Editorial:

Roadmap for Childhood TB: Towards zero deaths-myth or reality?

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Childhood tuberculosis (TB) epidemic is now in the global spotlight. It is reservoir of further serious possible adult continuum of endemic in developing world and epidemic in developed world. Various stakeholders are tried at various levels starting from United Nations to small governments worldwide.

TB in children is usually non-infectious, so the urgency of the problem of TB in children underestimated. However, due to lack of proper scientific studies, the full scope is still not fully known. World Health Organization (WHO) estimates in 2012 revealed that up to 74 000 children die from TB each year and children account for around half a million new cases annually. It should be noted that the estimated deaths only include those in human immunodeficiency virus (HIV)-negative children. In fact, the actual burden of TB in children is likely higher, especially given the challenge in diagnosing childhood TB.1

Children with TB often come from families that are poor; they live in communities with limited access to health services. Most of them don't have knowledge about the disease and have many false taboos. . Symptoms, signs and presentation of TB in child is mostly same as children with common childhood illnesses. They are initially brought to primary and secondary care settings for management. These setting usually provide maternal and child health care, HIV care, or nutritional rehabilitation support, as well as outpatient and inpatient facilities that care for sick children or adults with TB.A diagnosed adult case of TB becomes a source of further investigation at community level. However, due to lack of knowledge and social taboo, screening of contacts is not so popular in our country and many times a chance is missed, citing various flimsy reasons. In fact ,it happens in most of the setups that ,a child is diagnosed with TB and a family screening is advised. This also becomes ineffective in many instances. We do not know the extent to which TB is a cause of childhood deaths that are reported in global statistics as deaths due to HIV, pneumonia, malnutrition or meningitis, but the number is likely to be substantial. TB per say is unlikely to be mentioned as cause of death in many instances as diagnosis is difficult to make, especially if co-existant.

Advances in research and development are required at each level for success in ending the TB epidemic in children. There is urgent need for improved diagnostic and treatment options for children with TB. The research community needs to come forward and take action to address these challenges.

In our country, Government has taken END TB STRATEGY as a most important task along with immunization. A significant transformation of political will and commitment to intensify efforts to address TB among children has taken place. National TB programmes are increasingly striving to address the challenges of caring for children with TB, including those infected with both HIV and TB, and children who are close contacts of people with TB. Think locally and act globally has become pathway for the program at various levels.

A post-2015 TB strategy is developed and the framework includes increased focus on TB care for children. TB services are integrated with child

health and HIV services as well as other preventive services. Building on the global strategies, as well as the global child survival movement, this roadmap developed by WHO and partners under the aegis of the Childhood TB Subgroup lays out the strategic framework for combating childhood TB.

A national TB programmes are having various working groups and subgroups .They have dedicated staff and public private partnerships to coordinate activities aimed at addressing childhood TB. National policies and guidelines are being developed or updated, but there is still a wide gap between policy and practice. The wide gap especially is found in diagnosis and initiating treatment. Many times , a child is started with unnecessary treatment based on so-called clinical judgement and a factor of accountability is knowingly or unknowingly missed. There is need of engagement and accountability at all levels of the health care system and community. In order to offer a more comprehensive and effective service at the community level for children and their families affected by TB, increased efforts are being launched to improve integration, coordination and communication among different care providers.

The United Nations General Assembly first-ever high-level meeting on tuberculosis (TB) aims to accelerate efforts in ending TB and reach all affected people with prevention and care. It will be convened by the President of the General Assembly in New York on 26 September 2018 under the theme "United to end tuberculosis: an urgent global response to a global epidemic".

This provides an important opportunity to address TB in children and needs to be backed with enhanced resource commitments both globally and nationally. Global estimates indicate that at least US$ 80 million per year will be required to address TB in children. An additional US$ 40 million per year will be needed for antiretroviral therapy and co-trimoxazole preventive therapy for children coinfected with TB and HIV. Filling this resource gap would save tens of thousands of children's lives from this preventable and curable disease. Accountability has to be maintained at each step for success of any program, otherwise the whole coordinated efforts will go in vain.

In conclusion, Any child that dies from TB is one child too many, so there should be no question of 'why' to act.