

ANNEX B – Childhood TB Policy Indicators

Questionnaire – 2018 childhood TB Policy Assessment

EGPAF

	Indicator	YES/NO/PARTIALLY
1	General Information: Political and Financial Support	
1.1	Childhood TB is included in the National TB Strategic Plan (please indicate the time period covered by the National TB Strategic Plan)	
	If yes to 1.1, please indicate if the National TB Strategic Plan includes specific childhood TB sections for the following workstreams (tick all that apply)	BCG vaccination at birth? BCG vaccination coverage? Monitoring & evaluation Surveillance Operational research Active case finding and diagnosis Treatment of DS-TB Treatment of MDR-TB Treatment of Latent TB Infection (LTBI) Technical assistance needs
1.2	The national strategic plan on TB calls for the rapid registration, introduction and use of new up-to-date pediatric formulations for TB drugs	
1.3	National TB guidelines include specific guidance and standard operating procedures on pediatric TB	
1.4	Country has standalone pediatric TB guidelines	
1.5	Childhood TB is included in the National TB Strategic Plan budget	
	If yes to 1.5, please indicate if specific budgets are earmarked for (tick all that apply):	BCG vaccination Active case finding for the pediatric population (i.e. contact investigation) Diagnosis of pediatric TB Treatment of pediatric DS-TB Treatment of pediatric MDR-TB Treatment of LTBI in the pediatric population Monitoring and evaluation Other, please specify (i.e. integration into other health services)
	If yes to 1.5, is the budget for Childhood TB is fully funded	

	Indicator	YES/NO/PARTIALLY
1.6	The GF funding request (2017-2019) includes activities for childhood TB	
	If yes to 1.6, please indicate if specific activities are included for (tick all that apply):	BCG vaccination Active case finding for the pediatric population (i.e. contact investigation) Diagnosis of pediatric TB Treatment of pediatric DS-TB Treatment of pediatric MDR-TB Treatment of LTBI in the pediatric population Monitoring and evaluation Other, please specify (i.e. integration into other health services)
1.7	There is an active pediatric TB national working group	
	If yes to 1.7, please specify the titles and affiliations of the pediatric TB national working group members	
	If no to 1.7, is pediatric TB a workstream of the national TB working group?	
1.8	There is a national TB program (NTP) focal person for childhood TB	
1.9	The national program clearly defines a role for private providers/private health facilities in pediatric TB care	
1.10	Country includes childhood TB in September 2018 High Level Meeting statement(s)	
1.11	Country had at least one public outreach campaign (media/community awareness) on childhood TB during the last 12 months	
1.12	There is a plan for human resource capacity building for childhood TB	
	If yes to 1.12, please specify for which health care workers and at which level of the health care system	
	If yes to 1.12, all aspects of childhood TB are included in the checklists for monitoring and supportive supervision for all health system levels and all cadres of staff?	
1.13	Specific training materials and curricula for pediatric TB are available	
1.14	National TB guidelines clearly define the interventions addressing pediatric TB that should be implemented on primary, secondary and tertiary levels of the public health system	

	Indicator	YES/NO/PARTIALLY
2	Case Finding	
2.1	National guidelines recommend pediatric household and close contacts of TB cases are evaluated for active TB. Please provide answer and BOLD the age-band(s) to which the recommendation applies	Yes/No/Partially Ages 0-4 Ages 5-14
2.2	National guidelines include an algorithm for screening of child contacts for TB	
2.3	National TB program has a register for contact investigation and screening	
	If yes to 2.3, the contact investigation and screening register includes information on age of contacts	
2.4	National guidelines recommend that infants born to mothers with known TB disease (or with known household TB contact) are evaluated for active TB	
2.5	National guidelines recommend all children living with HIV are screened for TB disease	
	If yes to 2.5, please specify how often TB screening for pediatric TB disease is recommended in children living with HIV	At every encounter with clinical services Every 6 months Every 12 months Other (please specify):
2.6	Does country have national guidance on integrated management for childhood illness (IMCI)?	
	If yes to 2.6, is TB screening algorithm included in national guidance for integrated management of childhood illness (IMCI)?	
2.7	National guidelines recommend community-based contact investigation	
2.8	National guidelines recommend community-based TB screening for identified contacts	
2.9	National policies allow community health care workers (CHW) to perform contact investigation	
2.10	National policies allow community health care workers (CHW) to perform TB screening at community level	
2.11	National guidelines recommend periodic systematic active case finding and TB screening for pediatric TB in defined settings (i.e. schools, outreach to community in high TB prevalence region, etc.)	

