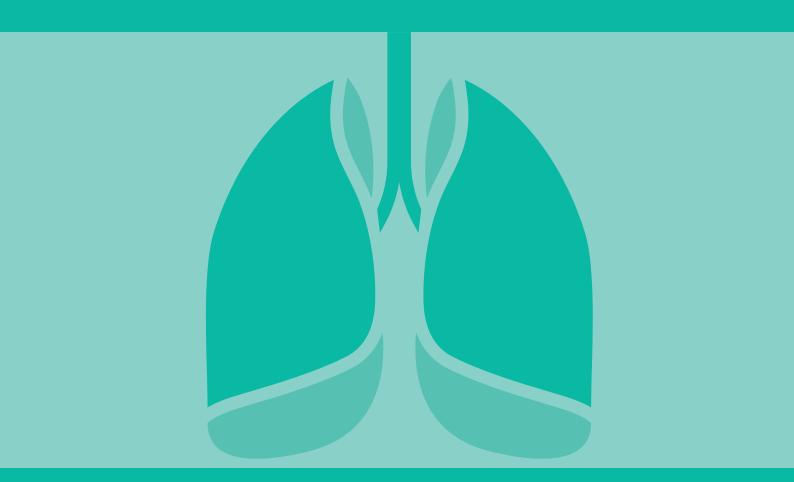


A SITUATIONAL ANALYSIS OF

PROGRAMMATIC MANAGEMENT OF TB PREVENTIVE TREATMENT



IN THE WHO SOUTH-EAST ASIA REGION



A SITUATIONAL ANALYSIS OF

PROGRAMMATIC MANAGEMENT OF TB PREVENTIVE TREATMENT

IN THE WHO SOUTH-EAST ASIA REGION

A situational analysis of programmatic management of TB preventive treatment in the WHO South-East Asia Region

ISBN: 978-92-9022-805-9

© World Health Organization 2020

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; https://creativecommons.org/licenses/by-nc-sa/3.0/igo).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization..

Suggested citation. A situational analysis of programmatic management of TB preventive treatment in the WHO South-East Asia Region. New Delhi: World Health Organization, Regional Office for South-East Asia; 2020. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at http://apps.who.int/iris.

Sales, rights and licensing. To purchase WHO publications, see http://apps.who.int/bookorders. To submit requests for commercial use and queries on rights and licensing, see http://www.who.int/about/licensing.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

Printed in India

TABLE OF CONTENTS

For	reword	V
Abi	breviations	vii
Ехе	ecutive summary	ix
1.	Introduction	1
2.	Situational analysis objectives	5
3.	Methodology	6
4.	Findings	7
	4.1 Status and progress of TPT coverage among household contacts	7
	4.2 Status and progress in TPT coverage among PLHIV	10
	4.3 Progress towards UNHLM TPT targets for 2018–2022	12
	4.4 Status of national TPT guidelines in 2020	13
	4.5 TPT target populations	14
	4.6 Policies for assessing TPT eligibility in target populations	15
	4.7 TPT regimens	16
	4.8 Adherence and adverse effect monitoring systems	17
	4.9 TPT recording and reporting systems	17
	4.10 TPT coverage and cascade of care analysis	18
	4.11 Community engagement and demand generation activities	19
	4.12 Training of health care providers	19
5.	Constraints and opportunities	20
6.	Conclusions	24
7.	Recommendations	25
8.	References	26
An	nexures	29
	Annexure 1: Checklist	31
	Annexure 2: List of documents reviewed for the desk review	33
	Annexure 3: Generic interview guide	34
	Annexure 4: Miscellaneous	36

FOREWORD



The WHO South-East Asia Region continues to accelerate efforts towards ending TB by 2030, for which all high-risk individuals require access to TB preventive treatment (TPT). TB infection, which is a precursor of TB disease, is extremely common in the Region, with an estimated 30% of the Region's population infected with TB bacteria. Global and regional scientific evidence clearly indicate that the burden of TB cannot be reduced unless we prevent the disease in individuals at high risk of progression from TB infection to disease. Such individuals include household contacts of persons with infectious TB disease, people living with HIV and other high-risk groups whose immunity is compromised.

TPT is a cost-effective way of reducing the risk of TB infection from progressing to TB disease. WHO has developed guidelines and operational handbooks to support the uptake and scale up of TPT services. To add momentum and urgency to the implementation of TPT, in September 2018, at the first ever UN High-Level Meeting on TB, all country leaders pledged to provide TPT to at least 30 million people at risk of TB disease between 2018 and 2022. In the same year, WHO, in consultation with stakeholders, supported the development of a regional action plan to support the adoption of TPT among Member States and to meet the global commitments in the provision of TPT to individuals at high risk of TB disease.

This situation analysis, undertaken by WHO in 2020, assesses the progress made in eight countries in the Region with regard to the adoption and implementation of the latest TPT policies. The analysis highlights two key findings. First, countries in the Region have provided TPT to 1.2 million high risk individuals, which is a significant achievement. But at the current pace of progress, the Region is unlikely to achieve the target of providing TPT to at least 10.8 million high risk individuals by 2022. Second, almost all countries in the Region have adopted or are in the process of adopting the latest WHO guidelines on TPT. But fully implementing the guidelines requires focused attention and coordinated action from all stakeholders, especially given the emergence and spread of COVID-19, which provides TB programmes additional challenges that we can – and must – overcome.

I call upon all Member States, partners, communities and stakeholders to prioritize the provision of person-centric TPT service delivery models that are suitable to the country context, and to allocate the resources required to rapidly scale up TPT services to End TB in the Region. Together we must continue to push ever harder to protect our many gains and to deliver on the Region's Flagship Priority on accelerating efforts to End TB, for a healthier, more sustainable future for all.

Dr Poonam Khetrapal Singh

Regional Director

WHO South-East Asia Region



https://www.yunbaogao.cn/report/index/report?reportId=5_24220

