

Children neglected in response to TB

Kakaire Kirunda, Uganda

An article from the HDN Key Correspondent Team

13 November 2007

Visiting the Mbale Regional Referral Hospital, which serves more than a dozen districts in eastern Uganda, in late July, opened my eyes to the plight of children with tuberculosis (TB).

The hospital has no pediatric TB treatment formulations and medical workers at the facility kept advising mothers to take their children elsewhere, while a senior medical officer argued that the adult drugs could be used to treat children as long as trained health workers administered the right dosage.

Soon it emerged that the problem was not only limited to the eastern part of the country but was occurring in other regions as well. The drug shortage continues and hospital managers have been crying for help in vain, with some resorting to sending anonymous letters to the press to raise awareness.

Some hope for children with TB remains as delegates at the 38th World Union Conference on Lung Health work to find solutions to these problems, though representatives at the meeting have also expressed concern that the number of pediatric TB cases is rising around the world.

According to Professor Anthony D Harries, a technical assistant in HIV care and support under Malawi's Ministry of Health, the situation for children is made worse by the widespread thinking that TB and HIV are adult problems. Harries says that treating children with TB, particularly those who are living with HIV, is also made difficult by a variety of other factors.

"It is extremely difficult because we are dealing with unconfirmed tuberculosis in children. You can't get sputum smears. And of course testing very young children for HIV has problems as well," said Harries.

"And studies have shown all over Africa that you if you don't pick up those children before the age of two years then many will die before that age. So it is full of technical problems."

Statistics indicate that more than 250,000 children die of TB each year. Many of these deaths are believed to result from a lack of diagnosis. The current diagnostic methods are not effective in children and according to the Executive Secretary of the Stop TB Partnership, new diagnostic tests are desperately need to identify children with the disease.

"We are trying to do this through the Stop TB Partnership Working Group on New Diagnostics coordinated by FIND (the Foundation for Innovative New Diagnostics) ... Not many children are diagnosed, they die with a diagnosis of coughing, pneumonia," Dr Marcos Espinal told Health & Development Networks (HDN).

But as the world waits for technologies that will help, there are a growing number of calls for universal access to treatment. As UNAIDS' HIV-TB advisor Dr Alasdair Reid says "I think we

should be a lot more willing to treat . . . And there hasn't been a lot of advocacy."

Some scientists are suggesting that infants exposed to an adult with TB should be started on treatment. But Executive Director of the International Union Against Tuberculosis and Lung Disease, Dr Nils E Billo says that access rates to pediatric anti-TB medication are beginning to stabilize.

"You may have heard that UNITAID, the fund that was created with a levy on air tickets originating in some countries, has now got quite a substantial amount of funding. They are now in a position to fund pediatric formulations and the global facility is providing these. There are pediatric formulations now," Billo said during the conference.

In 2006, France, Brazil, Chile, Norway and the United Kingdom decided to create an international drug purchase facility called UNITAID to be financed with sustainable, predictable resources. As an economically neutral tool, taxing air tickets was considered the most suitable instrument.

According to UNITAID's website, by the end of the year the facility will have provided TB treatment to 150,000 children in 19 countries and will support the provision of drugs to fight multi-drug resistant TB (MDR-TB) in 17 low-income countries.

However, as experts stated during several conference discussions, bureaucratic tendencies, poor distribution systems and a lack of coordination between TB and HIV service providers can make it difficult to implement such interventions.

Key Correspondent Team
Health & Development Networks (HDN) 2007

The KC Team is coordinated by Health & Development Networks (HDN).

Website: www.thecorrespondent.org Email: info@thecorrespondent.org