framework* for conducting reviews of tuberculosis programmes – Assessing activities to address childhood TB<sup>1</sup> and the Second Edition of the WHO *Guidance for national Tuberculosis programmes on the management of tuberculosis in children* (2014). From these documents a benchmarking tool was created. The benchmarking tool assists TB programs to assess and quantify the implementation of the WHO childhood TB policies. It consists of a short data collection section and 12 standards with their associated benchmarks. The standards are general statements about the characteristics that define a childhood TB program that is aligned with the latest WHO policies.

For each standard the benchmarking team is requested to describe the situation and to define whether this criterion is met. If it is not or only partially met, the team should develop plans for future actions to improve the performance on this standard.

# Intended users



*National and subnational TWG's on Childhood TB, consisting of*

Representatives from

- Ministry of health, ( Hygiene, Treatment, National Immunization Program ....)
- NTP's ( including laboratory services)
- Pediatricians
- Mother and child health services
- NGO's working in the care for childrens health and well-being
- Other stakeholders

# Structure



## Part A:

Summary of routine TB surveillance data for children

## Part B:

Standards and benchmarks

## Content

|  |          |
|--|----------|
| Background .....   | 1        |
| <b>Part A: indicators for assessing activities to address childhood TB .....</b> | <b>3</b> |
| <b>Part B: Standards and benchmarks for childhood TB .....</b>                   | <b>5</b> |
| 1. Political commitment .....  | 5        |
| 2. Childhood TB coordination and stakeholder engagement at national level .....  | 6        |
| 3. Overall technical strategy on childhood TB .....                              | 6        |
| 4. Engagement of all providers .....   | 7        |
| 5. Primary prevention .....  | 8        |
| 6. Contact investigation .....   | 8        |
| 7. Preventive treatment policy and practice .....                                | 9        |
| 8. Childhood TB diagnosis .....  | 9        |
| 9. Treatment of TB in children .....   | 10       |
| 10. Recording and reporting .....  | 11       |
| 11. Human resources for childhood TB .....                                       | 11       |
| 12. Enabling environment, patient centred care .....                             | 12       |

# Surveillance data



| Indicator   | Calculation  | Source of information                   | Result                                    |
|---|--|---|---|
| Total number of children aged <ul style="list-style-type: none"> <li>• 0-4 years</li> <li>• 5-14 years</li> <li>• 0-14 years</li> </ul>   | Total number of children in the population belonging to each group   | National demographic register           | • 0-4 years                               |
|   |  |   | • 5-14 years                              |
|   |  |   | • 0-14 years                              |
| Number of children with TB aged <ul style="list-style-type: none"> <li>• 0-4 years</li> <li>• 5-14 years</li> <li>• 0-14 years</li> </ul>   | Number of children with TB belonging to each group   | TB treatment register, relevant reports | • 0-4 years                               |
|   |  |   | • 5-14 years                              |
|   |  |   | • 0-14 years                              |
| BCG vaccination rate at the age of one year   | Reported percentage of BCG vaccination in eligible children ( at one year of age   | EPI, NTP reports                        | Specify eligible group of children: _____ |
| Number of children with TB who have <ul style="list-style-type: none"> <li>• Bacteriologically confirmed pulmonary TB</li> <li>• Not bacteriologically confirmed pulmonary TB</li> <li>• Extrapulmonary TB</li> <li>• MDR TB</li> </ul> | Number of children belonging to each category  | TB treatment register, relevant reports | • Bacteriologically-positiv pulmonary TB  |
|   |  |   | • Bacteriologically-negative pulmonary TB |
|   |  |   | • Extra pulmonary TB                      |
|   |  |   | • MDR TB                                  |
| Treatment success rate for childhood TB (Cat I/III treatment)   | Numerator: number of children with TB who were cured or who completed Cat I/III TB treatment within a specified period of time<br><br>Denominator: number of children with TB who were registered during the same period on CatI/III | TB treatment register, relevant reports | • 0-4 years                               |
|   |  |   | • 5-14 years                              |
|   |  |   | • 0-14 years                              |



