Implementation of the 4-Month Regimen for Children
Mozambique Country Experience

Gisela Sendela

National Tuberculosis Programme,

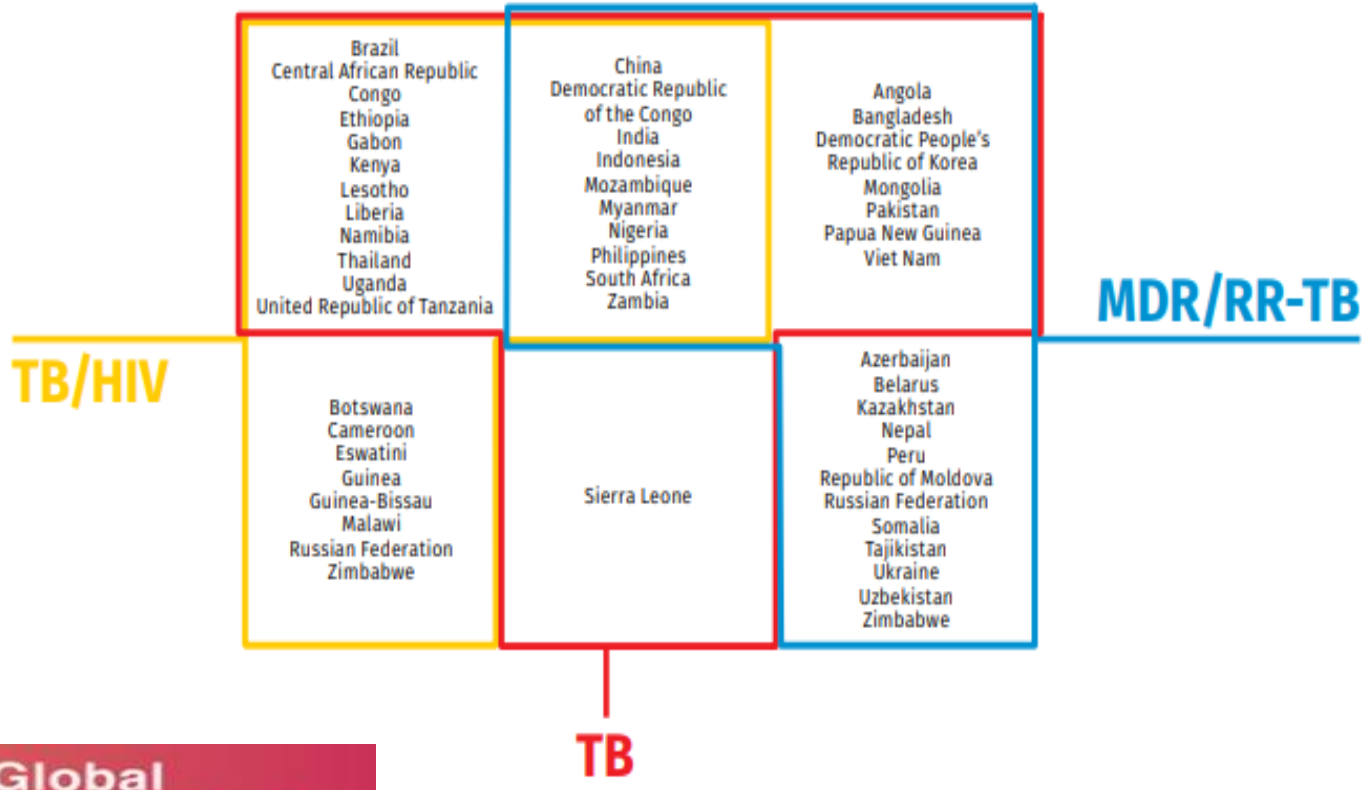
Ministry of Health, Mozambique

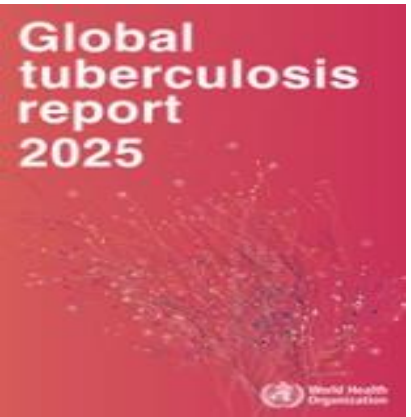
PNCT
PROGRAMA NACIONAL DE CONTROLO DA TUBERCULOSE

Outline

- Background
- Implementation Plan
- Eligibility criteria implemented
- Role of chest X-ray (CXR)
- Community awareness
- Capacity building and mentoring
- Monitoring and report
- Progress
- Challenges
- Lessons learned
- Next Steps

