RIATT-ESA 2020 STUDIES

A Situation Analysis of Childhood TB and Review of Policies on TB (Children and Adolescents) and developing a Policy Brief on Childhood TB (Children and Adolescents) for the ESA region

WHO (2018) notes that the large and widespread TB prevention, case detection and treatment gaps seen among children and adolescents are not primarily the result of technological or policy constraints. They persist due to a lack of leadership, awareness and advocacy; as a result of gaps and poor innovation in service delivery and scale up of evidence-based interventions; because of verticalization of the TB response and the resulting lack of joint accountability; as well as gaps in data recording and reporting.

On 26 September 2018, the UN held its first-ever high-level meeting on TB. The meeting was attended by heads of state and government, and the outcome was a political declaration agreed by all UN Member States. Existing commitments to the SDGs and End TB Strategy were reaffirmed and new ones added. Global targets for the funding to be mobilized for TB prevention and care (at least US$ 13 billion per year by 2022) and TB research and development (US$ 2 billion per year) were defined for the first time, and new targets set for the total numbers of people to be reached with treatment for disease (40 million globally) and infection (30 million globally) between 2018 and 2022. The political declaration also requested the UN Secretary-General, with support from WHO, to provide a report to the General Assembly in 2020 on global and national progress, as the basis for a comprehensive review at a high-level meeting in 2023.

Furthermore, this political declaration at the first United Nations high-level meeting on tuberculosis (TB) on 26 September 2018 included a target to diagnose and treat 40 million people with TB in the 5-year period 2018–2022. The approximate breakdown of the target is around 7 million in 2018 and around 8 million in subsequent years. Based on data reported to the World Health Organization (WHO) by 202 countries with 99% of the

4. Mortality is estimated as the product of TB incidence and the TB case fatality ratio. Further details are provided in the WHO online technical appendix.
world’s population and estimated TB cases, the target for 2018 was achieved. Globally, 7.0 million new cases of TB were notified in 2018, up from 6.4 million in 2017 and a big increase from the 5.7–5.8 million notified annually in the period 2009 – 2012. Of the 7.0 million cases, 58% were men (aged ≥15 years), 34% were women and 8% were children. The ESA region still bears a disproportionately high burden of tuberculosis; high levels of HIV co-infection rates, constitutes a challenge to effective TB control. The emergence of multi and extensively drug resistant strains. The gap in access to high quality TB diagnosis and treatment still limited especially in vulnerable populations including children and adolescents.³

**Status of the TB epidemic**

Globally, an estimated 10.0 million (range, 9.0–11.1 million) people fell ill with TB in 2018, a number that has been relatively stable in recent years. The burden of disease varies enormously among countries, from fewer than five to more than 500 new cases per 100 000 population per year, with the global average being around 130. There were an estimated 1.2 million (range, 1.1–1.3 million) TB deaths among HIV-negative people in 2018 (a 27% reduction from 1.7 million in 2000), and an additional 251 000 deaths (range, 223 000–281 000) among HIV positive people (a 60% reduction from 620 000 in 2000). TB affects people of both sexes in all age groups but the highest burden is in men (aged ≥15 years), who accounted for 57% of all TB cases in 2018. In six countries in southern Africa, TB incidence is estimated to have fallen rapidly in the period 2010–2017, with average annual rates of decline of 18% in Eswatini, 10% in Zimbabwe, 8% in Botswana, 7% in Lesotho and South Africa, and 6% in Namibia. Such national rates of decline in TB incidence are among the fastest of recent decades. TB case notifications in all six countries have also declined in this period, at nearly the same average rates⁴.

WHO (2018) notes the following: Insufficient awareness among global and national leaders, health policy-makers, service providers and communities about the specific

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needs of children and adolescents with TB hinders the steps that are essential to prioritization and allocation of sufficient technical and financial resources within TB and relevant linked programmes (especially HIV, MNCAH and nutrition). As a result, demand for appropriate and effective TB care is limited within affected areas, as is community engagement in TB control efforts. Within such a constrained environment, very little momentum is generated to drive integration in a systems-orientated fashion and/or through innovative service delivery models. Financing the TB response is a continuous obstacle to progress with TB competing with other health priorities in a finite fiscal environment. The TB programmes of many high-burden countries remain highly dependent on external financing, and domestic resources are not being allocated towards national TB programmes at the levels necessary to control TB. The result is a severe lack of investment, including in specific interventions needed by the youngest populations affected by TB.