# Surveillance

|   |   |  |  |
|---|---|--|--|
| <p>Treatment success rate for childhood MDR TB</p>  | <p>Numerator: number of children with TB who were cured or who completed TB treatment within a specified period of time</p> <p>Denominator: number of children with TB who started during the same period</p>   | <p>MDR treatment register, relevant reports</p>  | <p>Success rate (specify the year of the cohort _____)</p>   |
| <p>Acceptance rate for preventive therapy for the age groups:</p> <ul style="list-style-type: none"> <li>• 0-4 years</li> <li>• 5-14 years</li> <li>• 0-14 years</li> </ul>                 | <p>Nominator: number of children who were prescribed preventive therapy in the last year</p> <p>Denominator: number of children eligible for preventive therapy</p>   | <p>Contact investigation information system, HIV/AIDS information system, IPT register, relevant reports</p> | <ul style="list-style-type: none"> <li>• 0-4 years:</li> <hr/> <li>• 5-14 years</li> <hr/> <li>• 0-14 years</li> </ul> |
| <p>Proportion of children who completed preventive therapy for the age groups</p> <ul style="list-style-type: none"> <li>• 0-4 years</li> <li>• 5-14 years</li> <li>• 0-14 years</li> </ul> | <p>Numerator: number of children who completed preventive therapy in the most recent cohort that finalized preventive therapy</p> <p>Denominator: number of children who were prescribed preventive therapy in the most recent cohort that finalized preventive therapy</p> | <p>Contact investigation information system, IPT register, relevant reports</p>                              | <ul style="list-style-type: none"> <li>• 0-4 years</li> <hr/> <li>• 5-14 years</li> <hr/> <li>• 0-14 years</li> </ul>  |

# Surveillance



|  |   |  |  |
|--|---|--|--|
| Percentage of children tested for HIV  | Numerator: the number of children with TB with an HIV test result<br><br>Denominator: all children diagnosed with TB                            |  |  |
| Number and percentage of HIV positive children with TB                                     | The number of children with TB known to be HIV positive<br><br>Denominator: the number of children with TB with an HIV test result              |  |  |
| Number and percentage of children with TB known to be HIV positive who receive ARV therapy | Number of HIV positive children with TB receiving ARV therapy<br><br>Denominator: the total number of children with TB known to be HIV positive |  |  |

# Example: Childhood TB partner coordination and stakeholder engagement



## *Standard 2 : There is an active national working group on childhood TB*

### **Benchmarks for meeting the standard:**

1. There is a national childhood TB working group
2. In this working group there is representation from all stakeholders, especially maternal and child-health services and the national paediatric association or an equivalent body and relevant NGO's and the NTP
3. The working group has clear terms of reference
4. The working groups has planned meetings and action plans
5. The working group actively monitors and follows up on the implementation of the action plans
6. There is an NTP focal person for childhood TB
7. The focal person for childhood TB is familiar with the WHO recommended policies for management of childhood TB



# Scoring the in-country situation



*A standard is met if all benchmarks are realized*

| RESULTS  | RESULTS<br>(DESCRIPTION) | AGREED NEXT STEPS |
|--|--------------------------|-------------------|
| <i>Level</i>   |                          |                   |
| <input type="checkbox"/> Met<br><br><input type="checkbox"/> Partially met<br><br><input type="checkbox"/> Not met |                          |                   |

# Country example



| STANDARD   | BENCHMARK(S)  | RESULTS   | RESULTS (DESCRIPTION)  | AGREED NEXT STEPS  |
|--|---|---|--|--|
| <i>2. Childhood TB coordination and stakeholder engagement at national level</i> |   |   |  |  |
| <b>2.1 There is an active national working group on childhood TB</b>             | <ul style="list-style-type: none"> <li>• There is a national childhood TB working group</li> <li>• In this working group there is representation from all stakeholders, especially maternal and child-health services and the national paediatric association or an equivalent body and relevant NGO's and NTP</li> <li>• The working group has clear terms of reference</li> <li>• The working groups has planned meetings and action plans</li> <li>• The TWG actively monitors and follows up on the implementation of the action plans</li> <li>• There is a NTP focal person for childhood TB</li> <li>• The focal person for childhood TB is familiar with the WHO recommended policies for management of childhood TB</li> </ul> | <input type="checkbox"/> Met<br><input checked="" type="checkbox"/> Partially met<br><input type="checkbox"/> Not met | <p>NTP TWG on Childhood TB, with chief paediatrician, TOR, planned meetings and action plans and M&amp;E</p> <p>No stakeholders involved in the TWG, no representation from MCH, NGO's</p> <p>There is a qualified focal point for Childhood TB in the NTP</p> | <p>Establish stakeholders WG at national level, start annual and quarterly joint planning and monitoring of implementation</p> |