Background

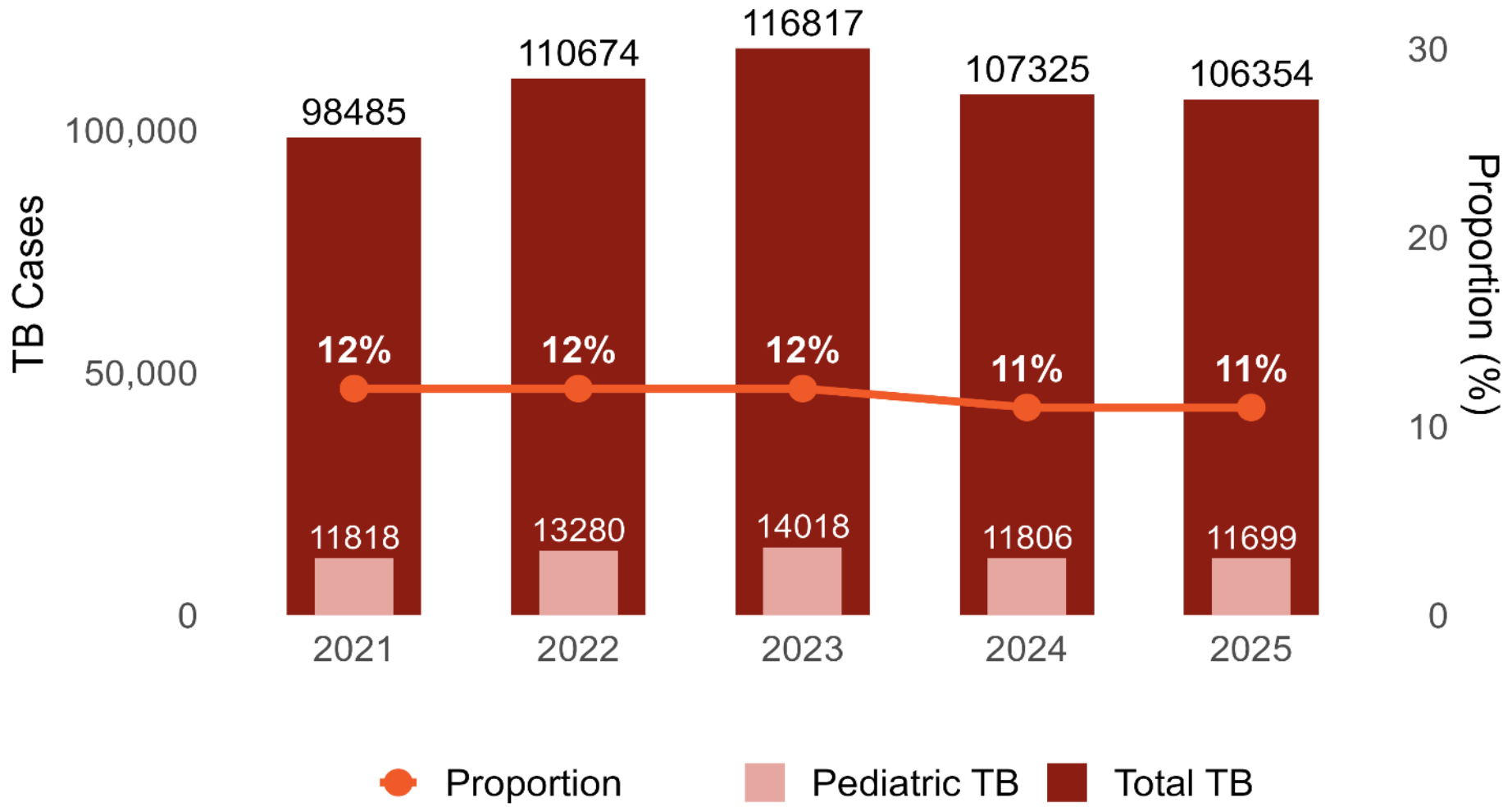




- TB Prevalence: 334 por 100K Pop.
- Co-TB/HIV: 23%
- DR-TB: 12/100000hab
- Pediatric TB:11%
- Bacteriological confirmation: 50%
- Mortality:40 por 100K Pop.
- Treatment coverage: 85%
