

AFRICAN STRATEGIES FOR HEALTH

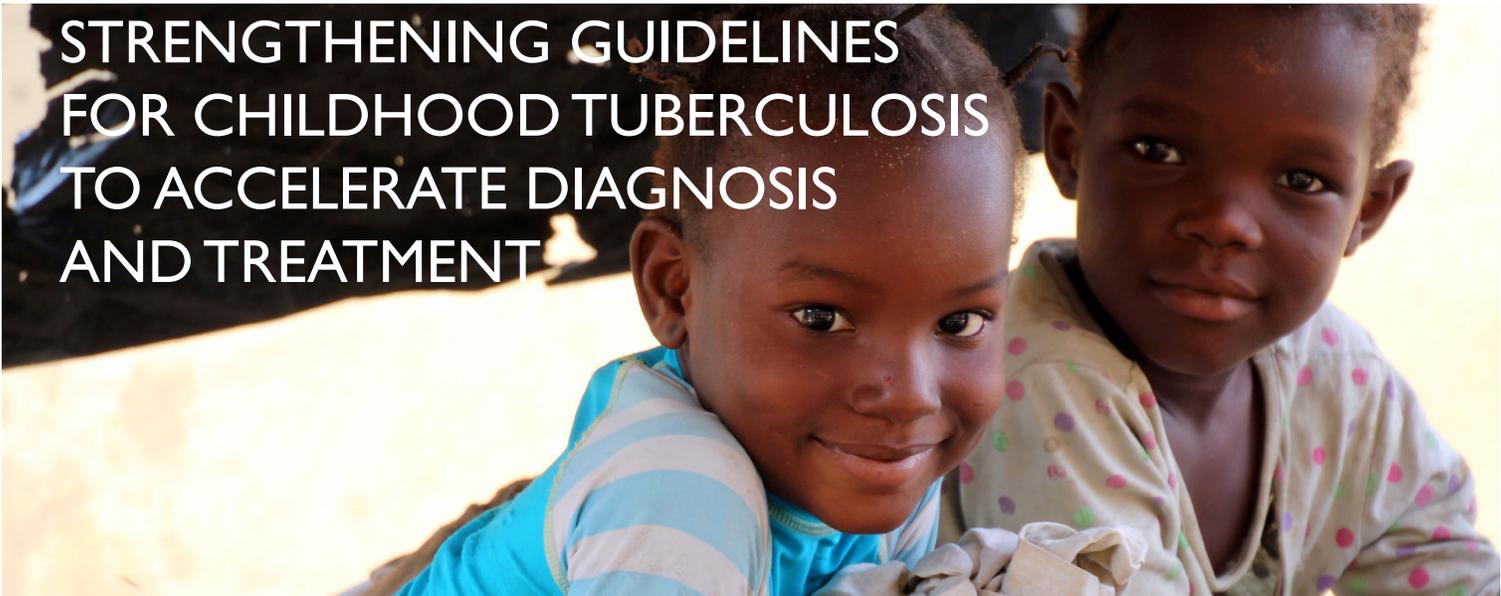
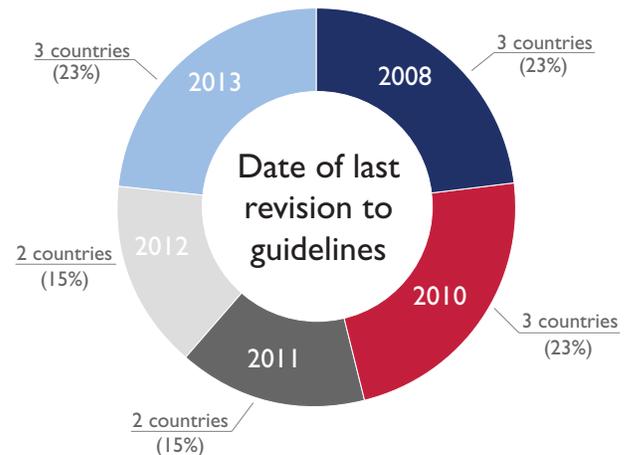
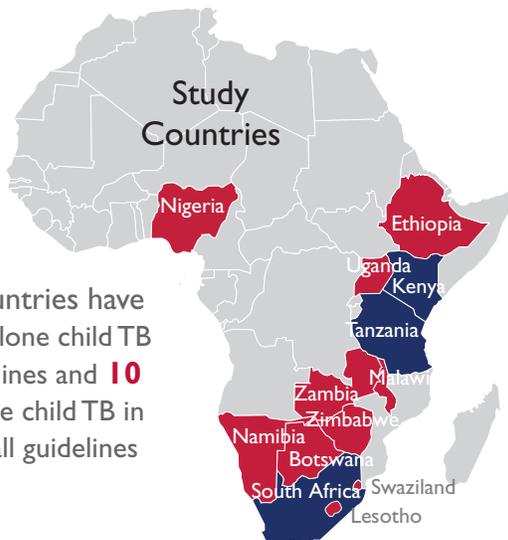


Photo by Pinky Patel

**STRENGTHENING GUIDELINES FOR CHILDHOOD TUBERCULOSIS TO ACCELERATE DIAGNOSIS AND TREATMENT**

**T**uberculosis (TB), now the leading infectious cause of death worldwide, is a key contributor to morbidity and mortality among children in Africa. While many countries in the continent have developed national strategies to address childhood TB, implementation of these strategies in practice lags. National guidelines for the management of childhood TB can strengthen health service delivery and improve diagnosis and treatment. Because sick children frequently present to Maternal and Child Health (MCH) platforms, it is critical that MCH and TB services are linked and leveraged by clear guidance on the optimal interaction between these services.

