

Lesotho



Yes
Partially
No
Non-applicable (N/A)
Missing
Same/comparable

1	General Information: Political and Financial Support		2021	2018
1.1	Childhood TB is included in the National TB Strategic Plan (please indicate the time period covered by the National TB Strategic Plan)		Yes	Yes
	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	Partially	Partially
		Surveillance	Yes	Yes
		Operational research	Yes	Yes
		Active case finding and diagnosis	Yes	Yes
		Treatment of DS-TB	Yes	Yes
		Treatment of MDR-TB	Partially	Yes
		TB Preventive Treatment	Yes	Yes
	Technical assistance needs	Yes	Yes	
1.2	National TB guidelines include specific guidance and standard operating procedures on the management of TB in children and adolescents		Yes	Yes
1.3	Country has standalone guidelines on the management of TB in children and adolescents.		Partially	Partially
1.4	A budget for the management of TB in children and adolescents is included in the National TB Strategic Plan		Yes	Yes
	If yes to 1.4, please indicate if specific budgets are earmarked for (tick all that apply):	Active case finding for the pediatric population (<i>i.e.</i> contact investigation)	Yes	Partially
		Diagnosis of TB in children and adolescents	Yes	Partially
		Treatment of DS-TB in children and adolescents	Yes	Yes
		Treatment of pediatric MDR-TB in children and adolescents	Partially	Yes
		TB Preventive Treatment	Yes	Yes
	Monitoring and evaluation	Partially	Partially	
	If yes to 1.4, is the budget for the management of TB in children and adolescents fully funded?		Partially	Partially
1.5	There is an active Childhood TB national working group		Partially	Partially
1.6	Is pediatric TB a workstream of the national TB working group?		Yes	Partially
1.7	There is a national TB program (NTP) focal person for the management of TB in children and adolescents		Yes	Yes
1.8	The national program clearly defines a role for private providers/private health facilities in the management of TB in children and adolescents		Partially	Partially

1.9	The National TB program has established Childhood TB diagnosis and treatment targets	2018: Country includes childhood TB in High Level Meeting statement(s)		
1.10	Country had at least one public outreach campaign (media/community awareness) on TB in children and adolescents during the last 12 months (year 2020)			
1.11	There is a plan for human resource capacity building for the management of TB in children and adolescents			
1.12	At national level, specific training materials and curricula on the management of TB in children and adolescents are available			
1.13	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)			
2	Case Finding		2021	2018
2.1	National guidelines recommend household and close contacts of TB cases are evaluated for active TB.	Ages 0-4 (independently from HIV status)		
		Ages 5-14 (independently from HIV status)		
		All HH/close contacts irrespective 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.	WHO 4- symptom based screening (as for adults)		
		CXR		
		Xpert		
2.3	National guidelines recommend all children living with HIV are screened for TB disease			
2.4	Does country have national guidance on integrated management for childhood illness (IMCI)?			
	If yes to 2.4, is a TB screening algorithm included in national guidance for integrated management of childhood illness (IMCI)?			
2.5	National guidelines recommend community-based contact investigation			
2.6	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.)			
3	Diagnostics		2021	2018
3.1	National guidelines and/or standalone pediatric TB guidelines specifically address diagnosis of pediatric extrapulmonary TB			
3.2	National guidelines and/or standalone pediatric TB guidelines include a diagnostic algorithm for diagnosis of pediatric pulmonary TB			
3.3	National guidelines and/or standalone pediatric TB guidelines include a diagnostic algorithm for diagnosis of pediatric extrapulmonary TB			

