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PERSPECTIVE

Childhood tuberculosis: a unified response to a global problem

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If we were to stack all the pills required to treat one child with tuberculosis (TB), they would exceed the height of the Taj Mahal. Childhood TB to date has been a hidden epidemic, and the estimated incidence figures may not fully represent the true burden, given the multiple obstacles in reporting, diagnosing and treating TB in children in resource-poor settings. Children and adolescents are at a higher risk than adults for progression from infection to TB disease, with most cases progressing within 2 to 12 months of initial infection. The timeframe to act is limited, and with new paediatric formulations being released, the emphasis should be on implementation as well as translating research into policy.

The European and Developing Countries Clinical Trials Partnership (EDCTP)[1] has so far invested nearly €71 million in TB research on treatment, vaccines and diagnostics, and with particular attention to vulnerable populations, including children and human immunodeficiency virus co-infected patients. Successful EDCTP TB paediatric studies include TB CHILD, which developed TAM-TB, the first reliable sputum-independent immunodiagnostic assay to detect active TB in children in a TB-endemic setting.[2] This was done through a close collaboration between multiple research teams in different African and European countries, and the aim is now to make TAM-TB ready for global uptake.

The reversal of the childhood TB epidemic needs more of these international collaborations to accelerate the development and introduction of new or improved drugs, vaccines and diagnostics, and efforts must be made to involve policy makers, end-users and communities from the moment of inception of research activities and on to delivery to patients.

The End TB Strategy demands a 95% reduction in TB deaths by 2035,[3] but with the introduction of the Sustainable Development Goals (SDG) the research community, industry, funders and policy makers have been given a new and even more ambitious target in the longstanding battle against TB. SDG target 3.3 seeks to end the epidemic of tuberculosis by 2030. To succeed in this mission, a global collaborative effort must be mobilised whereby each stakeholder plays to their strengths and overlaps in investments are avoided to circumvent resource constraints. Results from EDCTP prove that aligning research agendas, pooling financial resources and supporting collaboration across borders can deliver innovative solutions and contribute to the elimination of this centuries old disease.

Conflicts of interest: none declared.

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