2010
All TB
29 countries: Africa, Central, South and South East Asia

30,000 people treated
3,300 children <15 (11%)

DRTB
1000 Adults
< 50 children (5%)

Children estimated to be between 10-15% of cases

MSF field challenges

- Under-diagnosis:
- Reluctance to treat/prevent without ‘proof’’
  - but making progress with simplified clinical tools and staff seeing results
- Difficulties in using WHO interim dosage guidelines: supply, dispensing, pill burden
- NTPs: resources, often focus still on smear+ TB

MSF field challenges 2

- Clinics not family friendly
- Remote or undeveloped health care settings
- Inexperienced or low qualified staff
- Huge effort/resources to work on all aspects of TB care at once - diagnosis, quality care, good follow-up, contact tracing, infection control, reporting

What should we be doing?

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Two essential directions:

What needs to be done NOW

What needs to be done for the future

What needs to be done NOW is…

Use the tools we have BETTER :

100s of 1000s of kids can't wait 5 years

This means:

Applying current recommendations and doing the basics well

In diagnosis:

- Use simplified diagnostic algorithms based on clinical symptoms and adapted for specific population risk
- Support clinical judgment through training, and practical materials (eg. Union Desk Guide)
- Accept lack of ‘proof’
- Accept a certain level of “over-treatment”
- **Weigh against danger of not treating**

In treatment:

- Get WHO interim dosage guidelines into use to prevent under-dosing
- Train and supervise at ALL levels to overcome the difficulties of the dosing regimens
- Urge WHO to give clear guidance to manufacturers ASAP to get new FDCs underway
- Define market size and shape to encourage manufacturers to make new FDCs
- Create temporary solutions for safer use of existing drugs in new regimen (eg. kits/packs)

In prevention:

- Invigorate and fund active contact tracing
- Use INH prophylaxis: resistance risk minimal
- Set a prophylaxis for DRTB exposed children
- Innovate to get infection control in place

In research

- Include children in ALL trials and research
- Make following the new NIH-led reference standard for paediatric TB obligatory for new diagnostics research

AND …

COUNT!

What's not monitored

is not valued

Revise NTB forms and data sets to allow disaggregated reporting

Advocacy targets

- **Clinicians**: to give tools, overcome fears and reduce uncertainty
- **National TB programs, Ministry of Health, policy makers**: to increase understanding of risk/benefit, get tools in place and used,
- **Donors**: to understand the resources needed to treat child TB at scale
- **Research funders:** to ensure children are included in new research and reference standards developed and used

What needs to be done for the future?

Diagnostics

Prioritize R&D efforts on diagnostics that:

- Use samples other than sputum
- Are adapted to low resource settings
- Are accessible at the point of care
- Are affordable, fast and easy to use

What needs to happen in future?

Treatment

- Ensure ALL new drugs are approved for children including those in trial now.
- Make child friendly formulations for all regimens, especially for second line
- Ultimately, new drugs which cure TB in shorter time, are affordable and are administered close to patient.

In conclusion

It is urgent to:

- Apply current recommendations and do the basics well
- Get new FDC formulations into manufacture

and

- Ensure children do not miss out on new tools in diagnosis and treatment

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www.doctorswithoutborders.org

www.msfaccess.org