

Step up for TB

Policies review in High TB Burden Countries



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Stop TB Partnership

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Policy review in TB High Burden Countries (HBC).

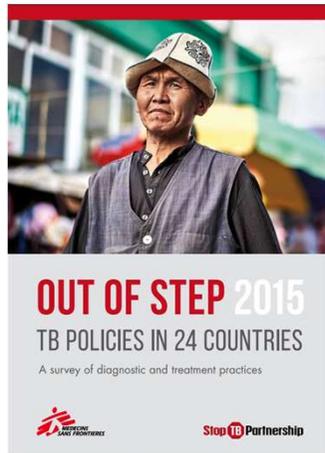


Strong, up to date TB policies are important for Ending TB.

Step up for TB (SUFT) Aim - to present landscape analysis of recent global TB guidelines adopted by the national TB programs (NTP) and their alignment with global best practices. The analysis presents the perspective and opinion of Stop TB Partnership (STP).

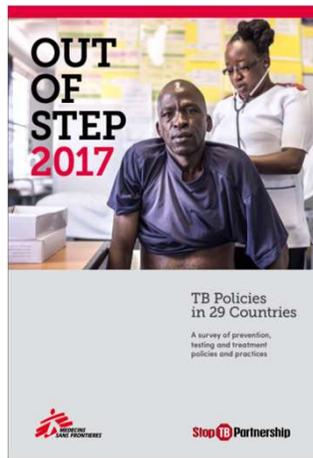
A quick trip to the past of “Step Up for TB” (SUFT) project

2015



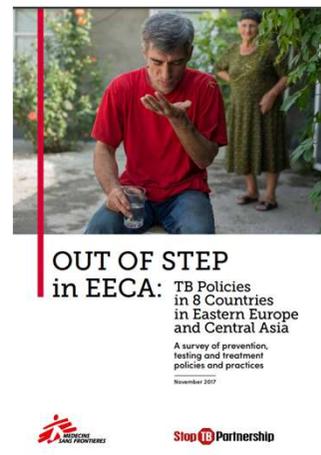
24 countries

2017



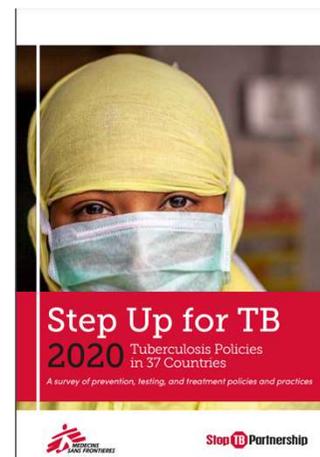
29 countries

2018



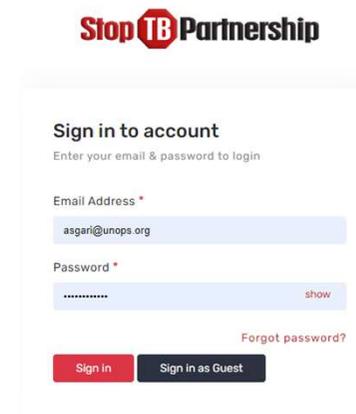
8 countries

2020



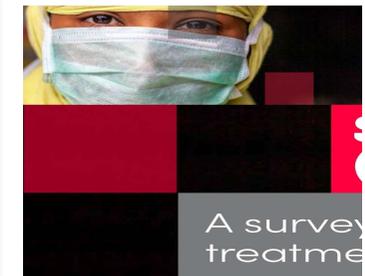
37 countries

2021



45 countries

2023



20 countries

Methodology

1. Scope and period of survey:
 - a. 20 completed responses from HBCs for TB or TB/HIV or MDR-TB:
 - I. nine countries were from Africa
 - II. six from Asia
 - III. five from Eastern Europe
2. Survey questionnaire: 4 key policy indicators: diagnostics, treatment, models of care and prevention
3. Overall 35 indicators in 17 questions were multiple choices.
4. Data collection through in-person or telephone interviews with National TB Programs (NTP).
5. Review process
6. SUFT portal <https://suft.stoptb.org/>

Results (1)

