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STRENGTHENING TUBERCULOSIS CONTROL IN UKRAINE PROJECT

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QUARTERLY REPORT
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ACRONYM LIST

ACSM	advocacy, communications, and social mobilization
AIDS	acquired immunodeficiency syndrome
AR	Autonomous Republic
ART	anti-retroviral therapy
CoE	Center of Excellence
CT	Computer tomography
DOTS	directly observed treatment short course
DRS	drug resistance survey
DST	drug susceptibility testing
EQA	External Quality Assurance
FACT	Finance, Accounting, and Compliance Team
GF	Global Fund for AIDS, Tuberculosis, and Malaria (GFATM)
GoU	Government of Ukraine
GTBI	New Jersey Medical School Global Tuberculosis Institute
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
IC	infection control
IEC	information, education, communication
KAP	Knowledge Attitude and Practice
M&E	monitoring and evaluation
MDR-TB	multi-drug-resistant tuberculosis
MOH	Ministry of Health
MOJ	Ministry of Justice
MRI	Magnetic resonance imaging
NGO	non-governmental organization
NRL	National Reference Laboratory
NTP	National Tuberculosis Program
OR	operational research

PAL	practical approach to lung health
PATH	Program for Appropriate Technology in Health
PHC	primary health care
PLWA	People living with AIDS
PLWH	people living with HIV
PMDT	Programmatic Management of Drug Resistant TB
RC	Ukrainian Red Cross Society
R&R	recording and reporting
SES	Sanitary and Epidemiological Services
SIAPS	The Systems for Improved Access to Pharmaceuticals and Services
STbCU	Strengthening Tuberculosis (Tb) Control in Ukraine
TB	tuberculosis
USAID	United States Agency for International Development
WHO	World Health Organization
WG	Working Group
XDR-TB	Extensively Drug-Resistant Tuberculosis

INTRODUCTION

The Strengthening Tuberculosis Control in Ukraine (STbCU) Project seeks to enable the Government of Ukraine (GoU), in partnership with national and international stakeholders, to implement effective and strategic actions to improve the quality of TB services, including detection and treatment of TB, multi- and extensively-drug resistant TB (MDR-TB and XDR-TB), and prevention of the rapid growth of TB-HIV co-infection.

The task order scope of work identifies four primary objectives, as follows:

- *Improve the quality and expand availability of the WHO-recommended Directly Observed Treatment Short-course (DOTS)-based TB services*
- *Create a safer medical environment at the national level and in USAID-supported areas*
- *Build capacity to implement programmatic management of drug-resistant TB (PMDT) programs for MDR-TB and XDR-TB at the national level and in USAID-supported areas*
- *Improve access to TB/HIV co-infection services at the national level and in USAID-supported areas*

The third quarterly report presents implementation progress that has been made during the three months started from October 1, to December 31, 2012.

During this period project activities were focused on deploying provision of technical assistance based on the draft Project work plan. Activities were tuned to meet regional needs that were reflected in regional joint plans, such as start-up of trainings and other educational activities, development of educational materials on TB, TB Infection Control (IC) for pre- and post-graduate medical education, and participation in various technical working groups etc. Resources were created for cooperation with non-governmental organizations (NGOs) working in the field of tuberculosis, including a grants manual and draft grant plan. A series of consultations with strategic partners such as Coalition on HIV-service organizations, Ukrainian Red Cross Society (RC), D.TEK, USAID Systems for Improved Access to Pharmaceuticals and Services project, and Ukrainian Center of Telemedicine facilitated moving forward of previous projects activities and introduction of innovations.

In December of 2012 a significant step towards integration of HIV and TB services was made at the Central level, namely the liquidation of separate Ukrainian AIDS and TB Centers and creation of united Ukrainian Center for Disease Control, which will merge HIV and TB services “under one roof” at the national level. The World Health Organization (WHO) mission, which provided technical assistance to the development of scope of work of new center, estimates a one year period for the center to start effective functioning.

ACCOMPLISHMENTS SUMMARY

TECHNICAL ACTIVITIES

During the third quarter of implementation, the STbCU project experienced technical successes across all four programmatic objectives. Through the escalation of the STbCU training program; facilitation of workshops and round-table discussion; initiation of supervisory and monitoring visits to regional health care facilities; and action towards an improved health policy environment, the STbCU project continued to move towards the achievement of contract expectations.