Key Actions in “The Roadmap towards ending TB in children and adolescents”

Childhood TB will remain neglected without strong activism. Advocates for childhood TB representing a broad spectrum of public health, research, donors and civil society, and equipped with the most robust, relevant and up-to-date epidemiological, clinical and basic science data, must act with a sense of urgency, outrage and hopefulness. In 2018 WHO and several key partner organisations working on paediatric TB revised an earlier Roadmap towards ending TB in children and adolescents that includes 10 Key Actions including:

1. Strengthen advocacy at all levels
2. Foster national leadership and accountability
3. Foster functional partnerships for change
4. Increase funding and resources for childhood TB programmes
5. Bridge the policy–practice gap

1 https://apps.who.int/iris/bitstream/handle/10665/275422/9789241514798-eng.pdf?ua=1
6. Implement and expand interventions for prevention
7. Scale-up childhood TB case-finding and treatment
8. Implement integrated family- and community centred strategies
9. Improve data collection, reporting and use
10. Encourage childhood TB research

Background and Purpose of the Assignment

Purpose of the study

The purpose of this study is to undertake a situational analysis of the policy environment and review policies on TB in the Eastern and Southern Africa region with the aim of developing a policy brief to use in advocacy that will support interventions towards more effectively managing adolescent and childhood TB in the ESA region.

Study Objectives:

Objective 1: Review the situation of paediatric TB and HIV to ascertain the levels of childhood TB trends, HIV co-infection rates and multi-drug resistant TB (MDR-TB) prevalence rates in countries in the ECA and SADC regions. Provide latest data trends per country for children and adolescents.

Objective 2 Undertake an in-depth analysis of the extent to which the specific actions listed in the 10 Key Actions outlined in the “Roadmap towards ending TB in children and adolescents” have been implemented in 4 countries, 2 in eastern and 2 in southern Africa. The consultant will correspond and interview key stakeholders in the selected countries to collect the data for this analysis. They will also identify individuals and organisations in

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the 4 countries who are conducting advocacy on this issue who would be interested to work as champions to support and/or implement the study’s recommendations.

Objective 3: Based on the evidence in the situational analysis and review of Roadmap key actions, produce a policy brief making recommendations to guide regional and national advocacy activities as well as identifying specific advocacy opportunities and targets.

**Scope of Work and Key Outputs**

**Key Activities and Deliverables**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Deliverable</th>
<th>No of days</th>
<th>16 – 17 April 2020</th>
<th>May 2020</th>
<th>June 2020</th>
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<tbody>
<tr>
<td>Prepare a Study Inception Plan</td>
<td>Study Inception Report</td>
<td>2</td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>Undertake a situational analysis of childhood TB in the ESA region</td>
<td>Situation Analysis Report</td>
<td>6</td>
<td>X 20-27 April</td>
<td></td>
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<tr>
<td>Undertake an analysis of the extent to which the specific actions listed in the 10 Key Actions outlined in the “Roadmap” have been implemented in 4 countries.</td>
<td>Report of Roadmap Implementation</td>
<td>11</td>
<td>28 April 2020</td>
<td>12 May 2020</td>
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<tr>
<td>Develop a Policy Brief to guide advocacy campaigns in the ESA region based on the findings of the Situation Analysis and review of Roadmap Key Actions</td>
<td>Draft policy Brief</td>
<td>5</td>
<td>X 13 – 19 May 2020</td>
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Consultant Requirements and Submission Information

Qualifications & Experience Required:

Education:

Knowledge & Skills

- Relevant advanced academic degree (Medicine, Social Sciences, Public Health, Development Studies, Economics or related fields); previous experience leading teams; knowledge of TB and HIV programmes; knowledge of institutional development and capacity assessment; high quality report writing skills;
- Demonstrated experience in conducting advocacy studies and planning for advocacy campaigns.
- Demonstrated experience in institutional development and with knowledge of TB and HIV programmes and implementation;
- Experience working with governments, international donors and others.
- Sensitivity to and ability to work with people living with HIV, at risk and affected by HIV including key populations.
- Knowledge and skills in capacity assessment in relation to large scale public programmes;
- Specific knowledge of mapping, programmes coordination and database development;
- Demonstrated ability to prepare for, facilitate and lead, national surveys;
- Demonstrated ability to present information and ideas and to communicate effectively;
- Demonstrated data collection and analytical writing skills;
- Knowledge of the East and Southern Africa Community (EAC & SADC) administrative structures is an added advantage;
- Proven ability to: (i) handle multiple tasks under pressure with short deadlines; (ii) ability to work independently, seeking guidance on complex issues; and (iii) excellent interpersonal skills, proven team orientation and the ability to work across unit boundaries.

Experience:

1. At least 5-8 years’ experience working in TB and HIV programmes and institutional development
2. Demonstrated experience in conducting advocacy studies and planning for advocacy campaigns.
3. Relevant academic degree (Medicine, Public Health, Social Sciences, Development Studies, Economics or related filed); previous experience leading teams; knowledge of social

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4. Prior experience working closely with the SADC and EAC
5. Prior experience on information / Data management– database development; qualitative research software skills; mapping skills

Languages: Fluency in English is essential, working knowledge of Portuguese and or KiSwahili will be an added advantage.

Closing date: 6th April 2020 at 5pm Johannesburg time.