

MANAGEMENT OF TB IN CHILDREN IN VIETNAM: IMPLEMENTATION AND ROLL-OUT



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TB CARE I

TB burden in Vietnam

Estimate of TB burden in Vietnam(*)	Number (thousand people)	% (over 100,000 people)
Death due to TB	18 (12-25)	20 (13 - 27)
TB cases of all forms (incl. HIV+)	200 (79 - 370)	218 (86 - 410)
New TB cases of all forms (incl. HIV+)	130 (99 - 170)	147 (109 - 192)
New TB/HIV(+) cases	9.3 (6.9 - 12)	10 (7.6 - 13)
Detection rate (%)	76 (59 - 100)	
Percentage of MDR-TB in new TB patients (%)	2.7 (2 - 3.7)	
Percentage of MDR-TB in retreatment TB patients	19 (14 - 25)	
Percentage of TB patients having HIV test done	66%	
Percentage of TB patients having HIV	7%	

(*) *Global TB report 2013*

Situation of childhood TB in Vietnam

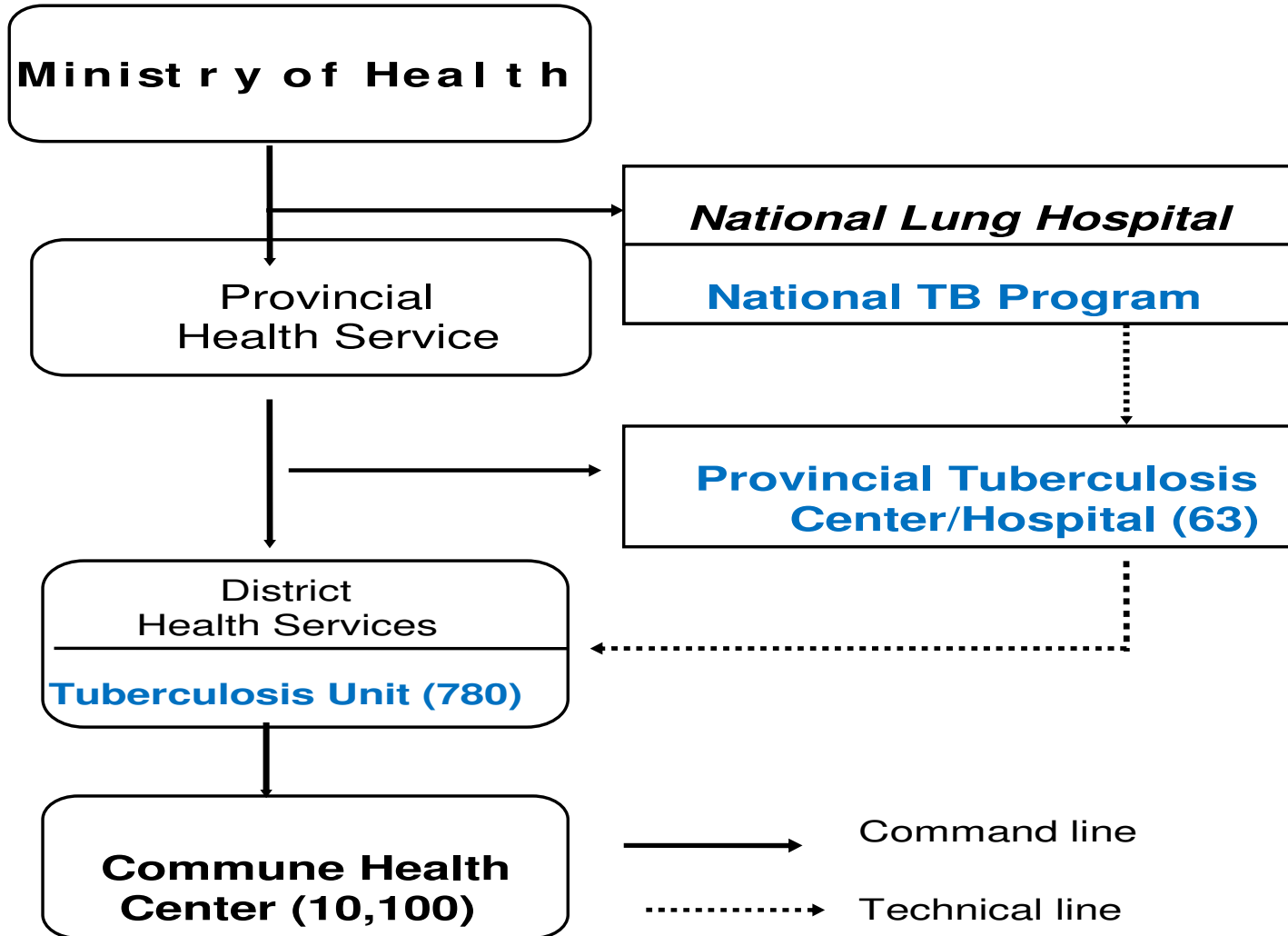
- Children aged <5 yrs accounts for 24% population (21 million children) ⁽¹⁾
- ARIT: 1.67% ⁽²⁾ i.e approximate 351,000 children infected with TB annually
- WHO guidance 2006, ⁽³⁾ around 13,000 children estimated with TB annually
- NTP reports 1200 – 1300 child TB cases each year
- IPT not widely implemented – recommended since 2011