To better understand whether childhood TB guidelines can inform the roles and responsibilities of MCH providers and to identify opportunities for strengthening them and related tools, the United States Agency for International Development's (USAID) Africa and Global Health Bureaus and the African Strategies for Health (ASH) project assessed existing childhood TB guidelines in 13 countries in Africa. Technical and organizational elements were systematically extracted and analyzed from countries' most recent guidelines. This brief provides a summary of findings and makes recommendations for revising outdated guidelines and strengthening them to improve service delivery and reduce the burden of TB in children.



## Prioritization of Technical and Organizational Elements within Guidelines

| All countries   | >75% of countries   | >50% of countries   | <50% of countries  |
|---|---|---|--|
| <ul style="list-style-type: none"> <li>✓ Recommend comprehensive diagnostic approach</li> <li>✓ Describe use of diagnostic tests and methods for obtaining sputum</li> <li>✓ Mention and discuss extrapulmonary TB</li> <li>✓ Outline isoniazid preventive therapy (IPT) indications</li> <li>✓ Discuss TB-HIV integration</li> </ul> | <ul style="list-style-type: none"> <li>✓ Describe selection criteria for suspect cases</li> <li>✓ Incorporate algorithms for diagnosis and contact screening</li> <li>✓ Address treatment (directly observed therapy, monitoring and referral)</li> <li>✓ Guide contact management</li> </ul> | <ul style="list-style-type: none"> <li>✓ Discuss nutrition</li> <li>✓ Provide indications for hospitalization</li> <li>✓ Discuss management of adverse drug effects</li> <li>✓ Guide monitoring of IPT</li> </ul> | <ul style="list-style-type: none"> <li>✓ Recommend systematic screening for case-finding</li> <li>✓ Incorporate use of score charts for diagnosis</li> <li>✓ Mention application of Integrated Management of Childhood Illnesses (IMCI)</li> <li>✓ Outline tasks by cadre or organizational level</li> </ul> |

**Guidance for organizing service delivery**

**2** countries emphasize activities by level of care

*“Primary level staff should be able to recognize the symptoms and signs of childhood TB...and diagnose suspect cases by smear microscopy or refer suspects...”*

**4** countries emphasize tasks by cadre

*“Any child presenting with symptoms and signs...should be referred to a Medical Officer for further evaluation”*

**Guidance for MCH programs**

Few guidelines reference common tools and approaches used for MCH or nutrition service delivery.

- 2** countries reference IMCI
- 0** countries reference integrated community case management
- 8** countries emphasize nutrition in the context of diagnosis and treatment
- 1** country explicitly references screening severely malnourished children for TB

**Rhetoric of childhood TB**

Language may sway providers' use of appropriate diagnostic approaches. Guidelines that promote a practice while understanding contextual limitations contrast with overtly negative language.

*“Even though microbiological diagnosis is not always feasible, all efforts should be made to do sputum microscopy where possible”*

vs.

*“Diagnosis of TB in children is difficult. Bacteriological confirmation is usually not possible...”*



Guidelines, together with tools such as algorithms, emphasize diagnosis, treatment and prevention of TB in children. The diagnostic emphasis suggests that current guidelines are most useful at a hospital level. Limited explicit reference to service organization and the use of primary level MCH programs to identify and manage childhood TB cases causes significant delay in diagnosis and treatment. The rhetoric of childhood TB may further discourage MCH providers from making an effective contribution to and taking on a larger role in childhood TB programming.

In 2014, the World Health Organization revised global recommendations for the management of TB in children to include guidance on the roles and responsibilities of health workers at various levels of the health system. As national programs update guidelines to respond to suggested changes, key recommended areas of focus include: **(1) strengthen guidelines with clear and specific roles and responsibilities by level and cadre, including MCH programs, and (2) adopt and clarify rhetoric that encourages MCH providers to identify symptoms of TB in children and reduce diagnostic delay.**

**The ASH project** improves the health status of populations across Africa through identifying and advocating for best practices, enhancing technical capacity, and engaging African regional institutions to address health issues in a sustainable manner. ASH provides information on trends and developments on the continent to USAID and other development partners to enhance decision-making regarding investments in health. ASH is funded by USAID's Bureau for Africa and implemented by Management Sciences for Health.

Additional information can be obtained from:

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