Dissemination of self-assessment results and sharing of best practices to improve TB service delivery for children and adolescents Experience from The Gambia

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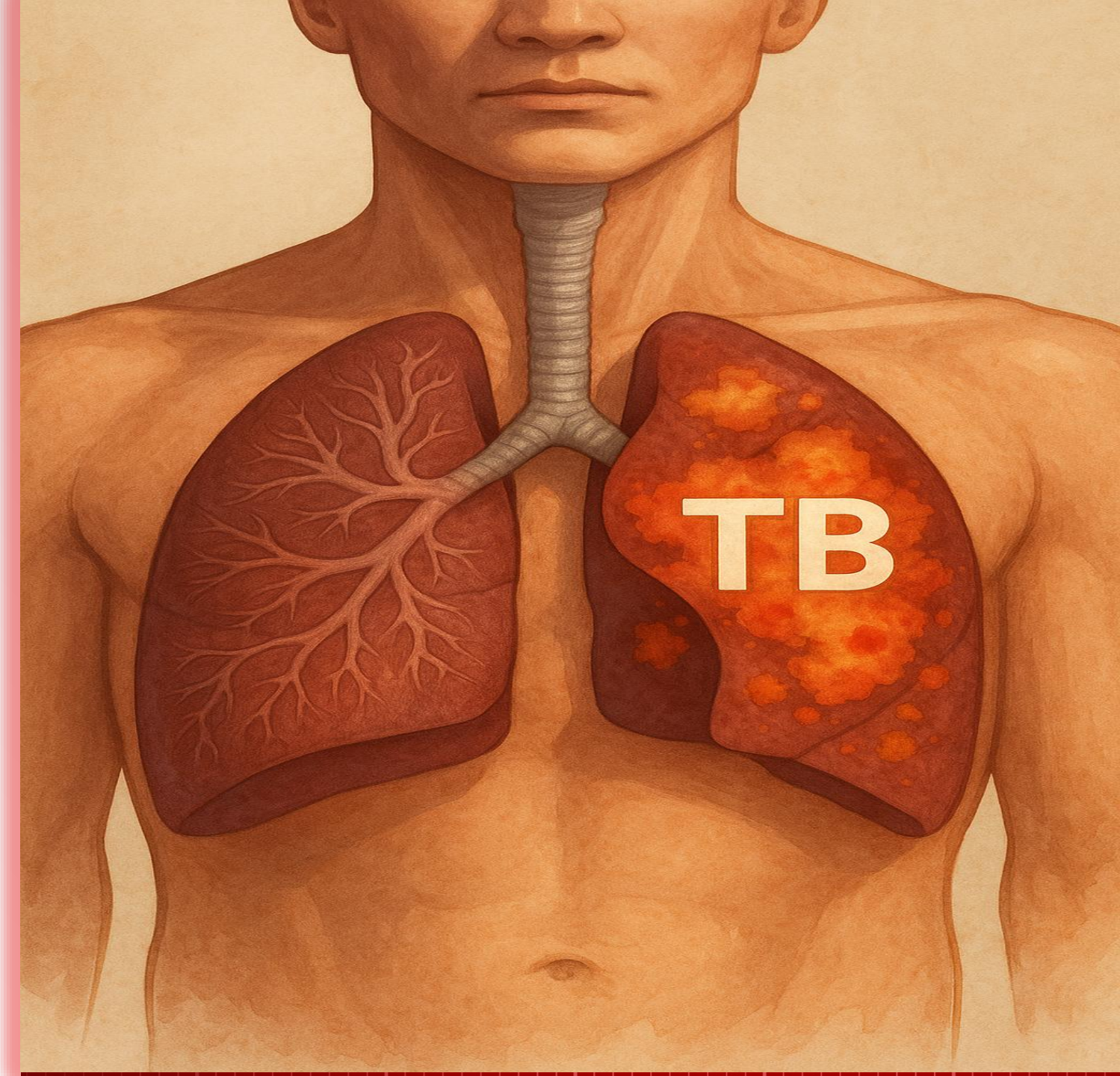

Presentation Outline

- Context of TB in The Gambia
- Assessment Objectives
- Methods and Scope of the assessment
- Findings _ Desk Review
- Findings _ Stakeholder Mapping
- Findings _ Health Facility Assessment
- Key Nationally Agreed priorities
- Expected Output
- Lessons & Reflections

