

# ANNEX C – Childhood TB Policy Indicators

Questionnaire – 2021 childhood TB Policy Assessment

Target population: all children and adolescents <15 y old

EGPAF

	Indicator	YES/NO/PARTIALLY
<b>1</b>	<b>General Information: Political and Financial Support</b>	
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)	Monitoring & evaluation Surveillance Operational research Active case finding and diagnosis Treatment of DS-TB Treatment of MDR-TB TB preventive treatment (TPT) 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 the management of TB in children and adolescents	
1.4	Country has standalone guidelines on the management of TB in children and adolescents.	
1.5	A budget for the management of TB in children and adolescents is included in the National TB Strategic Plan	

	Indicator	YES/NO/PARTIALLY
	If yes to 1.5, please indicate if specific budgets are earmarked for (tick all that apply):	Active case finding for the pediatric population (i.e. contact investigation) Diagnosis of TB in children and adolescents Treatment of DS-TB in children and adolescents Treatment of MDR-TB in children and adolescents TB preventive Treatment in children and adolescents Monitoring and evaluation Other, please specify (i.e. integration of TB services for children and adolescents into other health services e.g. mother and child health, nutrition, HIV)
	If yes to 1.5, is the budget for the management of TB in children and adolescents fully funded?	
1.6	Were the budgeting tools developed by POSEE used to support the development of the budget for childhood TB intervention? If yes, please BOLD all that apply	YES/NO NSP budget Budget for GF grants
1.7	There is an active Childhood TB national working group	
	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 the management of TB in children and adolescents	
1.9	The national program clearly defines a role for private providers/private health facilities in the management of TB in children and adolescents	
1.10	The National TB program has established Childhood TB diagnosis and treatment targets	YES/NO/Partially
1.11	Country had at least one public outreach campaign (media/community awareness) on TB in children and adolescents during the last 12 months (year 2020)	
1.12	There is a plan for human resource capacity building for the management of TB in children and adolescents	
	If yes to 1.12, please specify for which health care workers and at which level of the health care system (including community)	
	If yes to 1.12, main aspects of the management of TB in children and adolescents are included in the checklists for monitoring and supportive supervision for all health system levels and all cadres of staff?	

	Indicator	YES/NO/PARTIALLY
1.13	At national level, specific training materials and curricula on the management of TB in children and adolescents 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 (including community)	
<b>2</b>	<b>Case Finding</b>	
2.1	National guidelines recommend 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 (independently from HIV status) Ages 5-14(independently from HIV status) All HH/close contacts irrespectively of age
2.2	National guidelines include an algorithm for screening of child contacts of TB	
	If yes to 2.2, please indicate what is the TB screening tool that is recommended for screening of contacts. Please BOLD all that applies	Children < 5 y WHO 4- symptom based screening (as for adults) Pediatric adapted symptom-based screening CXR Xpert Others (please specify)  Children 5-14 years WHO 4- symptom based screening (as for adults) Pediatric adapted symptom-based screening CXR Xpert Others (please specify)
2.3	National guidelines recommend that infants born to mothers with known TB disease (or with known household TB contact) are evaluated for active TB	
2.4	National guidelines recommend all children living with HIV are screened for TB disease	

	Indicator	YES/NO/PARTIALLY
	If yes to 2.4, 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):
2.5	National Guidelines recommend all children and adolescents with TB to be tested for HIV	
2.6	Does country have national guidance on integrated management for childhood illness (IMCI)?	
	If yes to 2.6, is a 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.)	
	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:
<b>3</b>	<b>Diagnostics</b>	
3.1	National guidelines and/or standalone guidelines on the management of TB in children and adolescents specifically address diagnosis of pulmonary TB in children and adolescents	
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	

	Indicator	YES/NO/PARTIALLY
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 Stool 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 and adolescents 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
3.9	Please tick the type of samples that are recommended for testing for TB in children and adolescents with Xpert MTB/RIF	Gastric lavage/ Gastric aspirate Bronchoalveolar lavage Induced sputum Nasopharyngeal aspirate Cervical lymph node biopsies Cerebrospinal fluid Stool Other, please specify
3.10	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 3.10, is Xpert Ultra recommended for diagnosis of TB in children and adolescents?	

