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TeAM/SPI
France - www.team4health.org



CAMTech
Uganda - www.camtechuganda.org



UNIVERSITY OF SHEFFIELD
Grande Bretagne - www.sheffield.ac.uk

IMPLEMENTING PARTNERS

In each country, the TB-Speed project will be implemented in close collaboration with the Ministry of Health (MoH), National Tuberculosis Program (NTP), as well as National Hospitals and Institutes of the country.

CONTACT TB-SPEED

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*Global tuberculosis report 2017. Geneva: World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO

TB-Speed

• **1.0 million**
NEW TUBERCULOSIS CASES
IN CHILDREN IN 2016*

• **250,000**
CHILDREN DIED BECAUSE OF
TUBERCULOSIS IN 2016*

• **ONLY 450,000**
TB CASES IN CHILDREN WERE
NOTIFIED TO WHO IN 2016*

RESEARCH PROJECT
TO STRENGTHEN
PAEDIATRIC
TUBERCULOSIS
SERVICES FOR
ENHANCED EARLY
DETECTION

www.tb-speed.com

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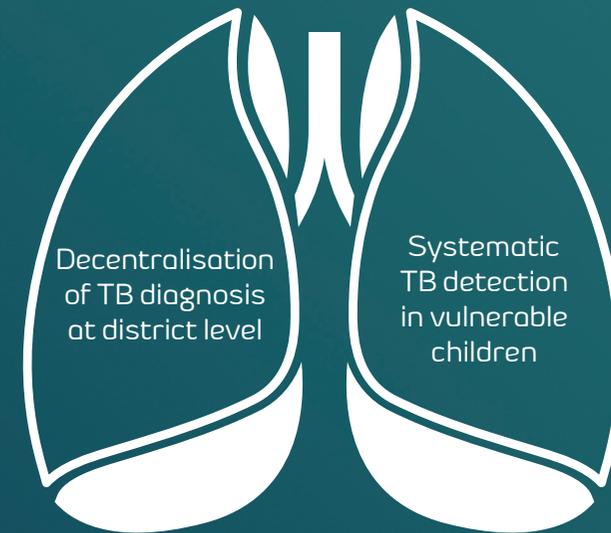
INITIATIVE 5%
SIDA, TUBERCULOSE, PALUSTRIC

EXPERTISE
FRANCE

PROBLEM STATEMENT

- Only 45% of estimated cases of tuberculosis (TB) in children were notified to the WHO in 2016*
- A majority of the 250,000 paediatric deaths from TB are undiagnosed children under the age of 5.
- A majority of children with TB are not diagnosed/not reported and do not benefit from appropriate treatment.
- This is due to the poor access to childhood TB diagnosis at low level of health care facility in most high-burden countries.
- Effective, affordable and easy-to-use diagnostic and sample collection tools are still lacking.
- Qualified human resources are insufficient.
- There is no systematic detection of TB in highly vulnerable children (severely malnourished children, HIV-infected children, and children with severe pneumonia).

MAJORS AXES



Local capacity building for clinical diagnosis of paediatric TB
Enhancement of early detection of paediatric TB
Increase in the number of reported cases
Generation of relevant evidence on public health impact of the strategies

THE PROJECT

The TB-Speed project will carry out research activities aiming at reducing childhood mortality from TB by evaluating innovative cost-effective approaches for resource-limited settings.

The diagnostic approach will include procurement and use of a molecular diagnosis assay applied on nasopharyngeal aspirate and stool sample, introduction of digital chest radiography, as well as training and mentoring of clinicians for screening and diagnosing of paediatric TB.

Implemented over a period of four years in seven countries of Africa and Asia (Cambodia, Cameroon, Côte d'Ivoire, Mozambique, Sierra Leone, Uganda, and Zambia), the project will contribute to screen a total of approximately 77,000 children.

Its multidisciplinary consortium under the leadership of the University of Bordeaux associates researchers, technical experts, health professionals, public health program managers and Non-Governmental Organizations from both high-income countries and low- and middle-income countries.



OUTPUTS

1. Operational research on decentralized childhood TB diagnosis in district health systems (district hospital and primary health centres).

2. Evaluation of an early and systematic TB detection strategy in children with severe pneumonia.

3. Validation of diagnostic tools and algorithms in HIV-infected and malnourished children.

4. Optimization of specimen processing and collection methods.

5. Evaluation of the cost-effectiveness of the diagnostic strategies.

6. Dissemination, communication and stakeholders' engagement.