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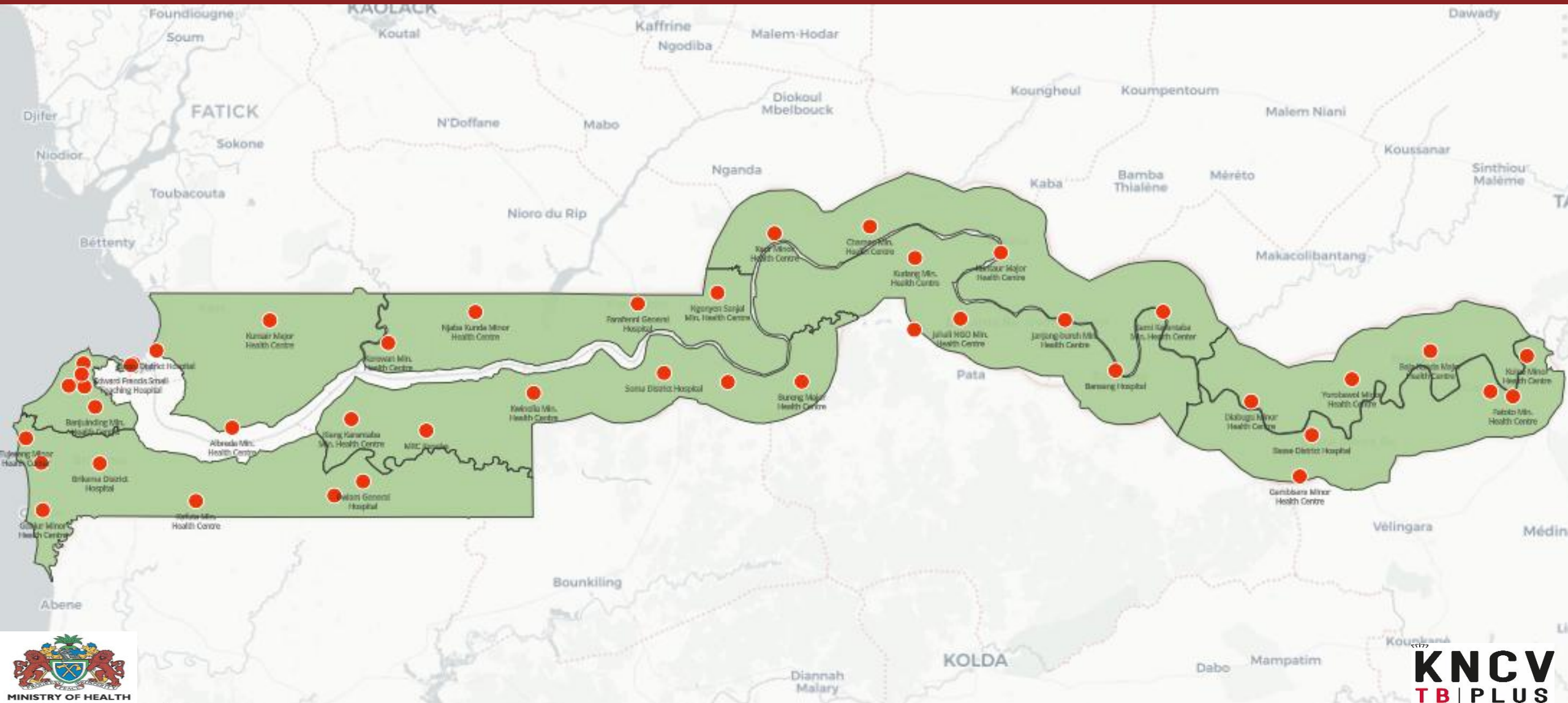
Distribution of TB DOT sites



