I would like to start by saying how delighted I am to welcome such a distinguished group of international experts to Stockholm, the home to the European Centre for Disease Prevention and Control.

ECDC fully appreciates that the tuberculosis epidemic is a global problem, requiring a global response. That is why we value our partnerships with WHO and the International Stop TB Partnership.

But I would like to emphasise that TB is also a European problem. And this is especially the case when we look at childhood TB.

Childhood TB is a marker of transmission of TB within the community. In other words, most of the children we see with TB in Europe were infected in Europe.

Childhood TB is not an imported problem. It is a product of our inability to stop the TB epidemic on our own doorstep.

During the first decade of the 21st century we saw nearly 40,000 childhood TB cases in the European Union. That is nearly 4,000 new cases being reported every year.

I find that unacceptable.

Because behind each one of these statistics is a child.

TB patient, 3 years old

I would like to introduce you to one of those children.

His name is Marc. He is three years old, and he lives in the Netherlands.
This is my story.

One of the other children at my kindergarten was diagnosed with tuberculosis. The health authorities immediately screened the other children at the kindergarten. They found that I had been infected.

My contacts were then traced, and they found that also my father was ill with TB.

We both had active TB. I had to be hospitalised, while my father was looked after at home by my mother – though he did need to go into hospital for check-ups.

**My father has a check-up at the hospital**

Here is my father with a couple of the nurses.

Reflecting on this experience now, I would say that the public health system in the Netherlands was rather effective.

Their contact tracing worked. It picked up my infection, my father’s infection and, indeed several other TB cases in our community.

The cases were treated and the chain of infection broken.

The lack of stigma attached to TB in the Netherlands at that time was an important factor here. It made people feel comfortable in coming forward for testing.

**Small child with big pills**

At the time, though, the experience did not feel very positive to me.

I do not know why I am smiling here. I used to really hate taking my medicine.

I remember that the pills were enormous. They seemed to fill my whole mouth. I would choke trying to swallow them.

I also disliked the diagnostic tests.

I remember having a steel tube forced down my windpipe, so the doctors could take samples of my lung fluids.

It really hurt!

The worst thing was missing my parents. I was in hospital for a year, and it was a long way from my home.

It was a big journey for my mother to visit, and of course she also had to take care of my father at home.
Looking back on this experience, are things better for children in Europe today?
Some things certainly are.
In EU countries, hospitalisation with TB is now kept to a minimum.
In most countries, children would usually spend only a few weeks in hospital, and then be treated as outpatients.
This means they can continue living with their families, and continue going to school.
But if children are going to be in hospital for longer periods, clearly arrangements need to be made so they can keep up with their school work.
The diagnostic tests for children with TB are not quite as bad as in my day, but they are still invasive.
And one area where things have not improved for many children is the drugs used to treat TB.
As you will see in our film, a lot of young TB patients are having the same experience I had in the 1960s. They have to swallow big pills designed for adults.
I really feel bad when I see those images.

**Helping the medicine go down!**

We need to help kids take their medicine.
In Europe in the 21st century we should be able to provide all children with TB with child friendly anti-tubercular drugs.
I also wonder whether we have become any better at active case finding since the 1960s.
Finding and treating cases early is absolutely key to successful treatment, and to breaking the chain of transmission.
There may now be a bit more stigma associated with TB in Europe, because of its link to poverty. This is a barrier to case finding.
Are we doing enough to counter stigma?
Are we doing enough to reach out to the most at risk groups in Europe, who will also tend to be marginalised and poor?
We need to align our actions on childhood TB with the EU’s wider effort to alleviate poverty and promote social inclusion.
To conclude, my story has a happy ending.

**A few years later at the University of Maastricht**

I recovered. And my experience as a young TB patient inspired me to become a public health doctor when I grew up.

I was lucky.
Some stories of childhood TB do not end this well. That is what we must try to change.

I would like to now show you a short film on childhood tuberculosis in Europe. This has been produced by the TV channel Euronews, with input from some of the experts at this conference. In it you will meet some more of the ‘children behind the statistics’.

Thank you for your attention.