(1): General Department of Population Statistics 2010,

(2): NTP Prevalence Survey in 2006

(3): WHO 2006: Guidance on the management of TB in children in NTP

TB network in Viet nam

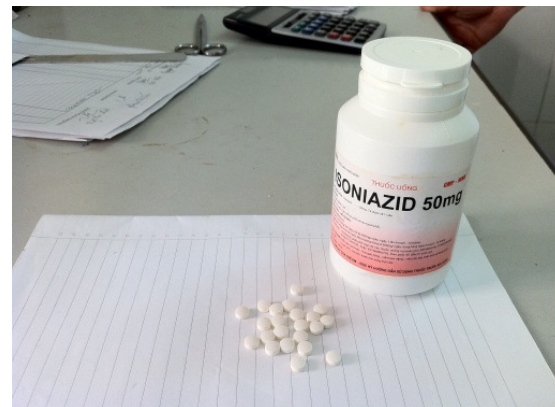


NEW APPROACH OF THE MANAGEMENT OF TB IN CHILDREN

1. Screen and manage children that are close contacts (living in the same household) of a sputum smear positive TB case in community
2. Provide IPT for child contacts aged <5 and children having HIV (once TB excluded) at communal (primary care) health center level.
3. Develop diagnostic algorithm to be applied for diagnosis of TB in children at the district (second care) level.
4. Engage the wider health care sector by the NTP strengthening links and collaborating with the child health sector



