

TB policies in Eastern Europe and Central Asia (EECA)

Step Up for TB 2020 Tuberculosis Policies in 37 Countries
A survey of prevention, testing, and treatment policies and practices

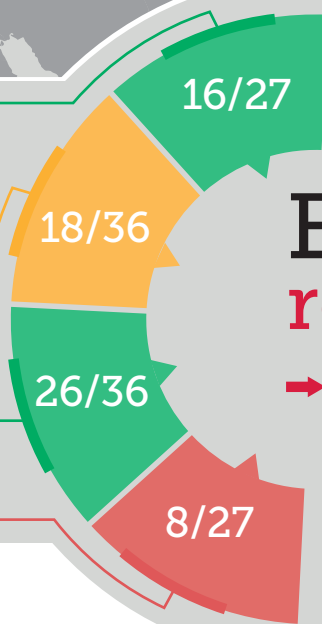


Diagnosing TB

Treating TB and Models of Care

Preventing TB

Procuring Medicines for TB



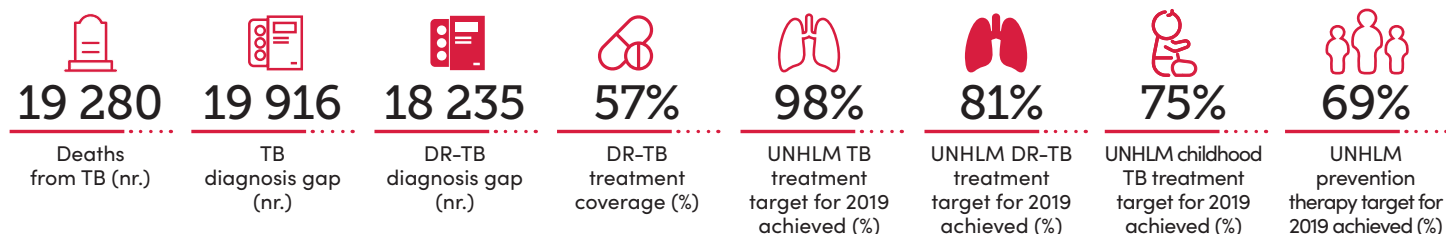
EECA regional scorecard

→ The regional scorecard reflects how many of 14 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

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

LEGEND Is this policy in place at the national 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 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. (‡) 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>). (‡) 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). (‡) 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>.