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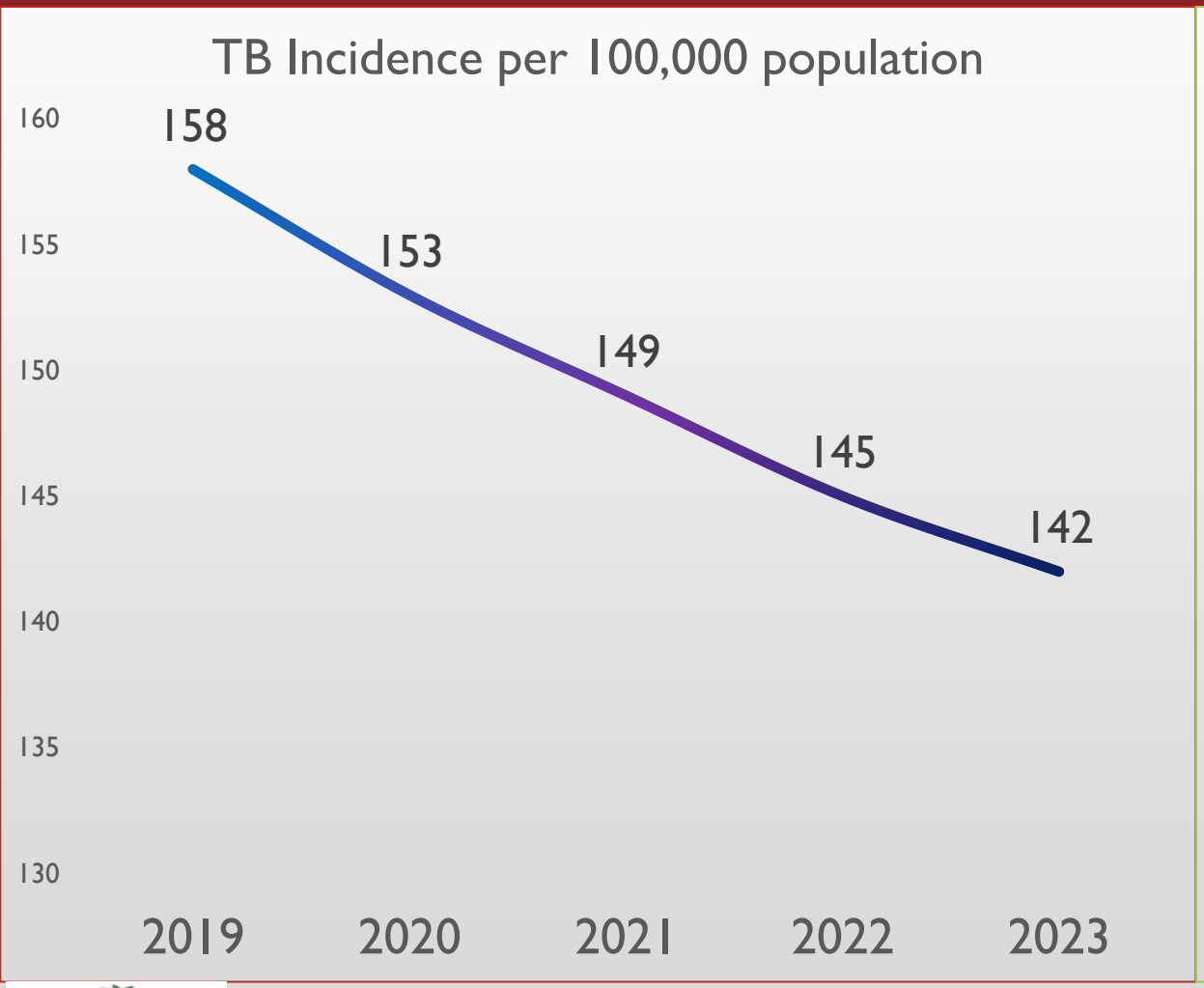
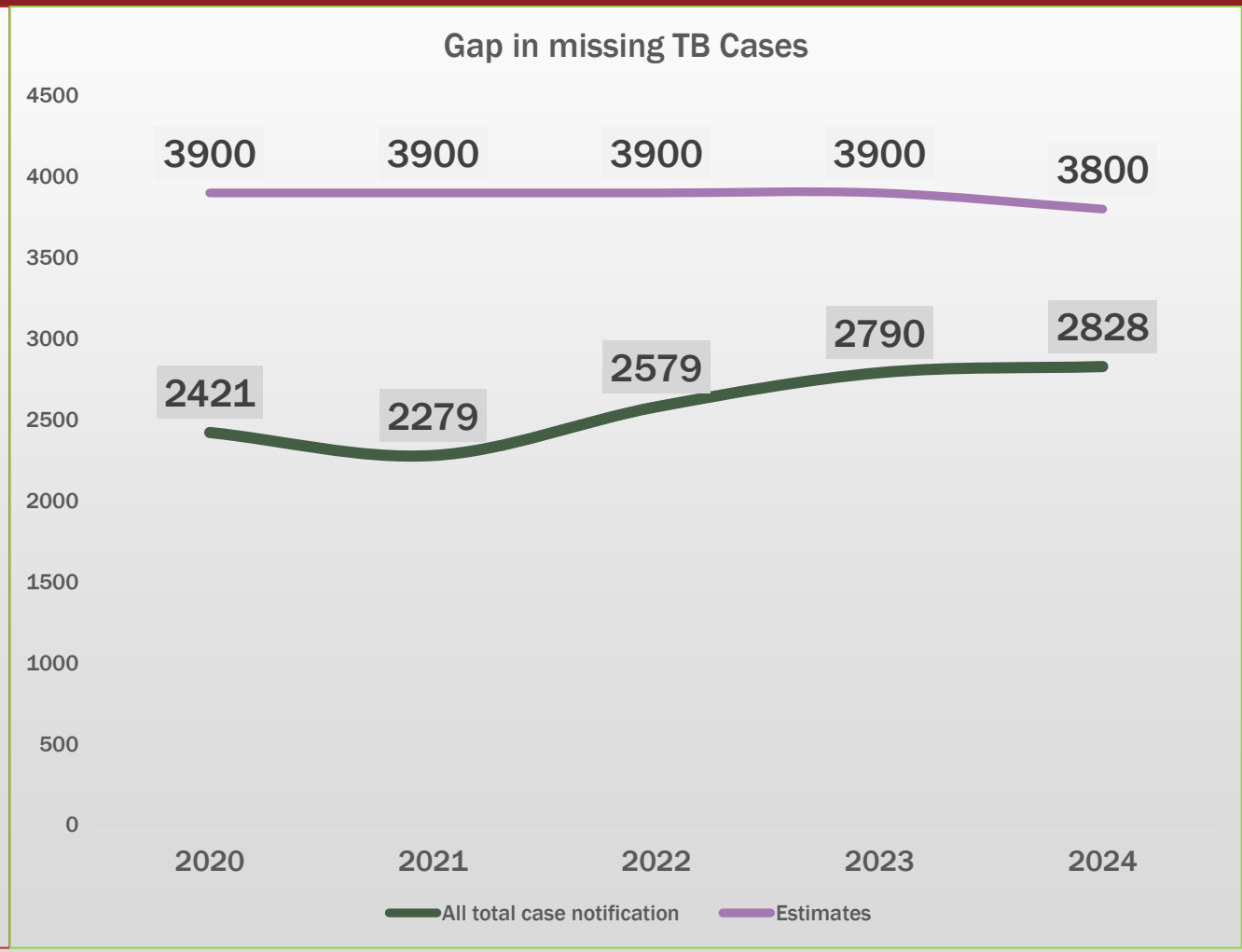
TB Incidence & Estimates