# Example: Contact investigation



| STANDARD  | BENCHMARK(S)  | RESULTS  |
|---|---|--|
| <i>6. Contact investigation</i>   |   |  |
| <b>6.1 Investigation of childhood contacts of infectious TB patients is part of the national strategy</b> | <ul style="list-style-type: none"><li>• There is a section in the national TB guidelines on childhood TB contact investigation with an algorithm for screening of childhood contacts for TB</li><li>• The national strategy on contact investigation is in accordance with the latest WHO guidelines on childhood TB</li></ul>  | <input type="checkbox"/> Met<br><input type="checkbox"/> Partially met<br><input type="checkbox"/> Not met |
| <b>6.2 Investigation of child contacts of infectious TB patients is fully implemented</b>                 | <ul style="list-style-type: none"><li>• Childhood TB contact investigation is routinely initiated regardless of where the index is diagnosed</li><li>• Childhood TB contact investigation is routinely performed by the primary care level</li><li>• Children with relevant symptoms are referred for the relevant examinations</li><li>• Childhood contact investigation is implemented throughout the country</li></ul> | <input type="checkbox"/> Met<br><input type="checkbox"/> Partially met<br><input type="checkbox"/> Not met |

# Example treatment of TB



| <b>9. Treatment of TB in children</b>   |   |   |
|---|---|---|
| <b>9.1 The national treatment guidelines for TB and MDR TB have appropriate and specific adjustments for children</b> | <ul style="list-style-type: none"> <li>• There is a section in the national TB guidelines on treatment of childhood TB</li> <li>• The treatment regimen for drug susceptible TB is in line with the latest WHO recommendations</li> <li>• The treatment regimen for drug MDR TB is in line with the latest WHO recommendations</li> <li>• The treatment delivery method is determined by the treatment provider in consultation with the child and caretaker:               <ol style="list-style-type: none"> <li>1. Children are not routinely hospitalized</li> <li>2. Administration of anti-TB drugs is supervised by the caretaker, nurse or DOT assistant</li> </ol> </li> </ul> | <input type="checkbox"/> Met<br><input type="checkbox"/> Partially met<br><input type="checkbox"/> Not met  |
| <b>9.2 Child friendly formulations are available</b>  | <ul style="list-style-type: none"> <li>• There are TB drugs available for the use in children</li> <li>• First line TB medication is available in paediatric formulations</li> <li>• Fixed dose combinations of FL drugs are available for paediatric use</li> </ul>  | <input type="checkbox"/> Met<br><input type="checkbox"/> Partially met<br><input type="checkbox"/> Not met<br><input type="checkbox"/> Not applicable |
| <b>9.3 The national treatment strategy of children is universally accessible for children</b>                         | <p>The specific guidance for treatment of susceptible childhood TB is applied throughout the country</p> <p>The specific guidance for treatment of MDR TB in children is applied throughout the country</p> <p>All eligible children have access to paediatric formulation anti TB drugs</p>  | <input type="checkbox"/> Met<br><input type="checkbox"/> Partially met<br><input type="checkbox"/> Not met  |

# Example Recording & Reporting



| STANDARD   | BENCHMARK(S)   | RESULTS  |
|--|--|--|
| <b>10. Recording and reporting</b>                                 |  |  |
| <b>10.1 Data on childhood TB are available and used at the NTP</b> | <ul style="list-style-type: none"><li>• Childhood TB data are available at all levels of the NTP</li><li>• Data include at least notification of TB in children vaccination rate, treatment success rate, number of children on preventive therapy, number of children detected through contact investigation, type of TB: new previously treated, bacteriologically confirmed or negative, extrapulmonary TB, MDR TB</li><li>• Data are evaluated and used for planning</li><li>• All children diagnosed and treated for TB are recorded and reported by NTP in one of two age bands (0-4 and 5-14 years)</li></ul> | <input type="checkbox"/> Met<br><input type="checkbox"/> Partially met<br><input type="checkbox"/> Not met |

