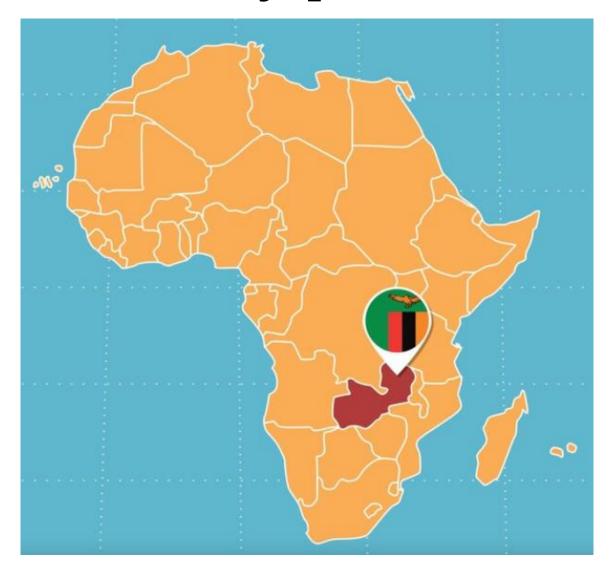
Experience from Zambia with implementing the 4-month regimen for non-severe TB in children and adolescents

Cheelo Mwiinga National TB/Leprosy Program- Zambia





Country profile



- Population: 19,610,769
- Capital city: Lusaka
- 10 Provinces and 116 districts
- TB incidence: 283/100,000 pop
- TB mortality rate: 24/100,000 pop
- Est. MDR-TB incidence: 8.1/100,000 pop
- National adult HIV prevalence: 11%
- DS-TB Treatment Success rate: 93%
- MDR-TB treatment success rate: 80%

Background

• Zambia is among the 30 countries with high TB and TB-HIV burden globally.

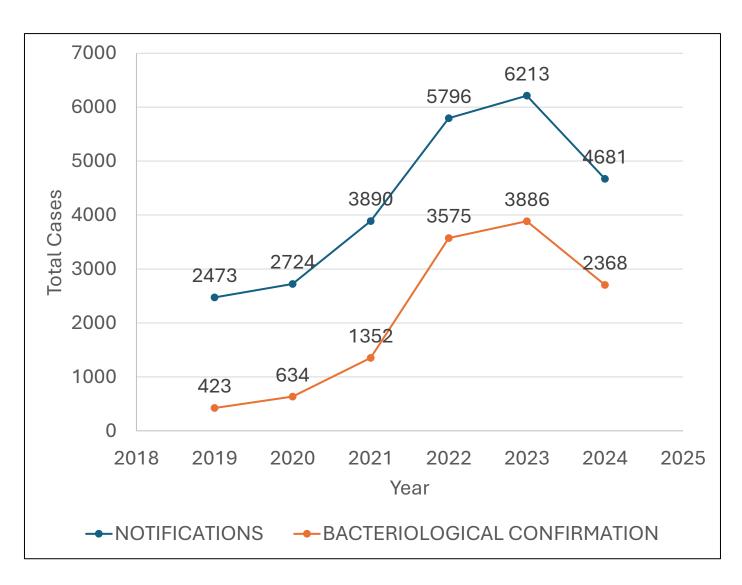
• TB is one of the top 10 causes of morbidity and mortality among children in the country.

- Total DS-TB case notifications in 2023 **55,182**
 - **11%** children 0-14 years

Trends in childhood TB cases in Zambia

 Increased contributions of childhood TB notifications from 7 % in 2021 to 11% in 2023

 Proportion of bacteriologically confirmed cases increased from 17% in 2019 to 63% in 2023



STR Implementation Timeline



National TB guidelines revised to include the STR



May 2023

Phase 1 of implementation (26 districts in 2 provinces)



May 2024 onwards

Training of other provinces

Mentorship and TSS

Development & adoption of concept note, training materials, TSS, mentorship and M&E tools.

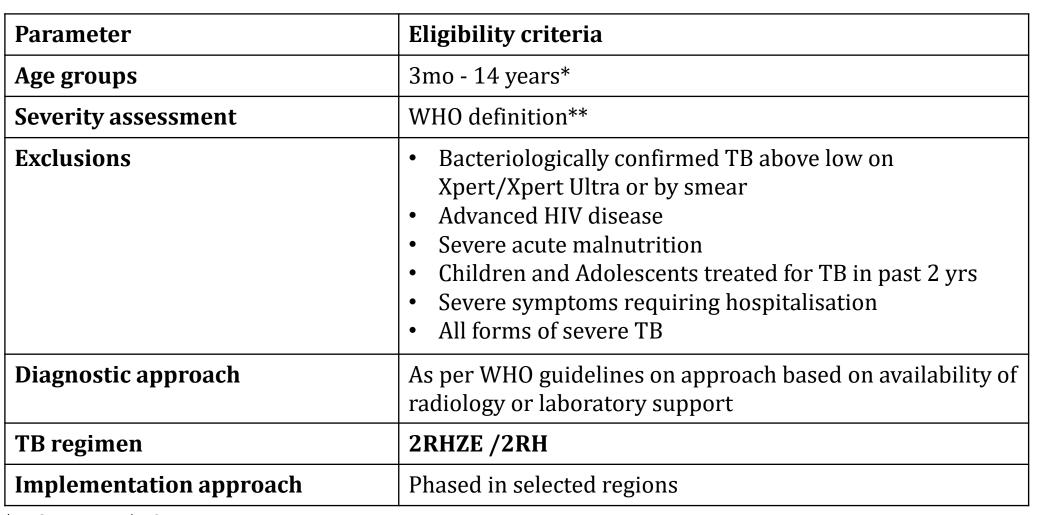
Mar. 2023

Rolled out to all 10 provinces

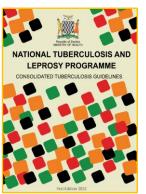


Apr. 2024

Adapted guidelines in Zambia



^{*}WHO recommends 16years



^{**}WHO Module-5 2022*=peripheral LN TB, intrathoracic LN TB without airway obstruction, uncomplicated TB pleural effusion; non-cavitary disease confined to 1 lobe and without a miliary pattern



