TACTIC: A SURVEY OF PAEDIATRIC TB POLICIES IN 14 COUNTRIES

Summary Dashboard

	Survey indicator	Afghanistan	Central African Republic *Guidelines are being updated	Democratic Republic of the Congo	Guinea *Guidelines are being updated	India	Mozambique	Niger	Nigeria	Pakistan *Guidelines are being updated	The Philippines	Sierra Leone	Somalia	South Sudan	Uganda *Guidelines are being updated
DIAGNOSIS	DS-TB treatment for children can be initiated without bacteriological confirmation or chest X-ray (ie, based on clinical evaluation only)														
	WHO treatment decision algorithms are included in national policy documents														
	Xpert MTB/RIF Ultra test on stool specimens is included in national guidelines						no data								
	Operational research is undertaken to evaluate the use of Xpert MTB/RIF Ultra test on stool specimens						no data								
PREVENTION	National guidelines recommend 3HR or 3HP as a short TPT regimen option for children below age 5 who are household contacts														
	National policies recommend 3HR or 3HP as a short TPT regimen option for children and adolescents living with HIV														
	TPT can be provided to PLHIV and children below age 5 without a test (TST and/or IGRA)														
TREATMENT OF DS-TB	A 4-month treatment regimen for children and adolescents with non-severe DS-TB is included in national policies														
	Paediatric formulations of HR, HRZ and ethambutol are procured														
TREATMENT OF DR-TB	National policies recommend the use of bedaquiline for children with DR-TB of all ages														
	National policies recommend the use of delamanid for children with DR-TB of all ages					Current use is limited to >10kg awaiting registration of for all age groups									
	Injectables are not recommended for children with MDR/RR-TB														
	Paediatric formulations of bedaquiline and delamanid are procured														
	Paediatric formulations of other second-line TB drugs are procured														

LEGEND

YES		NO
YES, and supporting materials and training are available	YES, but supporting materials and training are not available	NO
YES, and supporting materials and training are available	YES, but supporting materials and training are not available	NO
YES, and supporting materials and training are available	NO	Not applicable when Xpert MTB/RIF Ultra test on stool specimens are included in the national guidelines
YES, and all appropriate formulations to administer that regimen in children are available	YES, but not all appropriate formulations to administer that regimen in children are available	NO
YES, and all appropriate formulations to administer that regimen in children are available	YES, but not all appropriate formulations to administer that regimen in children are available	NO
YES		NO
YES	NO, but the country is doing operational research	NO
YES		NO
YES		NO
YES		NO
YES, injectables not recommended		NO
YES	Only Bdq or Dlm procured	NO
YES, paediatric formulations of all other medicines required for DR-TB regimens are procured*		NO, paediatric formulations of all other medicines required for DR-TB regimens are not procured

* The medicines required are levofloxacin 100mg dispersible tablet (dt), moxifloxacin 100mg dt, linezolid 150mg dt, clofazimine 50mg dt, cycloserine 125mg mini capsule, with moxifloxacin and levofloxacin interchangeable in currently recommended DR-TB regimens.

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TACTIC — Test Avoid Cure TB in Children