# Example Human resources



| STANDARD  | BENCHMARK(S)   | RESULTS  |
|---|--|--|
| <b>11. Human resources for childhood TB</b>                                       |  |  |
| <b>11.1 There is a plan for human resource capacity building for childhood TB</b> | <p>Capacity building and training on childhood TB is provided for the following groups</p> <ul style="list-style-type: none"> <li>• Health workers at secondary- and primary-level facilities that provide care for sick children</li> <li>• Health workers who are involved in the management of mothers and children with HIV</li> <li>• Community health workers, volunteers and treatment support groups (who carry out contact tracing in the community)</li> <li>• Health workers involved in the management of adult TB cases in the community</li> </ul> <p>The training curricula cover at least:</p> <ul style="list-style-type: none"> <li>• The child presumed to have TB disease</li> <li>• The child treated for TB in the community</li> <li>• The child who is a close contact of a TB case</li> <li>• Initiation of contact investigation for each infectious TB patient</li> </ul> | <input type="checkbox"/> Met<br><input type="checkbox"/> Partially met<br><input type="checkbox"/> Not met |

# Presenting the results:



| Standards for childhood TB |  |   |     |               |         |
|----------------------------|--|---|-----|---------------|---------|
|                            | Topic  | Standards   | Met | Partially met | Not met |
| 1                          | Political commitment   | 1.1 There is evidence of political commitment for childhood TB  |     |               |         |
| 2                          | Childhood TB partner coordination and stakeholder engagement at national level | 2.1 There is an active national working group on childhood TB   |     |               |         |
| 3                          | Overall technical strategy on childhood TB                                     | 3.1 There is national guidance for childhood TB   |     |               |         |
|                            |  | 3.2 There is effective technical assistance for childhood TB  |     |               |         |
|                            |  | 3.3 The childhood TB strategy is fully implemented  |     |               |         |
| 4                          | Engagement of all providers  | 4.1 National policies provide guidance for all providers of paediatric care are involved in diagnosis, prevention and treatment of childhood TB |     |               |         |
|                            |  | 4.2 All providers of paediatric care are involved in diagnosis, prevention and treatment of childhood TB  |     |               |         |

# Different aspects:



| Standards for childhood TB |  |   |     |               |         |
|----------------------------|--|---|-----|---------------|---------|
|                            | Topic  | Standards   | Met | Partially met | Not met |
| 1                          | Political commitment   | 1.1 There is evidence of political commitment for childhood TB  |     |               |         |
| 2                          | Childhood TB partner coordination and stakeholder engagement at national level | 2.1 There is an active national working group on childhood TB   |     |               |         |
| 3                          | Overall technical strategy on childhood TB                                     | 3.1 There is national guidance for childhood TB   |     |               |         |
|                            |  | 3.2 There is effective technical assistance for childhood TB  |     |               |         |
|                            |  | 3.3 The childhood TB strategy is fully implemented  |     |               |         |
| 4                          | Engagement of all providers  | 4.1 National policies provide guidance for all providers of paediatric care are involved in diagnosis, prevention and treatment of childhood TB |     |               |         |
|                            |  | 4.2 All providers of paediatric care are involved in diagnosis, prevention and treatment of childhood TB  |     |               |         |



# Political commitment, management and stakeholder coordination



| Political commitment, management and coordination |  |  |     |               |         |
|---|--|--|-----|---------------|---------|
| Standards for childhood TB                        |  |  |     |               |         |
|   | Topic  | Standards  | Met | Partially met | Not met |
| 1   | Political commitment   | 1.1 There is evidence of political commitment for childhood TB             |     |               |         |
| 2   | Childhood TB partner coordination and stakeholder engagement at national level | 2.1 There is an active national working group on childhood TB              |     |               |         |
| 3   | Overall technical strategy on childhood TB                                     | 3.2 There is effective technical assistance for childhood TB               |     |               |         |
| 10  | Recording and reporting  | 10.1 Data on childhood TB are available and used at the NTP                |     |               |         |
| 11  | Human resources for childhood TB   | 11.1 There is a plan for human resource capacity building for childhood TB |     |               |         |

