

# UGANDA

**85% Policy Alignment**

• **15,000** children estimated to have fallen ill with TB in 2022<sup>i</sup>

• **Most children** with TB estimated to have accessed 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.

Uganda has a high burden of TB and TB/HIV co-infection. MSF teams assist in outbreak responses, and address gaps in health care for adolescents and refugees fleeing from South Sudan. This includes an ongoing project to improve the diagnosis, prevention and treatment of TB in children.

The national TB programme (NTP) in Uganda is in the process of updating the national guidelines on managing TB in children. This factsheet compares the draft paediatric TB policy and current implementation in Uganda with the most recent World Health Organization (WHO) guidelines, celebrating progress and highlighting areas for improvement. The 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



Uganda's national guidelines are partially in line with WHO recommendations. This includes recommending that healthcare workers start children who are very likely to have TB on treatment without bacteriological confirmation or chest X-ray findings. The guidelines also recommend the use of stool sample testing. The guidelines fall short of including WHO-recommended treatment decision algorithms, though the NTP has noted their intention to conduct operational research on these.

## PREVENTION



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 and adolescents living with HIV and children under the age of 5 who are close contacts of a person with confirmed TB disease. The same group of children can also be started on TPT without a positive interferon-gamma release assay or tuberculin skin test. The NTP also reports that they are procuring paediatric formulations of both regimens, though this survey did not measure their practical implementation.

## TREATMENT OF DS-TB



National guidelines on the management of drug-susceptible TB (DS-TB) in children are partially in line with WHO recommendations. The guidelines include a recommendation to offer a shorter, 4-month regimen to children with non-severe forms of DS-TB. However, the NTP reports that they are not currently procuring paediatric formulations of all the key medicines needed to treat DS-TB. This means Ugandan children are having to be treated with adult medicines, which increases the risk of drug resistance and side effects.

## TREATMENT OF DR-TB



National guidelines on the management of drug-resistant TB (DR-TB) in children are in line with WHO recommendations. This includes recommending bedaquiline and delamanid to children of all ages, and procuring paediatric formulations of these and other DR-TB medicines. This enables the country to recommend against the use of injectable antibiotics, which have the most severe side effects. Further efforts are needed, however, to ensure more children can benefit from this standard of care.

## 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 Uganda 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>.

<sup>i</sup> 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>

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