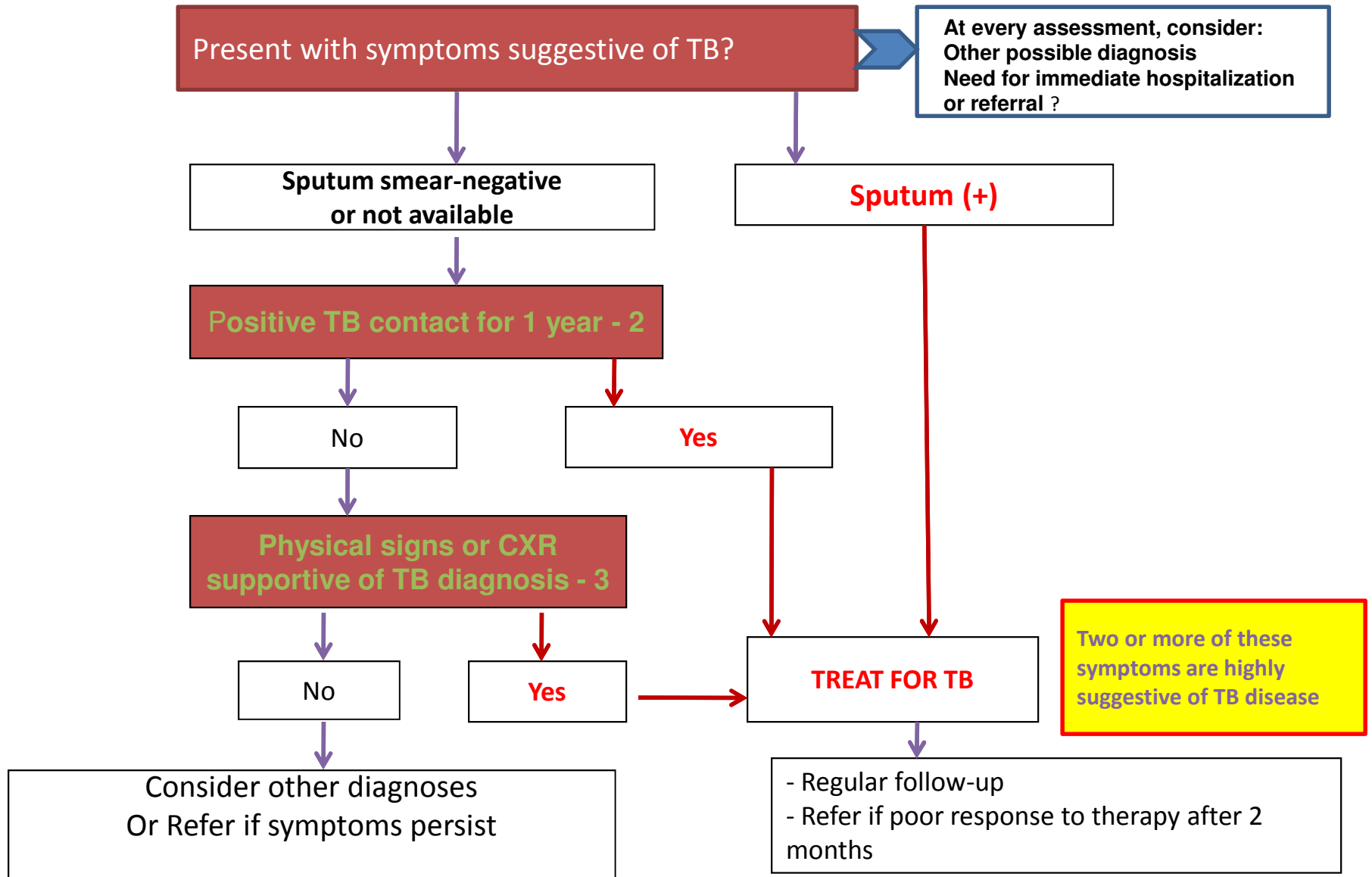
Progress



2010 -
2012

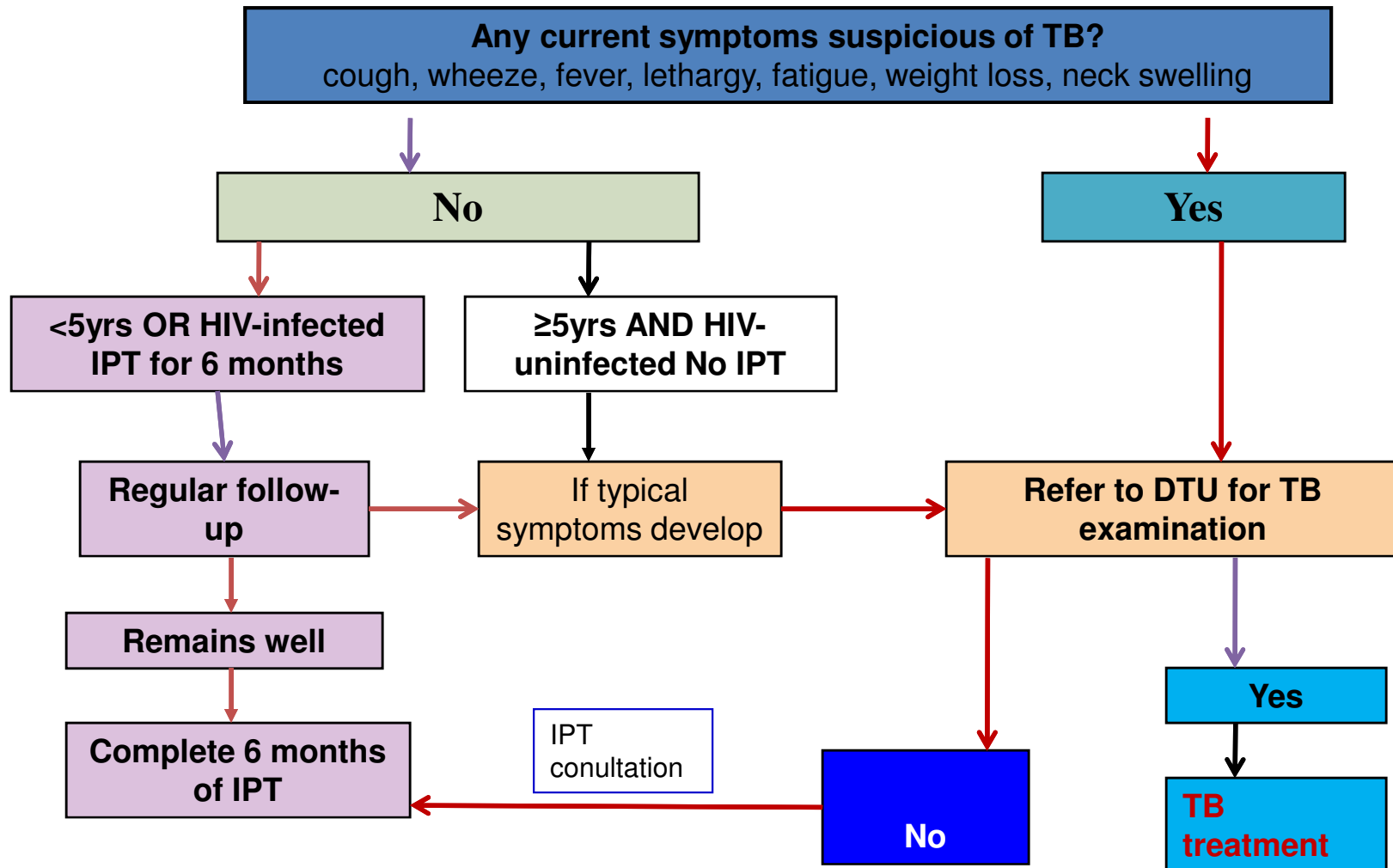
- Establish and develop TORs for the childhood TB working group of NTP (including NTP members and extended to Pediatrics Association, ARI)
- Develop the national guidelines on management of TB in children including child contact screening and diagnostic and treatment algorithms, forms & registers, M&E (monitoring checklist), etc...

