

Detailed SUFT 2024 Results

Detailed results for the 20 surveyed countries are presented in Table 1. Of all the policies assessed in different age groups (36 combinations in 17 questions), 18 of 20 (90%) countries had adopted at least 18 (50%) policies; seven (35%) countries, Ethiopia, India, Kazakhstan, Kyrgyzstan, Tajikistan Ukraine and Viet Nam had adopted 28 (80%) or more of the policies.

Screening and Diagnostic policies –

WHO guidelines recommend that household contacts and other close contacts of individuals with TB disease should be systematically screened for TB disease (2021).

All countries had a policy for screening of household contacts (adults and children) of bacteriologically confirmed DS-TB and DR-TB cases. Tajikistan additionally included close contacts outside the household in its national screening algorithm. (Table 1).

WHO guidelines recommend that rapid molecular diagnostic (RMD) test be the initial diagnostic TB test for all adults and children with presumptive TB (2020).

National policies of 18 (90%) countries included RMD as the initial diagnostic TB test for all adults and children with presumptive TB. In the Democratic Republic of Congo and Uganda, RMD was included as the initial test for adults and children from high-risk groups.

WHO guidelines recommend Urinary Lateral Flow LAM (LF-LAM) as a diagnostic test for PLHIVs (2020).

Urinary Lateral Flow LAM (LF-LAM) test for PLHIVs was included in the national policy as follows–

- For both in-patients and out-patients in ten (50%) countries. These were Ethiopia, Kenya, Kyrgyzstan, Nigeria, South Africa, Tajikistan, Uganda, Ukraine, Zambia and Zimbabwe.
- for only in-patients in two (10%) countries – Mozambique and Viet Nam.
- for operational research in two (10%) countries - Democratic Republic of Congo and Uzbekistan.
- Six (30%) countries did not have it in their national policy. These were Bangladesh, India, Indonesia, Kazakhstan, Pakistan and Philippines.

WHO guidelines recommend stool samples based RMD test for diagnosing TB in children (2021).

National policies had included this guidance in 16 (80%) countries. The four countries that did not include it in their national policy were – Kazakhstan, Mozambique, Philippines and Uganda (Please see chart 1).

End-TB strategy had recommended testing for rifampicin resistance for all people starting treatment for TB (2015).

All 20 countries included this guidance in their policies. In 18 countries Xpert/Truenat was the initial diagnostic test for all presumptive TB cases as per policy. Thus, all bacteriologically confirmed TB cases automatically received a rifampicin resistance result. In Democratic Republic of Congo and South Africa, people with presumptive TB were diagnosed by other tests but later tested for rifampicin resistance.

WHO recommends testing for isoniazid resistance for all people starting treatment for TB (2022)

This was a policy in 11 (55%) countries. These were Bangladesh, Ethiopia, India, Indonesia, Kazakhstan, Kyrgyzstan, Pakistan, Tajikistan, Ukraine, Uzbekistan and Viet Nam. Nine (45%) countries that did not have this policy were - Democratic Republic of Congo, Kenya, Mozambique, Nigeria, Philippines, South Africa, Uganda, Zambia and Zimbabwe.

[WHO recommends testing for fluoroquinolone resistance for all people starting treatment for TB \(2022\)](#)

National policies advised that people with RR-TB should be further tested for resistance to at least Fluoroquinolones in all people on TB treatment in 18 (90%) countries. In Mozambique and South Africa, the resistance to Fluoroquinolones was tested only under certain conditions or in certain locations.

[WHO recommends drug sensitivity testing \(DST\) for Bedaquiline, Delamanid, Linezolid and Clofazimine \(2021\).](#)

Availability of DST for various drugs was as follows -

DST for Bedaquiline was available in 16 (80%) countries. It was not available in Democratic Republic of Congo, South Africa, Zambia and Zimbabwe.

DST for Delamanid was available in 11 (55%) countries. It was not available in Bangladesh, Democratic Republic of Congo, Indonesia, Pakistan, Philippines, South Africa, Viet Nam, Zambia and Zimbabwe.

DST for Linezolid was available in 14 (70%) countries. It was not available in Bangladesh, Democratic Republic of Congo, Pakistan, South Africa, Zambia and Zimbabwe.

Four countries - Democratic Republic of Congo, South Africa, Zambia and Zimbabwe did not have DST for any of these three drugs.

Treatment policies -

[WHO recommended a four-month regimen \(2HPMZ/2HPM\) for treatment of DS-TB in adults \(2022\)](#)

Only one (5%) country – Kyrgyzstan, had included this short regimen in its national policy.

[WHO recommended a nine-month all-oral regimen for treatment of MDR/RR-TB in adults \(2020\)](#)

National policies included routine use of 9-month all-oral regimen for treatment of MDR/RR-TB in adults in 16 (80%) countries. Two countries, Mozambique and Tajikistan, included it only for operational research and two countries, Kenya and Kyrgyzstan, did not include it at all.

[WHO recommended a six-month regimen for treatment of MDR/RR-TB in adults \(2022\)](#)

National policies included routine use of 6-month BPaLM regimen for treatment of MDR/RR-TB and pre-XDR TB in adults in eight (40%) countries. These were Bangladesh, Ethiopia, India, Indonesia, Pakistan, Philippines, Viet Nam and Zambia.

BPaLM was included in national policy for operational research in six (30%) countries – Democratic Republic of Congo, Nigeria, South Africa, Tajikistan, Ukraine and Uzbekistan.

It was not in the national policy in six (30%) countries – Kazakhstan, Kenya, Kyrgyzstan, Mozambique, Uganda and Zimbabwe.