	Indicator	YES/NO/PARTIALLY
3.11	The national program has recommended additional molecular based diagnostic test as initial test for TB diagnosis. If YES, please BOLD the molecular based tests that have been recommended	YES/NO TB-LAMP TrueNat/MolBio
	IF YES to 3.11, are the molecular based test recommended as initial diagnostic test also recommended to diagnose TB in children and adolescents?	
3.12	Is LF-LAM recommended for pediatric TB diagnosis in children living with HIV?	
	If yes to 3.12, tick the category of children for which LF- LAM is recommended	Severely sick presenting at IPD With signs and symptoms of TB presenting at OPD Irrespective of symptoms at OPD if CD4 <100
3.13	Is CXR recommended in the diagnostic algorithm for children with signs or symptoms of TB?	
	If yes to 3.13, tick for which categories	All children (in parallel with Xpert) Only children with negative Xpert result Others (please specify)
3.14	Is TST recommended in the diagnostic algorithm for children with signs/ symptoms of TB?	
3.15	National guidelines recommend use of TB scoring charts/cards for diagnosis of TB disease in children <sup>1</sup>	
<b>4</b>	<b>Treatment</b>	
4.1	National guidelines specifically address treatment of TB in children and adolescents	
4.2	Please describe the treatment regimen recommended by national guidelines for pediatric pulmonary DS-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 children living with HIV with pulmonary TB:

<sup>1</sup> Decision to keep this question will depend on findings during desk review. If kept, a positive answer would lead to a “negative assessment”, as scoring charts are not recommended anymore.

	Indicator	YES/NO/PARTIALLY
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 extrapulmonary TB in children and adolescents	
4.5	Please describe the regimen recommended by national guidelines for the treatment of extrapulmonary TB (EPTB) in children and adolescents	TB meningitis: Osteoarticular TB: Other forms of EPTB:
4.6	Please describe the treatment regimen recommended by national guidelines for MDR-TB in children	
4.7	National guidelines or policy documents recommend all-oral regimens for treatment of children with RR/MDR-TB	
4.8	National guidelines or policy documents include recommendations on use of Bedaquiline for treatment of RR/MDR-TB in children	
	If Yes to 4.8 tick appropriate age band for which recommendations exist	>12 years old ≤ 6 years old
4.9	National guidelines or policy documents include use of Delamanid for treatment of RR/MDR-TB in children	
	If yes to 4.9 tick appropriate age band for which recommendations exist	≤6 years old ≤3-5 years old
4.10	Is your country procuring paediatric second-line drug formulations? If yes, please specify which one (Please BOLD all that apply)	Levofloxacin 100 mg dispersible tablets:  Moxifloxacin 100 mg dispersible tablets:  Ethionamide 125 mg dispersible tablets:  Cycloserine 125 mg mini-capsules:  Pyrazinamide 150 mg dispersible tablets  Bedaquiline 20 mg tablets

	Indicator	YES/NO/PARTIALLY
4.11	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
4.12	The pediatric 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	
4.13	The pediatric oral dispersible FL FDC RH 75/50 (for continuation phase) is approved for use by the national regulatory authority	
4.14	The pediatric oral dispersible tablets Ethambutol (E) 100 mg is approved for use by the national regulatory authority	
4.15	Pediatric oral dispersible FL FDC RHZ 75/50/150 is included in the national Essential Medicines List (EML)	
4.16	pediatric oral dispersible FL FDC RH 75/50 is included in the national EML	
4.17	Pediatric oral dispersible Ethambutol (E) 100 mg is included in the national Essential Medicines List (EML)	
4.18	Is procurement of pediatric reformulated oral dispersible FL FDCs supported by domestic funding?	
4.19	Is procurement of pediatric reformulated oral dispersible FL FDCs supported by donor funding?	
	If yes to 4.19, please specify which donor supports procurement of pediatric reformulated oral dispersible FL FDC	
4.20	Is your country procuring pediatric reformulated oral dispersible FL FDCs through the Global Drug Facility (GDF)?	
4.21	National guidelines specifically recommend use of the pediatric oral dispersible FL FDCs for the treatment in children <25 kg	
4.22	National guidelines or policies specifically recommend use of EMB 100 mg DT for treatment of DS-TB in children	
4.23	National guidelines include recommendations on use of Dolutegravir-based ART as preferred first line regimen in children and adolescents living with HIV and co-infected with TB	
	If Yes to 4.23, please tick for which category	Children >30 Kg Children 20-30 Kg
<b>5</b>	<b>Preventive Treatment</b>	
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	