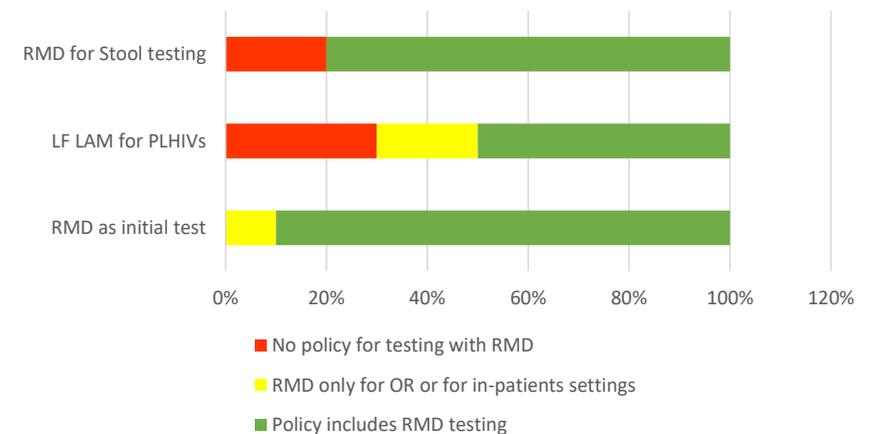
1. Screening

- 30% HBCs did not have screening and preventive treatment policies for children < 5 y.o.
- All HBCs had screening and treating TB infection policies for adults and children > 5 y.o.

2. Testing with rapid molecular diagnostics

- 19 HBCs had a policy of RMD as an initial test for those with presumptive TB though one country used it only in high-risk groups
- Only 60% of HBCs had included LF-LAM for PLHIVs in their national policies. 11 of 20 countries were considered high-burden for TB/HIV - eight (72.7%) of these had adopted the policy for LF-LAM whereas, 44% countries that were not high-burden for TB/HIV had also adopted it.
- 80% of surveyed HBCs had the policy for stool based RMD testing for TB diagnosis in children.

Countries' policies for testing with RMD included into TB diagnostic algorithm



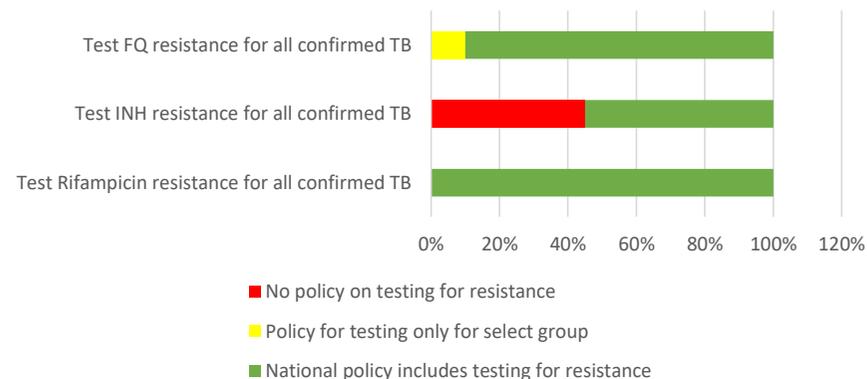
Results (2)

3. Drug Sensitivity Testing

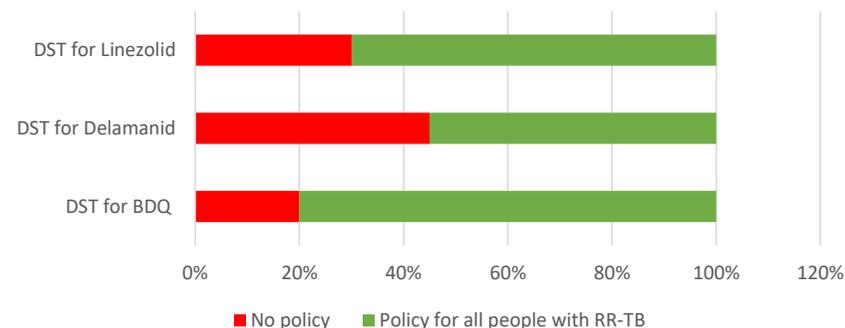
A national policy for testing for resistance among all people starting TB treatment was available – for rifampicin resistance in 100%, for isoniazid resistance in 55%, and for fluoroquinolone resistance in 90% countries.

National policy for drug sensitivity testing was available – for Bedaquiline in 80%, for Delamanid in 55%, and for Linezolid in 70% countries.

