EDITORIAL

Childhood tuberculosis: no longer an orphan disease?

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At the start of the twenty-first century, children were not regarded as important to tuberculosis (TB) programmes, as they were regarded as non-infectious and did not contribute to transmission and the rising TB epidemic. Members of the International Union Against Tuberculosis and Lung Disease (The Union) held a different viewpoint and, in collaboration with the Desmond Tutu TB Centre, constituted a childhood TB working group in 2001 that developed and published position papers on the importance of childhood TB. Numerous partners joined the action, including international universities, the International Pediatric Association and funding bodies including the US National Institutes of Health and USAID. In 2003, the Stop TB Strategy established the Childhood Tuberculosis subgroup as part of the DOTS Expansion Working Group. This led to a flurry of activity that resulted in the first guidance for national tuberculosis programmes on the management of childhood tuberculosis (2006).¹ Childhood TB was also included in the Union's 2005 guide on cough and difficult breathing in children.²

While developing the guides it became clear that very few high-burden countries included a childhood TB policy in their National TB Programme (NTP) manual/guidelines. This was further complicated by a dearth of information on evidenced-based TB interventions for children, and the fact that TB drug dosages for children had been extrapolated from adult data without taking the unique pharmacokinetics of children into account. Nearly all of the high-burden countries had no access to child-friendly drug formulations, making the treatment of childhood TB difficult.

In 2005 the Global Drug Facility (GDF) sourced funding to sponsor child-friendly drugs for children living in low-income countries. The GDF used the availability of these child-friendly drugs to leverage high-burden countries to develop national guidelines for the diagnosis and treatment of childhood TB.

What followed was a flood of activity recognising the problems health care workers faced in the diagnosis, treatment and prevention of TB in children. The importance of children to NTPs is now widely recognised; children have been included in the Stop TB Strategy and the International Standards for Tuberculosis Care;³ the World Health Organization (WHO) developed new recording and reporting standards, and NTPs are now required to report childhood TB in two

age bands. This enabled the WHO to report, for the first time, an estimate of the magnitude of childhood TB in its 2012 Global Tuberculosis Report.⁴

What has been lacking, however, is operational research exploring the barriers to TB diagnosis, treatment and prevention among children. It is heartening to see this edition of *Public Health Action* dedicated to the topic,⁵⁻⁹ and it is hoped that this will inspire others in this important field of research.

There are many areas that need urgent attention. These include the development and implementation of point-of-care diagnostics for children, new child-friendly drugs for children with drug-susceptible and drug-resistant tuberculosis, randomised controlled clinical trials to ensure optimal treatment for complicated cases such as TB meningitis, new short-course interventions to prevent TB and a new, effective vaccine. As new discoveries become available they should be implemented with the necessary operational and interventional research to ensure optimal gain.

The recognition of the importance of childhood TB has progressed rapidly over the past decade. We are optimistic that this momentum will be maintained.

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