- -STR Training materials developed
- -TOT conducted in all provinces
- -Trained facility staff in STR

Preimplementation activities

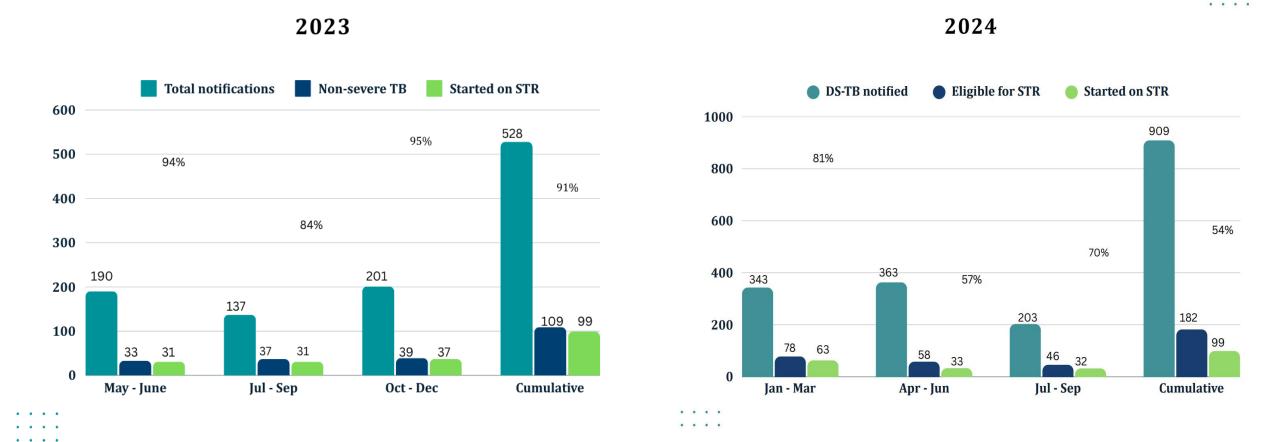


Onsite orientation

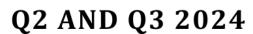


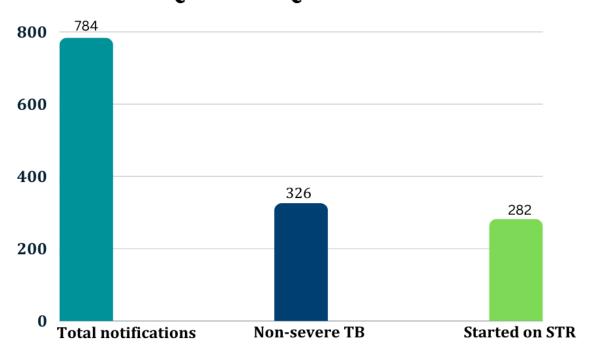
Radiology training on diagnosis of TB

Performance in the pilot sites



Cumulative results in all provinces





87% of children with non-severe TB between ages 3 months and 14 years were commenced on STR in Q2 and Q3 of 2024

Challenges



Some facilities have no clinicians dedicated to chest clinics, affects decisions for STR use



Under-reporting of children initiated on STR



Limited community awareness of STR



Radiology not always readily available and there are some gaps in CXR interpretation



Challenges in documentation using designated paediatric forms



Training and Capacity Building
(Decentralised, >1000 HCW trained)



Successful integration into National Guidelines

Successes



Successful development of paediatric TB clinical review forms



Data Collection and Monitoring



Training and Capacity building



Training of Mentors within the provinces

Lessons learnt



Incorporation of STR in policy documents led to easier acceptability by different stakeholders



Tertiary Hospitals enroll very few patients on STR



Prioritize community awareness during implementation.

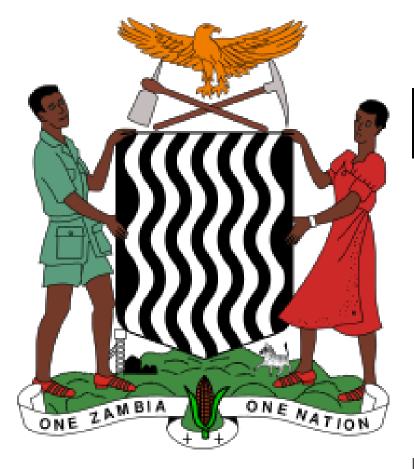
Recommendations



Continuous onsite training

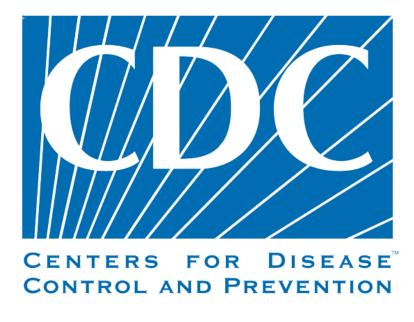


Early integration of STR in EMR and other existing records











Acknowledgements

THANK YOU