	Indicator	YES/NO/PARTIALLY
	If yes to 2.11, please specify in which settings systematic active case finding is recommended and what is the frequency (every six months, annually, other?)	Setting: Frequency: Setting: Frequency:
3	Diagnostics	
3.1	National guidelines and/or standalone pediatric TB guidelines specifically address diagnosis of TB in children	
3.2	National guidelines and/or standalone pediatric TB guidelines specifically address diagnosis of pediatric extrapulmonary TB	
3.3	National guidelines and/or standalone pediatric TB guidelines include a diagnostic algorithm for diagnosis of pediatric pulmonary TB	
3.4	National guidelines and/or standalone pediatric TB guidelines include a diagnostic algorithm for diagnosis of pediatric extrapulmonary TB	
3.5	SOPs for sample collection procedures for diagnosis of pediatric TB are available at national level	Yes/No If yes, please BOLD all that apply: Gastric lavage/ Gastric aspirate Bronchoalveolar lavage Induced sputum Nasopharyngeal aspirates Cervical lymph node biopsies Cerebrospinal fluid Other, please specify
3.6	SOPs for interpretation of CXR in pediatric patients with presumptive TB are available at national level	
3.7	Guidelines provide indications for hospitalization of children with TB	
3.8	Xpert MTB/RIF is recommended (rather than conventional microscopy and culture) as the initial diagnostic test in children (please BOLD all that apply)	All children Only children with HIV Only children suspected of having MDR-TB

	Indicator	YES/NO/PARTIALLY
3.9	Please tick the type of pediatric TB samples that are recommended for testing with Xpert MTB/RIF	Gastric lavage/ Gastric aspirate Bronchoalveolar lavage Induced sputum Nasopharyngeal aspirate Cervical lymph node biopsies Cerebrospinal fluid Other, please specify
3.10	Please describe the diagnostic work-up recommended by the national algorithm for pediatric TB diagnosis for children who are tested negative by Xpert	
3.11	The national algorithm for lab-based TB diagnosis has been updated to incorporate the use of the Xpert Ultra (the new TB cartridge developed by Cepheid)	
	If yes to 3.11, is Xpert Ultra recommended for pediatric TB diagnosis?	
4	Treatment	
4.1	National guidelines specifically address treatment of pediatric TB	
4.2	Please describe the treatment regimen recommended by national guidelines for pediatric pulmonary TB (please specify if recommended treatment regimen differs for HIV positive and HIV negative children)	TB treatment regimen for HIV negative children with pulmonary TB: TB treatment for HIV positive children with pulmonary TB:
4.3	Please specify dosing frequency for treatment of pediatric TB (i.e. daily throughout all treatment, thrice weekly during the continuation phase, others)	HIV negative children: HIV positive children:
4.4	National guidelines specifically address treatment of pediatric extrapulmonary TB	
4.5	Please describe the treatment regimen recommended by national guidelines for pediatric extrapulmonary TB (EPTB)	TB meningitis: Osteoarticular TB: Other forms of EPTB:

	Indicator	YES/NO/PARTIALLY
4.6	Please describe the treatment regimen recommended by national guidelines for MDR-TB in children	
4.7	Is your country procuring pediatric dispersible or child-friendly Second Line drugs (SLD)? If yes, please specify	Levofloxacin 100 mg: Moxifloxacin 100 mg: Ethionamide 125 mg: Linezolid 150 mg: Cycloserine 125 mg:
4.8	National guidelines specifically address management of adverse drug effects in the pediatric population	Adverse drug effects for DS-TB regimen is addressed: Y/N Adverse drug effects for MDR-TB regimen is addressed: Y/N
4.9	The pediatric reformulated oral dispersible first line fixed-dose combination (FL FDC) RHZ 75/50/150 (FDC for intensive phase) is approved for use by the national regulatory authority	
4.10	The pediatric reformulated oral dispersible FL FDC RH 75/50 (for continuation phase) is approved for use by the national regulatory authority	
4.12	Reformulated oral dispersible FL FDC RHZ 75/50/150 is included in the national Essential Medicines List (EML)	
4.13	Reformulated oral dispersible FL FDC RH 75/50 is included in the national EML	
4.14	Is procurement of pediatric reformulated oral dispersible FL FDCs supported by domestic funding?	
4.15	Is procurement of pediatric reformulated oral dispersible FL FDCs supported by donor funding?	
	If yes to 4.15, please specify which donor supports procurement of pediatric reformulated oral dispersible FL FDC	
4.16	Is your country procuring pediatric reformulated oral dispersible FL FDCs through the Global Drug Facility (GDF)?	
4.17	The reformulated oral dispersible FL FDCs are recommended in treatment regimens for children <25 kg	
5	Preventive Treatment	
5.1	National guidelines specifically address TB preventive treatment for children	
5.2	National guidelines outline criteria for eligibility for TB preventive treatment for pediatric patients	
5.3	National guidance includes an algorithm to identify pediatric patients who are eligible for initiation of preventive therapy	