- DS-TB Treatment success rate: 95%
- DR-TB Treatment success rate: 77%

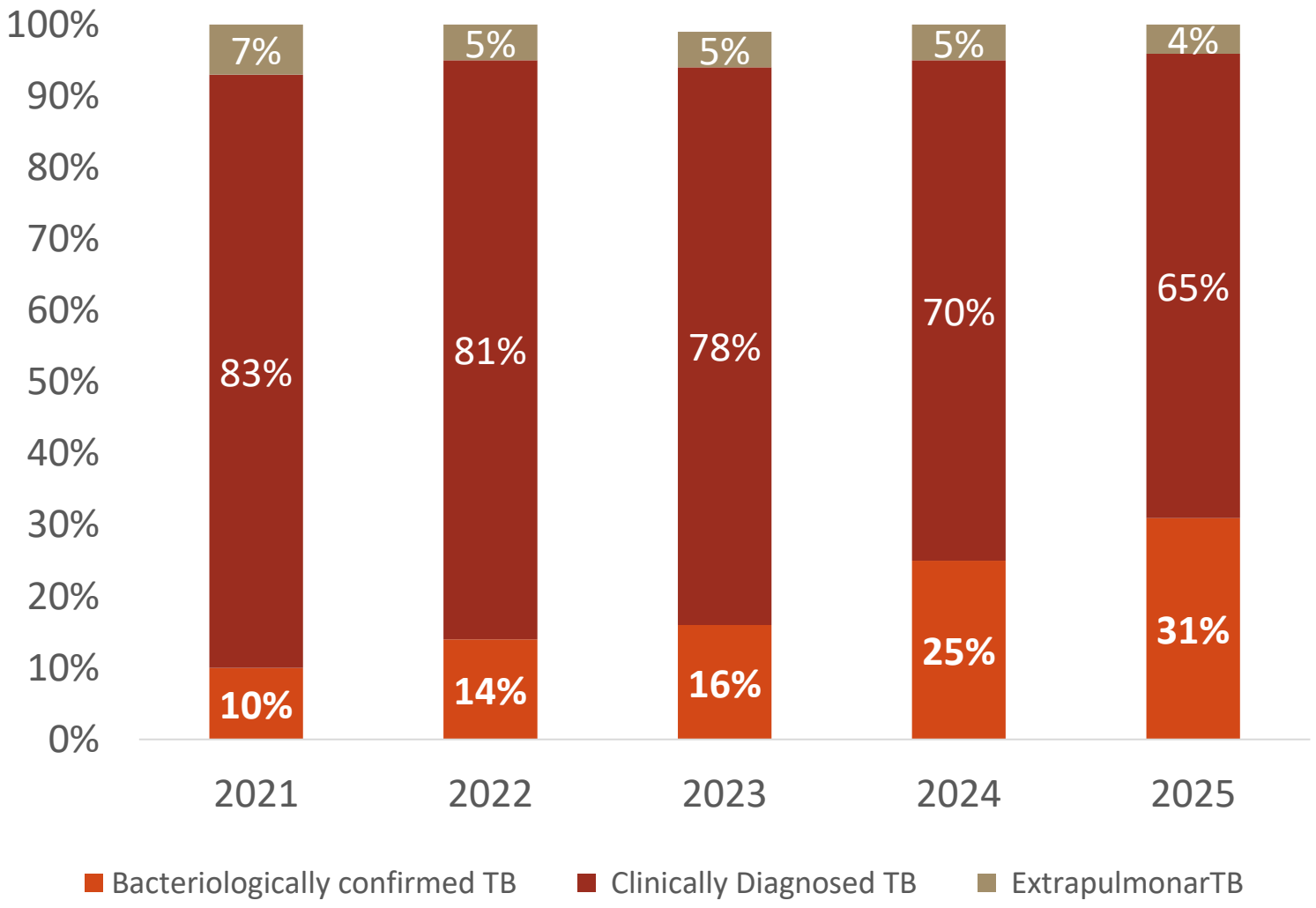
Fonte: Tuberculosis Global report 2025

Pediatric TB Situation



Despite progress, underdiagnosis and delayed treatment remain important challenges.

