Cross-country insights on implementing the 4-month pediatric TB regimen: Findings from Uganda and the Philippines

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BACKGROUND & METHODS

The WHO recommended 4-month regimen for children and adolescents with non-severe drug susceptible TB offers potential benefits for adherence and person-centered care. As countries prepare for its adoption, understanding health system readiness and implementation experiences is critical for successful roll-out.

STUDY DESIGN: A qualitative study using the Medical Research Council process evaluation framework was conducted to describe the **implementation** and assess the **feasibility** and **acceptability** of the 4-month regimen in the Philippines and Uganda

Philippines (PH)	Uganda (UG)
8 Health Care Worker (HCW) Focus Group Discussions (FGD)	1 HCW FGD
1 Policy maker FGD	16 HCW In-depth Interviews (IDIs)
1 Community Health Worker FGD	8 Policy Maker IDIs
17 Draw-Write-Tell interviews with children and caregivers	20 Caregiver IDIs

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DESCRIPTION OF IMPLEMENTATION

	Philippines	Uganda
	Tondo, Manila • 10 Primary Health Centers: pilot study	**Mbarara** • 2 Primary Health Centers • 1 Regional Referral Hospital
	National guidelines • Published for public sector but not implemented • Private sector not engaged	**National guidelines** • Under development but not published at the time of study • Followed WHO guidelines
	• **MSF training:** 1-day intensive • **MoH cascade training model:** Trained staff train colleagues	• **MSF training:** 4 days • **MoH ongoing support model:** Continuing Medical Educations, mentoring, peer consultation

PERCEPTIONS OF FEASIBILITY

	Philippines	Uganda
	Enablers • Clear eligibility criteria with or without CXR • MSF-supported trainings • Case report forms to support clinical assessment of severity • Availability of CXR (supported by MSF/partners)	**Enablers**
	Barriers • Variable patient access to CXR services	**Barriers** • Lack of availability of CXR • Breakdown of CXR
	• Healthcare workers (HCW) turnover/transfers limited continuity	

ACCEPTABILITY

INITIAL CONERNS:
- Side effects (UG + PH)
- Severity assessment in the absence of CXR (UG)
- Severity assessment based on CXR: Interpretation challenges and radiologist reports without all severity criteria included (PH)
- Effectiveness of 4-month regimen versus 6-month (UG)

DRIVERS OF ACCEPTANCE (PH + UG):
- Ease of integration (same medications and initial follow-up)
- Flexibility to extend to the 6-month based on follow-up
- Observed patient reactions and outcomes

PERCIEVED BENEFITS (PH + UG):
- Improved health outcomes: improved adherence and reduced exposure to TB medicines and the potential side effects
- Reduced caregiver burden: time, costs, care provision
- Reduced health system burden: length of follow-up, medications

> *Shorter treatment regimen … **improves adherence**, cost-effectiveness, reducing the length of treatment, can **lower overall healthcare costs**, enhance quality of life. Shorter treatment can **minimize the impact of the disease and the treatment on a child's daily life**.*
>
> - HCW Philippines

CONCLUSION

Cross-country findings highlight strong willingness to adopt the 4-month regimen but emphasize the need for strengthened radiological and laboratory capacity, standardized cross-cadre training, clear caregiver communication, and context-specific implementation strategies to ensure high-quality roll-out.