	Indicator	YES/NO/PARTIALLY
5.4	Please describe the regimen recommended by national guidelines for preventive therapy in children (BOLD the appropriate option or describe under “other” if neither apply).	6 month INH: 3 month RH: Others:
5.5	National guidelines recommend community-based initiation of preventive therapy	
	If yes to 5.5, what healthcare worker cadre is allowed to initiate preventive therapy for children at the community level?	
5.6	National guidelines recommend HIV-infected children >12 months old in whom active TB disease is excluded are offered preventive treatment (regardless of TB contact history)	
5.7	National guidelines recommend HIV-infected infants (age < 1 year) who have known contact with a TB case and in whom active TB disease is excluded are offered preventive treatment	
5.8	National guidelines recommend children who are household or close contacts of people with TB and who, after an appropriate clinical evaluation, are found not to have active TB are offered preventive therapy. Please provide answer and BOLD age-band(s) to which the recommendation applies	Yes/No/Partially All children (0-14 years): Ages 0-4 years: Ages 5-14 years:
6	Integration and collaboration with private sector?	
6.1	National guidelines and/or pediatric stand-alone guidelines recommend integration of pediatric TB services into PMTCT clinics	YES/NO/Partially If Yes, please BOLD which services are provided in PMTCT clinics to pediatric patients: TB screening TB diagnosis TB treatment initiation TB treatment follow-up Reporting to NTP

	Indicator	YES/NO/PARTIALLY
6.2	National guidelines and/or pediatric stand-alone guidelines recommend integration of pediatric TB services into Maternal, Newborn and Child Health (MNCH) services	<p>YES/NO/Partially</p> <p>If Yes, please BOLD which services are provided in MNCH clinics to pediatric patients:</p> <p>TB screening</p> <p>TB diagnosis</p> <p>TB treatment initiation</p> <p>TB treatment follow-up</p> <p>Reporting to NTP</p>
6.3	National guidelines and/or pediatric stand-alone guidelines recommend integration of pediatric TB services into nutrition centers	<p>YES/NO/Partially</p> <p>If Yes, please BOLD which services are provided in nutrition centers to pediatric patients:</p> <p>TB screening</p> <p>TB diagnosis</p> <p>TB treatment initiation</p> <p>TB treatment follow-up</p> <p>Reporting to NTP</p>
6.4	National guidelines and/or pediatric stand-alone guidelines recommend integration of pediatric TB services into general outpatient wards	<p>YES/NO/Partially</p> <p>If Yes, please BOLD which services are provided in general outpatient wards to pediatric patients:</p> <p>TB screening</p> <p>TB diagnosis</p> <p>TB treatment Initiation</p> <p>TB treatment follow-up</p> <p>Reporting to NTP</p>
7	Monitoring and Evaluation (M & E)	
7.1	National guidelines and/or pediatric stand-alone guidelines specifically address monitoring and evaluation of pediatric TB	

	Indicator	YES/NO/PARTIALLY
7.2	All children treated for TB are recorded and reported in one of two age bands (0–4 years and 5–14 years)	
7.3	Data recorded includes (please BOLD all that apply):	Type of TB New or previously treated Bacteriologically confirmed or negative or not done/not available Pulmonary or extrapulmonary TB Treatment success rate Preventive therapy (adherence/completion) Adverse events
7.4	Child preventive treatment registers or other M & E tools are available to track adherence of children initiated on preventive treatment (If so, where)	
7.5	Child preventive treatment registers or other M & E tools are available to track outcomes of children initiated on preventive treatment (If so, where)	
7.5	Private health facilities are required to report children with TB to the national TB program	