TB Cases: All Forms - Pediatric by Category



- Clinical diagnosis remains the predominant form of diagnosis
- Bacteriological confirmation increased substantially between 2021 and 2025.
- Earlier diagnosis remains a priority.

Why Introduce the 4-Month Regimen?

- The 4-month regimen was introduced following WHO recommendations to improve pediatric TB care.

- **Expected Benefits**

✓ Reduced treatment duration

✓ Improved treatment adherence

✓ Reduced burden on caregivers

✓ Improved patient experience

✓ More child-friendly TB services

Implementation Plan

REPÚBLICA DE MOÇAMBIQUE

MINISTÉRIO DA SAÚDE
DIRECÇÃO NACIONAL DE SAÚDE PÚBLICA

Exmo. Sr (a) Director

Circular nº 07/210.2./DNSP/2024 Data: / /2024

ASSUNTO: Implementação de regime curto do tratamento (4 meses) da TB sensível em crianças.

A Direcção Nacional de Saúde Pública, adoptou a recente recomendação da Organização Mundial da Saúde, sobre o encurtamento do tempo do tratamento da Tuberculose (TB) Sensível. Esta estratégia tem como objectivo melhorar a adesão ao tratamento contribuindo assim para o sucesso de tratamento.

É neste contexto que segundo o despacho da **proposta nº 543/1002/2024** por Sua Excia Ministro da Saúde emitimos a presente circular para orientar o início da implementação considerando os seguintes aspectos:

1. **Data e locais de implementação**

A implementação será a escala nacional em todas Unidades Sanitárias do país, apartir de 21 de Agosto de 2024.

2. **Critérios de elegibilidade**

Serão elegíveis todas as crianças e adolescentes com idade compreendida entre os 3 meses e os 14 anos com TB pulmonar não severa e sem suspeita ou evidência de TB resistente;

3. **Critérios de exclusão**

Não serão elegíveis ao regime curto as crianças/adolescentes com:

- Idade <3 meses
- Peso <3kg
- Suspeita ou confirmação de TB resistente;
- Desnutrição aguda grave (DAG);
- Resultado do Xpert MTB RifUltra com MTB Detectado médio ou alto ou Baciloscopia positiva.
- TB com sinais radiológicos de doença severa (obstrução das vias aéreas, derrame pleural, doença cavitária e TB miliar)
- Sintomas graves que necessitam internamento.
- Tratadas para TB nos últimos 2 anos;

4. **Orientação para a classificação da severidade da doença TB**

Telefones: 21-326104, 21

Telex: 6-289 MINSAU MO

Fax: 258 (21) 326104

Review of WHO Recommendations

National Technical group meetings for updating guidelines and Training Materials

National and Provincial Training

Implementation start date: August 21, 2024 (nationwide Implementation)

Mentorship and Technical Assistance

Eligibility criteria implemented

Eligibility:

- Age 3 months–14 years
- Non-severe pulmonary TB
- No suspicion of DR-TB

Exclusion criteria:

- Weight < 3 kg
- Suspected or confirmed drug-resistant TB
- Severe malnutrition
- Positive Xpert ultra-medium/high result or sputum smear microscopy
- Radiological signs of severe disease (airway obstruction, pleural effusion, cavitary disease and miliary TB)
- Hospitalization required;
- Treated for TB in the last 2 years.

Role of chest X-ray (CXR)

Supports the diagnosis of pediatric TB.

Helps assess disease severity. Identifies radiological signs of severe disease that exclude children from the 4-month regimen.

Supports eligibility assessment and clinical decision-making.

