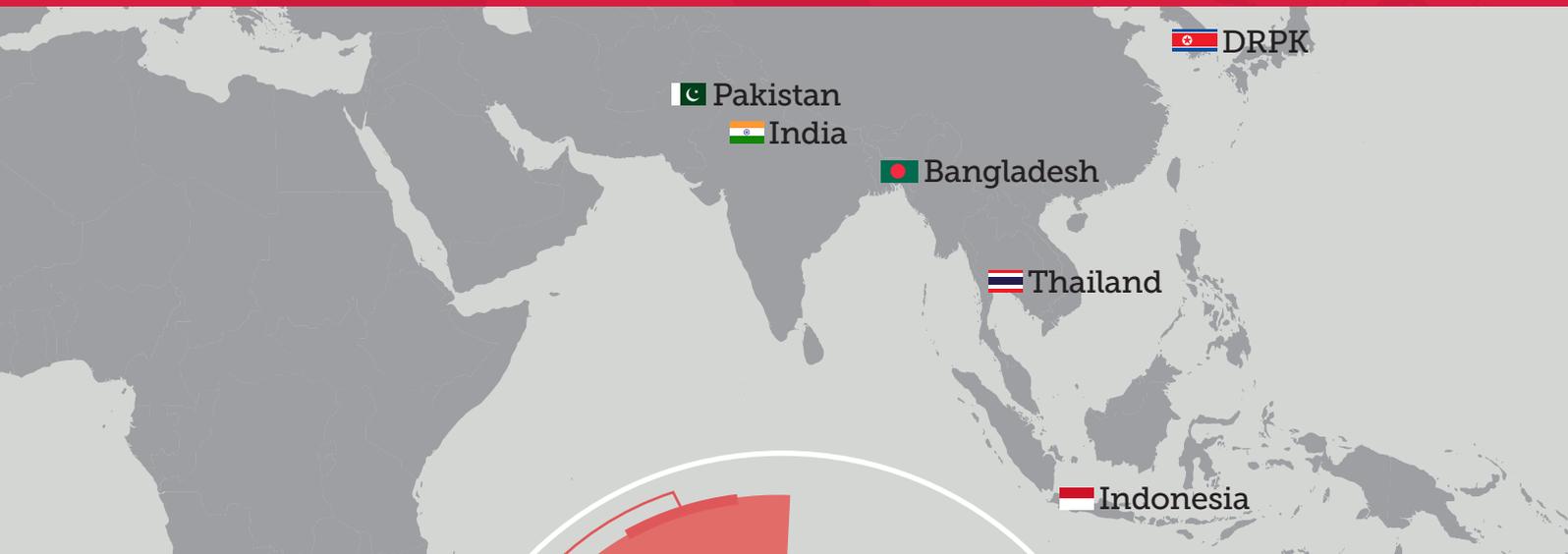


TB policies in South Asia Region (SAR)

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



Diagnosing TB

3/18

Treating TB and Models of Care

9/24

Preventing TB

17/24

Procuring Medicines for TB

6/18

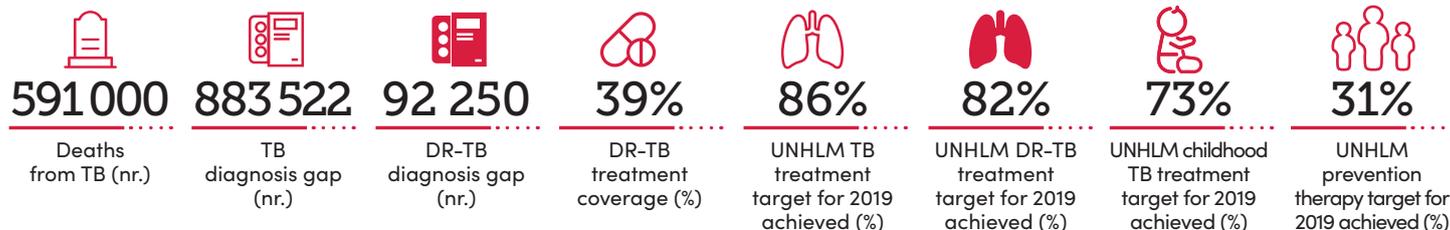
SAR regional scorecard

→ 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*



Key TB policies dashboard

	Bangladesh	DPRK	India	Indonesia	Pakistan	Thailand
National policies indicate ...						
Diagnosing TB						
... a rapid molecular diagnostic (RMD) as the initial test for TB	Green	Green	Yellow	Green	Yellow	Grey
... 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**	Red	Red	Red	Red	Red	Red
... 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 ¹	Red	Grey	Yellow	Red	Yellow	Red
Treating TB and Models of Care						
... decentralised DR-TB treatment to primary healthcare (PHC) facility and at home ^{2, **}	Red	Red	Yellow	Red	Red	Grey
... routine use of injectable-free regimens for children with uncomplicated DR-TB	Green	Grey	Green	Green	Green	Green
... use of a modified shorter all-oral regimen for eligible adults with DR-TB, either for routine use or operational research ³	Green	Red	Red	Red	Green	Green
... no limitation to the routine, ⁴ combined use of Bdq and Dlm ⁵ beyond 6 months ^{**}	Red	Green	Red	Red	Red	Grey
Preventing TB						
... a shorter TB preventive treatment (TPT) regimen (3HP, 3RH, 4R or 1HP) ⁶	Green	Green	Green	Green	Red	Green
... household contacts of a person with bacteriologically confirmed DS-TB and DR-TB are investigated for signs and symptoms of TB ^{**}	Yellow	Green	Green	Green	Yellow	Green
... PLHIV are eligible for TPT	Green	Red	Green	Green	Green	Green
... household contacts of a person with bacteriologically confirmed DS-TB are eligible for TPT, regardless of age ^{**}	Red	Green	Red	Green	Red	Green
Procuring Medicines for TB						
Country is enrolled in the WHO Collaborative Registration Procedure (CRP) ⁷	Red	Red	Red	Red	Green	Green
Stringent regulatory authority (SRA) ⁸ approval and/or WHO Prequalification (PQ) ⁹ required for importation of TB medicines purchased with domestic funding	Green	Green	Yellow	Red	Red	Green
SRA and/or WHO PQ quality-assured product status required for procurement of locally manufactured TB medicines	N/A ^{***}	Red	Red	Red	N/A ^{***}	Green

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. (***) TB medicines are not locally manufactured, or locally manufactured TB medicines are not procured.

(¹) Abbreviations: rifampicin (RIF), isoniazid (INH), fluoroquinolone (FLQ), rifampicin-resistant TB (RR-TB), bedaquiline (Bdq), delamanid (Dlm), linezolid (Lzd), clofazimine (Cfz). (²) DR-TB treatment initiation and follow-up can be done at a PHC facility and medicines can be taken at home. (³) Modifications to the standardised shorter regimen (beyond the two medicine substitutions allowed by WHO) include replacing the injectable with bedaquiline or other modifications. (⁴) 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). (⁵) Combined use of Bdq and Dlm could be limited to certain groups of patients. (⁶) 3HP: 3 months rifapentine plus isoniazid given weekly; 3HR: 3 months of rifampicin plus isoniazid given daily; 4R: 4 months of rifampicin given daily; 1HP: 1 month of rifapentine plus isoniazid given daily. (⁷) 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>). (⁸) For more information about SRAs: https://www.who.int/medicines/areas/quality_safety/quality_assurance/TRS1010annex11.pdf?ua=1 (WHO definition of SRA on page 356). (⁹) 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>.