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Catalyzing Pediatric Tuberculosis Innovation (CaP TB) in Cameroon

Background

Globally, an estimated one million children are in need of treatment for TB, yet only 43% are diagnosed and reported to national TB programs¹. Little has been done to expand access to case identification, innovative diagnostic tools or child-friendly treatments that are now available.

Cameroon's National TB Program (NTP) launched a strategic plan that aims to increase active and latent TB case detection among high-risk groups (particularly children) and therapeutic success rates.² Although Cameroon is committed to ending TB, diagnosis and management of pediatric TB remains a challenge. In 2016, 25,975 TB cases (adult and children) were detected, representing only 54% of estimated cases. Of those, 1,426 were children ages 0-14.³ Pediatric cases represented only about 5% of all TB cases, which is much lower than the expected 10-15% for a high TB incidence country such as Cameroon.

Cameroon is now looking to scale-up the use of molecular diagnosis for early TB case detection and identification of resistant strains using the GeneXpert diagnostic platform, as well as digital chest X-Ray. The NTP has invested in early adoption and utilization of the new dispersible first-line, fixed-dose combination (FDCs) to treat children. However, additional support is needed to both extend the use of GeneXpert for the diagnosis of pediatric TB and capacitate health workers to improve uptake of FDCs and TB preventive treatment. There is also a need to improve demand for these services among the general population and update guidelines and job aids for ease in use among health workers.

CaP TB

CaP TB is a four-year project funded and supported by Unitaid, which aims to contribute to the reduction in pediatric

Globally, CaP TB hopes to double TB case detection, save 102,427 years of life and save \$36 million in costs in supported settings.

In Cameroon, targets include:

- Diagnosis of approximately 1,826 children with TB
- Treatment of approximately 1,643 children with TB
- Initiation of over 7,467 children on preventive TB treatment

TB morbidity and mortality in nine sub-Saharan African countries (Cameroon, Côte d'Ivoire, DRC, Kenya, Lesotho, Malawi, Tanzania, Uganda, and Zimbabwe) and India.

Currently, EGPAF's portfolio in Cameroon already includes a Unitaid-funded grant catalyzing access to point-of-care early infant HIV diagnosis (POC EID) and various U.S. government funded projects centered around PMTCT pediatric care and treatment scale-up, as well as sexual and gender based violence prevention and treatment. EGPAF is currently working in four regions of Cameroon, covering 153 sites distributed in 43 districts, with 288 highly-trained staff. EGPAF is also working hand-in-hand with the NTP to improve the integrated use of molecular diagnostics for both TB and HIV, including conducting a joint mapping of molecular diagnostics platforms for TB and HIV testing.

Building on existing project work and partnerships with all national stakeholders, EGPAF will contribute to the reduction of morbidity and mortality associated with pediatric TB by increasing case identification, strengthening coverage of new pediatric FDCs, and supporting the introduction of improved diagnostic tools, treatment regimens for latent

TB and service delivery models for pediatric TB. EGPAF will incorporate interventions into routine health care to ensure sustainability. This work will be focused in 50 sites across three of Cameroon's 10 regions: Center, Littoral, and West Regions.

CaP TB Outputs by Objective in Cameroon

Objective 1: Create an enabling policy and regulatory environment at the global and national level

EGPAF will work with the MOH and NTP to update policy and programmatic guidelines and tools and introduce innovative TB diagnosis and treatment guidelines to supported sites.

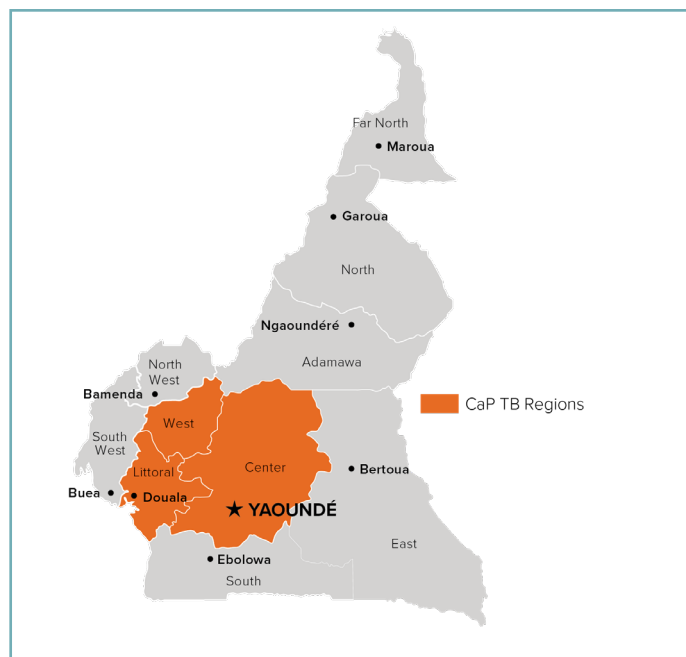
Objective 2: Increase demand for pediatric TB treatments through improved detection

EGPAF will integrate TB screening in other health services, such as nutrition, maternal and child health and HIV-related services, in order to ensure that all accessing these services are able to also access TB-specific care. EGPAF will also expand TB diagnosis in supported sites by training health care workers on sample collection procedures to enhance TB clinical diagnosis. EGPAF will also establish and strengthen sample referral networks and improve access to effective sample collection techniques. In order to improve timeliness of case detection and reduce turnaround time between sample collection and treatment (if needed), EGPAF will work with the MOH to develop swift sample transport mechanisms for lower-level facilities and create greater opportunities for results turnaround through SMS technology.

TB contact tracing will strengthen identification of latent and active TB cases. To enhance contact tracing of TB index patients, EGPAF will collaborate with the NTP to train lay health counselors on cough monitoring within communities. We will also work with civil society organizations to introduce educational and advocacy materials and train all TB contact tracers on appropriate counseling messages and TB testing services provided through home visits.

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

EGPAF, with the MOH and NTP, will strengthen health worker capacity on TB management, as well as commodity management for child TB drugs. Clinicians will be trained both on and off-site (centers of excellence will be utilized for learning opportunities); and clinician job aids on pediatric TB identification, diagnosis, and treatment will be disseminated to all supported sites. EGPAF will also work to update guidelines for latent TB treatment. Program and site-level monitoring of staff and patient outcomes will inform this support.



Objective 4: Generate novel evidence and cost-effectiveness data

EGPAF will support the MOH and the NTP to strengthen monitoring and evaluation (M&E) systems to capture data on evidence and cost-effectiveness, leveraging its existing M&E system for PEPFAR and Unitaid projects. Cost effectiveness data will inform program refinement and scale-up recommendations.

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

EGPAF will advocate with the NTP and other stakeholders to incorporate CaP TB project activities into future work plans and budgets. Also, EGPAF will collaborate with technical working groups and local CSOs to translate findings into advocacy messages, increasing awareness and demand for pediatric TB.

References:

1. The World Health Organization. Global Tuberculosis Report 2017. http://www.who.int/tb/publications/global_report/en/. Accessed on April 5, 2018.
2. NTP. *National Strategic Plan 2015-2019*. <http://www.pnlt.cm/index.php/documentation/guides-techniques-plan-strategique/15-plan-strategique-de-lutte-contre-la-tuberculose-cameroun>. http://www.who.int/tb/publications/global_report/en/. Accessed on April 5, 2018.
3. Ministry of Public Health. *Annual report on tuberculosis control activities, 2016*

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