TACTiC Policy Survey | Country Factsheet



85% Policy Alignment

- **9,000** children estimated to have fallen ill with TB in 2022<sup>i</sup>
- **58%** of children with TB estimated to have missed out on diagnosis and treatment<sup>ii</sup>

# 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.

Somalia has a high burden of multidrug-resistant TB (MDR-TB). MSF teams have been responding to recurring humanitarian health emergencies caused by conflict, climate-related events, and disease outbreaks, as well as providing specialised training and capacity building. This includes an ongoing project to improve the diagnosis, prevention and treatment of TB in children. This factsheet compares current paediatric TB policy and implementation in Somalia 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

Somalia's national guidelines on the diagnosis of TB in children are in line with current WHO recommendations. This includes the recommendation that healthcare workers start children who are very likely to have TB on treatment without bacteriological confirmation or X-ray results, and the inclusion of treatment decision algorithms recommended by WHO. While the national guidelines include a recommendation to use stool samples for bacteriological confirmation of TB, there are no supporting or training materials in place, which highlights ongoing implementation issues.

#### PREVENTION



Somalia's national guidelines on TB preventive treatment (TPT) are in line with current WHO recommendations. This includes recommending two shorter TPT regimens (3HP and 3HR) for children living with HIV and children under the age of 5 who are close contacts of a person with TB disease. The guidelines also recommend that healthcare workers offer TPT to these children without requiring a positive interferon-gamma release assay or tuberculin skin test. While the survey could not assess implementation of these guidelines, the NTP also reports procuring the necessary paediatric formulations of medicines.







#### TREATMENT OF DS-TB

Somalia's national guidelines on the treatment of drugsusceptible TB (DS-TB) are in line with current WHO recommendations. This includes the recommendation of a shorter, 4-month regimen for children with non-severe forms of DS-TB. However, the NTP also reports that they do not procure all paediatric formulations of medicines needed to treat DS-TB, with ethambutol not being available in dispersible form.





Somalia's national guidelines on the treatment of drugresistant TB (DR-TB) are partially in line with current WHO recommendations, including recommending the use of bedaquiline and delamanid to treat children with DR-TB, regardless of age. While the NTP reports procuring paediatric formulations of a range of DR-TB medicines, availability of paediatric delamanid is currently based solely on donation from an international actor. The NTP still has stocks of paediatric formulations of DR-TB drugs (except moxifloxacin 100mg dispersible) that were donated last year by the Stop TB Partnership's Global Drug Facility. We encourage the government and relevant actors to ensure procurement without any delay when donations stop.

### **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 drugresistant 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 Somalia 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 <u>https://msfaccess.org/tactic-test-avoidcure-tb-children</u>.

<sup>1</sup> WHO TB incidence estimates disaggregated by age group, sex and risk factor. CSV file. Available at: <u>https://www.who.int/teams/global-tuberculosis-programme/data</u> <sup>#</sup> WHO Global TB Report 2023. Available at: <u>https://www.who.int/teams/global-tuberculosis-programme/tb-reports/global-tuberculosis-report-2023</u>

MSF Access Campaign Route de Ferney 140, P.O. Box 1224, CH-1211 Geneva, Switzerland Tel: + 41 (0) 22 849 84 05 Fax: + 41 (0) 22 849 84 04 Email: access@msf.org www.msf.org X x.com/msf f facebook.com/msfinternational www.msfaccess.org X x.com/msf \_access f facebook.com/MSFaccess