# Technical approaches



## Technical approaches

### Standards for childhood TB

|   | Topic                                      | Standards  | Met | Parially met | Not met |
|---|--|--|-----|--------------|---------|
| 3 | Overall technical strategy on childhood TB | 3.1 There is national guidance for childhood TB  |     |              |         |
| 4 | Engagement of all providers                | 4.1 All providers of paediatric care are involved in diagnosis, prevention and treatment of childhood TB       |     |              |         |
| 6 | Contact investigations                     | 6.1 Investigation of childhood contacts of infectious TB patients is part of the national strategy             |     |              |         |
| 7 | Preventive treatment policy and practice   | 7.1 The national strategy provides for preventive treatment of eligible children                               |     |              |         |
| 8 | Childhood TB diagnosis                     | 8.1 Special approaches for diagnosis of TB in children are included in the national guidance on TB             |     |              |         |
| 9 | Treatment of TB in children                | 9.1 The national treatment guidelines for TB and MDR TB have appropriate and specific adjustments for children |     |              |         |

# Access to care



| Access to care             |   |   |     |              |         |
|----------------------------|---|---|-----|--------------|---------|
| Standards for childhood TB |   |   |     |              |         |
|                            | Topic                                       | Standards   | Met | Parially met | Not met |
| 3                          | Overall technical strategy on childhood TB  | 3.3 The childhood TB strategy is fully implemented  |     |              |         |
| 4                          | Engagement of all providers                 | 4.2 All providers of paediatric care are involved in diagnosis, prevention and treatment of childhood TB                    |     |              |         |
| 5                          | Primary prevention                          | 5.1 All eligible children receive BCG vaccination   |     |              |         |
| 6                          | Contact investigation                       | 6.2 Investigation of child contacts of infectious TB patients is fully implemented  |     |              |         |
| 7                          | Preventive treatment policy and practice    | 7.2 All eligible children have access to preventive treatment   |     |              |         |
| 8                          | Childhood TB diagnosis                      | 8.2 Special approaches for diagnosis of TB in children are applied  |     |              |         |
| 9                          | Treatment of TB in children                 | 9.2 Child friendly formulations are available   |     |              |         |
|                            |   | 9.3 The national treatment strategy of children is universally accessible for children                                      |     |              |         |
| 12                         | Enableing environment, patient centred care | 12.1 The NTP and partners deploy specific initiatives to promote a patient and family centred approach in childhood TB care |     |              |         |

# Reports by area



## Political commitment, management and coordination

| Standards for childhood TB |  |  |     |               |         |
|----------------------------|--|--|-----|---------------|---------|
|                            | Topic  | Standards  | Met | Partially met | Not met |
| 1                          | Political commitment   | 1.1 There is evidence of political commitment for childhood TB             |     |               |         |
| 2                          | Childhood TB partner coordination and stakeholder engagement at national level | 2.1 There is an active national working group on childhood TB              |     |               |         |
| 3                          | Overall technical strategy on childhood TB                                     | 3.2 There is effective technical assistance for childhood TB               |     |               |         |
| 10                         | Recording and reporting  | 10.1 Data on childhood TB are available and used at the NTP                |     |               |         |
| 11                         | Human resources for childhood TB   | 11.1 There is a plan for human resource capacity building for childhood TB |     |               |         |

