UNITAID/EGPAF
Catalyzing Pediatric TB Innovations (CaP TB)
The CaP TB project in Kenya

- **Project Title**: Catalyzing Pediatric TB Innovations (CaP TB)
- **Donor**: Unitaid
- **Project duration**: September 2017 - August 2021
- **Mid-term evaluation**: June 2019
- **Project budget**: 2,034,389
- **Location**: Homa Bay, Turkana,
TB in Turkana: 2017

27% increase in cases notified

Children under 5 years eligible for IPT

Proportion on IPT: <10%

PAED PROPORTION OF TB CASES

- Adults: 81%
- Children: 19%
TB in Homa Bay: 2017

8% increase in cases notified

Children under 5 years eligible for IPT

Proportion on IPT: <30%

PAED PROPORTION OF TB CASES

- Adults: 91%
- Children: 9%

Proportion on IPT: <30%
## CaP TB Project Overview: Rationale

### Problem

- **TB is a top 10 cause of death in children**
- **140,000 children die each year from TB**

- An estimated 1 million children require TB treatment per year
- However, only 39% of all pediatric TB cases are diagnosed and reported

- More sensitive, child-friendly diagnostic tools, improved capacity for clinical diagnosis, intensified case-finding strategies and improved reporting are required to bridge the gap

- New child-friendly TB treatments are now available
- But a number of barriers remain to ensure their in country uptake and scale-up

### Outline theory of change

<table>
<thead>
<tr>
<th>Input</th>
<th>Output</th>
<th>Outcome</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potential Unitaid Financing</td>
<td>• Implementation of innovative models of TB care and treatment&lt;br&gt;• Generation of evidence for scale up&lt;br&gt;• Enabling policy and regulatory environment&lt;br&gt;• Sustainable scale up</td>
<td>• Integration of innovative models of care&lt;br&gt;• Improved case detection, treatment initiation and success in children&lt;br&gt;• Country preparedness for scale-up of paediatric TB prevention and treatment</td>
<td>• Contribute to reduction in morbidity and mortality from TB in children&lt;br&gt;• Cost and health system efficiencies from early case identification</td>
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### Key success factors

- Improvements in the evidence base around improved case finding for pediatric TB
- Improvements in the evidence base around pediatric treatment outcomes
- Integrating pediatric TB care into other health service pathways and decentralization of capacity to deliver and manage pediatric TB care
- Expanded use of existing diagnostic tools, in light of a weak innovation pipeline for new diagnostic technologies
- Adoption and use of new fixed dose combinations, i.e., displacement of old formulations
CaP TB Project Overview: Rationale

- Kenya has made significant strides in the prevention, care and treatment of pediatric TB.
- Key among this includes introduction of pediatric-friendly tuberculosis (TB) medicines in fixed doses, use of GeneXpert in diagnosis and a robust EMR, TIBU.
- Despite this, key challenges persist including:
  - Limited capacity for pediatric TB diagnosis
  - Inconsistent screening for TB among child TB contacts and children living with HIV
  - Insufficient integration of TB into other services leading to missed opportunities for identification
  - Suboptimal access to and utilization of pediatric TB services within health facilities

- CaP TB aims to bridge this gap
CaP TB Project Overview: Outputs

**GOAL**
Contribute to reduction in morbidity and mortality due to paediatric TB

**OUTCOME**
Critical access barriers removed to facilitate scale-up of pediatric TB

1. **OUTPUT 1**
An enabling policy and regulatory environment at the global and national level is created

2. **OUTPUT 2**
Increased demand for pediatric TB treatments through improved detection

3. **OUTPUT 3**
Rapid uptake of and access to improved pediatric TB treatments for DS-TB and LTBI

4. **OUTPUT 4**
Generation of novel evidence and cost-effectiveness data

5. **OUTPUT 5**
Effective and sustainable transition to national programs achieved
Output 1: An enabling policy and regulatory environment at global and national levels to support introduction and scale-up of effective and innovative pediatric TB diagnostic and treatment interventions

- Support and actively participate in pediatric TB TWG activities and other relevant TWGs
- Participate in the review of the National Strategic Plan on Tuberculosis, Leprosy and Lung Diseases (2015 – 2018) and other relevant national policies
- Active participation in the CHMT and SCHMT pediatric TB implementation plans
- Support Public-Private Mix strategies
- Support activities of the Technical Advisory Group
Output 2: Increased demand for pediatric TB treatments through improved detection of pediatric TB cases by introducing effective diagnostic strategies, approaches, and tools

- SOPs to guide screening and active case finding.
- Active case finding in the MCH, child welfare clinics, pediatric specific clinics (POPC), nutrition clinics, laboratories, outpatient departments, and in-patient wards.
- Capacity building of HCWs on pediatric TB screening, diagnosis and treatment.
- Training on advanced sample collection methods: sputum induction and gastric aspirates.
- Deployment of cough monitors/screeners in the facilities.
- Community screening and ACF: urban slum areas, schools, colleges and orphanages.
- Partner with NTP to strengthen screening and diagnosis in private clinics, private labs and pharmacies.
Output 3: Rapid uptake of and access to improved pediatric TB treatments for both active and latent TB

- Capacity building of HCW on pediatric TB treatment including FDC and INH through trainings, ECHO, CME, OJT
- Support facility-level FDC forecasting and quantification to prevent stock-outs
- Avail relevant SOPs on pediatric TB treatment
- Strengthen IPT initiation
- Support retention activities through structured appointment management and phone-based (mHealth) appointment reminders and DOTs
- QI activities
Output 4: Generation of novel evidence and cost-effectiveness data to inform policy guidelines and further scale up by additional countries, donors, and implementers

**Strategic Information**

- Support routine data collection and reporting in TIBU
- Data quality assessment and validation

**Research: Cluster randomized intervention studies to:**

1. Assess the impact of integrating pediatric TB services in MCH on pediatric TB case detection and treatment initiation and
2. To assess the feasibility and impact on initiation and completion of preventive therapy of community-based household contact tracing, TB screening and initiation of preventive therapy
Output 5: Effective and sustainable transition to national programs achieved: Sustainability package

- Inclusion of TB activities in national and county plans, policies and guidelines
- Discussions at parliament level (parliamentary TB caucus) and county for fiscal appropriation
- Capacity building of HCW: mentorship and supervision by S/CHMT
- Establishment of Centres of excellence which are also regional capacity building hubs
- Active engagement of former TB patients at community level
- Multi sectoral approach to address TB challenges
Articulation with Stakeholders

- Key Stakeholders include Global Fund, WHO, STOP TB Partnership, CDC, Centre for Health Solutions (CHS) through the USAID-funded TB ARC project, other PEPFAR partners, NASCOP, NACC, CHMT, health facilities, CSO, and CBOs
- TWGs
- Cap TB Advisory group (TAG): Drawn from EGPAF, NTP and Partners
- Ministry of Health, NTP
Research and evidence generation

Evidence will be generated through:

• Analysis of programme data routinely collected through EGPAF’s M&E systems.

• Intensified M&E implemented at sentinel sites which will include the analysis of prospective cohorts of children screened for TB.

• Randomized controlled studies.

• Cost effectiveness analysis informed by patient-level information collected through the above methods.
Thank you!