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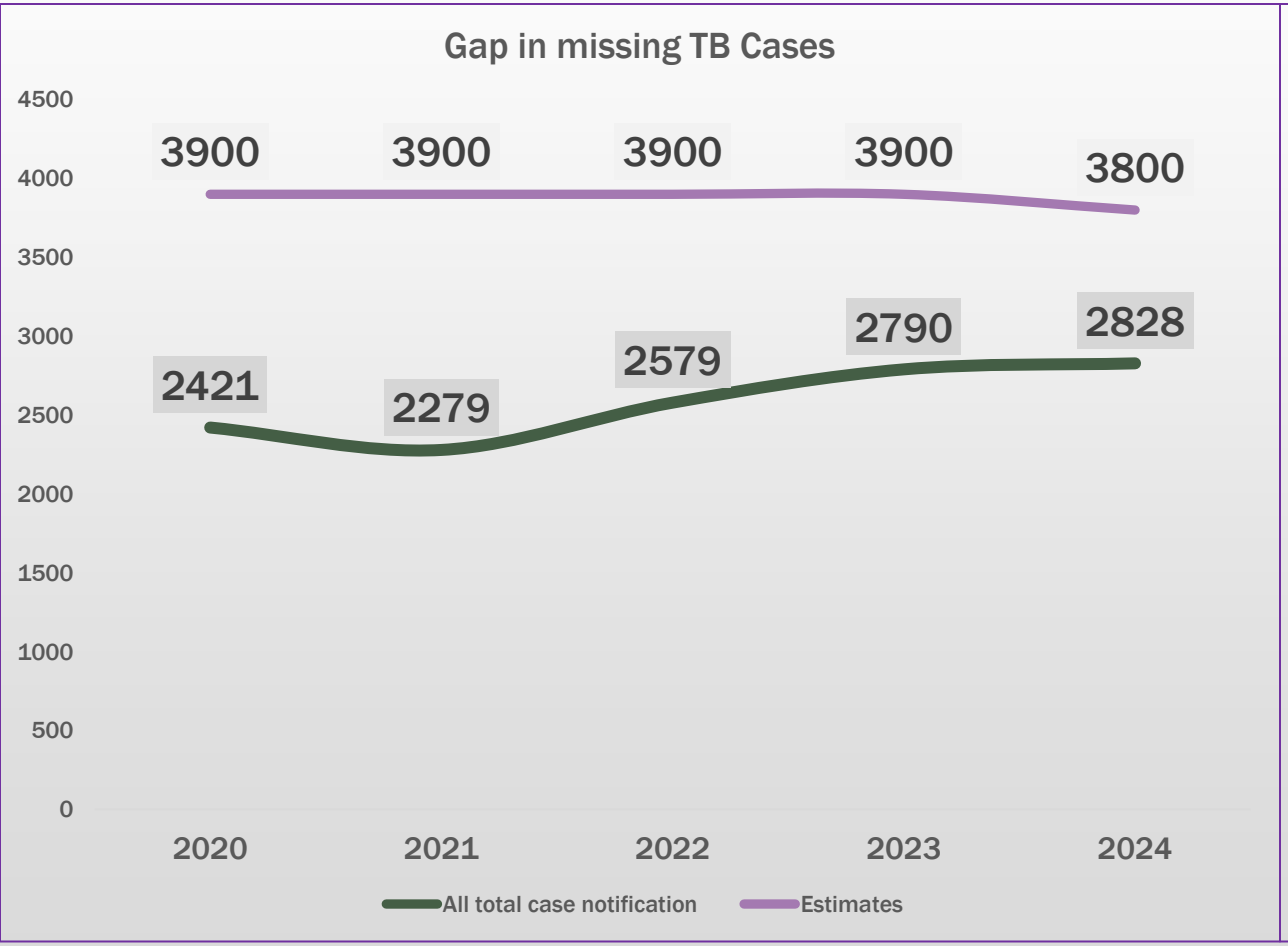
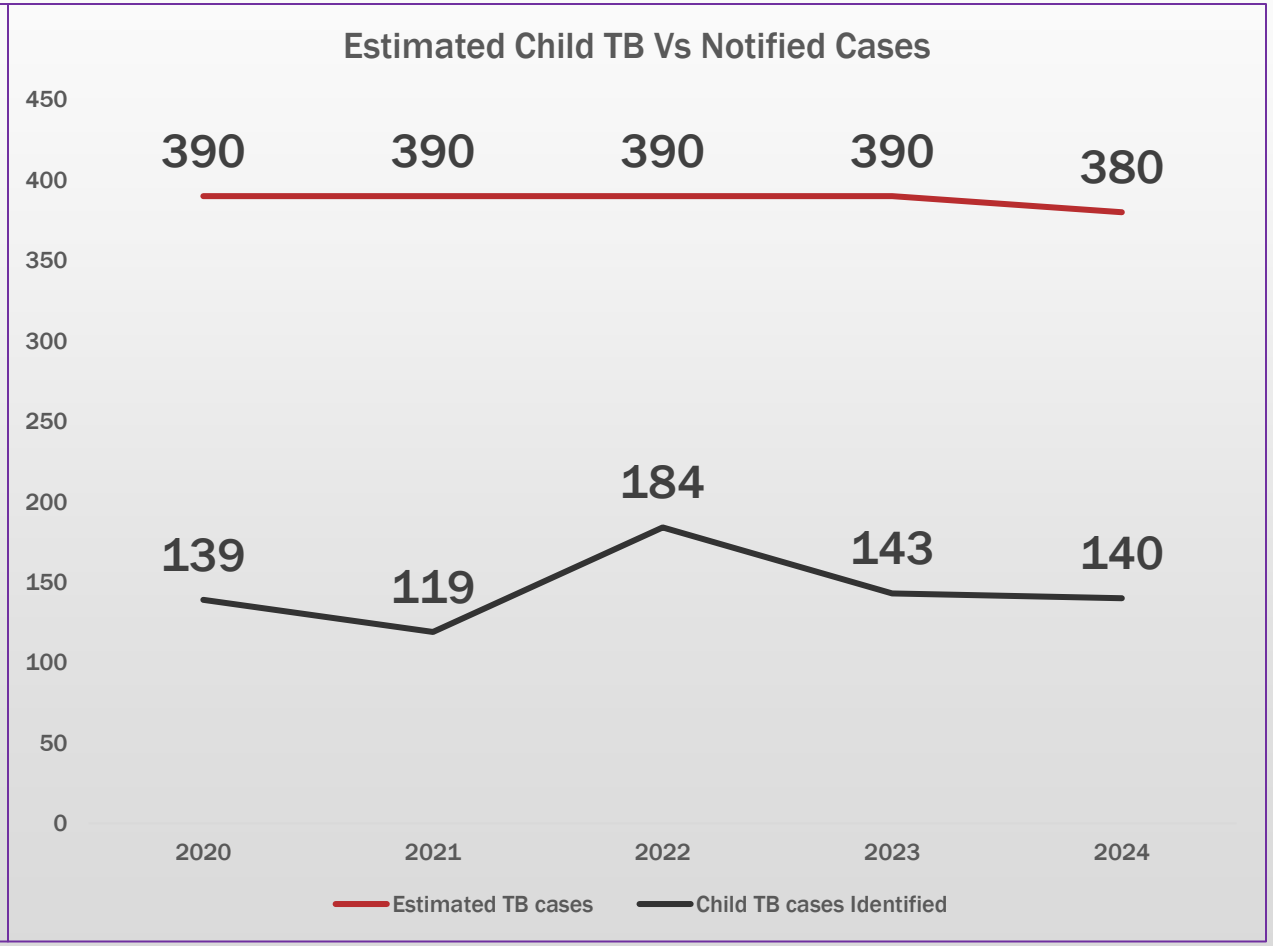
TB Estimates & Gaps in case detection





