



Image: John-Michael Maas/TB Alliance

IMPACT STORY: CHILDHOOD TUBERCULOSIS

Accelerating access to child-friendly tuberculosis medicines

The problem

Tuberculosis kills around 700 children every day¹.

Tuberculosis (TB) is a major cause of child mortality worldwide. Each year, about a quarter of a million children die from TB including 52,000 children with HIV-associated TB. Almost all the children who die from TB receive no treatment².

In 2010, the World Health Organization (WHO) revised recommendations for the treatment of TB in children, which would require drug manufacturers to develop new appropriately dosed child-friendly medicines. However, initial interest was low³. Country programs, clinicians, and caregivers thus relied on varying and imprecise treatment practices such as splitting pills to get the correct doses for children. Imprecise treatment can lead to continued illness or death, and can open the door to drug resistance.

The solution

What did the STEP-TB project deliver?

Unitaid invested US\$ 15.2 million in the STEP-TB project, which was implemented by the TB Alliance and WHO⁴. The project made available and accelerated access to pediatric TB medicines that meet WHO guidelines. The dissolvable pills taste good, come in the proper doses, and simplify treatment for children and those who care for them. The WHO prequalification programme, also supported by Unitaid, approved two child-friendly TB medicines in August and December 2017, ensuring the quality of the medicines.

STEP-TB developed a method for more precisely estimating the annual number of childhood TB cases, which led to a doubling of the previous estimate, to 1 million cases.⁵ Estimates of illness and death for children co-infected with HIV and TB were included for the first time. The project helped countries update their treatment policies and practices, helping to promote demand for the child-friendly medicines, and created an incentive for drug companies to develop new products. The project also helped to accelerate a program to develop pediatric bedaquiline⁶, an important new drug to treat Multi-Drug Resistant TB (MDR-TB). Overall, STEP-TB helped to invigorate interest in childhood TB.

The important role of partnership in the childhood TB response:

During and after the project, partners developed policies to pave the way for the use of the new medicines, provided technical assistance, and allocated funds to introduce the medicines and widen their availability.

The Stop TB Partnership's Global Drug Facility has been the main procurement channel for the new child-friendly regimen. Global Drug Facility worked with WHO and the Global Fund to remove obstacles to introducing the drugs. WHO issued a policy statement urging the rapid introduction of the medicines, and the Global Fund provided guidance on disposing of old products. These policy changes eased the transition to the new medicines.

The Global Drug Facility, with US government funding, helped more than 30 countries transition from old medicines to the new ones, whilst minimizing the risk of supply interruptions. Additional technical assistance to 28 countries was supported by Global Affairs Canada (GAC) and initial country procurements were supported by both GAC and the Global Fund. As of March 2018, 59 countries had received 356,000 treatment courses of the new formulations.

What is the potential long-term impact of the child-friendly regimen?