Community Awareness

Community engagement activities included:

- Household contact investigation
- Caregiver counseling
- Community health worker engagement
- Community awareness sessions
- Referral of presumptive pediatric TB cases

Expected Outcomes

- Improve early diagnosis, treatment initiation and adherence among children

Capacity Building and Mentoring

Activities conducted:

- National Training of Trainers
- Provincial and district-level training
- On-site mentorship
- Supportive supervision visits
- Clinical case discussions

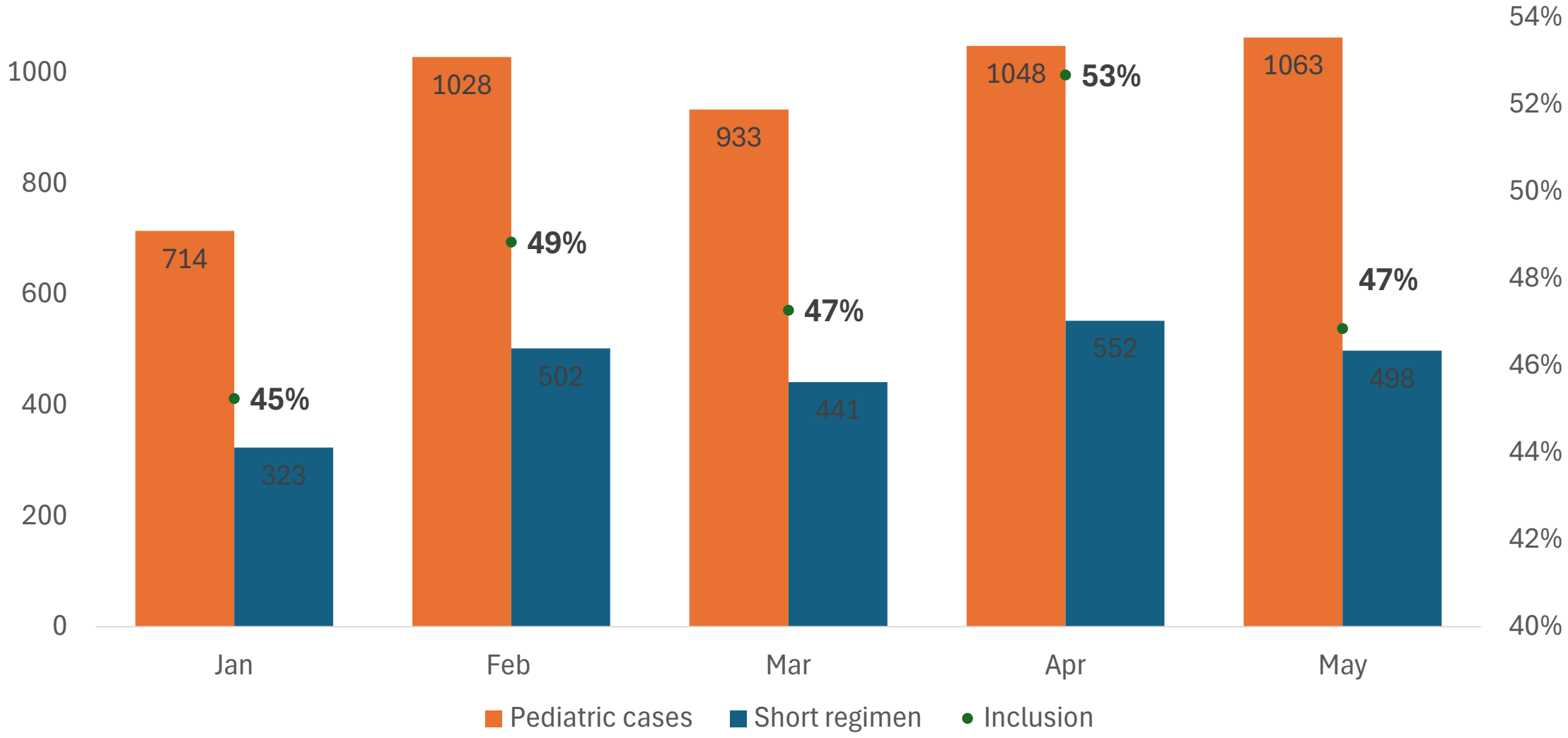
Target audience:

