

WE CAN END TUBERCULOSIS IN CHILDREN

WHAT YOU NEED TO KNOW ABOUT CHILDHOOD TUBERCULOSIS
IN PREPARATION FOR THE 2018 UN HIGH LEVEL MEETING



Tuberculosis (TB), while preventable and curable, is among the top ten causes of child mortality globally. TB most affects the young and vulnerable: 80% of child TB deaths occur in children younger than five.¹ A majority of child TB deaths could be prevented with timely preventive therapy, diagnosis and treatment. Ending TB in children is therefore at the heart of achieving Sustainable Development Goal 3.2: to end the preventable deaths of newborns and children under five years of age. In addition, addressing the long-term impacts of TB on children, adolescents, and families (including its impact on learning and development, family income, and food security) is critical for meeting the Sustainable Development Goals to end poverty and hunger, to promote quality education and economic growth, and to reduce inequities.

Existing interventions to prevent, diagnose, and treat TB either do not meet the needs of children or are not made available where they are needed most:

¹ Dodd PJ et al. The global burden of tuberculosis mortality in children: a mathematical modelling study. *Lancet Glob Health* 2017;5:e898-e906.

Stop TB Partnership

Prevention: The only TB vaccine, BCG, is given to newborns and offers some protection against severe forms of TB in early childhood, but loses its effect before adolescence. TB can be prevented with simple drugs, yet less than 15% of children at high risk of developing TB following exposure to a person with infectious TB, receive preventive therapy.

Diagnosis: Less than half of the estimated 1 million children who fall ill with TB every year, and less than 10% of the estimated 32,000 children with multidrug-resistant TB (MDR-TB) are diagnosed and put on treatment.^{2,3}

Treatment: Quality assured child-friendly TB medications are available, yet over 96% of children dying of TB never receive appropriate treatment.¹

To end unnecessary sickness and death among children, governments must lead and act. TB must be addressed in the context of child health and survival, as an important cause of disease and death, as a co-morbidity of other common childhood illnesses – especially pneumonia, meningitis and malnutrition. TB must be addressed as a major cause of death among children with HIV. Multi-sectoral collaboration is critical to ensure that existing child-specific TB interventions are universally available and that the necessary human resources and infrastructure are in place where sick children and their families access health and other services.⁴ Governments and funding agencies must support research to optimize existing tools and develop new child-friendly tests, treatments, and other interventions.

To end the TB epidemic in children in line with the Global Goals, the Moscow Declaration on the End TB Strategy, and the Global Strategy for Women's, Children's and Adolescent's Health, **Heads of State should commit to achieve the following targets in the Political Declaration of the High-Level Meeting on TB:**

By 2019, ALL states have established an Inter-Ministry Task Force and developed a funded action plan to address child TB comprehensively across maternal, child and adolescent populations.

By 2019, countries increase their research funding to address the needs of children, especially the development of new child-friendly diagnostics, treatments and an improved vaccine.

By 2022, 3.5 million children <15 with TB are diagnosed and treated, including 115,200 children with MDR-TB

By 2022, 90% of children with household exposure to an infectious TB case (a cumulative 9.6 million children <5yrs of age, plus HIV-infected children of any age) receive preventive therapy

Questions and contact:

To be put in contact with global and country level experts on child TB, please contact the secretariat of the Child and Adolescent TB Working Group: Annemieke Brands (brandsa@who.int).

For UN mission briefings, contact: Lindsay McKenna (Lindsay.mckenna@treatmentactiongroup.org) or Anne Detjen (adetjen@unicef.org).

² World Health Organization. Global Tuberculosis Report 2017

³ Jenkins HE et al. Incidence of multidrug-resistant tuberculosis disease in children: systematic review and global estimates. Lancet 2014;383:1572-9.

⁴ World Health Organization. Towards Zero Deaths – A Roadmap for Childhood Tuberculosis 2013