## Access to care

| Standards for childhood TB |  |   |     |               |         |
|----------------------------|--|---|-----|---------------|---------|
|                            | Topic                                      | Standards   | Met | Partially met | Not met |
| 3                          | Overall technical strategy on childhood TB | 3.3 The childhood TB strategy is fully implemented  |     |               |         |
| 4                          | Engagement of all providers                | 4.2 All providers of paediatric care are involved in diagnosis, prevention and treatment of childhood TB                    |     |               |         |
| 5                          | Primary prevention                         | 5.1 All eligible children receive BCG vaccination   |     |               |         |
| 6                          | Contact investigation                      | 6.2 Investigation of child contacts of infectious TB patients is fully implemented  |     |               |         |
| 7                          | Preventive treatment policy and practice   | 7.2 All eligible children have access to preventive treatment   |     |               |         |
| 8                          | Childhood TB diagnosis                     | 8.2 Special approaches for diagnosis of TB in children are applied  |     |               |         |
| 9                          | Treatment of TB in children                | 9.2 Child friendly formulations are available   |     |               |         |
|                            |  | 9.3 The national treatment strategy of children is universally accessible for children                                      |     |               |         |
| 12                         | Enabling environment, patient centred care | 12.1 The NTP and partners deploy specific initiatives to promote a patient and family centred approach in childhood TB care |     |               |         |

## Technical approaches

| Standards for childhood TB |  |   |     |               |         |
|----------------------------|--|---|-----|---------------|---------|
|                            | Topic                                      | Standards   | Met | Partially met | Not met |
| 3                          | Overall technical strategy on childhood TB | 3.1 There is national guidance for childhood TB   |     |               |         |
| 4                          | Engagement of all providers                | 4.1 National policies provide guidance for all providers of paediatric care are involved in diagnosis, prevention and treatment of childhood TB |     |               |         |
| 6                          | Contact investigations                     | 6.1 Investigation of childhood contacts of infectious TB patients is part of the national strategy  |     |               |         |
| 7                          | Preventive treatment policy and practice   | 7.1 The national strategy provides for preventive treatment of eligible children  |     |               |         |
| 8                          | Childhood TB diagnosis                     | 8.1 Special approaches for diagnosis of TB in children are included in the national guidance on TB  |     |               |         |
| 9                          | Treatment of TB in children                | 9.1 The national treatment guidelines for TB and MDR TB have appropriate and specific adjustments for children                                  |     |               |         |

# Traffic lights ?



| Standards for childhood TB |  |   |     |               |         |
|----------------------------|--|---|-----|---------------|---------|
|                            | Topic  | Standards   | Met | Partially met | Not met |
| 1                          | Political commitment   | 1.1 There is evidence of political commitment for childhood TB  |     |               |         |
| 2                          | Childhood TB partner coordination and stakeholder engagement at national level | 2.1 There is an active national working group on childhood TB   |     |               |         |
| 3                          | Overall technical strategy on childhood TB                                     | 3.1 There is national guidance for childhood TB   |     |               |         |
|                            |  | 3.2 There is effective technical assistance for childhood TB  |     |               |         |
|                            |  | 3.3 The childhood TB strategy is fully implemented  |     |               |         |
| 4                          | Engagement of all providers  | 4.1 National policies provide guidance for all providers of paediatric care are involved in diagnosis, prevention and treatment of childhood TB |     |               |         |
|                            |  | 4.2 All providers of paediatric care are involved in diagnosis, prevention and treatment of childhood TB  |     |               |         |
| 5                          | Primary prevention   | 5.1 All eligible children receive BCG vaccination   |     |               |         |
| 6                          | Contact investigations   | 6.1 Investigation of childhood contacts of infectious TB patients is part of the national strategy  |     |               |         |
|                            |  | 6.2 Investigation of child contacts of infectious TB patients is fully implemented  |     |               |         |
| 7                          | Preventive treatment policy and practice                                       | 7.1 The national strategy provides for preventive treatment of eligible children  |     |               |         |
|                            |  | 7.2 All eligible children have access to preventive treatment   |     |               |         |
| 8                          | Childhood TB diagnosis   | 8.1 Special approaches for diagnosis of TB in children are included in the national guidance on TB  |     |               |         |
|                            |  | 8.2 Special approaches for diagnosis of TB in children are applied  |     |               |         |
| 9                          | Treatment of TB in children  | 9.1 The national treatment guidelines for TB and MDR TB have appropriate and specific adjustments for children                                  |     |               |         |
|                            |  | 9.2 Child friendly formulations are available   |     |               |         |
|                            |  | 9.3 The national treatment strategy of children is universally accessible for children  |     |               |         |
| 10                         | Recording and reporting  | 10.1 Data on childhood TB are available and used at the NTP   |     |               |         |
| 11                         | Human resources for childhood TB   | 11.1 There is a plan for human resource capacity building for childhood TB  |     |               |         |
| 12                         | Enabling environment, patient centred care                                     | 12.1 The NTP and partners deploy specific initiatives to promote a patient and family centred approach in childhood TB care                     |     |               |         |