- Clinicians
- Nurses
- TB focal points
- Community health workers

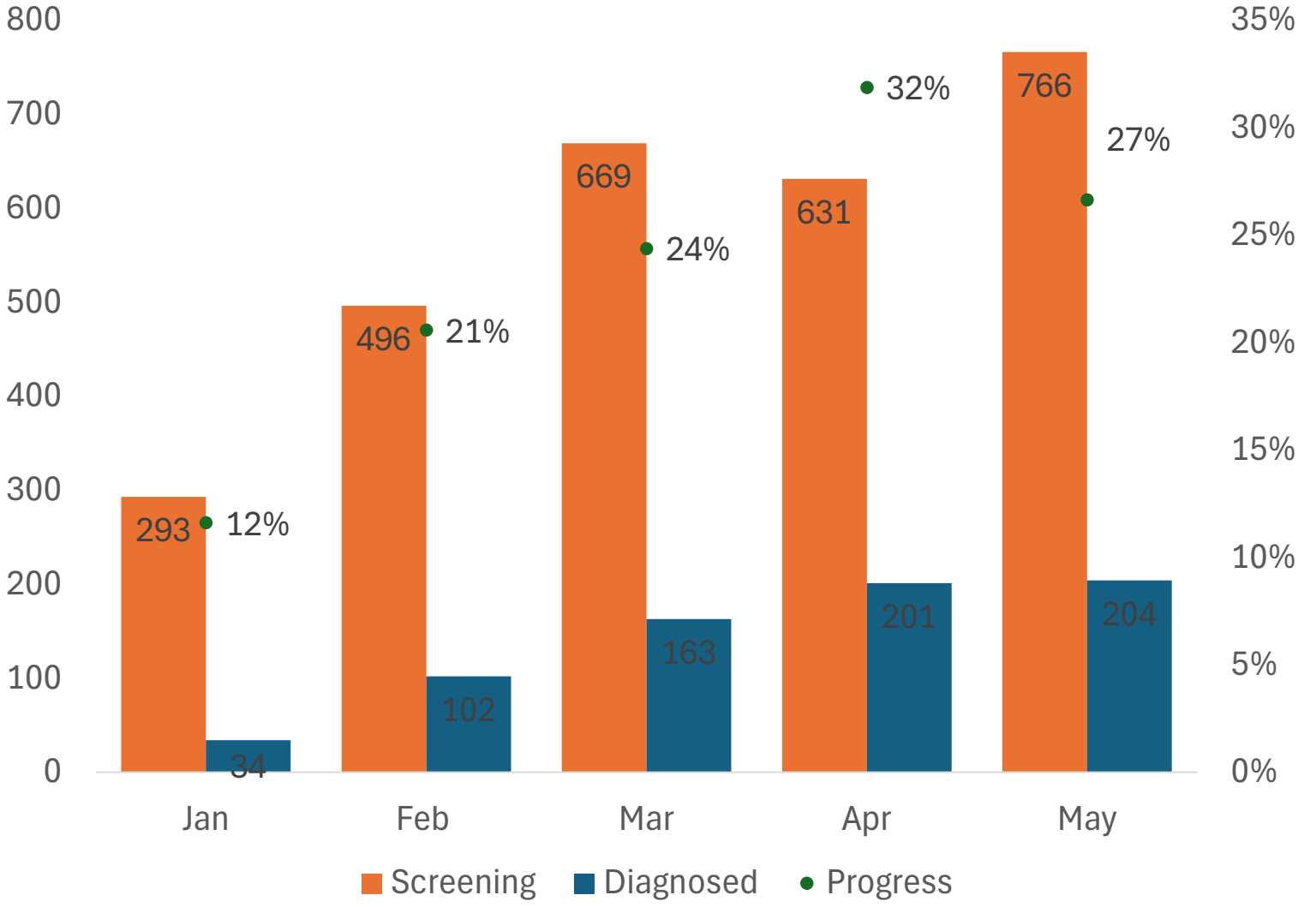
Monitoring and Reporting

- Routine monthly reporting forms did not initially include specific fields to capture data on the short regimen.
- As a result, disaggregated reporting was not available until September 2025.
- Due to the increasing need for monitoring, reporting of the 4-month regimen was introduced in a provisional monthly report in October 2025.
- Data collection became more systematic and robust from January 2026 onward.