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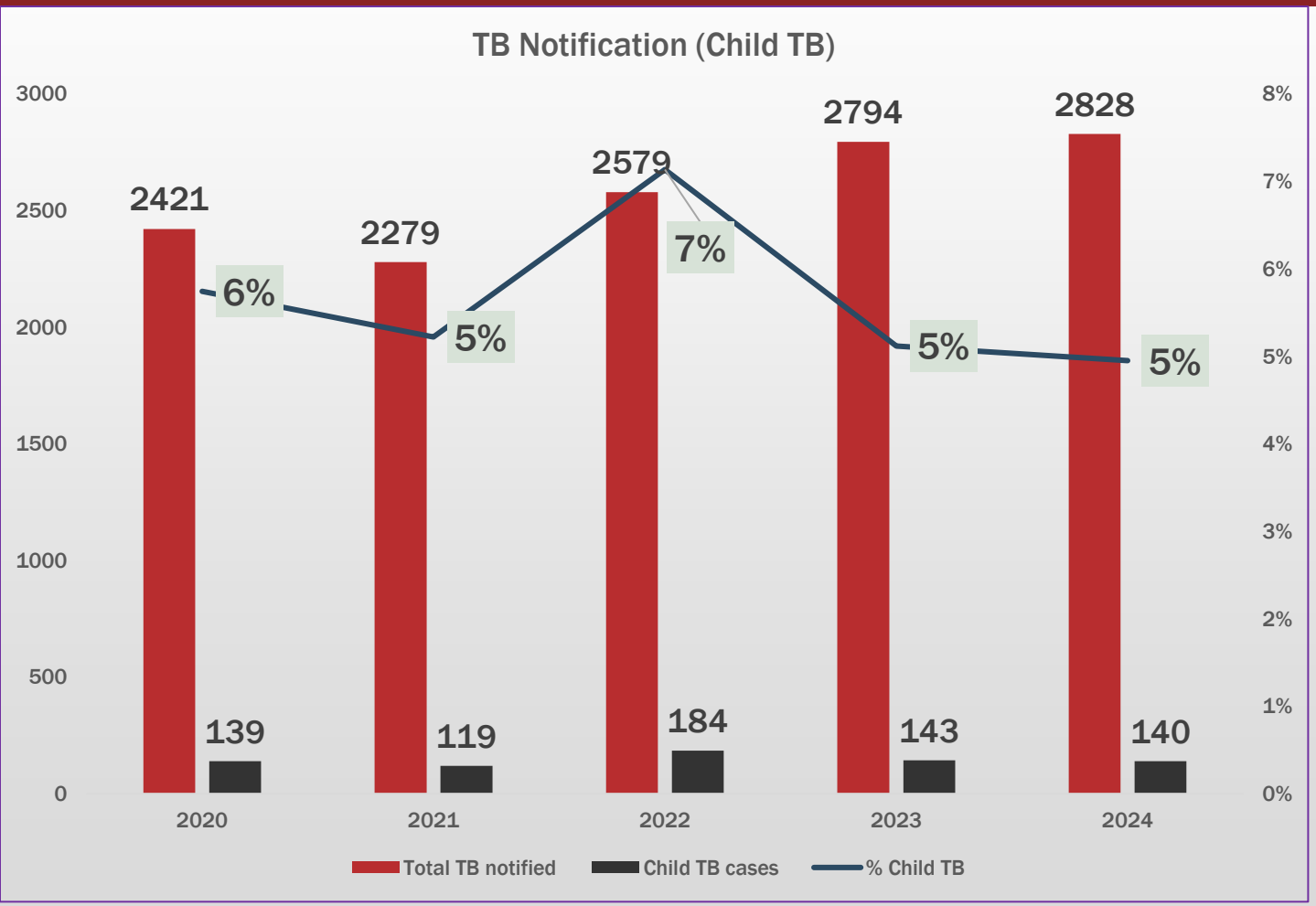
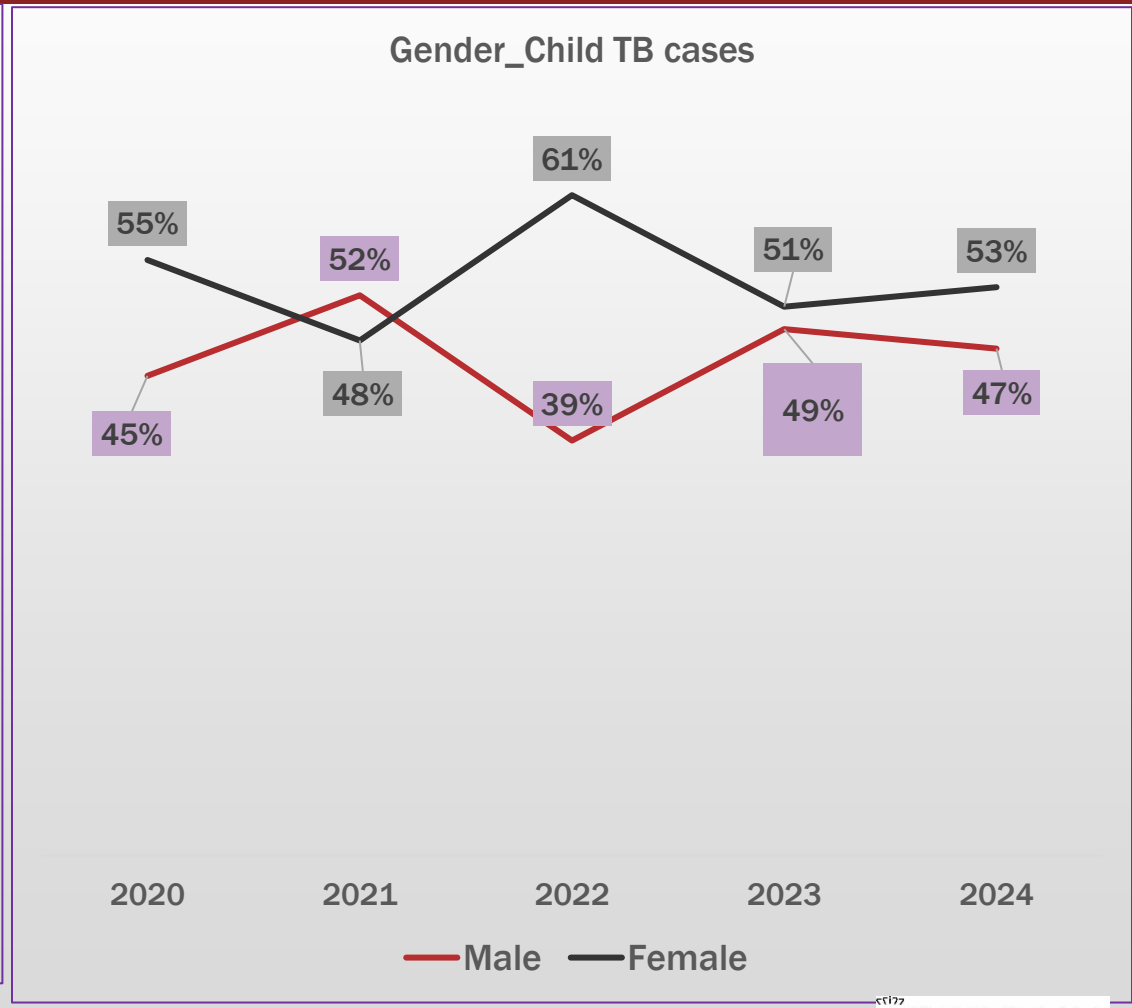
Child TB Notification





