

New Treatment Decision Algorithms are a useful tool for identifying children with TB in a conflict-affected setting

TREATMENT DECISION ALGORITHMS TO DETECT PEDIATRIC PULMONARY TUBERCULOSIS IN UNSTABLE SETTINGS: EXPERIENCE IN SOUTH SUDAN

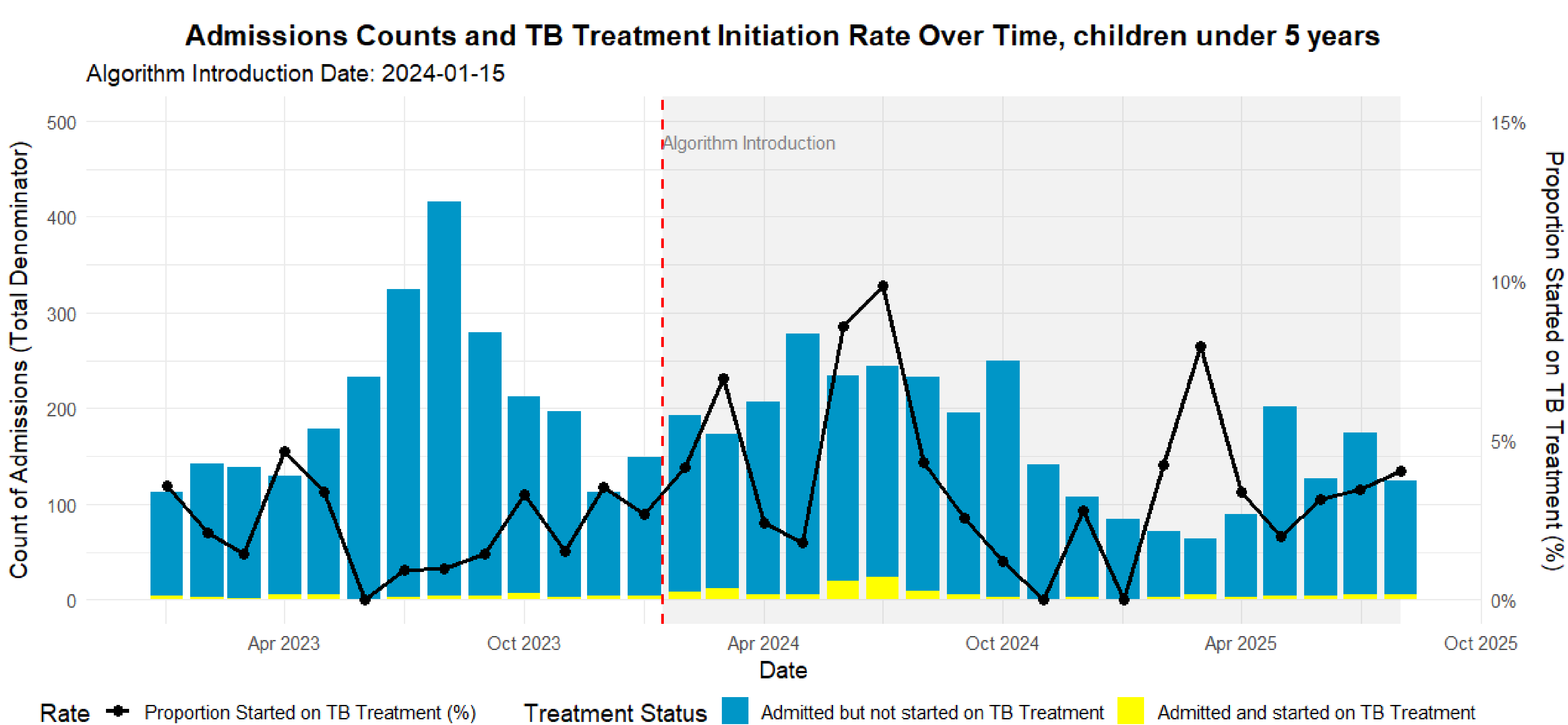


- In 2022 the WHO recommended new treatment decision algorithms (TDAs) for pediatric pulmonary TB.
- Malakal, South Sudan: Surrounding areas face instability and intermittent conflict, with frequent population movements. MSF supports pediatric wards and inpatient therapeutic feeding centers in 2 facilities.
- MSF implemented the TDA without x-ray in these facilities in Malakal in January 2024.

Study results

Scan this QR to download and view the WHO algorithms!

TB treatment initiation rates increased after TDA introduction. Though, when a TB focal person was not available, the TDAs were less used, and TB notification rates dropped. Staff found the TDA easy to use and helpful.



Implementation Challenges and Solutions Identified

High population mobility => difficulties for follow-up during the diagnostic process and during treatment

People move to other states from Bulukat transit Centre in Malakal, Upper Nile state in South Sudan.

Newly arrived, men, women, children, arriving from Renk from boat in Bulukat transit Centre port in Malakal – Upper Nile state in South Sudan

To decrease the need of follow-up visits, laboratory tests were ordered for all presumptive TB patients at first visit (instead of only those with high risk of rapid disease progression), and follow-up visits were conducted as soon as 5 days after initial assessment (instead of the 7-14 days recommended by the TDA).

To support TB treatment continuation once initiated, health promotion teams increased calls and home visits

Health promotion and Community Engagement promoting TB awareness – South Sudan

High demand for human resources and training

Some clinician perceptions of over-treatment when algorithms were first introduced.

TDA implementation focal-person was identified, supporting continuous refresher training.

Conclusion The new Treatment Decision Algorithms are a useful tool for TB diagnosis in children in conflict-affected settings.

Recommendations

- Focal person, continuous training, and consensus-building are key when implementing the algorithms.
- Decentralization of responsibility and ownership across all clinicians could help ensure steady use and sustainability.
- Need to establish linkages and provide support to ensure treatment completion once initiated.