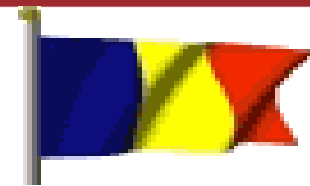




# Results of the self assessment and health professionals on the Benchmarking and Planning tool on child and adolescent TB

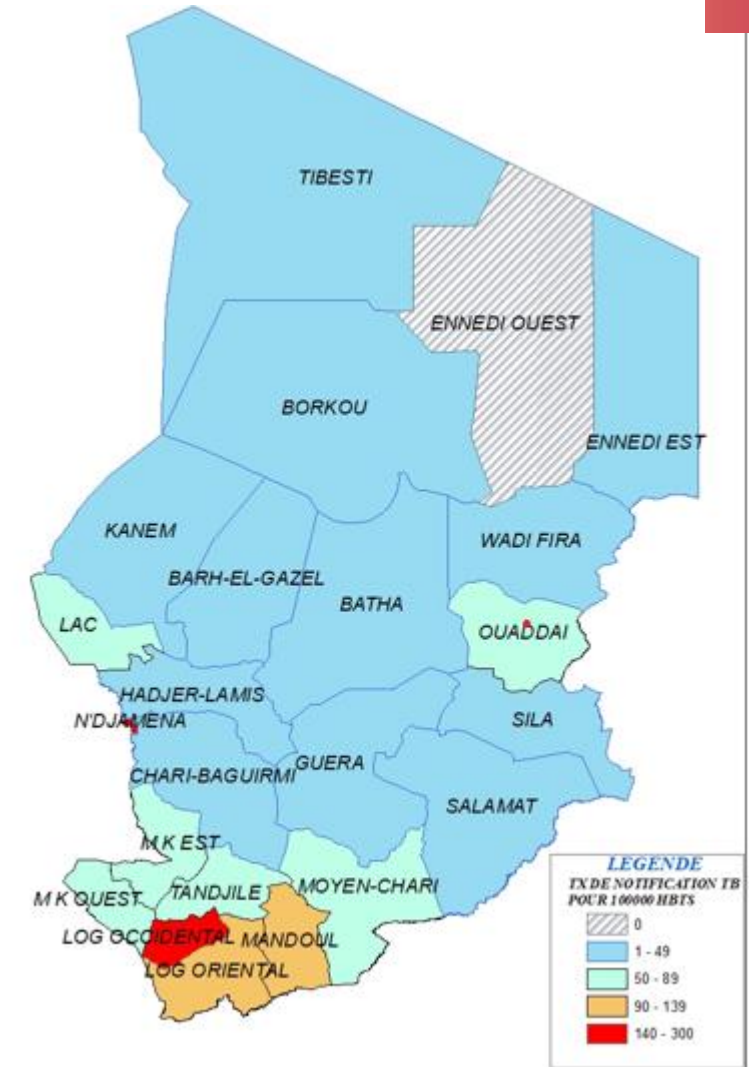


# PRESENTATION OUTLINE

- CONTEXT
- OBJECTIVES
- METHODOLOGY
- STAKEHOLDER MAPPING
- STANDARDS AND CRITERIA
- PRIORITY ACTIONS SELECTED
- KEY MONITORING INDICATORS (SHORT-TERM)
- RECOMMENDATIONS TO PARTNERS AND DECISION-MAKERS

## CHAD COUNTRY CONTEXT

- In Chad, an estimated **24,000 incident TB cases**, of which **16,948 cases were notified**, resulting in a **notification gap of 7,052 cases (29%)**
- **TB incidence (0–14 years): 2,800 estimated cases**, of which **1,165 were notified**, leaving a **gap of 1,635 cases (58%)**
- **TB/HIV incidence: 11 per 100,000 population (2,300 cases)**
- **MDR/RR-TB incidence: 2 per 100,000 population (400 cases)**