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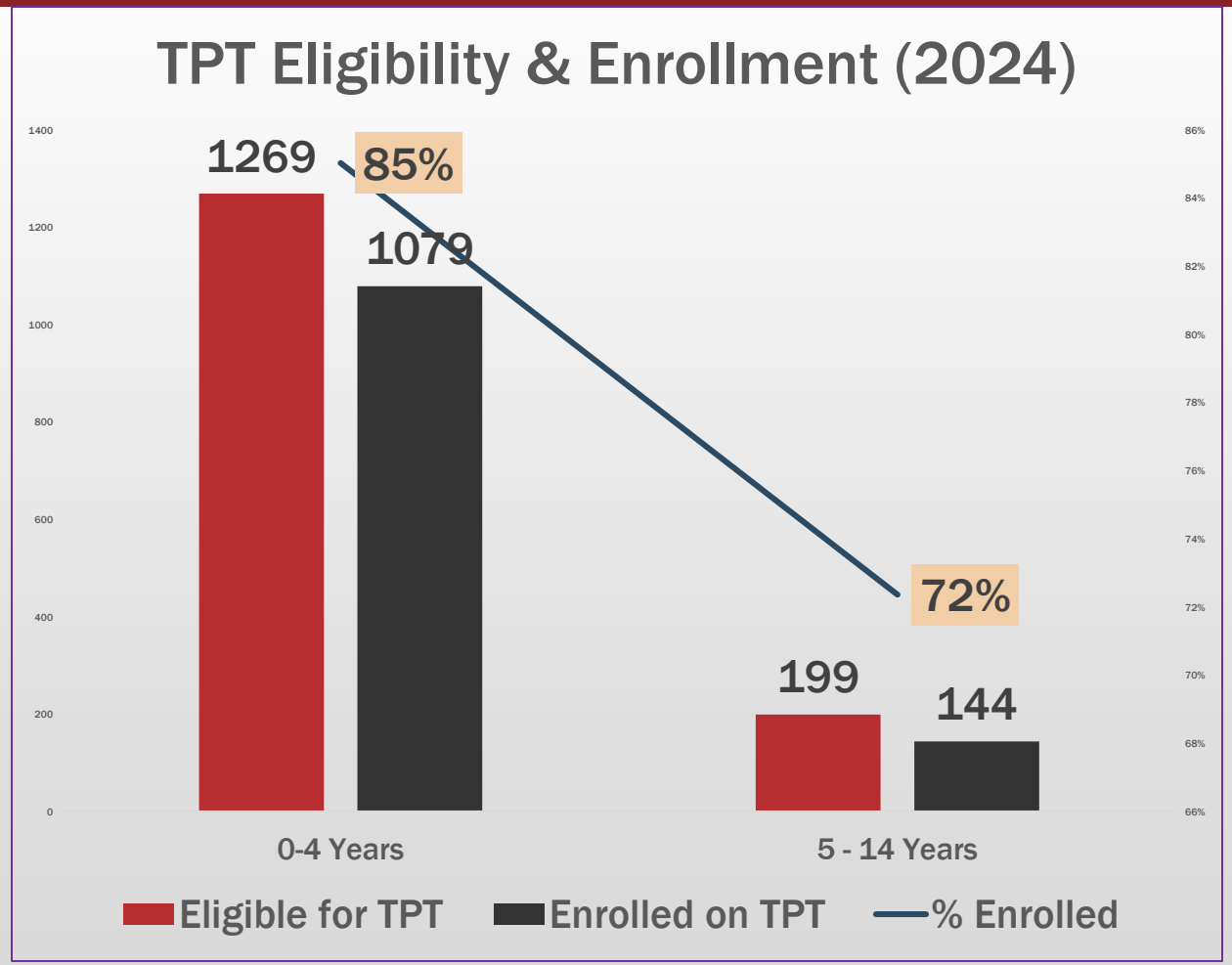
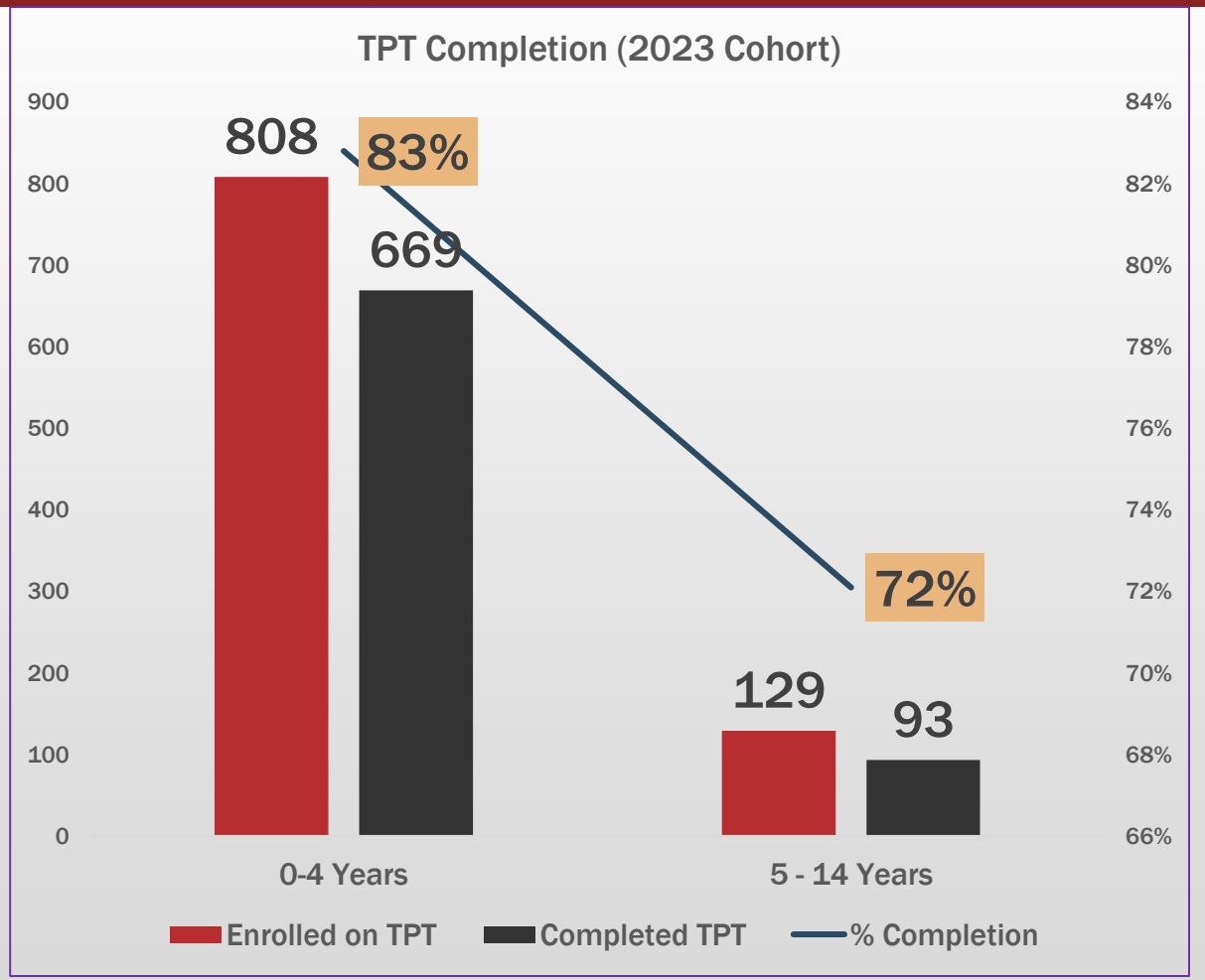
Tuberculosis Preventive Therapy