STbCU focused attention on knowledge sharing and best practices throughout the quarter to build institutional capacity in the primary health care (PHC) system, hosting more than 18 trainings, five roundtable discussions, and two conferences during the reporting period. These training events covered such topics as DOTS-based approaches to TB case management, diagnostics, infection control, MDR-TB, and TB/HIV co-infection treatment, to name a few. In the final month of the quarter, the Project organized a two-day conference on TB infection control which initiated changes to curricula for the medical education program.

In the third quarter of implementation, the STbCU project initiated monitoring visits to in- and out-patient facilities and primary healthcare points throughout the USAID supported oblasts. Regional and technical project staff conducted nearly 30 site visits during the quarter through which staff were able to identify strengths and weaknesses within each facility in case detection, treatment adherence, MDR-TB treatment approaches, and data quality analysis, among other practices. The project also began work with the Dnipropetrovsk Center of Excellence to design trainings to improve TB and MDR-TB case management, and create the annual plan for the Center of Excellence.

During the reporting period, STbCU began laying the groundwork for legislative and policy improvements for TB infection control by analyzing SES legislation and supporting local specialists in the development of infection control plans for regional healthcare facilities.

The STbCU team concluded a series of preparatory work for activities planned in the first quarter of 2013 and beyond, including the drafting of the STbCU grants manual, facilitation of negotiations with the WHO on the Drug Resistance Survey, development of improved training and educational curricula.

Additionally, much of the Objective 4 activities for the quarter centered around improvement of the policy environment among local decision makers to support integrated TB-HIV activities, including the negotiations with the newly established Center for Disease Control to ensure continued collaboration between STbCU, the Ministry of Health, and Global Fund projects and collaboration with Global Tuberculosis Institute (GTBI) on an upcoming TB/HIV gaps analysis.

ADMINISTRATIVE AND MANAGEMENT ACTIVITIES

During the reporting period, STbCU successfully opened project bank accounts, and launched independent financial operations. Chemonics' director of the finance, accounting, and compliance team (FACT) was deployed to ensure the functionality and utilization of the STbCU's accounting software and financial controls. The assignment focused on ensuring the system was fully functional and running efficiently, and provided training to STbCU administrative staff on proper internal controls and financial management processes to ensure consistency and accuracy in documenting and booking costs.

At the start of the reporting period, the STbCU project was officially launched as part of a two-day event October 9th and 10th. The launch event was attended by the key USAID counterparts, and government stakeholders. Representatives from the Chemonics home office and Project HOPE regional staff attended the project launch as well. The event participants presented the main areas of Project's activities, and the results of the need assessments conducted by the STbCU staff in 10 Project regions. Over 50 Ukrainian media outlets, including five TV channels and five radio stations broadcasted or reported on the event.

In the final month of the quarter, STbCU submitted the project's grants manual for USAID approval. Simultaneously, the project began initial discussions and negotiations with the Ukrainian Red Cross, which was approved for a sole-source grant award under STbCU Modification 02.

Finally, during the third quarter of implementation, the STbCU project finalized the project's communication strategy. Furthermore, in an effort to garner support and recognition, the project continued to communicate with target audiences via mass media. The media monitoring performed by STbCU collected about 65 articles, radio and TV programs, mentioning the Project's activity.

A. ACCOMPLISHMENTS BY OBJECTIVE AND ACTIVITY

OBJECTIVE 1: IMPROVE THE QUALITY AND EXPAND AVAILABILITY OF THE WHO-RECOMMENDED DOTS-BASED TB SERVICES

ACTIVITY 1.1 BUILD INSUTITIONAL CAPACITY TO IMPROVE THE QUALITY OF DOTS-BASED PROGRAMS

During quarter three of implementation, STbCU activities were targeted on the promotion of DOTS-based approaches in formal medical education and healthcare facilities' routine practices. In the field of medical education, most efforts were related to case detection at the primary health care (PHC) level and in TB IC. An experts group of leading national experts on TB and PHC under STbCU auspice developed a set of training materials "TB Case Management at Primary Health Care Facilities". The schedule of training has been significantly expanded compared with previous training programs for PHC, so the overall training duration reached five days (see Annex 1). For the first time, an entire contact day of training curricula for PHC was completely devoted to TB/HIV. The materials were piloted at several five-day trainings on "Management of TB cases in primary healthcare levels" in two regions (Dnipropetrovsk and Kherson) for 69 participants, and as part of a four month family doctor specialization course for 38 doctors of different specializations conducted by National Medical Academy of Post-Graduate Education. The innovations were appreciated by trainees, trainers and supervisors of pilot trainings.