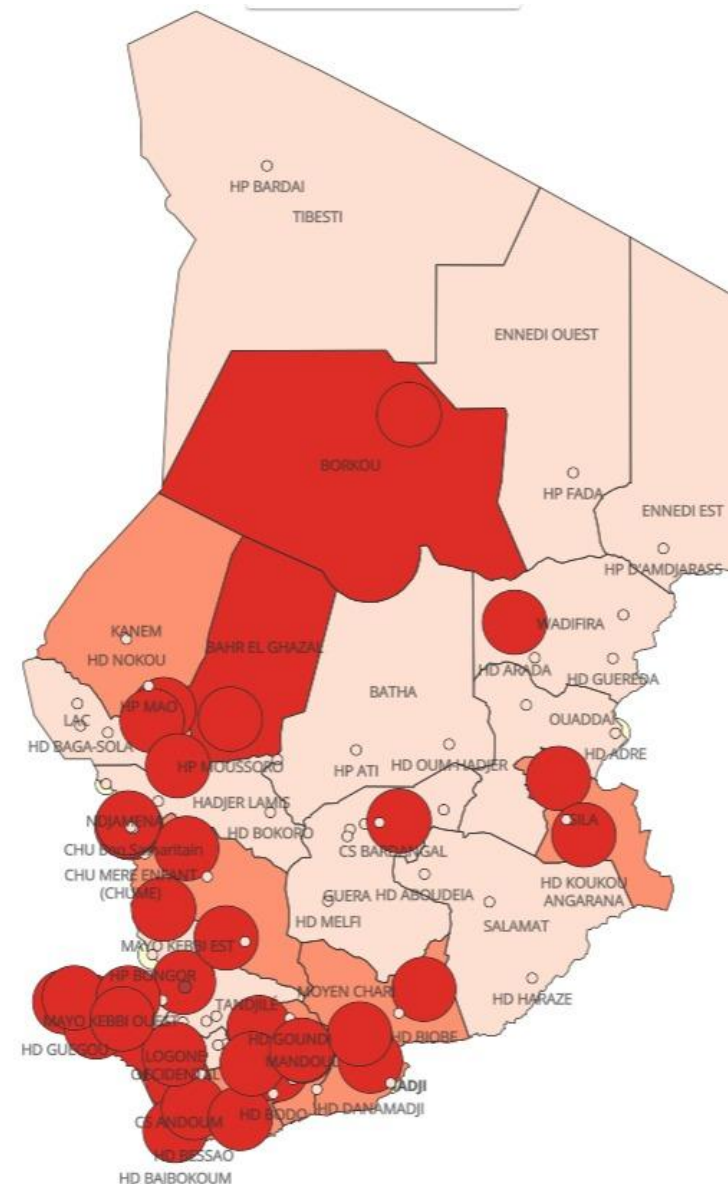
# CHAD COUNTRY CONTEXT

- **TB Diagnostic and Treatment Centres (CDT)**

**coverage: 130 CDTs**

- **MDR/RR-TB treatment sites: 28 sites,**

**supported by 54 GeneXpert machines**



# OBJECTIVES

- ❑ Assess the status of implementation of global recommendations on tuberculosis among children and adolescents.
- ❑ Assess the integration of TB screening into existing health systems using the Benchmarking and Planning (B&P) tool.
  - Assess the status of implementation of policies related to tuberculosis in children and adolescents.
  - Understand the perceptions of National TB Programme (NTP) managers at all levels, health workers, and partners regarding the usefulness of the B&P tool.
  - Identify challenges encountered during the implementation of the B&P tool and develop practical recommendations and an action plan to address these challenges.
  - Document best practices emerging from successful implementations.
  - Assess improvements in TB service benchmarks following the introduction of the tool.
  - Develop a quality improvement plan and actionable recommendations.



# METHODOLOGY

1. Initial engagement with the National TB Programme (NTP).
2. Sharing of relevant programme and policy documents.
3. Recruitment of consultants.
4. Virtual coordination meeting among consultants.
5. Documentary review (desk review).
6. Completion of the Benchmarking and Planning (B&P) tool.
7. Field missions to selected sites for completion and validation of the B&P tool.
8. Stakeholder workshop.
9. Preparation of the final report and scientific publication.