	Indicator	YES/NO/PARTIALLY
5.3	National guidance includes an algorithm to identify pediatric patients who are eligible for initiation of preventive treatment	
5.4	Please describe the regimen recommended by national guidelines for preventive treatment in children (BOLD the appropriate option or describe under “other” if neither apply. Please specify the population and age band for which the regimens are recommended)	6 or 9 month INH: 3 month daily RH: 3 months weekly INH and Rifapentine (3HP) 1HP (for >13 yrs old) Others:
5.6	National guidelines recommend community-based initiation of preventive treatment	
	If yes to 5.6, what healthcare worker cadre is allowed to initiate preventive treatment for children at the community level?	
5.7	National guidelines recommend HIV-infected children >12 months old who are considered unlikely to have TB disease are offered preventive treatment (regardless of TB contact history)	
5.8	National guidelines recommend HIV-infected infants (age < 1 year) who have known contact with a TB case and who are unlikely to have TB disease are offered preventive treatment	
5.9	National guidelines recommend that children who are household or close contacts of people with TB and who are found not to have active TB after an appropriate clinical evaluation, 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:
5.10	National guidelines specifically recommend the use of pediatric INH 100mg dispersible tablet for administration of 6 or 9 month INH TPT regimen to children	
5.11	The pediatric INH 100 mg dispersible tablet is approved for use by the national regulatory authority	
5.12	Pediatric INH 100 mg dispersible tablet is included in the national Essential Medicines List (EML)	
5.13	National guidelines include recommendations on preventive treatment in selected high-risk household contacts of patients with Multidrug-resistant tuberculosis	

	Indicator	YES/NO/PARTIALLY
<b>6</b>	<b>Integration and collaboration with private sector</b>	
6.1	National guidelines and/or pediatric stand-alone guidelines recommend integration of TB services for children and adolescents into Prevention of mother-to-child transmission (PMTCT) clinics	<p>YES/NO/Partially</p> <p>If Yes, please BOLD which services are provided in PMTCT clinics to children and adolescents:</p> <p> <b>TB screening</b>  <b>TB diagnosis</b>  <b>TB treatment initiation</b>  <b>TB treatment follow-up</b>  <b>Reporting to NTP</b> </p>
6.2	National guidelines and/or stand-alone guidelines on the management of TB in children and adolescents 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> <b>TB screening</b>  <b>TB diagnosis</b>  <b>TB treatment initiation</b>  <b>TB treatment follow-up</b>  <b>Reporting to NTP</b> </p>
6.3	National guidelines and/or stand-alone guidelines on the management of TB in children and adolescents recommend integration of TB services for children and adolescents 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> <b>TB screening</b>  <b>TB diagnosis</b>  <b>TB treatment initiation</b>  <b>TB treatment follow-up</b>  <b>Reporting to NTP</b> </p>

	Indicator	YES/NO/PARTIALLY
6.4	National guidelines and/or stand-alone guidelines for the management of TB in children and adolescents recommend integration of TB services for children and adolescents 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>
<b>7</b>	<b>Monitoring and Evaluation (M &amp; E)</b>	
7.1	National guidelines and/or stand-alone guidelines for the management of TB in children and adolescents specifically address monitoring and evaluation of TB in children and adolescents	
7.2	All children treated for TB are recorded and reported in age bands. Please specify if data are reported in 2 or 4 age bands (BOLD the one that applies)	<p>2 age bands (0-4, 5-14)</p> <p>4 age bands (0-4, 5-9, 10-14, 15-19y)</p>
7.3	Data recorded includes (please BOLD all that apply):	<p>Type of TB</p> <p>New or previously treated</p> <p>Bacteriologically confirmed or negative or not done/not available</p> <p>Pulmonary or extrapulmonary TB</p> <p>Treatment success rate</p> <p>Preventive treatment (adherence/completion)</p> <p>Adverse events</p>
7.4	National TB program has a register or other M&E tool for contact screening and investigation	
	If yes to 7.4, the register includes information on age of contacts	
7.5	National TB program has a register or other M & E tools to track provision of TPT?	

	Indicator	YES/NO/PARTIALLY
	If Yes to 7.5, the register allows to track (please BOLD all that apply) National TB program has a register or other M & E tools to track TPT adherence in children and adolescents	TPT initiation TPT adherence TPT outcomes
	If Yes to 7.5, the register include information on age of patients initiated on TPT	
7.6	Private health facilities are required to report children and adolescents with TB to the national TB program	