During the reporting period, the training program on TB smear microscopy was started at the Dnipropetrovsk Center of Excellence for 22 participants from 10 pilot regions (Annex 2). To ensure EQA of smear microscopy, panel testing on smear microscopy was performed for all 1st level laboratories in seven oblasts, including 90% of the laboratories in Zaporizzhia oblast and 68% of the laboratories in Autonomous Republic (AR) of Crimea. In Luhansk oblast, panel testing has recently been started as it was not performed in 2012 due to laboratory staffing problems. Overall, the panel testing results show between 80 and 100 percent in eight oblasts, excluding Crimea and Luhansk. However, in several laboratories of AR Crimea panel testing was about 50-60%. Thus STbCU will pay more attention to AR Crimea and Luhansk to improve panel testing. Additionally, blind EQA is performed on a regular basis in Donetsk and Kharkiv.

As an important part of EQA of microscopy and bacterial culture, STbCU initiated a series of round table meetings for laboratory specialists, together with clinicians to improve the pre-analytical stage of laboratory testing (patients' selection, sample quality, etc.) In the first nine months of 2012, the project, the rate of quality sampling among the 10 USAID supported regions was rather high and uneven (from 1 to 38%), with the number of samples per patient for TB detection rates from 1 to 2.8. Such results grounded planning joint mentoring visits of STbCU together with the regional laboratory staff to improve performance in the laboratories where considerable EQA problems were identified.

Due to the staffing problems and the reforms in the primary healthcare system, challenges to conduct EQA arose in Zaporizzhia, Luhansk, Dnipropetrovsk, Kherson oblasts and AR Crimea. These regions are in the Project's primary focus.

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Routine mentoring and monitoring visits into USAID supported oblasts were started during the third quarter of implementation. Overall, the STbCU specialists and regional coordinators performed 28 monitoring visits to central rayon in- and outpatient facilities, and primary healthcare points in rural areas. Lack of evidence-based DOTS practices use was discovered in most of the visited oblasts. The most serious mistakes were related to case detection process continuity between PHC and TB specialized facilities, treatment administration, and monitoring. STbCU specialists made some suggestions taking local conditions into account. For instance, in Zaporizhia, a referral form from PHC facility to TB facilities was proposed. It follows the standard WHO recommended TB case detection algorithm and also provides TB specialists with necessary patient data. The feedback showed that innovation is being successfully used at care facilities.

One area where improvement is crucially needed is data quality. Taking into consideration that the STbCU project is focusing on supervision and data analysis, close collaboration with team of the USAID SIAP Project could provide better support to 10 pilot regions in data collection and cohort analysis. During the reporting period, STbCU closely cooperated with the SIAP Project in development of common vision and further steps of the electronic TB register (E-TB Manager) implementation in STbCU pilot regions. It was decided that STbCU's support to the Sevastopol region as a pilot region on data quality assurance will help to analyze the main issues and problems of data quality, identify ways how to improve the data management, present some ideas on E-TB Manager tool development, unify the approaches to analyzing this important area of improving the TB monitoring and evaluation (M&E) system, and provide feedback in the areas to improve the E-TB Manager. To work out a common vision in developing the mentoring and monitoring visit tool to assess E-TB Manager implementation, a three-day workshop for STbCU staff was carried out in November by the USAID SIAP Project. During the workshop some important issues on improvement of E-TB Manager itself were discussed. It was decided to initiate the further discussion of E-TB Manager functioning in MOH M&E working group.

Starting from the beginning of the project, STbCU has provided support to the MOH working group on development of an MDR-TB reporting & recording (R&R) system. These forms were recently finalized and submitted for MOH approval.

In early December 2012, a request for authorization to establish the informational resource center on TB control was sent to the USAID Website Governance Board. A series of partner meetings to analyze the key TB-related Ukrainian and international informational resources is being done to identify the most successful model. Initially the project was planning to use Ukrainian TB Center website as a platform for Resource Center. As the latter was closed, the ability of several entities was analyzed in order to choose the most proper host organization able to provide effective and sustainable operations. The selection is going on. Such resources as <http://tubvil.com.ua> (TB, HIV and Lung diseases Journal), <https://www.esemi.org> (State Center of telemedicine), Dnipropetrovsk Center of Excellence, and others are regarded as potential hosts. The next consultation with partners is scheduled for January 15.

