

SOUTH SUDAN

77% Policy Alignment

• **4,400** children estimated to have fallen ill with TB in 2022ⁱ

• **23%** 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.

In addition to recurrent conflicts, South Sudan continues to suffer from concurrent emergencies, including severe flooding, food insecurity and disease outbreaks. MSF teams provide a range of services including general health care, mental health care and hospital care. MSF also runs a programme to improve the diagnosis, prevention and treatment of TB in children.

This factsheet compares current paediatric TB policy and implementation in South Sudan 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



South Sudan has made some progress in aligning national guidelines on the diagnosis of TB in children with WHO best-practice recommendations. This includes recommending that children who are likely to have TB be started on treatment without a positive test and enabling clinicians to test stool samples. However, no training materials are available to support the implementation of stool sample testing, and the national guidelines don't include the evidence-based treatment decision algorithms recommended by WHO. Addressing these gaps would help South Sudan reach more children with TB.

PREVENTION



South Sudan's national guidelines on the prevention of TB in children are mostly aligned with WHO recommendations. This includes offering a shorter regimen of TB preventive treatment (TPT) to children under the age of 5 who are close contacts of a person with TB, as well as enabling healthcare workers to offer TPT to children under the age of 5 and children living with HIV without a positive interferon-gamma release assay or tuberculin skin test. The national policies fall short of offering shorter TPT to children living with HIV, with the guideline only recommending this for children over the age of 10 and not procuring the recommended regimen. Children living with HIV are at a high risk of developing TB disease, so addressing this gap should be prioritised by focusing on the 3HP regimen that can be administered without dosing changes to antiretroviral therapy.

TREATMENT OF DS-TB



In South Sudan, the NTP reports procuring paediatric formulations required for the treatment of children with drug-susceptible TB (DS-TB). This is encouraging, and ensures children are not exposed to harmful treatments using adult formulations. The national guidelines also recommend a shorter, 4-month treatment regimen for children with non-severe forms of DS-TB. These shorter treatments are preferred by children and their caregivers and can help reduce pressure on healthcare services, so the implementation of these guidelines should be a priority.

TREATMENT OF DR-TB



South Sudan has also made progress in updating guidelines on the management of paediatric drug-resistant TB (DR-TB), including recommending against the use of harmful injectable drugs and procuring paediatric formulations of all drugs needed to treat DR-TB. Unfortunately, the guidelines do not currently offer bedaquiline-containing regimens to children of all ages, restricting the most vulnerable children from receiving much more child-friendly, short, all-oral treatments. Updating national guidelines to ensure all eligible children can be offered these treatments, regardless of age, should be a 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 South Sudan 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>