Progress from January 2026 – Short Regimen



Progress from January - May 2026 – TB Pediatric Cases diagnosed by Chest X-Ray



- Access to chest X-ray remains limited in many health facilities;
- CXR screening data should not be used as a proxy for uptake of the 4-month regimen.

Challenges

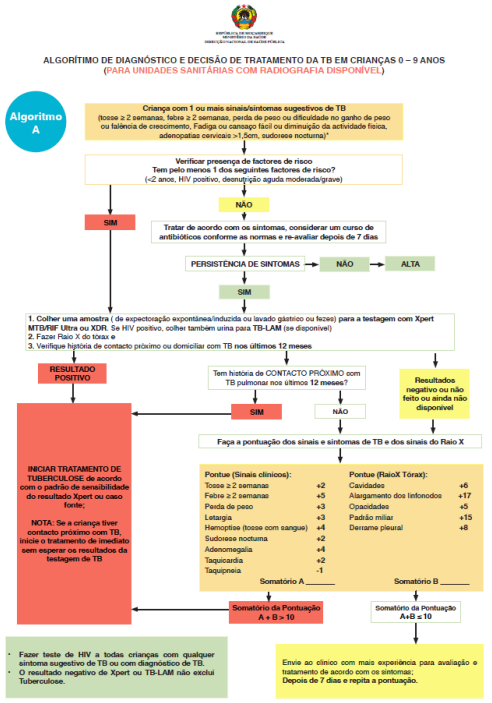
- Limited access to chest X-ray services in many health facilities.
- Routine reporting tools did not initially capture regimen-specific data.
- Limited ability to monitor uptake and outcomes during the early phase of implementation.
- Reporting only became standardized in January 2026.
- Need for continuous mentorship to ensure correct eligibility assessment.

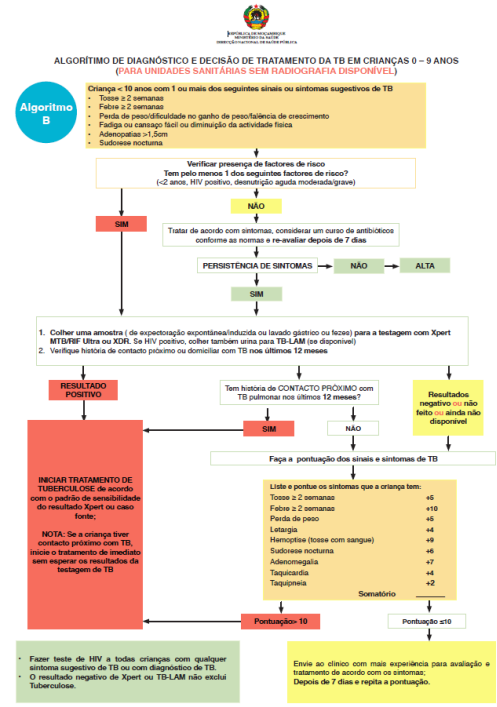
Lessons learned

- Early integration of regimen-specific indicators into routine reporting systems is critical.
- Continuous mentorship is essential to ensure correct eligibility assessment.
- Access to chest X-ray remains important for implementation of the 4-month regimen.
- Routine TB services can successfully support the nationwide implementation of new pediatric TB interventions

Next Steps

- Strengthen monitoring and reporting systems for the 4-month regimen.
- Improve data quality for regimen-specific indicators.
- Continue training and mentorship on eligibility assessment.
- Expand access to chest X-ray services.
- **Introduce and scale up WHO-recommended pediatric TB diagnostic and treatment decision algorithms for facilities with and without access to chest X-ray.**
- Strengthen monitoring of treatment outcomes.






SIM!
NÓS PODEMOS
ACABAR COM A TUBERCULOSE!
COMPROMETA-SE, INVISTA E OFEREÇA SERVIÇOS DE QUALIDADE.