

INDIA

43% Policy Alignment

• **326,000** children estimated to have fallen ill with TB in 2022ⁱ

• **60%** 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.

India has a high burden of TB, multidrug-resistant TB (MDR-TB) and TB/HIV co-infection. MSF provides treatment for people living with MDR-TB and HIV, including an ongoing project to improve the diagnosis, prevention and treatment of TB in children.

This factsheet compares current paediatric TB policy and implementation in India with the most recent World Health Organization (WHO) guidelines, celebrating progress and highlighting areas for improvement. The national TB programme (NTP), ministries and partners should use these findings to develop national paediatric TB roadmaps that set out a clear strategy for ending TB in children.

DIAGNOSIS



The NTP has duly considered the WHO recommendations for diagnosis of TB in children and after detailed considerations, the National Technical Experts Group (NTEG) under the programme recommended using country-specific diagnostic algorithms for paediatric TB that are not entirely in line with the WHO recommendations. The national paediatric TB guidelines emphasise having bacteriological confirmation prior to treatment initiation. There is a provision in the algorithm to start patients on treatment based on clinical and radiological diagnosis, provided nucleic acid amplification tests (NAAT) on two consecutive samples have been negative and other alternative diagnosis has been ruled out. Guidelines do not include testing of non-invasive samples like stool to help in diagnosis of TB in children, though the NTP is currently in the process of conducting operational research on this. National guidelines currently do not recommend GeneXpert (CBNAAT) Ultra for routine use in any samples, awaiting national data from operational research. There are chances that a significant number of children with TB may face delayed diagnosis; addressing these issues may enable quicker diagnosis and treatment initiation in paediatric TB.

PREVENTION



More encouragingly, India's national guidelines on TB preventive treatment (TPT) are in line with WHO's most recent recommendations, including both 3HR and 3HP as shorter regimens for children under the age of 5 and children living with HIV. The guidelines also allow for these vulnerable children to be enrolled on TPT without a positive TST or IGRA test. MSF understands that implementation of these guidelines is limited as registration of paediatric versions of 3HP is yet to be completed by generic manufacturers and rollout for adults is heavily reliant on a drug donation programme.

TREATMENT OF DS-TB



The procurement of paediatric formulations of all drugs required for the treatment of drug-susceptible TB (DS-TB) is an important step in improving the quality of care received by Indian children with TB. Current guidelines do not yet include the shorter 4-month regimen for children with non-severe forms of TB. However, the programme is considering rolling out this regimen at selected centres based on the NTEG subcommittee of paediatric TB experts' recommendations. With the effectiveness of the shorter regimen confirmed with the SHINE trial (India was a site) and relying on the same drugs, the rollout should be expedited and scaled up.

TREATMENT OF DR-TB



India's guidelines on the treatment of drug-resistant TB (DR-TB) are not entirely in line with WHO recommendations. The programme is already using paediatric DR-TB drug formulations that are DCGI-approved and are available for supply to the NTP. However, there are limitations in the availability of DCGI-approved child-friendly formulations of newer DR-TB medicines, and therefore the programme is using adult formulations of these medicines. The country may consider support of donors and technical agencies for overcoming the barriers.

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 India 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>