



KEY HIGHLIGHTS AND COMMITMENTS

Solutions and actions related to research and development of diagnostics for children (HIV and TB)

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High-Level Dialogue to Assess Progress on and Intensify Commitment to Scaling Up Diagnosis and Treatment of Paediatric HIV and TB in Children Living with HIV.

Key messages - Research and development of diagnostics

- Need increased funding for new pediatric TB/DRTB and HIV diagnostic tools
- Strengthen collaboration between product developers, regulatory authorities, donors, researchers around the need to ensure development of child friendly diagnostic tools
- Develop new tools to support pediatric TB/DRTB and HIV diagnostics
 - Prioritize improved tools for pediatric TB detection, such as:
 - Point of care ultrasound may improve TB screening for young children, but the probes are too large to use on an infant.
 - Computer assisted digital X-ray should be calibrated to ensure that images from children are interpreted correctly.
 - More sensitive TB LAM test
 - Develop less invasive (non-sputum) alternative specimen process methods for the pediatric population, such as urine, stool, or saliva
 - Combination sample method
- Support in-country local regulations and policies to ensure that children can be included in validation studies and other research needed to develop tools including the rapid implementation of new tools.
- Better and more transparent price structures for pediatric TB/DRTB and HIV diagnostics

Key messages - Research and development of diagnostics

- To compliment these actions, support advocacy efforts around ensuring that children have rapid access to new diagnostic tools:
 - WHO can convene meeting to support development of target product profile for TB and HIV diagnosis that is focused on children
 - TPMAT/GDF to coordinate the market shaping actions to further develop and introduce pediatric TB/DRTB diagnostic market working with WHO and others
- Last but not least, research on better estimates of the burden of TB in children and more accurate and timely data on TB case finding in children. We need to focus our efforts where they are needed the most, and this is impossible without good data.