

NIGER

81% Policy Alignment

- **1,700** children estimated to have fallen ill with TB in 2022ⁱ

- **63%** 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.

Niger is affected by violence and displacement around its border regions, which are part of the central Sahel and Lake Chad basin. MSF runs projects to address the significant medical needs caused by conflict, food insecurity, child malnutrition and epidemics, 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 Niger 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



Guidelines on the diagnosis of TB in children in Niger are in line with WHO's best practice recommendations, including recommending starting children who are very likely to have TB on treatment without a confirmatory test, the inclusion of WHO's treatment decision algorithms and stool sample testing. Implementation of these guidelines remains slow, however, and with more than half of children with TB in Niger never accessing diagnosis or treatment, urgent efforts are needed to implement these guidelines fully.

PREVENTION



Niger's guidelines on TB preventive treatment (TPT) are partially in line with WHO recommendations. They include 3HR as a shorter regimen for children under the age of 5, and also recommend initiating children under the age of 5 and those living with HIV on TPT without a positive TB infection test. Unfortunately, the national guidelines only recommend a 6-month TPT course for children with HIV due to concerns about drug interactions between 3HR and antiretroviral treatment. The alternative short TPT regimen, 3HP, does not have these same drug interactions and should therefore be added to national guidelines and rolled out as soon as possible to ensure children living with HIV can benefit from a better standard of care.

TREATMENT OF DS-TB



National guidelines on the management of drug-susceptible TB (DS-TB) in children are in line with WHO's recommendations, including the use of a shorter 4-month regimen for the treatment of non-severe DS-TB. The NTP also reports that it is procuring paediatric formulations of all medicines needed to treat DS-TB. This should be celebrated, with further efforts now needed to scale up access to this quality care.

TREATMENT OF DR-TB



National guidelines on the management of drug-resistant TB (DR-TB) are mostly in line with WHO recommendations, recommending bedaquiline for all children in place of harmful injectables. The NTP procures all necessary paediatric formulations. The guidelines do not include delamanid for children of all ages, which is essential to the all-oral longer treatment regimen for children with resistance to fluoroquinolones. Offering universal access to delamanid is critical for ensuring children with the most complicated forms of DR-TB are not left behind.

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 Niger 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>