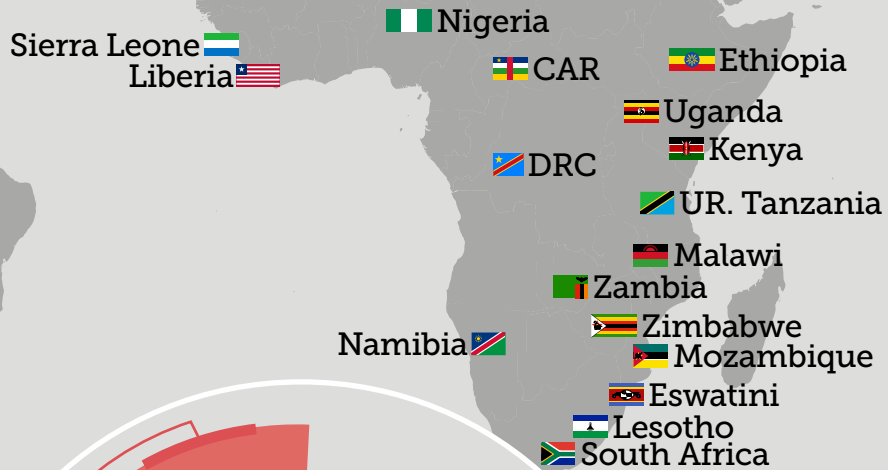


# TB policies in African Region (AFR)

Step Up for TB2020 Tuberculosis Policies in 37 Countries  
A survey of prevention, testing, and treatment policies and practices

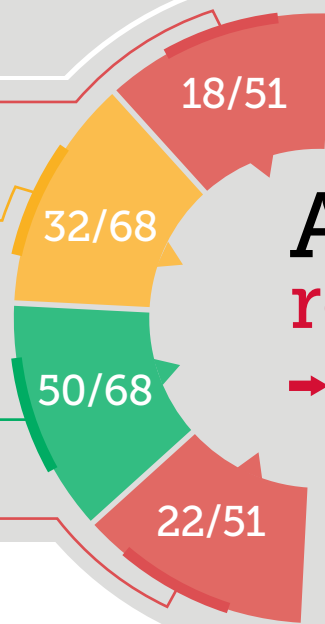


Diagnosing TB

Treating TB and Models of Care

Preventing TB

Procuring Medicines for TB



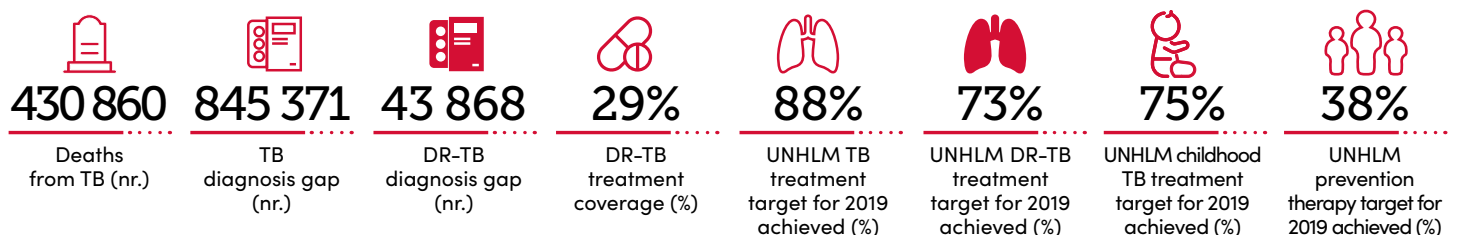
## AFR regional scorecard

→ The regional scorecard reflects how many of 14 key Internationally recommended key policies are in place at the regional level, based on the *Step Up for TB 2020* report survey. "No data" and "N/A" excluded from the overall uptake score's denominator.

