



PHOTO: ERIC BOND/EGPAF, 2015



**Elizabeth Glaser
Pediatric AIDS
Foundation**

Catalyzing Pediatric Tuberculosis Innovation (CaP TB) in Uganda

The Tuberculosis Epidemic

In 2016, the World Health Organization (WHO) estimated that one million children (<15 years) were infected with TB, but that only 434,044 were reportedly enrolled in services. More than 253,000 children die each year from TB. Despite new child-friendly treatments now available, efforts are still needed to increase case identification and expand access to this treatment.

Uganda is among the 30 countries with a high burden of TB/HIV. The country registers about 5,000 TB-related deaths a year. According to the TB prevalence survey (2015), an estimated 89,000 people get TB per year and almost half (41,000) of all cases go undetected, exposing more people to infection. The burden of TB was found to be higher in urban areas (504 per 100,000 persons) than in rural areas (370 per 100,000 persons). The Ministry of Health's National TB and Leprosy Control Program (LP) is currently mobilizing resources for TB, malaria, and HIV, and has aligned its National TB Strategic Plan with the END TB Global Strategy; the goal of which is to ensure less than 10 new cases of TB per 100,000 people by 2035. Additional support is however needed to introduce new products, tools, and strategies to attain this goal.

CaP TB

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

EGPAF has supported the scale-up of prevention of mother-to-child HIV transmission (PMTCT), HIV prevention, care and treatment, and integrated HIV/TB programs and has been a key implementing partner to the Ministry of Health (MOH)

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

In Uganda targets include:

- Screening of more than 14,000 children
- Diagnosis of Active TB in of 540 children
- Treatment of 490 children with TB
- Initiation of over 1,570 children on preventive TB treatment

in Uganda since 2000, and is the lead U.S. President's Emergency Plan for AIDS Relief (PEPFAR) implementing partner for HIV and TB activities in the Southwest Region. Despite significant progress under EGPAF's United States Agency for International AIDS Relief-funded Regional Health Integration to Enhance Services in the Southwest (RHITES-SW) project, the region has low TB service utilization, with a TB case notification rate of 94.4/100,000 (compared to the national performance of 118.7/100,000 persons), TB case detection rate of 75% and TB cure rate of just 63%.

Due to its close and comprehensive work both with the MOH and Unitaid on a project to expand early infant HIV diagnosis throughout Uganda, EGPAF is well-positioned to bring innovative solutions through CaP TB to tackle childhood TB, and will use the network built through the expansion of pediatric HIV testing and diagnosis to optimize TB identification and treatment access to children. Building on existing project work and partnerships with the government and local organizations, EGPAF will ensure increased coverage of new pediatric first-line fixed-dose combination treatment and promote the introduction of innovative tools and service delivery models for pediatric

TB. The CaP TB project will support expanding case-finding activities, strengthening clinical diagnosis, scaling up use of new diagnostic tools, and implementing operational research to build evidence to improve pediatric TB diagnosis and treatment. During the pilot phase, this work will be focused in 20 high-TB burden health facilities, later scaled up to 45 sites within the Southeastern Region.

CaP TB Outputs

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

EGPAF will work within Uganda's existing national technical working group on TB to ensure endorsement of innovative pediatric TB diagnosis and treatment guidelines and interventions.

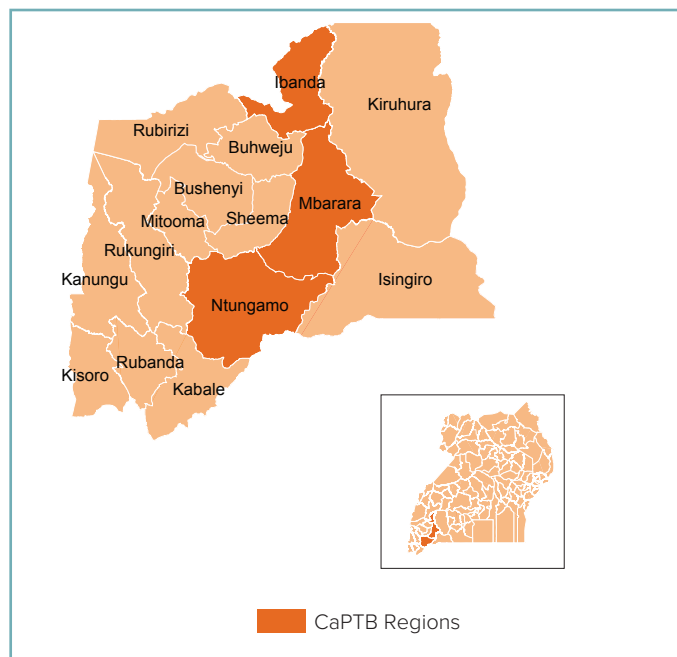
Outputs 2: Introduction of effective and innovative models of care to improve detection of pediatric TB cases

EGPAF will work with supported sites to train clinicians and village health teams on the use of these revised guidelines and enhanced TB screening, as well as use of molecular diagnostics and provision of quality TB care. We will work with the Village Health Teams (VHT) to train TB screening clerks at each project site and village health workers to strengthen TB identification within communities. To further scale-up TB case detection, CaP TB will work to integrate TB screening in 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.

TB contact tracing will strengthen identification of latent and active TB cases. To enhance contact tracing, EGPAF will collaborate with the NTLT to develop and introduce a household contact-mapping tool for use by VHTs in home visits of index TB patients, and we will train all TB contact tracers on appropriate counseling messages and TB testing services provided through home visits. Demand for child TB services at both the health facility and community levels will be created, through integrating sessions of child TB in the health education sessions. Building the capacity of VHTs, civil society organizations and other community resource persons to actively screen for TB - targeting child contacts of index TB clients and general pediatric population - and on the use of the active case finding (ACF) forms will be of particular priority.

Outputs 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



updated 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 developed and circulated to all supported sites. EGPAF's support will also be provided to strengthen the treatment of latent TB infection, including through the rapid uptake of improved formulations for latent TB treatment.

Outputs 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 Unitaid projects, which include routine site-level data collection. Cost effectiveness systems will be incorporated to inform program refinement and recommendations for further scale-up. EGPAF will also collaborate with partners to conduct a study assessing different model of care for pediatric TB contact tracing and initiation of preventive therapy.

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

EGPAF will advocate with the NTLT 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.

This project is made possible thanks to Unitaid's funding and support.
Unitaid accelerates access to innovation so that critical health products can reach the people who most need them.