# HEALTH FACILITIES VISITED

Sanitaite Training	Level	Province	Urban/ Rural	Type of structure Health
University Hospital for Mother and Child	Tertiary	N'Djamema	Urban	GVT
Al bir Health Center	Primary	Ndjamena	Urban	Confessional
Hôpital Provincial de Massakory	Secondary	Hadjer Lamis	Rural	GVT

# STAKEHOLDER MAPPING

Name of stakeholder	What are the main activities/roles of the stakeholder?	Key Areas of Intervention	Geographic location	Project calendar
Ministry of Public Health	Provision of TB care and services Financing of tuberculosis control activities	Construction, equipping, and staffing of health facilities	National	Continuing
The Global Fund	Financing of tuberculosis control activities	Procurement of medicines, reagents, and consumables Financing of tuberculosis control activities	National	2025-2027
DEPIST-V Project (Expertise France)	Community-based TB and HIV screening among children	Improvement of early TB screening and diagnosis, and comprehensive management of children aged 0–5 years exposed to HIV (infected or uninfected) and/or affected by tuberculosis	N'djamena et Bol	June 2025-May 2026
World Health Organization (WHO)	Mobilisation of technical assistance and implementation of screening campaigns	Development of strategic documents and technical guidelines Organisation of active TB case-finding campaigns	N'djamena	2025-2028



# STANDARDS AND BENCHMARKS

Standard	Achievement
A: 1.1 Political commitment to the prevention and management of TB among children and adolescents is demonstrated.	Met
B: 2.1 An <b>active national working group</b> exists for the prevention, management, and treatment of TB among children and adolescents.	Not met
D: 3.1 National guidelines for the prevention and treatment of TB among children and adolescents are in place.	Met
E: 3.2 <b>Effective technical assistance</b> is available for the prevention and treatment of TB among children and adolescents.	Not met
F: 3.3 The strategy for the <b>management of TB among children</b> and adolescents is fully implemented.	Partially met
G: 4.1 <b>National policies provide guidance to all paediatric care providers</b> involved in the diagnosis, prevention, and treatment of TB among children and adolescents.	Partially met
H: 4.2 All paediatric care providers are engaged in the prevention, diagnosis, and treatment of TB among children and adolescents.	Met
I: 5.1 All eligible children are vaccinated with BCG.	Met
J: 6.1 Contact investigation for children and adolescents exposed to individuals with infectious TB is included in the national strategy.	Met
K: 6.2 <b>Contact investigation for children and adolescents</b> exposed to individuals with infectious TB is fully implemented.	Partially met
L: 7.1 The <b>national strategy includes provision of preventive treatment</b> for eligible children and adolescents.	Partially met

# STANDARDS AND BENCHMARKS

Standard	Met/Partially met/Not met
M: 7.2 All eligible children and adolescents have access to preventive treatment.	Partially met
N: 8.1 Specific approaches for the diagnosis of TB in children and adolescents are included in the national TB guidelines.	Partially met
O: 8.2 Special diagnostic approaches for TB in children and adolescents are implemented.	Partially met
P: 9.1 National MDR/RR-TB treatment guidelines include appropriate, child- and adolescent-specific adaptations, including for those living with HIV co-infection.	Partially met
Q: 9.2 Child-friendly formulations are available and used nationwide.	Partially met
R: 9.3 The national TB treatment strategy for children and adolescents is accessible to all.	Met
S: 10.1 Data on TB among children and adolescents are available and used by the National TB Programme (NTP).	Partially met
T: 11.1 A human resources capacity-building plan for the prevention and management of TB among children and adolescents is in place.	Partially met
U: 12.1 The NTP and its partners implement specific initiatives to promote individual- and family-centred care for children and adolescents affected by TB.	Partially met

# HEALTH FACILITY ASSESSMENT/ HEALTH CARE WORKER INTERVIEW FINDINGS

1. TB services are available in the majority of health facilities; however, **the systematic integration of childhood and adolescent TB remains incomplete.**
2. **Paediatric TB diagnostic capacity is uneven**, with significant gaps at the primary health care level.
3. **Contact investigation and TB preventive treatment (TPT)** are included in national policies but are **weakly operationalised at facility level.**
4. **Child-friendly formulations** are generally available, with challenges related to **supply continuity and correct use.**
5. Referral pathways exist but are **insufficiently formalised and inconsistently implemented.**