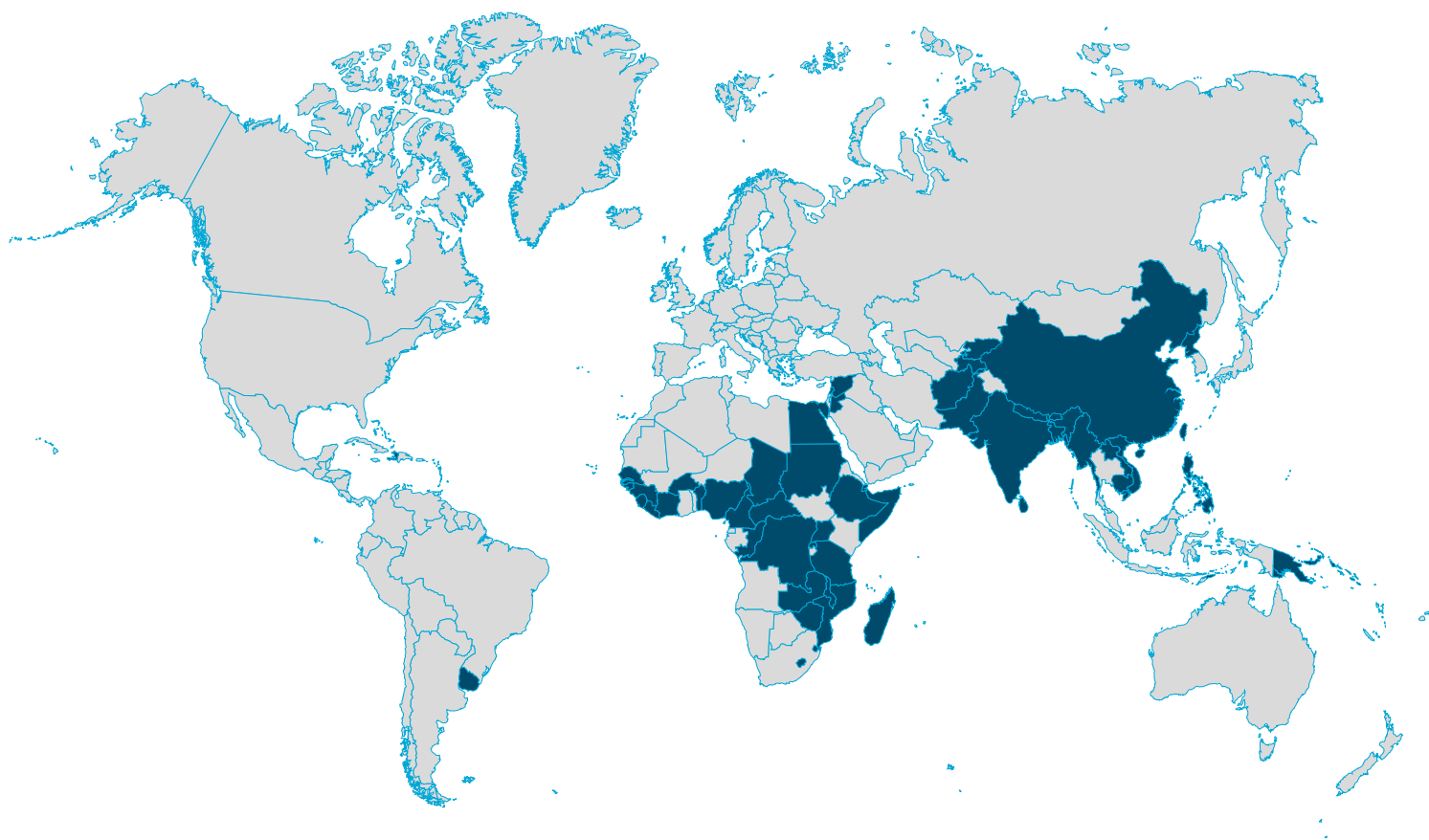
Appropriately dosed child-friendly TB medicines increase the likelihood of successful treatment and help fight drug resistance in populations. Unitaid's investments in childhood TB⁷, combined with the work of Global Drug Facility and other partners are leading the fight against childhood TB; for example by bringing faster, better TB diagnostics, identifying drug-resistant strains of TB and improving case finding to identify all 1 million children affected by TB each year. Making available an appropriately dosed, child-friendly regimen is vital to support these efforts.

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Rapid adoption of the child-friendly regimen worldwide:

Kenya became the first country to undertake a national roll-out of the child-friendly medicines in 2016. As of March 2018, 59 countries have received 356,000 treatment courses of the child-friendly medicine.



Data source: Stop TB Partnership - Global Drug Facility

1 Based on data available from: <http://www.who.int/tb/areas-of-work/children/en/>

2 Dodd P.J., et al. Global burden of drug-resistant tuberculosis in children: a mathematical modelling study. *Lancet* 2016

3 For example, see "New pathways for Childhood TB treatment" (2017), TB Alliance and Unitaid for more information.

4 Speeding Treatments to End Paediatric Tuberculosis (STEP-TB) ran from July 2013 to January 2017.

5 *Ibid.* reference 2.

6 *Ibid.* reference 3.

7 Unitaid is investing in the TB-SPEED and CAP-TB projects. The lead grantee of TB Speed is the University of Bordeaux, and lead grantee of CAP TB is the Elizabeth Glaser Paediatric AIDS Foundation.