Regimen mainly used: 3HP

Treatment Outcome for Child TB Case (DS-TB)

Period	Total Child cases	Success	Died	LTFU	TF
Q1	39	37 (94%)	1	1	0
Q2	33	32 (97%)	0	1	0
Q3	32	31 (97%)	0	1	0
Q4	39	36 (92%)	2	1	0
	143	136 (95%)	3	4	0

No child DR-TB case in a decade

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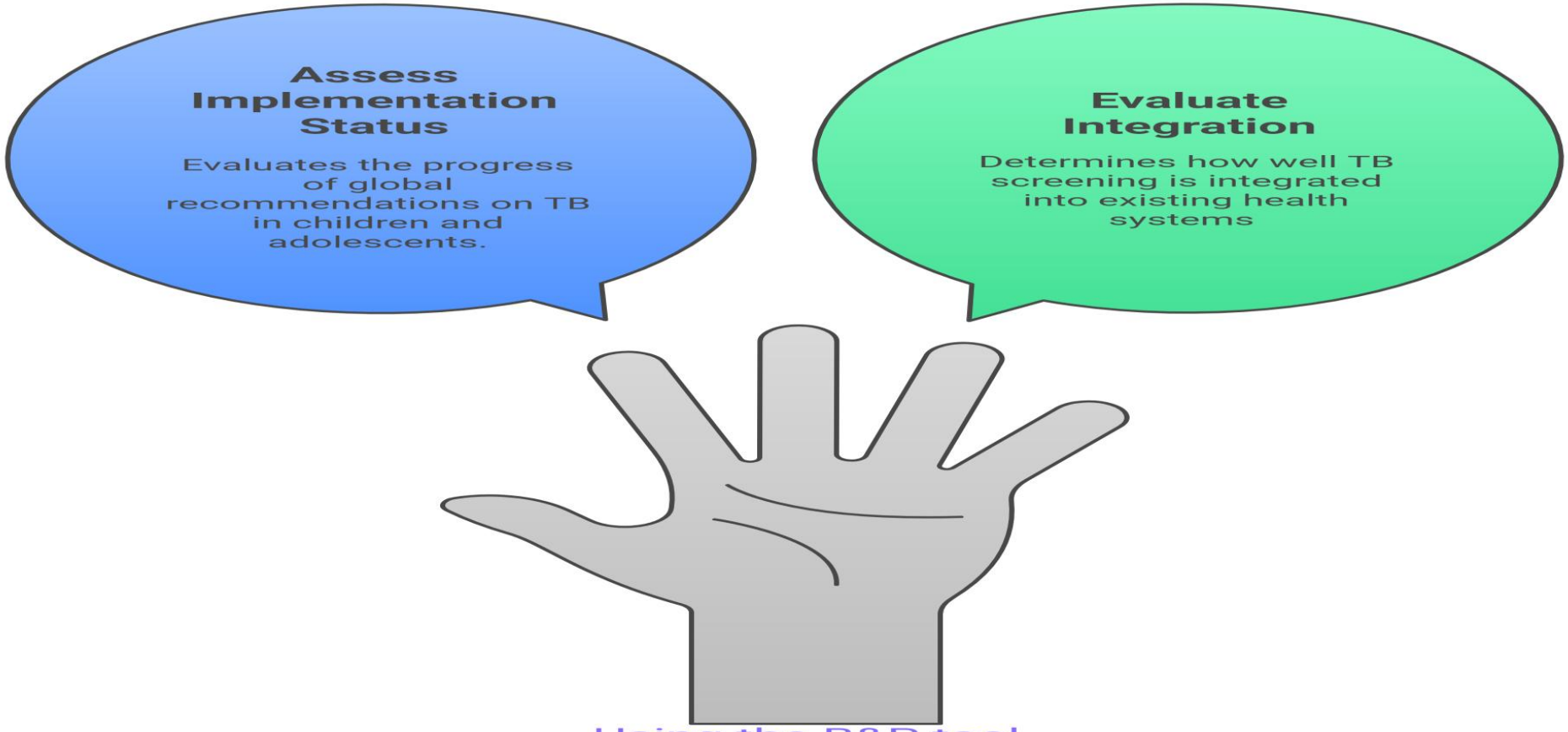
Assessment Objectives



Methods and Scope

- **Approach**
  - **Mix-Methods**
  - Benchmarking conducted using KNCVs *Children and Adolescent TB Self-Assessment Tool*
  - Desk review of policies, guidelines, and program data.
  - Key informant interviews with NLTP, MOH units, and partners,
  - Facility assessments at Kanifing General Hospital, Farafenni General Hospital, and Bafrow Medical Centre (public-private mix).