As a continuation of the process on enhancing medical professionals' knowledge, the update and renewal of the Journal "Tuberculosis, Lung Diseases and HIV Infection" is ongoing. In the third quarter of implementation, the discussion of challenges of professional medical education in the

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field of TB was initiated in the pages of the journal. Feedback received from the medical audience is being analyzed now.

The Project supported participation in International TB Congress in St. Petersburg, Russia, for six Heads of TB Chairs of Medical Universities from USAID supported regions. Afterwards they participated in development of training materials on TB case detection and management. Also STBCU Chief of Party participated in the 43rd World Conference of the International Union against Tuberculosis and Lung diseases. Obtained information on strategic directions of TB control worldwide, Laboratory Quality assurance and infection control innovations supported project's focus on internationally recommended approaches in TB Control.

In the reporting period, the Project continued communicating with its target audiences via mass media. Close cooperation was established with the press-services of STbCU's key partners, e.g., MOH, Ukraine's State service on HIV/AIDS and other social diseases and Ukraine's National sanitary and epidemiological service. Such cooperation will enhance the key Project's messages allowing broader catchment of the target audiences.

ACTIVITY 1.2 EXPAND ACCESS TO TB SERVICE DELIVERY TO IMPROVE PREVENTION, DIAGNOSIS, AND TREATMENT OF TB

STbCU advocates PHC involvement in TB treatment in continual phase to implement integrated care models. To disseminate evidence-based approaches, STbCU conducted a series of educational events, including a seminar entitled "TB Case Detection in Primary Level of Care" for 37 heads of out-patient departments of Kharkiv rayon facilities, general practitioners, and family doctors; and a seminar for 45 medical nurses in Odessa entitled "Providing Quality DOT Services to TB Patients."

Training activities described under activity 1.1 focused on PHC doctors given the importance of their involvement in TB detection and case management, especially in regions where health reform is started.

During the reporting period, STbCU specialists participated in the Working Group on practical approach to lung health (PAL) initiated by GF Round 9 project and contributed to the development of the national diagnostic syndrome-based approach protocol for respiratory diseases.

The seminar "Administrative and Public Support of TB Patients Released from Prisons" was conducted for 47 healthcare workers, including the staff of penitentiary facilities, pre-indictment facilities, and territorial home affairs units of Kherson Oblast. The discussion on new joint MOH and Ministry of Justice (MOJ) Order on released TB patients implementation was held, and participants discussed steps to ensure better coordination between civil and penitentiary sectors. A lot of jurisdiction and financial constrains were identified to successful implementation the aforesaid Order.

The Grants Manual, which outlines STbCU's vision and process for grants for society involvement in patient-centered approach, has been developed and submitted to the USAID

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Contracting Officer for review and approval. The manual outlines the processes for selecting and awarding grants which intends to cover the following topics and geographical regions:

- i) “Improving access to TB services for vulnerable population” among the NGOs working in Dnipropetrovsk, Kharkiv and Luhansk oblasts;
- ii) “Supporting TB patients released from prison” among the NGOs working in Donetsk, Zaporizhzhia and Kherson oblasts;
- iii) “Integrated TB and HIV diagnostics among most-at-risk groups” for the NGOs working in the city of Kyiv, the AR of Crimea and Odesa oblast.

The series of negotiations were held with RC on the grant plan and budget development and their involvement in project activities to ensure their timely mobilization pending grant manual approval.

In order to identify areas of improvement and address indicators which evaluate client satisfaction, an opinion survey on patients’ satisfaction with the quality and efficiency of TB services was started. According to the survey’s preliminary results, the majority of patients were satisfied with TB medical personnel’s attitude, however, the main reason for not seeking TB services was self stigmatization and habitual self-treatment for any respiratory problems prevailing in the country. The most significant influence on TB treatment interruption default was reported to be insufficient financing and the need to pay out -of-pocket for the drugs. This survey correlates with Knowledge, Attitude and Practices (KAP) study performed by GF round9 in the beginning of 2012, where it was found that one of the main reasons for diagnostics and treatment delays is the patient’s belief that treatment is very expensive, and also patient’s lack of a healthy lifestyle. The results of the survey will be finalized next quarter and the results will be used for development of informational materials and patient’s education programs in USAID supported regions.