Countries' policies for resistance testing among all those confirmed to have TB



Countries' policies indicate DST



Results (3)

4. Adoption of short regimens:

- 5% of HBCs had included 4-month regimen (2HPMZ/2HPM) for treatment of DS-TB in adults in national policy;
- 10% countries included the 4-month regimen of 2HRZ(E)/2HR for treatment of non-serious drug-susceptible TB in children
- 80% countries included the 9-month all-oral regimen for treatment of MDR/RR-TB in adults;
- 40% countries included routine use of 6-month BPaLM regimen for treatment of MDR/RR-TB and pre-XDR TB in adults;

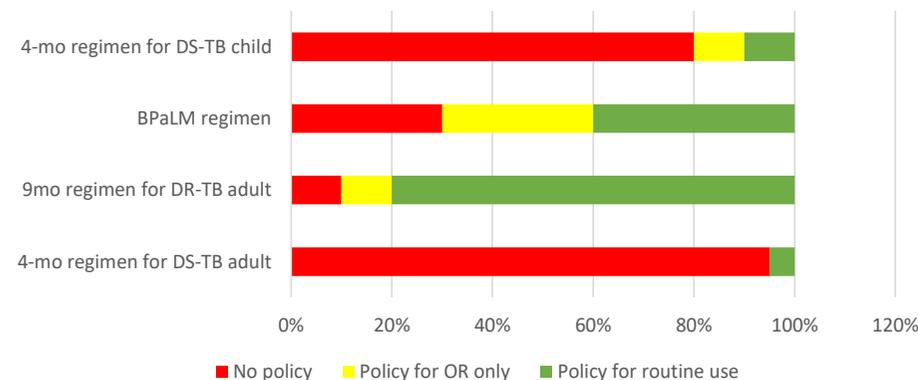
5. Treatment model

- **A half** did not recommend hospitalization for initiation of treatment for DR-TB in their national policies

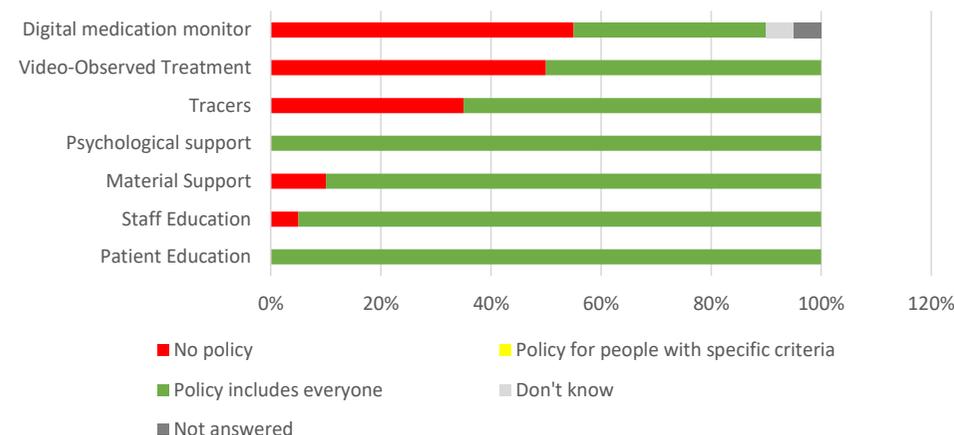
6. Supporting people on treatment

- Nutrition or financial support was included in 18 (90%) countries
- Tracers were included in 13 (65%) HBCs.
- Video-supported treatment was included in half of the countries
- Digital monitoring was included in the national policy of seven (35%) countries.

Countries' policies with shorter TB treatment regimens



Countries on policies for model of care



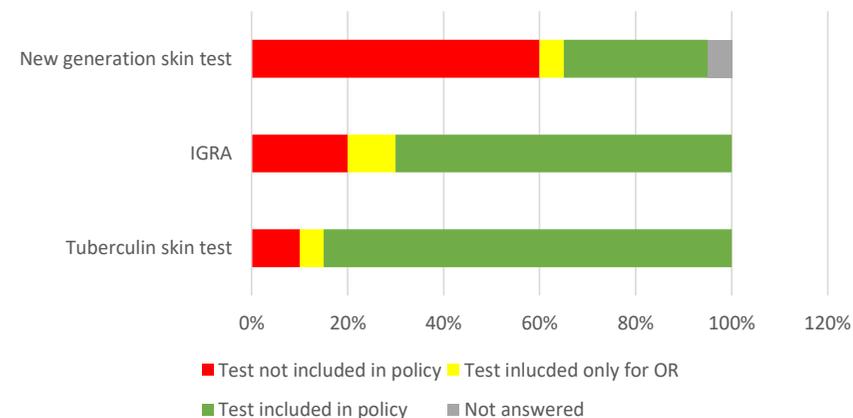
Results (4)