- **Stakeholders** mapping & workshop
  - 18 organizations (government, NGOs, UN agencies, and private sector).
  - Findings were presented at workshop and priorities identified.

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National Nutrition Agency

Coordinates nutrition and related issues in children and adolescents

The National Assembly

Provides legislative oversight and policy support

Reproductive Maternal Nutrition Program

Coordinates reproductive health and related issues

University of The Gambia

Trains medical and nursing cadres

Expanded Program on Immunization

Plans and coordinates immunization efforts

Regulatory Councils

Oversees training and practice of medical cadres

National Public Health Laboratories

Provides diagnostic services at all levels

World Health Organisation

Provides technical assistance on child and adolescent TB

National Pharmaceutical Services

Manages pharmaceutical products for TB management

Primary Health Care Unit

Coordinates services at the primary health care level

Medical Research Council

Conducts research on childhood and adolescent TB

National HIV/AIDS Secretariat

Facilitates global fund support for HIV/AIDS programs

UNICEF

Offers technical support for children and adolescents

Epidemiology & Disease Control Unit

Monitors disease surveillance across programs

IMNCI Unit

Coordinates TB diagnosis and management

Child-Fund International

Focuses on TB prevention and management

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Findings _ Stakeholder Mapping

18 stakeholders identified: public institutions, NGOs, and international organisations involved in:

- Nutrition Services
- Childhood Health & Reproductive Health Coordination
- Immunization services
- Laboratory services
- Essential medicines
- Members of parliament
- Disease surveillance
- Capacity building e.g University of The Gambia

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Self-assessment findings

Strengths	Weaknesses
National guidance exists for prevention and care of TB in children and adolescents.	Limited availability of age-appropriate diagnostic tools and gaps in routine screening for children and adolescents.
Strong political commitment to paediatric and adolescent TB prevention and care.	Weak integration of TB services into general child and adolescent health programs.
National policies ensure all paediatric care providers are involved in TB diagnosis, prevention, and treatment.	Inadequate training, supervision, and mentorship for healthcare workers on paediatric TB management.
The national strategy includes preventive treatment for all eligible children and adolescents.	Poor data quality and inconsistent reporting of paediatric TB cases.
Contact investigation for children and adolescents exposed to infectious TB is part of the national strategy and is fully implemented.	Weak coordination and referral linkages between community, paediatric, and TB services, affecting preventive treatment coverage.

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Facility assessment findings

Domain	Strengths	Weaknesses
TB Screening	All facilities conduct symptom-based screening and chest X-ray.	Screening not systematically done for all clients with TB-related symptoms
TB Prevention (TPT)	Kanifing and Farafenni provide TPT (3HP, 6H) at DOT sites.	Bafrow Medical Clinic does not provide TPT.
Diagnostic Tools	Kanifing and Farafenni have on-site Gene Xpert (mWRD).	Bafrow Medical Clinic lacks on-site Gene Xpert, which may delay diagnosis. (Relies on SRN)
TB Treatment Regimens	Public facilities provide standard DS-TB regimens (2HRZE/4HR) and DR-TB options (BPaL/M, 9- or 12-month regimens).	Bafrow Medical Clinic does not offer DR-TB management.
Guidelines & Job Aids	Guideline are prepared and available in soft copies	Childhood TB guidelines and job aids are generally not available at any facility.
Staffing & Training	Public facilities have 2 trained staff at paediatric unit.	Bafrow Medical Clinic has only 1 trained staff, which may limit service quality.

TA needs for improve child and adolescent TB care

Priority Area	TA needs
1. Scale-up of TPT and 4-month regimen	Develop a roadmap and implementation for the rollout of TPT and the 4 month treatment regime for non-severe DS-TB in children.
2. Update of TB guideline and Integration into IMNCI protocol	Update, print and distribute guideline and tools for the management of TB in children and adolescent and incorporate updated guidelines into IMNCI protocol
3. Integration TB screening into nutrition/adolescent health clinic	Develop a roadmap and support implementation to integrate TB screening into nutritional and Maternal and Child Health units.
4. create, print and disseminate Job aids and training tools	Develop, validate, print and dessiminate job aids to support TB management
5. Public Private Mix expansion	Develop a strategy and support roll-out of the Public Private Mix (PPM) strategy to other private facility.
6. Point of Care Diagnostics (portable X-ray, Truenat)	Support procurement of point of care tools (potable digital X-rays and Truenat) for use at community and congregate settings.
7. Coordination of TB care for children and adolescents	Support stakeholder coordination and engagement for the management of TB in children and adolescents, including DR-TB **"Child and Adolescent TB Technical Working Group"**
8. Community TB care	Develop a community TB strategy and support implementation

Expected Output

- Improved prevention, early detection, and management of children and adolescents affected by TB.
- Reduction in diagnostic delays and mortality.
- Strengthened integration across primary health care structures
- Enhanced sustainability through multisectoral coordination and country involvement and ownership.
- Informed strategic direction
- Direct contribution to The National Strategic Plan for TB Control (2023-2027)

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Lessons & Reflections

- Country-led self-assessments are effective for identifying actionable gaps.
- KNCV B&P tool effective in identifying strengths and gaps
- Integration with existing child and adolescent health programs yields faster impact than stand-alone TB interventions.
- Stakeholder engagement helps translate findings to meaningful and actionable country priorities.
- Stakeholder workshop serve as an opportunity to discuss future areas of collaboration
- Global and regional collaboration enables peer learning and adaptation of successful models from other countries
- FGD conducted with stakeholder for the feasibility and utility of B&P tool and analysis of discussion is ongoing

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Thank You

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