ACTIVITY 1.3 CONDUCT OPERATIONA RESEARCH TO IMPROVE THE NTP PERFORMANCE

On October 8, 2012 the DRS consultative meeting with WHO, the State Service on HIV/AIDS and other Socially Dangerous Diseases, All-Ukrainian Center for TB Control, Central Reference Laboratory, and the regional TB facilities and TB laboratories was conducted. DRS protocol was presented and discussed, main steps to be reflected in MOH order on DRS were outlined, and a draft MOH order was prepared. During the reporting period, a series of meetings with WHO and National Reference Laboratory (NRL) on DRS was conducted, and timelines and potential activities were discussed. Given that in December the All-Ukrainian Center for TB Control was closed and a new entity, the Center for Disease Control, was created, the considerable delay in MOH order preparation occurred which will likely change agreed timelines.

OBJECTIVE 1 OVERVIEW OF KEY ACCOMPLISHMENTS

Project activities on improving quality and expanding availability of the WHO-recommended DOTS-based TB-services during the third quarter of implementation was mainly concentrated on

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best practices and knowledge sharing by all available means, including trainings, workshops and round-table discussions; and monitoring and mentoring visits.

The cooperation with pre-service and postgraduate educational system that started with previous USAID projects is continuing under STbCU. Training programs for PHC doctors, laboratory specialists and SES specialists began during the quarter, and preparations for continued trainings are under way. The PHC, which is currently under the reform, is being gradually involved in TB detection and case management issues. Laboratory EQA was recovered in nine out of 10 USAID supported regions and regions where more support is needed were identified. TB data quality improvement was initiated in USAID supported regions, and new MDR-TB R&R forms were finalized. Routine supervisory visits to 10 USAID supported regions were initiated during the reporting period. Other successes include the initiation of DRS preparatory work, and the completion of the patient satisfaction survey.

OBJECTIVE 2: CREATE A SAFER MEDICAL ENVIRONMENT AT THE NATIONAL LEVEL AND IN USAID-SUPPORTED AREAS

ACTIVITY 2.1 IMPROVE INFECTION CONTROL

In the first quarter of FY2013, STbCU activities under Objective 2 concentrated mostly on making effective changes in everyday IC practices on the local and central level. STbCU is currently providing direct technical support to the recently-created IC working group under the MOH, including initiation of the development of a joint plan between the State SES and the State Service on HIV/AIDS and Other Socially Dangerous Diseases and advice on its implementation. Additionally, STbCU analyzed current SES legislation to determine its compliance with existing TB IC Standard, which was adopted by MOH in 2010. It was agreed to present the preliminary results of this analysis to the TB IC working group within the first quarter of 2013.

To further advance proper IC methods, STbCU also initiated a large-scale educational campaign on the local level to align and integrate SES and clinicians' activities into the existing TB IC approach/framework. The Project conducted TB IC seminars in six regions for SES specialists, representatives of TB facilities, and AIDS centers, educating a total of 475 specialists. The seminars, which focused on IC implementation in a multitude of healthcare settings throughout Ukraine, were held in Odesa, Simferopol, Sevastopol, Zaporizzhia, Dnipropetrovsk, and Luhansk.

Following their participation in these Project-led IC seminars, SES specialists have begun monitoring visits into healthcare facilities to provide instruction to workers on how to use individual respiratory protection and to organize patient educational activities, including consulting on effective means of infectious patient isolation, etc.

During monitoring and mentoring visits to the pilot regions, Project specialists also met with the representatives of services and institutions dealing with implementation of TB IC measures. With STbCU's technical support, SES regional work plans on TB IC activities for 2013 were developed.

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The Project also conducted a survey to assess health professionals' level of knowledge on TB IC and safe IC practices, reaching approximately 320 administrative and professional staff from all ten USAID-supported regions. The preliminary results showed that approximately 97% of respondents received some education and instruction on TB IC, whereas approximately 20% follow all TB IC requirements at their place of work. IC knowledge stayed at a very limited level and reached only 8% for administrative IC measures and 1% for all types of IC knowledge test questions. This statistic indicates that improvements in TB IC practices are necessary, particularly those that can be implemented with supervisory visits and direct consultations with practitioners and facility staff. Additionally, more than 80% of all respondents expressed the need to have further training on TB IC to implement safe medical practices and TB detection at PHC facilities.

