

MOZAMBIQUE

57% Policy Alignment

• **18,000** children estimated to have fallen ill with TB in 2022ⁱ

• **24%** 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.

Mozambique has a high burden of TB, multidrug-resistant TB (MDR-TB) and TB/HIV co-infection. MSF is responding to the massive humanitarian needs in Cabo Delgado province, providing health care to people affected by escalating violence as well as those with advanced HIV care. This includes an ongoing project to improve the diagnosis, prevention and treatment of TB in children.

The factsheet compares current paediatric TB policy in Mozambique with the most recent World Health Organization (WHO) guidelines, celebrating progress and highlighting areas for improvement. The national TB programme (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



National guidelines on the diagnosis of TB in children are partially in line with current WHO recommendations. It is positive that the guidelines recommend that children who are very likely to have TB are started on treatment without bacteriological confirmation or chest X-ray results. However, the guidelines do not include the WHO-recommended treatment-decision algorithms, and it was not possible to confirm if the guidelines recommend the use of stool sample testing. Addressing these gaps is critical to ensuring more children are diagnosed and enrolled on treatment.

PREVENTION



National guidelines on TB preventive treatment (TPT) are in line with current WHO recommendations. This is because they recommend that children living with HIV who are under 15 and all children under the age of 5 who are close contacts of someone with TB disease can be started on TPT without a positive tuberculin skin test or interferon-gamma release assay. National guidelines also recommend the use of a shorter TPT regimen (3HP), which is much more acceptable to patients and caregivers and can reduce pressure on the health system. However, the NTP reports that 3HP is only used in the southern regions of the country, with 6-month regimens being the only option for children living in the central and northern regions and those with a contraindication for 3HP. Expanding access to 3HP to all regions, and introducing alternative shorter regimens for children with contraindications, should be a priority.

TREATMENT OF DS-TB



The NTP in Mozambique confirms that paediatric formulations of key medicines needed to treat drug-susceptible TB (DS-TB) are available in the country, ensuring safe and effective treatment for children. However, national guidelines on the management of DS-TB are not currently in line with WHO recommendations. To rectify this, the guidelines should include a 4-month regimen for children with non-severe forms of TB.

TREATMENT OF DR-TB



By not recommending the use of bedaquiline and delamanid as part of drug-resistant TB (DR-TB) treatment of children of all ages, national guidelines on the management of DR-TB are not currently in line with WHO recommendations. Encouragingly, however, the NTP has reported that paediatric formulations of bedaquiline and delamanid are available in the country, alongside paediatric formulations of other second-line TB medicines needed to build an effective regimen.

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 Mozambique 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>