

GUINEA

62% Policy Alignment

• **1,500** children estimated to have fallen ill with TB in 2022ⁱ

• **19%** 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.

Guinea has a high burden of TB/HIV co-infection. Alongside responding to disease outbreaks, MSF has been providing HIV care in Guinea, focusing in particular on reaching the 50% of people living with HIV who are not currently receiving antiretroviral treatment. MSF is also running a programme to improve the diagnosis, prevention and treatment of TB in children with HIV.

The national TB programme (NTP) in Guinea is in the process of updating its paediatric TB guidelines. This factsheet compares the new draft paediatric TB policy and current implementation in Guinea 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



While Guinea's national guidelines allow for the testing of stool samples to diagnose TB in children, they do not include the treatment decision algorithms recommended by WHO and do not recommend initiating children who are very likely to have TB on treatment without a positive diagnostic test. Given the weakness of current diagnostic tests and the number of children with TB currently missing out on diagnosis and treatment, this policy gap needs to be urgently addressed.

PREVENTION



Guinea's guidelines on TB preventive treatment (TPT) offer one shorter regimen (3HR) for children under the age of 5. While children under the age of 5 who are household contacts of a person with TB and children with HIV do not need to have a positive interferon-gamma release assay or tuberculin skin test before being offered TPT, the guidelines recommend a longer, 6-month TPT regimen for children living with HIV. An alternative shorter regimen, 3HP, does not have the same drug interactions with antiretroviral medicines as 3HR and should be introduced to ensure children living with HIV can access a better standard of care.

TREATMENT OF DS-TB



National guidelines on the management of drug-susceptible TB (DS-TB) in Guinea are currently not in line with the most recent WHO guidelines. The NTP does not currently recommend the shorter, 4-month regimen for children with non-severe forms of TB due to their concerns about higher rates of drug-resistance. More positively, the NTP is procuring paediatric formulations of all DS-TB medicines. With the same medicines being used in both the 4- and 6-month treatment regimens for DS-TB, a future transition to the 4-month regimen should be straightforward and help reduce pressure on eligible children and their caregivers, as well as health services.

TREATMENT OF DR-TB



Guinea's guidelines on managing drug-resistant TB (DR-TB) in children are in line with WHO recommendations with the exception of the drug bedaquiline, which the country does not offer to all children, regardless of age. Bedaquiline is the cornerstone of the shorter, all-oral regimens and so extending access to these regimens to children of all ages would dramatically improve the standard of care for the most vulnerable. The NTP is already procuring paediatric formulations of bedaquiline alongside most other essential DR-TB drugs, making this expansion relatively straightforward.

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 Guinea 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>