GUIDANCE for the diagnosis of children who present with symptoms suggestive of TB



GUIDANCE for the screening of children in close contact with a newly diagnosed pulmonary TB

Children in contact with a pulmonary TB patient are registered and screened at communal level (Register book #S1)





Progress



Q3 -
2012

- **Training: provide training on childhood TB management for NTP staff, pediatricians, doctors in general hospitals at provincial, district level and HCWs at commune level**
- **Provide Isoniazid, forms and registers, etc... for the pilot implementation**
- **Develop and distribute IEC materials**



Progress

Q4 2013
- 2014

- Incorporate childhood TB management into 5-year strategic plan 2016-2020
- Include childhood TB data in routine reporting and reviews
- Provide TA for rolling out to other provinces with GFATM funds (6 (2013-2014), 12 (2015))





**HA NOI: 10 districts,
179 communes**

**THAI BINH: 8 districts,
286 communes**

**Childhood TB management
in 4 pilot provinces with 51
districts and 857 communes**

**HCMC: 24 districts, 307 communes
(13 districts with 156 communes rolled out with local budget)**

**CAN THO: 9 districts,
85 communes**

Names in Vietnam are shown without diacritical marks.

Results of community contact screening in 4 pilot provinces in Viet Nam

	2012 (Q4)	2013	2014 Q1 & Q2)	Total
# of close contact children screened and managed	1084	3025	2002	6111
# of eligible children for IPT	339	1238	817	2394
# of children put on IPT	184	764	465	1413
% put on IPT	54.3	61.7	56.9	59.0
# of children with TB disease	57	286	116	459
Pulmonary TB ss(+)	7	30	7	44
Pulmonary TB ss(-)	27	130	57	214
Extra-pulmonary TB	23	128	52	203

Results of IPT

Province	Total (cohort Q4/2012 – Q2/2013)	IPT results		
		Completed	Defaulted	Side effect
Hanoi	79	71	8	0
		(90.0%)	(10.0%)	
HCMC	167	130	37	0
		(77.6%)	(22.2%)	
Can tho	283	226	57	0
		(79.9%)	(20.0%)	
Thai binh	94	93	1	1
		(99.0%)	(1.0%)	(1.0%)
Total	624	520	103	1
		83.3%	(16.5%)	(0.2%)

- IPT completion rate is 83.5%. The default rate is 16.5%
- The rate of side-effect is 0.2%

Xpert MTB\RIF

for diagnosis of TB in children

(Q3/2012 – Q2/2014, 17 GeneXpert sites)

Total	MTB(-)		MTB(+)						Error/ indeterminate	
			Subtotal		MTB(+)/R(-)		MTB(+)\R(+)			
	n	%	n	%	n	%	n	%	n	%
1093	991	90,7	73	6,9	69	6,3	4	0,4	29	2,7

Specimen: 30% sputum, 65% gastric aspirate

**NATIONAL WORKPLAN FOR ROLL-OUT OF
THE MANAGEMENT OF TB
IN CHILDREN IN 2015-2020 PERIOD**

Workplan development process (April – August 2014)

