

## **Technical Assistance for the strengthening of childhood TB case finding and management in Liberia**

**Proposed consultant:** tbd

**Proposed date of consultancy:** 2 missions in first quarter 2017 (in-country)<sup>1</sup> with a one week continuation work out of country to finalize the deliverables.

### **Terms of Reference**

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#### **Introduction**

Maternal mortality and under five child mortality in Liberia remain among the highest in the world. Liberia is also among the 30 high burden countries in the world<sup>2</sup>. Reducing maternal mortality and under five child mortality are top priorities of the MoH Investment Plan to Build a Resilient Health System (2015 – 2020) after the EVD crisis. The national strategic plan (NSP) for tuberculosis (TB) places high priority on increasing case finding and providing quality care with patient support and community engagement to key affected populations

#### **Data**

In 2015, an estimated 7 in every 100 children died before their fifth birthday, maternal mortality was 640 / 100 000 (2013) illustrating persisting challenges with the health system.

#### **TB Case finding<sup>3</sup>:**

At the national level the proportion of new TB cases that are children is within the expected range of 5-15% at 11.4% in 2015. The proportion of cases that are children decreased during the EVD crisis which suggests that the diagnosis of TB in children may have been affected by the Ebola outbreak. The proportion of TB cases that are children also varied by county. Grand Kru and Gbarpolu did not report any children in 2015 and the proportion of children fell below the expected range in five counties. In 2015, the opposite was seen in River Gee where 30% of TB cases reported in were children compared with 2.7% and 4.0% in 2013 and 2014, respectively. The reasons for fluctuations over time and between counties should be investigated further.

The ratio of 0-4 to 5-14 year olds is consistently below the expected range of 1.5-3.0 between 2013-2015 which suggests there is under-diagnosis or under-reporting in younger children under the age of 5. Contact tracing is not yet done systematically as well as preventive therapy with isoniazid for children less than 5 years of age who are in close contact with an adult with active pulmonary tuberculosis.

Guidelines for the treatment and management of paediatric TB have been drafted. Clinicians treating childhood TB in the counties require training on diagnosis and treatment of paediatric TB patients. Sputum is not currently taken from children under 6 years old and there is no source contact tracing for the infectious person. Collaboration with RMNCH including nutrition services is not routine. GeneXpert technology is increasingly being available. The country is about to switch to the new paediatric TB formulations.

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<sup>1</sup> Duration of 1<sup>st</sup> mission is 2 weeks; duration of second mission is 1 week.

<sup>2</sup> WHO Classification of high TB burden countries, Global TB Report 2016.

<sup>3</sup> Epidemiological review 2015

## **Terms of Reference for the Technical Assistance**

### **First mission (2 weeks)**

1. Review of diagnostic practices for childhood TB including links with antenatal and child health sector, HIV and nutrition programmes;
2. Review of county differences in diagnosis;
3. Review potential for community engagement for childhood TB;
4. Validate a diagnostic algorithm for childhood TB (active disease and LTBI);
5. Evaluate the role of private sector (individual practitioners and hospitals) in childhood TB care provision and propose the “PPM for childhood TB approaches”;
6. Develop monitoring and evaluation indicators for childhood TB case finding, treatment success and preventive chemotherapy (IPT) with annual targets up to year 2020.

### **Second mission (1 week)**

7. Based on findings: develop and deliver a training of trainers including RMNCH stakeholders.

### **One week to finalize deliverables.**

## **Deliverables**

1. Mission report including
  - a. Plan for improving childhood TB case finding;
  - b. Validated diagnostic algorithm for childhood TB including screening of childhood contacts of TB patients;
  - c. Set of indicators and targets for childhood TB case finding, treatment success and IPT.
2. Training package including facilitator guide and training of trainers.

## **Required expertise:**

- Medical doctor, paediatrician with extensive documented clinical and programmatic experience;
- Excellent English (written and oral);
- Knowledge of the WHO childhood TB roadmap and required action, WHO guidance on management of TB in children, recent developments regarding availability of child-friendly anti-TB medicines , WHO/UNION training packages;
- Professional experience in Africa would be an asset.