## HEALTH FACILITY ASSESSMENT/ HEALTH CARE WORKER INTERVIEW FINDINGS

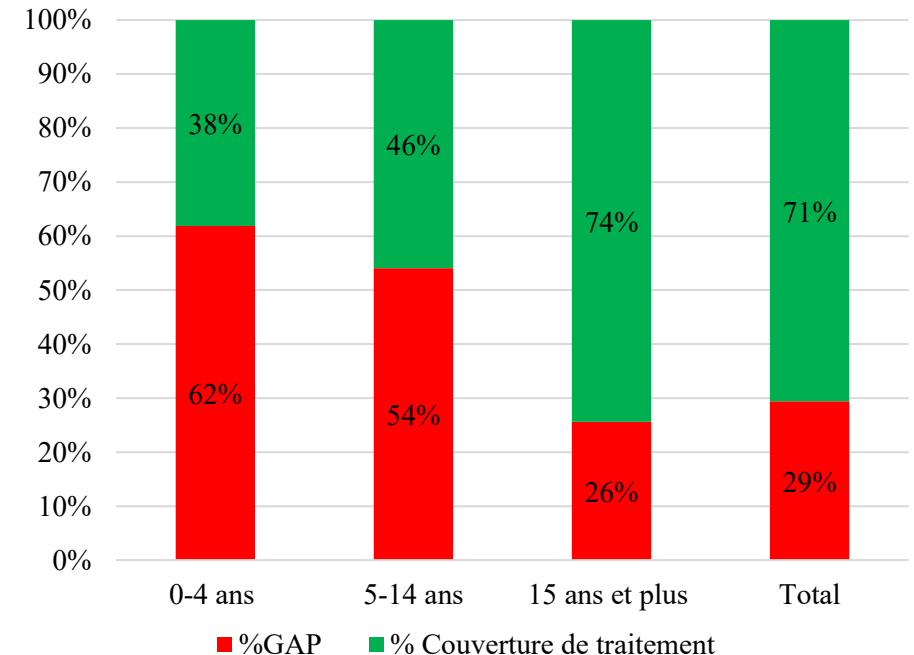
6. Policies and strategies for childhood and adolescent TB are largely in place, but **facility-level implementation remains the main bottleneck.**
7. **Diagnostic capacity, contact investigation, and TPT** are inconsistently applied across facilities.
8. Health care workers have **limited confidence and variable guideline familiarity** for paediatric TB.
9. Data and supervision systems exist but are **underutilised.**
10. The B&P tool provides a **structured, evidence-based approach** to prioritise feasible improvements.

## PRIORITY ACTIONS PROPOSED

1. **Immediate mobilization of resources** to strengthen paediatric TB diagnosis (GeneXpert machines and cartridges, stool specimen collection kits, child-friendly formulations)
2. **Establishment of a National Paediatric TB Technical Working Group** to oversee implementation of the B&P action plan
3. **Nationwide dissemination of simplified paediatric TB algorithms** (screening, diagnosis, and TB preventive treatment [TPT])
4. **Capacity strengthening of healthcare providers**, with emphasis on contact investigation, paediatric TB diagnosis, and TPT implementation
5. **Strengthening of community-based approaches** through structured engagement of community health workers and community volunteers

## KEY MONITORING INDICATORS (SHORT TERM)

1. **Proportion of notified TB cases occurring among children:→ Average 7% over the past three years**
2. **Percentage of eligible child contacts screened and initiated on TB preventive treatment (TPT):90% in 2022, 83% in 2023, and 93% in 2024**
3. **Percentage of household contacts of bacteriologically confirmed pulmonary TB cases initiated on TPT:3.2% in 2022, 3.6% in 2023, and 6.8% in 2024**
4. **Number of health facilities that received the B&P tools and benefited from child TB training:20 TB Diagnostic and Treatment Centres (CDTs)**



**Gap in detection**



# RECOMMENDATIONS FOR STAKEHOLDERS AND DECISION MAKERS

1. Targeted financial support for paediatric TB diagnosis
2. Technical support for training, mentorship, and updating of national normative documents

## KEY MESSAGE

**“The B&P tool enabled clear identification of key bottlenecks and guided immediate actions to improve the detection, treatment, and prevention of tuberculosis among children in Chad.”**