- Establishment of a team for childhood TB workplan 2015-2020 development (NTP Childhood TB Group and other technical groups)
- Partners: Vietnam Association of Pediatrics, ARI, HIV program, WHO, KNCV, CDC, ...
- First stakeholders workshop to get commitment of childhood TB, identify priority and gap and agree on workplan's framework (Apr 2014)
- Second stakeholders workshop to discuss and finalize the plan Plan for management of TB in children, 2015-2020 (Jul 2014)
- The workplan approved by NTP and submitted to WPRO in Aug 2014
- The plan has been included in NTP National Strategic Plan for 2015-2020 which has been approved by MOH and included in the concept note to GF (Aug 2014)

Management of TB in children Plan in 2015-2020 period

Goal: Strengthening detection, treatment and preventive therapy for children towards decreasing childhood TB morbidity and mortality in Vietnam. Strengthening ACSM for ensuring for management of TB in children.

Objectives:

1. Strengthening ACSM for ensuring for management of TB in children.
2. Strengthening detection and early treatment for children, increasing the percentage of childhood TB in total new TB cases detected annually, from 1.2% (2013) to 6% (2020).
3. Strengthening management, screening and IPT for children with close contact with a PTB case, to ensure 100% PTB cases are investigated for child contacts management, at least 80% child contacts eligible for IPT on IPT and 90% IPT completion.
4. Strengthening monitoring, supervision and conducting research on management of TB in children

Key indicators by 2020 (GF proposal and concept note)

Indicator	Year								Information source
	2013	2014	2015	2016	2017	2018	2019	2020	
No. of provinces scaling up the new approach	7	3	12	11	8	8	8	6	NTP reports on performance
% of childhood TB cases/total TB cases	1.2	1.3	1.5	2	3	4	5	6	NTP reports on TB patients enrolled annually
Treatment success				≥ 90%					NTP's annual treatment outcome
No. of children receiving IPT	896	2050	3200	4240	5200	6240	7200	8000	NTP's reports on IPT
% of IPT completion			≥ 90%						NTP's reports on IPT

Estimated budget for childhood TB 2015-2020 period

Obj 1	Obj 2	Obj 3	Obj 4	Total (USD)
177.050	1.729.410	1.370.500	150.000	3.426.960

Excluded TB drugs and supply for diagnosis

Main activities in Objective 1 (ACSM)

- 1. Communicate in mass media on the situation of TB in children to attract the attention of stakeholders and community.**
- 2. Organize workshops with related partners to call for and strengthen collaboration for TB control in children.**
- 3. Establish an inter-sectional technical working group to implement TB control activities under the administration of NTP.**
- 4. Organize workshop to advocate MOH to issue policies in support of TB control in children.**
- 5. Develop plans for and implement activities to communicate, advocate and mobilize participation of partners and community in activities of TB control in children.**

Main activities in Objective 2 (Diagnosis and treatment)

- 1. Update national guidance on TB management in children**
- 2. Train NTP staff, pediatricians on the diagnosis and treatment of TB in children.**
- 3. Screen and actively detect TB in children having contacts with infectious sources.**
- 4. Set up Childhood TB and Respiratory Disease Department in provincial TB and Lung Disease Hospitals.**
- 5. Strengthen PPM in detecting TB in children**
- 6. Step by step equip new technologies in diagnosing TB in children**
- 7. Provide children-friendly drugs for childhood TB treatment**
- 8. Maintain M&E for childhood TB control activities**

Main activities in Objective 3 (child contact management)

- 1. Training for TB in charge staff at commune/ward level on the procedure for screening and IPT for child contacts.**
- 2. Design, print and disseminate R&R, forms on child contacts screening and IPT.**
- 3. Develop the plan to procure and supply INH contents of 50 mg and 150 mg.**
- 4. M&E in screening and IPT activities.**

Main activities in Objective 4 (M&E and OR)

- 1. Add indicators of TB control in children in NTP's R&R forms and registers**
- 2. Integrate the information management of childhood TB activities in NTP's information management system**
- 3. Assess performance indicators for ACSM and planning development.**
- 4. Conduct evaluation on the performance of and studies on TB management in children in terms of:**
 - R&R and supervision system at different levels.**
 - Treatment outcomes.**
 - TB prevalence in child contacts through active case finding.**
 - Effectiveness of new technologies in the diagnosis of TB in children.**
 - Monitoring the TB morbidity in children and IPT,...**

Thank you very much !



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