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Catalyzing Pediatric Tuberculosis Innovation (CaP TB) in Zimbabwe

Background

TB is one of the top ten causes of death in children, yet only 43% of the estimated one million global pediatric TB cases are identified. In 2016, the World Health Organization (WHO) estimated that one million children (<15 years) were infected with TB, but that only 434,044 were reported. More than 253,000 children die each year from TB.

In Zimbabwe, TB is the second leading cause of mortality and severe morbidity after neonatal complications. Zimbabwe ranks 19 out of 22 of the most TB-affected countries in the World.¹ Although the country has made strides in addressing the TB epidemic, major challenges in reaching all TB-susceptible populations (such as children) persist.² Children currently account for only 8% of notified TB cases.²

Globally, critical progress has been achieved in the fight to end pediatric TB. The first child-friendly, fixed-dose drug formulations (FDCs) for first-line treatment of pediatric TB, aligned with the 2010 WHO guidelines, were announced in 2015. Enhanced TB diagnostic tools are now available. However, work is still needed to overcome critical barriers to ensure the effective roll-out of these new and improved diagnostics and treatment in countries facing high TB prevalence rates. As a leading pediatric HIV care and treatment partner, EGPAF is well-placed to improve pediatric TB diagnosis, care, and treatment services.

CaP TB Project Goal and Objectives

CaP TB is a four-year project (2017-2021) funded and supported by Unitaid, which aims to contribute to the reduction in pediatric TB morbidity and mortality in nine sub-Saharan African countries (Cameroon, Côte d'Ivoire, DRC, Kenya, Lesotho, Malawi, Tanzania, Uganda, and Zimbabwe) and India.

CaP TB hopes to double pediatric TB case detection, save 102,427 years of life and \$36 million in cost savings and efficiencies, globally. In Zimbabwe targets include:

- Diagnosis of approximately 1,400 children with TB
- Treatment of approximately 1,300 children with TB
- Initiation of over 9,000 children on preventive TB treatment

The overall goal of this project is to reduce pediatric TB diagnostic and treatment gaps, by improving the capacity to diagnose pediatric TB and by increasing the uptake of new pediatric FDCs for the treatment of active and latent TB through innovative models of care. The project will strengthen and monitor the uptake and use of the new FDCs, treatment outcomes, and possible novel options for latent TB infection preventative treatment. CaP TB will also allow EGPAF to document the feasibility, acceptability and impact of integrating TB services into non-TB health structures. With leadership and guidance of Zimbabwe's Ministry of Health and Child Care National TB Program (NTP), EGPAF will implement activities in 20 pilot sites in the first two years of project, with rollout to an additional 30 sites in the last two years to reach a total of 50 sites (Figure 1).

Objective 1: Create an enabling policy and regulatory environment at national level to support introduction and scale-up of effective and innovative pediatric TB diagnostic and treatment interventions

EGPAF will support the national TB program to register pediatric FDCs, adopt new WHO guidelines and evaluate new diagnostics.

Objective 2: Increase demand for pediatric TB treatments through improved detection

EGPAF will work with supported sites to train clinicians and community health worker on the use of revised guidelines, as well as use of innovative diagnostics and provision of quality TB care. To further scale-up, TB case detection CaP TB will work to integrate TB with other health services, such as nutrition, maternal and child health and HIV-related services, to ensure all accessing those services are able to also access TB-specific care.

Without a swift turnaround time of sample collection to initiation on treatment (if needed), improved case detection can only go so far. EGPAF will work hand-in-hand with the NTP, Environmental Health Technicians (EHT) and Riders for Health (R4H) to strengthen safe and swift sample transport mechanisms from lower-level facilities.

Objective 3: Increase uptake of and access to improved pediatric TB treatments for active and latent TB

EGPAF's TB coordinators will ensure that site-level staff are prescribing newly-introduced formulations according to guidelines and SOPs. This support will be informed by program and site-level monitoring of staff and patient outcomes. Clinicians will be trained both on and off-site (centers of excellence will be identified for learning opportunities); and clinician job aids on pediatric TB identification, diagnosis, and treatment will be circulated to all supported sites.

Objective 4: Generate novel evidence and cost-effectiveness data

EGPAF will establish strong monitoring and evaluation (M&E) systems to capture appropriate CaP TB project data, leveraging on its existing M&E system for its PEPFAR and Unitaids POC EID projects, which include routine, site-level data collection. Cost effectiveness systems will be incorporated to inform program refinement and recommendations for further scale-up.

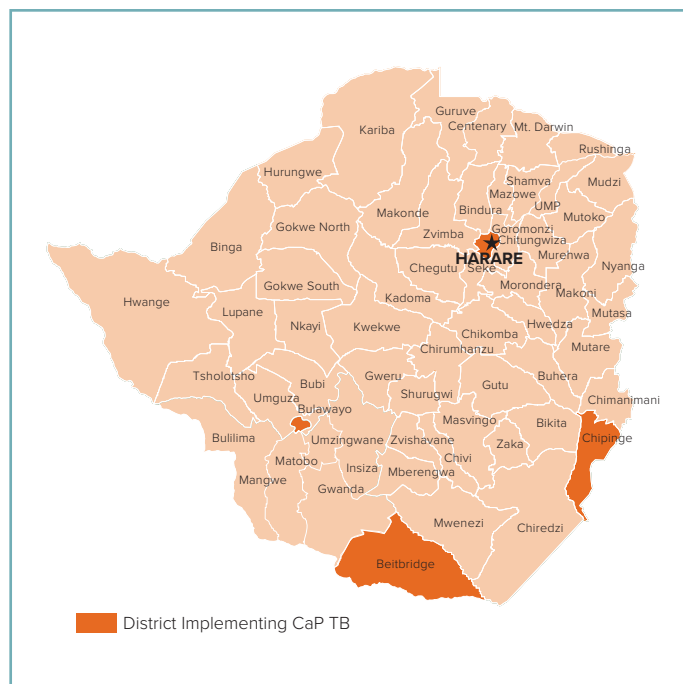


Figure 1: Zimbabwe CaP TB Pilot Sites Location by Level of Health Service Delivery

Objective 5: Effectively transition this work to management by national entities, thereby ensuring sustainability

EGPAF will advocate with the NTP and other stakeholders to incorporate CaP TB project activities into annual work plans and budgets and will collaborate with civil society organizations to create demand for quality TB care to ensure project sustainability.

References:

1. WHO. Global tuberculosis report 2017. Accessed: http://www.who.int/tb/publications/global_report/en/ on March 25, 2018.
2. Citizens Health Watch. TB Advocacy Brief. Accessed: http://citizenshealthwatch.org/pdf/tb_advocacy_brief.pdf on March 25, 2018.

This project is made possible thanks to Unitaids's funding and support.

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