8. Detection and treatment of TB infection

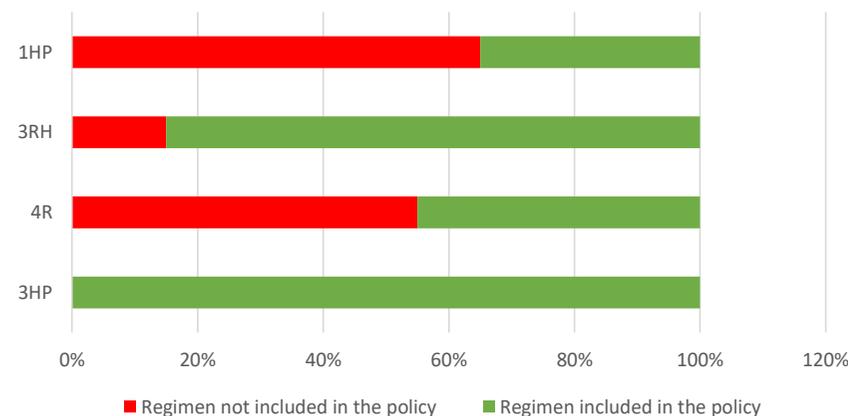
- 70% of the surveyed countries had included IGRA
- 30% had included MTb specific antigen (MSA) for diagnosis of TB infection.

- All countries had adopted one or more of the recommended short regimens (3HP, 3RH, 4R, 1HP).
- The shortest regimen of one month of INH and Rifapentine is adopted by seven countries

Countries' policies for testing TB infection



Countries' policies for shorter TPT regimens



Discussions

- *6 out of 20 countries had paid little attention to having updated screening and preventive treatment policies for children < 5 y.o.*
- A good uptake of adoption of policies for testing with mWRD including with stool-based diagnosis for children.
- LF-LAM for PLHIVs had relatively lesser uptake
 - adoption was higher in countries with high burden of TB/HIV compared to those who were not high burden.
- Slow adoption of short treatment regimens for DS-TB
 - *2HPMZ/2HPM for adults – 5%*
 - *2HRZ(E)/2HR for children – 10%*
 - *BPaLM -40%*
 - *9-month all-oral regimen for treatment of MDR/RR-TB – 80%*
- Half of the countries still have a policy of hospitalization for initiation of DR-TB treatment for people with specific criteria or routinely.



Recommendations

- Accelerate the adoption of diagnostic, treatment and patient centered models of care policies basing on the recent international recommendations.
- Policies with potentially greater impact should be prioritized for adoption to achieve maximum impact.
- Rapid uptake of the recommended Fixed dosages combinations (FDCs) as well short regime both adults and children will simplify the doctor's prescription and patient's drug intake, as well as the drug supply management with obvious positive consequences.
- Review of hospitalization rates and its trends over last few years would inform the hospitalization policy.
- TB communities and civil societies can work with NTP/MoH and other national stakeholders and use this SUFT 2023 report as an advocacy tool for rapid adoption and implementation of policies.



E-SUFT portal

- E-SUFT available from the <https://www.stoptb.org/advocate-to-endtb/step-tb-policies-tracker> and <https://suft.stoptb.org/>
- An instant 24/7 access. Country focal points have got a separate access with chances to data edit/correct.
- Easy to manage / Simple menu
- Automatic reminder emails
- Easy to download survey products
- More details if interested at the STBP booth

The screenshot displays the E-SUFT portal interface, which is divided into several main sections:

- INTERACTIVE MAP:** A world map with several countries highlighted in green and orange, indicating the status of TB policies. A sidebar on the left contains a navigation menu with options like Factsheets, Trends, Data Tables, Interactive Map, Statistics, Regions, Countries, Users, Questionnaires, Key Numbers, Instruction Sheet, Information Sheet, Acronyms List, Account, and Contact Us.
- DATA TABLES:** A table with columns for Country, Region, Questionnaire, and a grid of data points. The table is filtered for 'Philippines' and 'StepUpForTB 2023'. The grid contains indicators such as 'Investigation for TB signs and symptoms', 'Molecular diagnostic', and 'Treatment and Mode of Care'.
- Key TB policies dashboard:** A dashboard for the Philippines (the) country scorecard. It features a circular gauge chart showing a score of 67% and a bar chart for 'Internationally recommended key policies uptake'. The dashboard includes various metrics and a list of key numbers.

Next steps and future 2024 round

- These surveys provide valuable insights and directions of TB policy expansion on the national level.
- In response, national TB communities, NTPs, and global partners will collaborate to plan technical assistance and offer support to countries facing challenges in adopting and adapting the latest guidelines.
- SUFT 2024 an official start announcement later today
- New in SUFT 2024:
 - Digital diagnostics,
 - Stigma and discrimination,
 - Social contracting,
 - TB societies engagement,
 - TB response enablers,
 - TB budgeting and financing



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