# Traffic lights ?



| Standards for childhood TB |  |   |     |               |         |
|----------------------------|--|---|-----|---------------|---------|
|                            | Topic  | Standards   | Met | Partially met | Not met |
| 1                          | Political commitment   | 1.1 There is evidence of political commitment for childhood TB  | Met |               |         |
| 2                          | Childhood TB partner coordination and stakeholder engagement at national level | 2.1 There is an active national working group on childhood TB   |     |               | Not met |
| 3                          | Overall technical strategy on childhood TB                                     | 3.1 There is national guidance for childhood TB   |     | Partially met |         |
|                            |  | 3.2 There is effective technical assistance for childhood TB  |     |               | Not met |
|                            |  | 3.3 The childhood TB strategy is fully implemented  |     | Partially met |         |
| 4                          | Engagement of all providers  | 4.1 National policies provide guidance for all providers of paediatric care are involved in diagnosis, prevention and treatment of childhood TB | Met |               |         |
|                            |  | 4.2 All providers of paediatric care are involved in diagnosis, prevention and treatment of childhood TB  |     | Partially met |         |
| 5                          | Primary prevention   | 5.1 All eligible children receive BCG vaccination   | Met |               |         |
| 6                          | Contact investigations   | 6.1 Investigation of childhood contacts of infectious TB patients is part of the national strategy  |     | Partially met |         |
|                            |  | 6.2 Investigation of child contacts of infectious TB patients is fully implemented  | Met |               |         |
| 7                          | Preventive treatment policy and practice                                       | 7.1 The national strategy provides for preventive treatment of eligible children  |     | Partially met |         |
|                            |  | 7.2 All eligible children have access to preventive treatment   |     | Partially met |         |
| 8                          | Childhood TB diagnosis   | 8.1 Special approaches for diagnosis of TB in children are included in the national guidance on TB  |     | Partially met |         |
|                            |  | 8.2 Special approaches for diagnosis of TB in children are applied  | Met |               |         |
| 9                          | Treatment of TB in children  | 9.1 The national treatment guidelines for TB and MDR TB have appropriate and specific adjustments for children                                  |     | Partially met |         |
|                            |  | 9.2 Child friendly formulations are available   | Met |               |         |
|                            |  | 9.3 The national treatment strategy of children is universally accessible for children  | Met |               |         |
| 10                         | Recording and reporting  | 10.1 Data on childhood TB are available and used at the NTP   |     | Partially met |         |
| 11                         | Human resources for childhood TB   | 11.1 There is a plan for human resource capacity building for childhood TB  |     |               | Not met |
| 12                         | Enabling environment, patient centred care                                     | 12.1 The NTP and partners deploy specific initiatives to promote a patient and family centred approach in childhood TB care                     |     | Partially met |         |

| Political commitment, management and coordination |  |  |     |               |         |
|---|--|--|-----|---------------|---------|
| Standards for childhood TB                        |  |  |     |               |         |
|   | Topic  | Standards  | Met | Partially met | Not met |
| 1   | Political commitment   | 1.1 There is evidence of political commitment for childhood TB             | Met |               |         |
| 2   | Childhood TB partner coordination and stakeholder engagement at national level | 2.1 There is an active national working group on childhood TB              |     |               | Not met |
| 3   | Overall technical strategy on childhood TB                                     | 3.2 There is effective technical assistance for childhood TB               |     | Partially met |         |
| 10  | Recording and reporting  | 10.1 Data on childhood TB are available and used at the NTP                |     | Partially met |         |
| 11  | Human resources for childhood TB   | 11.1 There is a plan for human resource capacity building for childhood TB |     |               | Not met |

# Questions for discussion





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