

## Communiqué of the Participants of the Meeting of the "Eurasian Community for Access to Treatment"

On May 22, 2024, a meeting of the Eurasian Community for Access to Treatment (ECAT) dedicated to improving access to treatment and diagnosis of tuberculosis took place in Istanbul. The meeting was organized by the International Treatment Preparedness Coalition in Eastern Europe and Central Asia in cooperation with the TB Europe Coalition. Representatives from the public sector and national tuberculosis programs of Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan, and Ukraine, as well as representatives of WHO and international organizations – Treatment Action Group (TAG), Medecins Sans Frontieres (MSF), and UNDP, participated in the discussion.

In her welcome speech, Dr. Tereza Kasaeva, Director of the WHO Global TB Program, among other things, reminded attendees that the EECA region still has the highest burden of multidrug-resistant tuberculosis (MDR-TB). She emphasized the importance of implementing innovative oral therapies while moving away from injectable options for MDR-TB and transitioning to outpatient treatment methods. Dr. Kasaeva also drew the participants' attention to the updated WHO protocol for the use of next-generation sequencing tests.

The discussion participants noted and discussed progress in access to modern TB treatment and diagnosis methods, the adaptation of current WHO recommendations at the country level, and outlined directions for further work both in individual countries and in the EECA region as a whole, including:

- Wider implementation of innovative TB treatment and prevention regimens, such as BPaL(M) (bedaquiline, pretomanid, linezolid, moxifloxacin) for MDR-TB therapy and the preventive course of isoniazid+rifampentine, overcoming access barriers in specific regions of countries;
- Transition to state budget-funded procurement of TB drugs and diagnostics, including the use of international and national procurement agencies and joint country procurements to save funds;
- Interaction with manufacturers regarding the registration of specific TB drugs in countries;
- WHO prequalification for national manufacturers of TB drugs and diagnostics;
- Reducing prices for generic versions of TB drugs to the so-called "target price";

- Ensuring patients' interests and the accessibility of medicines and medical technologies, related to ongoing work in countries to harmonize national legislation with international standards;
- Overcoming patent barriers to therapy access;
- Overcoming logistical barriers for diagnostics supply within Global Fund programs;
- Using alternative methods of molecular TB diagnostics, assessing their potential implementation in national programs alongside already used technologies (GeneXpert and Truenat);
- Implementing next-generation sequencing (NGS) at the country level to expand TB diagnostic services;
- Introducing video and outpatient-monitored TB treatment management;
- Implementing external and internal quality control procedures for national laboratories.