

CENTRAL AFRICAN REPUBLIC

• **4,600** children estimated to have fallen ill with TB in 2022ⁱ

• **59%** of children with TB estimated to have missed out on diagnosis and treatmentⁱⁱ

INTRODUCTION

As part of the Test, Avoid, Cure TB in Children (TACTiC) project, Médecins Sans Frontières (MSF) has conducted a survey of paediatric TB policies across 14 countries.

The Central African Republic (CAR) has a high burden of TB and TB/HIV co-infection. MSF first began working in CAR in 1997, and continues to respond to conflict, displacement, and disease outbreaks in the country, with a particular focus on maternal and child health. This includes an ongoing project to improve the diagnosis, prevention, and treatment of TB in children.

The national TB programme (NTP) in CAR is in the process of revising their national guidelines on the management of paediatric TB. This factsheet compares the draft paediatric TB policy and implementation with the most recent World Health Organization (WHO) guidelines, celebrating progress and highlighting areas for improvement. The NTP, ministries and partners are encouraged to use the scorecard to develop national paediatric TB roadmaps that set out a clear strategy for ending TB in children.

DIAGNOSIS



National guidelines on the diagnosis of TB in children are currently not in line with WHO recommendations. This means that children who are very likely to have TB cannot be enrolled on treatment without bacteriological confirmation or chest X-rays. National policies also do not recommend stool sample and do not include WHO's evidence-based treatment decision algorithms. The current draft guidelines, which are in the process of being updated, should be amended to ensure children in CAR are not left behind. The pursuit of operational research would have been a valuable stopgap while guideline reviews are ongoing.

PREVENTION



More positively, CAR's national guidelines on TB prevention in children allow for the provision of the 3HR shorter TB preventive treatment (TPT) regimen to children under the age of 5 who are close contacts of a person with TB, and to children living with HIV. The guidelines also do not require a positive interferon-gamma release assay or tuberculin skin test to offer these vulnerable children TPT. TB prevention efforts in CAR could be strengthened further by adding the 3HP regimen to their national guidelines and procurement, offering greater resilience and enabling children living with HIV to access shorter TPT regimens without needing to adjust their HIV treatment to manage drug interactions.

TREATMENT OF DS-TB



While it is encouraging that the NTP in CAR reports procuring paediatric formulations of essential anti-TB medicines, the draft national guidelines on the treatment of drug-susceptible TB (DS-TB) are not currently in line with WHO recommendations because they do not include the shorter 4-month regimen for children with non-severe forms of TB. Amending guidelines to include the 4-month regimen would dramatically improve the quality of care for children with DS-TB while also reducing pressure on health services.

TREATMENT OF DR-TB



National guidelines on the treatment of children with drug-resistant TB (DR-TB) are not currently in line with WHO recommendations, failing to offer regimens that include newer anti-TB drugs and stop the use of harmful injectable drugs. The NTP in CAR also does not procure any paediatric formulations of the medicines needed to treat DR-TB, which puts children at risk of receiving ineffective or unsafe dosages of adult medicines. Updating this guidance must be an urgent priority.

GLOBAL CALL TO ACTION: TEST, AVOID, CURE TB IN CHILDREN

WHO estimates that 1.25 million children under the age of 14 fall ill with TB each year around the world. Only 51% of these children are diagnosed and reported to NTPs, including just 40% of children under the age of 5 and 20% of children with drug-resistant TB. As a result, a child dies from TB every 3 minutes despite the disease being curable.

While there is an urgent need for better diagnostic tests and treatments for TB in children, these findings demonstrate that CAR and other countries are not yet making the most of the tools already at our disposal.

Last year, world leaders pledged to accelerate the global fight against TB. Governments, with support from national and international partners, must act now to ensure they don't leave children with TB behind.

To find out more about the policy survey and what steps governments, as well as funders and global health actors, can take to test, avoid and cure TB in all children, visit <https://msfaccess.org/tactic-test-avoid-cure-tb-children>.

ⁱ WHO TB incidence estimates disaggregated by age group, sex and risk factor. CSV file. Available at: <https://www.who.int/teams/global-tuberculosis-programme/data>

ⁱⁱ WHO Global TB Report 2023. Available at: <https://www.who.int/teams/global-tuberculosis-programme/tb-reports/global-tuberculosis-report-2023>