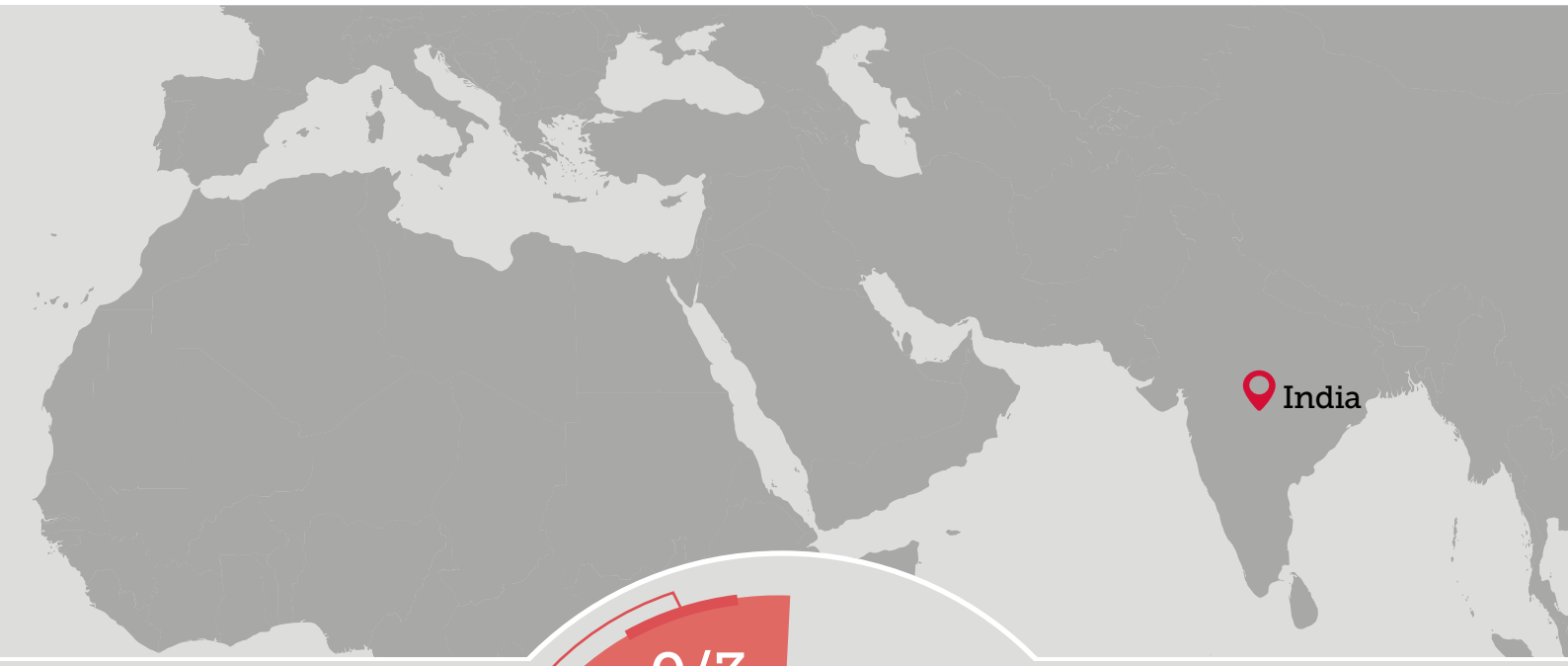
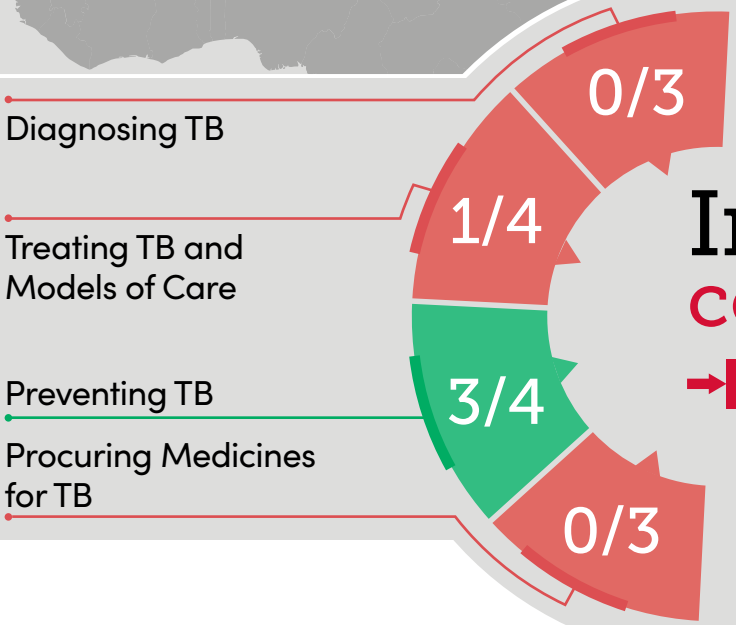
TB policies in India

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





India country scorecard

The country scorecard reflects how many of 14 internationally recommended key policies are in place at the national 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

29%

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

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Key numbers in 2019*

445 000	477 677	67 431	46%	93%	87%	72%	>100%
Deaths from TB (nr.)	TB diagnosis gap (nr.)	DR-TB diagnosis gap (nr.)	DR-TB treatment coverage (%)	UNHLM TB treatment target for 2019 achieved (%)	UNHLM DR-TB treatment target for 2019 achieved (%)	UNHLM childhood TB treatment target for 2019 achieved (%)	UNHLM prevention therapy target for 2019 achieved (%)

Key TB policies dashboard

National policies indicate ...

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

LEGEND Is this policy in place at the national level? Yes Partial No No data

(*) 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.

(1) Abbreviations: rifampicin (RIF), isoniazid (INH), fluoroquinolone (FLQ), rifampicin-resistant TB (RR-TB), bedaquiline (Bdq), delamanid (Dlm), linezolid (Lzd), clofazamine (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.

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