## Internationally recommended key policies uptake



## Key numbers in 2019\*



To read the full *Step Up for TB 2020* report with results for all 37 countries, visit [stoptb.org/SUFT](http://stoptb.org/SUFT) and [msfaccess.org/stepupfortb](http://msfaccess.org/stepupfortb)



# Key TB policies dashboard

National policies indicate ...	Diagnosing TB				Treating TB and Models of Care				Preventing TB				Procuring Medicines for TB		
	... a rapid molecular diagnostic (RMD) as the initial test for TB	... urinary TB LAM for routine diagnosis of TB in people living with HIV (PLHIV) and the test is routinely used in both inpatient (IPD) and outpatient (OPD) settings**	... RIF and INH resistance testing for all people starting on treatment; at least FLQ resistance testing for all people with RR-TB; and DST methods available in country for RIF, INH, FLQs, Bdq, Dlm, Lzd, and Cfz, when these medicines are used for routine treatment†	... use of a modified shorter all-oral regimen for eligible adults with DR-TB, either for routine use or operational research‡	... no limitation to the routine,‡ combined use of Bdq and Dlm⁵ beyond 6 months**	... a shorter TB preventive treatment (TPT) regimen (3HP, 3RH, 4R or 1HP)⁶	... household contacts of a person with bacteriologically confirmed DS-TB and DR-TB are investigated for signs and symptoms of TB**	... PLHIV are eligible for TPT	... household contacts of a person with bacteriologically confirmed DS-TB are eligible for TPT, regardless of age**	Country is enrolled in the WHO Collaborative Registration Procedure (CRP)⁷	Stringent regulatory authority (SRA)⁹ approval and/or WHO Prequalification (PQ)⁹ required for importation of TB medicines purchased with domestic funding	SRA and/or WHO PQ quality-assured product status required for procurement of locally manufactured TB medicines			
CAR	Yes	Partial	No	No	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	N/A****
DRC	Partial	No	No	Yes	Yes	No	Partial	Yes	No	Yes	Yes	Yes	Yes	Yes	N/A****
Eswatini	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	N/A****
Ethiopia	Yes	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Kenya	Yes	Partial	No	Yes	Yes	No	Yes	No	No	Yes	Yes	Yes	Yes	Partial	
Lesotho	Yes	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	N/A****
Liberia	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	N/A****
Malawi	Partial	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Mozambique	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	N/A****
Namibia	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	N/A****
Nigeria	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Sierra Leone	Yes	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	N/A****
South Africa	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Uganda	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	N/A****
UR. Tanzania	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	N/A****
Zambia	Yes	Partial	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Zimbabwe	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	N/A****

**LEGEND** Is this policy in place at the regional level? ■ Yes ■ Partial ■ No ■ No data ■ N/A - Not applicable

(\*) Source: WHO and Stop TB Partnership (accessed 2020 Oct.). (\*\*) This data consists of two or more individual indicators. "No data" is used when there is "no data" for one or more of the individual indicators considered. (\*\*\*) Bdq and/or Dlm are not indicated in the national policies for routine treatment. (\*\*\*\*) TB medicines are not locally manufactured, or locally manufactured TB medicines are not procured.

(†) Abbreviations: rifampicin (RIF), isoniazid (INH), fluoroquinolone (FLQ), rifampicin-resistant TB (RR-TB), bedaquiline (Bdq), delamanid (Dlm), linezolid (Lzd), clofazimine (Cfz). (‡) DR-TB treatment initiation and follow-up can be done at a PHC facility and medicines can be taken at home. (¶) Modifications to the standardised shorter regimen (beyond the two medicine substitutions allowed by WHO) include replacing the injectable with bedaquiline or other modifications. (¶) This excludes extensions beyond 6 months upon special approval (e.g. consilia or expert groups); it also excludes countries that allow extensions beyond 6 months, but for specific duration (e.g. 36 weeks). (¶) Combined use of Bdq and Dlm could be limited to certain groups of patients. (¶) 3HP: 3 months rifampentine plus isoniazid given weekly; 3HR: 3 months of rifampicin plus isoniazid given daily; 4R: 4 months of rifampicin given daily; 1HP: 1 month of rifampentine plus isoniazid given daily. (¶) The CRP accelerates registration through timely sharing of medicine dossiers to national medicines regulatory authorities (<https://extranet.who.int/prequal/content/collaborative-procedure-accelerated-registration>). Data were collected through a desk review (<https://extranet.who.int/prequal/content/collaborative-procedure-accelerated-registration>). (¶) For more information about SRAs: [https://www.who.int/medicines/areas/quality\\_safety/quality\\_assurance/TRS1010annex1.pdf?ua=1](https://www.who.int/medicines/areas/quality_safety/quality_assurance/TRS1010annex1.pdf?ua=1) (WHO definition of SRA on page 356). (¶) WHO PQ assesses medicines and active pharmaceutical ingredients to ensure they are safe, appropriate and meeting stringent quality standards: <https://extranet.who.int/prequal/content/what-we-do>.