



How Can TB Services for Adolescents and Youth be Improved?

Recommendations from EGPAF's Committee of African Youth Advisors

1.8 million adolescents and youth (10-24 years of age) develop TB each year, and yet there has historically been little attention paid to TB diagnosis, treatment, management in care, and health outcomes for adolescents and youth (AY). Social and biological changes including shifts in social network patterns and navigating puberty place AY at increased risk of TB infection.¹ **Addressing TB in AY populations is a human rights imperative and is achievable with increased leadership and political support.** Given that AY make up a significant proportion of the total population of low- and middle-income countries, focusing on this population is crucial for putting countries on track to globally reach the UN High-Level Meeting targets on TB and end TB in children and adolescents.²

As global and national TB policy makers, researchers and implementers are gathering for the 52nd Union World Conference on Lung Health, the largest TB world conference, the Elizabeth Glaser Pediatric AIDS Foundation's (EGPAF) Committee of African Youth Advisors (CAYA) emphasize the urgency to improve TB services for youth and adolescents. Launched in 2017 to ensure access to youth's views, insights, and on-the-ground expertise within EGPAF's programming, CAYA is composed of members between 15 and 29 years of age and represent a heterogeneous group of youth from eleven African countries. In response to a survey about their own experiences with HIV and TB programming, CAYA members recommend three ways in which services for adolescents and youth can be improved: 1) prioritizing AY in national TB responses, 2) making TB services more adolescent-friendly, and 3) increasing meaningful youth engagement in the TB response.

National TB responses need to prioritize AY. Almost all CAYA respondents feel that AY are not receiving sufficient focus in their country's TB response, with one member from Eswatini saying, **"Unlike the HIV/SRHR response adolescents and youth are not prioritized in the TB response."** Furthermore, national TB programs and advisory boards often lack AY representation or processes for collecting AY perspectives. Adolescents must not be forgotten in national strategies to combat TB.

TB services need to be more adolescent-friendly. Rooted in their own experiences receiving care for HIV and TB, CAYA members note that TB services are rarely tailored for the specific needs of AY clients, and identify a number of ways in which TB programming could learn from the HIV response and become more adolescent-friendly, including using support groups and peer champions to provide psychosocial support and to help adolescents navigate the health system; making sure information is

accessible and age appropriate; creating AY friendly spaces within clinics; and setting aside specific days or times for AY to access TB services, ensuring that these are scheduled when AY are free, such as on the weekends or after school. Additionally, there is a need to make sure counseling tools are age-specific and that healthcare workers are trained to communicate clearly and empathetically with AY.

Rosa, a young woman from Zimbabwe, highlights the importance of youth-friendly services on TB treatment, saying **“In our country, TB services and TB providers are not adolescent and youth friendly because there are no Support Groups for those adolescents on TB treatment, and that’s why a lot of those adolescents are defaulting their treating and most of them will die whilst on treatment. And all these challenges are lack of youth friendly services and peer to peer support like we are doing with those living with HIV.”** Ensuring that TB services are adapted to fit this population’s specific needs is vital for improving health outcomes.

The global TB response needs greater meaningful youth engagement. CAYA members call for AY to be involved in TB advocacy, research, and programming – from design through implementation and monitory and evaluation. Furthermore, young people must be equipped with the knowledge and skills necessary to advocate for TB, share their own stories, and promote TB awareness among their peers. AY must be involved in all areas where TB is being discussed, including World TB Day activities, conferences, national meetings, and other high-level forums. In the words of Tema, a young woman from Eswatini, **“Since adolescents and youth are not much involved in TB services in my country it would be a great move to enable their access to care and ensure their meaningful participation in efforts to end TB at all levels which will pave the way to a better, safer and healthier world free of TB.”**

Endnotes

1 Snow KJ, Cruz AT, Seddon JA, et al. Adolescent Tuberculosis. *The Lancet, Child & Adolescent Health*, Volume 4, Issue 1, P68-79. January 01, 2020. [https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(19\)30337-2/fulltext#](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(19)30337-2/fulltext#)

2 The Union, TB Care is Not Meeting the Needs of Adolescents. November 22, 2019. <https://theunion.org/news/tb-care-is-not-meeting-the-needs-of-adolescents>



Photo: Eric Bond/EGPAF, 2018

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