WHO recommended a shorter regimen for treatment of non-serious DS-TB in children (2022)

National policies included routine use of 4-month regimen of 2HRZ(E)/2HR for treatment of non-serious drug-susceptible TB in children in only two (10%) countries - Nigeria and Tajikistan. Democratic Republic of Congo and Zambia included this regimen under operational research conditions.

A majority (80%) of the countries did not include this regimen for children. These countries were - Bangladesh, Ethiopia, India, Indonesia, Kazakhstan, Kenya, Kyrgyzstan, Mozambique, Pakistan, Philippines, South Africa, Uganda, Ukraine, Uzbekistan, Viet Nam and Zimbabwe.

Model of TB care

WHO recommends that patients with MDR-TB should be treated using mainly ambulatory care rather than with models of care based principally on hospitalization (2011)

For this question, hospitalization for treatment initiation was defined as admission as in-patient for one day or longer. According to national guidelines, initiation of treatment for DR-TB required hospital admission of one day or longer – for all people in only one (5%) country – Ethiopia; and for people with specific criteria in nine (45%) countries – Kazakhstan, Kyrgyzstan, Mozambique, Nigeria, South Africa, Uganda, Viet Nam, Zambia and Zimbabwe.

In 10 (50%) countries, national policies did not recommend hospital admission for initiation of DR-TB treatment. These were Bangladesh, Democratic Republic of Congo, India, Indonesia, Kenya, Pakistan, Philippines, Tajikistan, Ukraine and Uzbekistan.

WHO issued specific recommendations for patient care and support through various modalities (2017)

National policies included the following treatment support and adherence interventions for people with TB-

- Patient education – in all 20 countries
- Staff education – in all countries except Zambia
- Material support (food or financial support) – in all countries except Tajikistan and Uzbekistan
- Psychological support – in all 20 countries
- Tracers (communication, home visit, SMS or call by mobile phone) – in 13 (65%) countries and was *not* included in seven (35%) countries of Democratic Republic of Congo, Kyrgyzstan, Mozambique, Nigeria, South Africa, Tajikistan and Uzbekistan.
- Video-observed treatment (VOT) – in 10 (50%) countries. These were Bangladesh, India, Kazakhstan, Kyrgyzstan, Pakistan, Philippines, Tajikistan, Ukraine, Uzbekistan and Viet Nam.
- Digital medication monitor – in seven (35%) countries. These were Bangladesh, India, Indonesia, Pakistan, Philippines, Ukraine and Viet Nam. One country did not answer this question and one did not know.

More countries had a policy for VOT (10), than digital medication monitor (7). Mostly countries that had VOT also had digital medication monitor. Indonesia had only digital monitoring and not VOT. Thus, altogether eleven (55%) countries had either VOT or digital medication monitor.

Four (20%) countries reported not having tracers (communication, home visit, SMS or call by mobile phone) or VOT or digital medication monitor support for people on TB treatment in their national policy. These are Democratic Republic of Congo, Mozambique, Nigeria, South Africa.

Policies on testing and treatment of TB infection

WHO has recommended screening and treatment of TB infection of children and adults living with HIV as well as child and adult household contacts of people diagnosed to have bacteriologically confirmed DS-TB (2020).

National policies included the target populations for treatment of TB infection as follows-

All PLHIVs, of all age groups were included in the target group for TPT in all countries. Seventeen (85%) countries had included people aged 5 years and above who were not living with HIV and who were household contacts of people with bacteriologically confirmed DS-TB –in the target group for TPT in their national policies. The countries who did not include adults in the target group for TPT were Bangladesh, India and South Africa. However, Bangladesh includes the elderly

WHO's updated guidelines recommend use of IGRA or skin tests using PPD (2020) or newer Mtb specific antigen for detection of TB infection (2022)

Following tests for TB infection were included in the national policies–

- Tuberculin PPD (TST, Mantoux skin test)- was included in 17 (85%) countries; in Democratic Republic of Congo it was included for operational research only; in Uganda and Zambia it was not included at all.
- Interferon-gamma release assay (IGRA) – was included in 14 (70%) countries. It was not included in four (20%) countries – Kyrgyzstan, Mozambique, South Africa and Zimbabwe. It was included for operational research in Democratic Republic of Congo and Kenya.
- Mtb-specific antigen skin test (recommended in 2022) – was included in the national policy of six (30%) countries. These were India, Kazakhstan, Tajikistan, Uganda, Ukraine and Zambia. It was included for operational research in Philippines. Indonesia did not answer this question.

Zimbabwe had adopted none of the three tests for TB infection. The Democratic Republic of Congo had adopted two of three tests for operational research.

WHO recommended short regimen for treatment of TB infection (2022)

National policies include the following short regimen for treatment of TB infection –

- 3HP was included in the national policies of all 20 countries.
- 4R was included in nine (45%) countries. These were Bangladesh, India, Kazakhstan, Kyrgyzstan, Philippines, Tajikistan, Uganda, Ukraine and Uzbekistan.
- 3RH was included in 17 (85%) countries. It was not included in three countries of Democratic Republic of Congo, Mozambique and South Africa.
- 1HP was included in seven (35%) countries. These were Kazakhstan, Kyrgyzstan, Nigeria, Tajikistan, Uganda, Ukraine and Zambia.

All countries had adopted one or more of the recommended short regimens. The shortest regimen of one month was adopted by seven (35%) countries.

Even though Zimbabwe had not adopted any test for TB infection, it had included two of the four regimens (3HP and 3 RH) for treating TB infection. Similarly, while Democratic Republic of Congo had adopted the testing for TB infection only for operational research it included 3HP for treatment of TB infection.