In December 2012, the Project organized and held a conference titled “International Standards for Implementation of TB IC in Public Health and Medical Education Reforms in Ukraine.” The conference facilitated multi-sectoral participation and effective cooperation among epidemiologists, researchers and members of academia to implement effective international IC practices through improving and revising evidence-based norms, guidelines and standards on TB infection control to ensure sustainable changes. The event was supported by Ukraine’s Bohomolets National Medical University, the SES, State Service on HIV/AIDS and other Socially Dangerous Diseases, and the All-Ukrainian Zabolotnyi Scientific Society of Epidemiologists, Microbiologists and Virologists. During the conference, several educational programs on TB IC for pre-service students were presented and approved; these programs are expected to be submitted to the MOH for official approval of their widespread use by Ukraine’s Medical Universities. The Conference promoted better cooperation between SES decision-makers, epidemiologists and healthcare facilities in planning and implementation of IC activities, i.e. organizing monitoring visits, developing reporting documents, etc. (see Annexes 3-4)

ACTIVITY 2.2 INCREASE THE CAPACITY OF OBLAST SES TO IMPLEMENT, MONITOR, AND EVALUATE IC INTERVENTIONS

STbCU also conducted training on IC for 18 epidemiologists, including heads of SES and Ukrainian academic epidemiology chairs at the Donetsk Training Center. The training materials, titled “Infection Control of TB in 2 and 3 level Bacteriological Laboratories” were drafted by an expert group of national SES specialists and submitted to international experts for revision to ensure that the training imparted international best practices to its participants.

OBJECTIVE 2 OVERVIEW OF KEY ACCOMPLISHMENTS

In the course of the Project’s third quarter of implementation, significant progress was made to substantiate the use of international standards into routine SES performance and into Ukraine’s medical education system. STbCU also conducted analysis of SES legislation, developed educational programs on TB IC, and supported local SES specialists’ involvement into development/revision of IC plans in healthcare facilities. Analysis of current IC practices in healthcare facilities will help to provide more focus for STbCU activities. Additionally, linkages that have been established between SES and TB control services will be able to provide continuous and sustainable collaboration.

OBJECTIVE 3: BUILD CAPACITY TO IMPLEMENT PMDT PROGRAMS FOR MULTI-DRUG RESISTANT/EXTENSIVELY-DRUG RESISTANT TB AT THE NATIONAL LEVEL AND IN USAID-SUPPORTED AREAS

ACTIVITY 3.1 PROVIDE TRAINING, SUPERVISION, AND MENTORING ON MDR-TB CASE MANAGEMENT

Activities on MDR TB in the third quarter of implementation were mainly focused on the provision of technical assistance to MOH in revising TB and MDR TB protocols. Provided that the majority of TB specialists were trained in MDR TB within the GF round 9 project, the STbCU team will start MDR TB trainings after updating the TB and MDR TB control protocol and associated training materials. The STbCU team also provided technical assistance in the development of GF round 9 II phase proposal on second line drugs management.

During routine site monitoring visits to the pilot regions of the Project, the STbCU team provided technical assistance on reviewing inpatient care provided to MDR-TB patients in TB care facilities. STbCU specialists participated in three sessions of the oblast level MDR-TB consiliums, where improper practices, such as prescription of inadequate treatment regimens and denying case registration when drug shortages exist, were discovered and discussed. Currently, there is no consistency in Ukraine's MDR TB control program at the local level: patients who are found to be MDR TB are not registered for treatment by MDR TB consiliums due to TB drugs stock outs and poor treatment adherence. Those patients are provided with non-standardized and improper treatment and are treated as chronic cases. Also, there are some problems with patients' treated with drugs supplied by GFr9. Because of very strict selection criteria and requirements to track patients, a complicated additional reporting system exists, and STbCU staff found that this results in delays in treatment initiation for those supported by GF round 9 project. STbCU provided support at the local level to improve the situation by identifying these issues and proposing solutions at MDR TB consiliums and seminars. For example, in an MDRTB consilium in held in Odesa, STbCU specialists provided corrections of treatment regimens to five patients, and in Kharkiv, the Project developed and proposed a new referral form to be used by MDR TB consilium. AR Crimea TB Dispensary invited STbCU specialists to conduct an MDR TB consilium, were 18 patients were consulted, and treatment according to international standards was prescribed.