3.4	SOPs for sample collection procedures for diagnosis of pediatric TB are available at national level	Gastric lavage/ Gastric aspirate		
		Cerebrospinal fluid		
		Stool		
3.5	SOPs for interpretation of CXR in pediatric patients with presumptive TB are available at national level			
3.6	Xpert MTB/RIF is recommended (rather than conventional microscopy and culture) as the initial diagnostic test in children	All children		
		Only children suspected of having MDR-TB		
3.7	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)			
3.8	Is LF-LAM recommended for pediatric TB diagnosis in children living with HIV?			
	If yes to 3.8, 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		
		Irrespectively of symptoms at OPD if CD4 <100		
3.9	Is CXR recommended in the diagnostic algorithm for children with signs or symptoms of TB?			
	If yes to 3.9, tick for which categories	All children (in parallel with Xpert)		
		Only children with negative Xpert result		
4	Treatment		2021	2018
4.1	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:		
		HIV negative children:		
4.2	National guidelines specifically address treatment of extrapulmonary TB in children and adolescents			
4.3	National guidelines or policy documents recommend all-oral regimens for treatment of children with RR/MDR-TB			
4.4	National guidelines or policy documents include recommendations on use of Bedaquiline for treatment of RR/MDR-TB in children			
4.5	National guidelines or policy documents include use of Delamanid for treatment of RR/MDR-TB in children			
4.6	Is your country procuring paediatric second-line drug formulations? If yes, please specify which one.	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		

4.7	The pediatric oral dispersible FL FDC RH 75/50 (for continuation phase) is approved for use by the national regulatory authority			
4.8	The pediatric oral dispersible tablets Ethambutol (E) 100 mg is approved for use by the national regulatory authority			
4.9	Pediatric oral dispersible FL FDC RHZ 75/50/150 is included in the national Essential Medicines List (EML)			
4.10	Pediatric oral dispersible Ethambutol (E) 100 mg is included in the national Essential Medicines List (EML)			
4.11	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 4.1, please tick for which category	Children >30 Kg		
		Children 20-30 Kg		
5	Preventive Treatment		2021	2018
5.1	National guidance includes an algorithm to identify pediatric patients who are eligible for initiation of preventive treatment			
5.2	Please describe the regimen recommended by national guidelines for preventive treatment in children	6 or 9 month INH:		
		3 month daily RH:		
		3 months weekly INH and Rifapentine (3HP)		
		1HP (for >13 yrs old)		
		Others:		
5.3	National guidelines recommend community-based initiation of preventive treatment			
5.4	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.	All children (0-14 years):		
		Ages 0-4 years:		
		Ages 5-14 years and HIV neg:		
5.5	National guidelines specifically recommend the use of pediatric INH 100mg dispersible tablet for administration of 6 or 9 month INH TPT regimen to children			
5.6	The pediatric INH 100 mg dispersible tablet is approved for use by the national regulatory authority			
5.7	Pediatric INH 100 mg dispersible tablet is included in the national Essential Medicines List (EML)			
5.8	National guidelines include recommendations on preventive treatment in selected high-risk household contacts of patients with Multidrug-resistant tuberculosis			
6	Integration and collaboration with private sector		2021	2018
	National guidelines and/or pediatric stand-alone guidelines recommend integration of	TB screening		
		TB diagnosis		

6.1	TB services for children and adolescents into Prevention of mother-to-child transmission (PMTCT) clinics	TB treatment initiation		
		TB treatment follow-up		
		Reporting to NTP		
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	TB screening		
		TB diagnosis		
		TB treatment initiation		
		TB treatment follow-up		
		Reporting to NTP		
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	TB screening		
		TB diagnosis		
		TB treatment initiation		
		TB treatment follow-up		
		Reporting to NTP		
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	TB screening		
		TB diagnosis		
		TB treatment initiation		
		TB treatment follow-up		
		Reporting to NTP		
7	Monitoring and Evaluation (M & E)		2021	2018
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)	2 age bands (0-4, 5-14)		
		4 age bands (0-4, 5-9, 10-14, 15-19y)		
7.3	Data recorded includes	Type of TB		
		New or previously treated		
		Bacteriologically confirmed or negative or not done/not available		
		Pulmonary or extrapulmonary		
		TB Treatment success rate		
		Preventive treatment (adherence/completion)		
Adverse events				
7.4	National TB program has a register or other M&E tool for contact screening and investigation			
7.5	National TB program has a register or other M & E tools to track provision of TPT?			
	The register allows to track 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		
7.6	Private health facilities are required to report children and adolescents with TB to the national TB program			

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