Within the first quarter of FY2013, STbCU started work with Dnipropetrovsk Center of Excellence with regards to trainings and improvement of TB and MDR TB case management. A draft of the annual plan for Center of Excellence was developed in order to improve TB control procedures in Dnipropetrovsk TB Oblast dispensary, where the Center of Excellence is based, and to enable it to adopt international TB management practices. The majority of STbCU trainings and local educational events took place in the Center of Excellence. Thus TB facility routine practices were presented to specialists involved in TB and MDR TB control, namely PHC and SES workers and laboratory specialists.

In order to optimize procurement of first and second-line TB drugs, STbCU participates in MOH Committee meetings on drugs, medical commodities, and equipment specifications to be procured within the National TB Control Program on an ongoing basis. While there are limited sources, during this reporting period, the Project encouraged and achieved some level of the use

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of an evidence-based approach to drugs and diagnostic tools selection. For instance, due to STbCU advocacy, enough drugs to tailor a second-line evidence-based regimen (WHO recommended groups I-IV), including Terizidone and PAS, are going to be procured at the expense of GF round 9 II phase and MOH. In addition, due to STbCU advocacy of WHO recommended approaches, the MOH Committee decided to avoid procuring non-evidence based kits for tuberculin skin tests, and recommended investing in immune chromatography test commodities to differentiate *Mycobacteria tuberculosis* complex and MOT (*Mycobacteria other than tuberculosis*). STbCU participated in MOH Laboratory Working Groups to develop guidelines on EQA of TB culture and DST. In this reporting period, the draft document was prepared and submitted to NRL for revision prior its approval in MOH.

OBJECTIVE 3 OVERVIEW OF KEY ACCOMPLISHMENTS

During the third quarter most of the activities regarding MDR/XDR TB were targeted on the revision of national legislation to implement evidence-based practices into diagnostics and treatment. The Project contributed to the finalization of two important guidelines – TB and MDR TB protocol and guidelines on EQA for TB Culture and DST. STbCU also advocated the use of WHO-recommended drugs and diagnostic tools for drug and reagents procurement. Support to the Center of Excellence began in FY2012 Quarter 4 and is currently ongoing and closely connected to DOTS and PMTD improvement.

OBJECTIVE 4: IMPROVE ACCESS TO TB/HIV CO-INFECTION SERVICES AT THE NATIONAL LEVEL AND IN USAID-SUPPORTED AREAS

ACTIVITY 4.1 IDENTIFY GAPS IN TB/HIV CO-INFECTION SERVICES AND BUILD CAPACITY TO ADDRESS THEM

In FY 2013 Quarter 1, STbCU strived to facilitate integration of TB/HIV activities at the local level to overcome discrepancies in dual infection diagnostics, registration, and management.

During the needs assessment visits and preliminary analysis of cooperation between TB facilities and AIDS-centers, a number of challenges were revealed. To remove these challenges and to solve the issues arising in the course of joint work, the Project held meetings on TB/HIV co-infection in the Sevastopol, Zaporizhia and Kharkiv oblasts and an inter-regional seminar in the Kherson oblast, with a total of 216 participants.

During this inter-regional seminar, different models of TB and AIDS services interaction were presented and discussed, e.g. a clear-cut cooperation algorithm (Odessa oblast); the mechanism of registering TB/HIV co-infected patients in the HIV register and providing treatment as soon as co-infection is detected (Zaporizhia oblast); and an effective way to integrate diagnostics and simplify referral by appointment of one specialist responsible for co-infection management both at TB dispensary and AIDS Center (Kherson oblast). STbCU also presented on the local TB-HIV electronic register which contains clinical, laboratory, CT and MRI data developed in Kherson.

Additional STbCU seminars during the reporting period discussed involvement of the HIV/AIDS service specialists into monitoring visits; providing TB care to HIV-positive patients

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(organization of TB screening and preventative treatment; treatment of patients with co-infection), with a special focus on extrapulmonary TB diagnostics in HIV-positive patients.

HIV/TB case management issues were included into monitoring and mentoring visits to Crimea, Kharkiv, Zaporizzhia, Luhansk, and Dnipropetrovsk, and were analyzed during workgroup meetings in AR Crimea on December 6, 2012, which was attended by four people, and in Odessa on December 7, 2012, which was attended by five people. Monitoring visits revealed the necessity of an in-depth assessment of TB-HIV collaboration in order to identify effective and sustainable activities. Recently, the WHO and UNAIDS performed an assessment of HIV control program in Ukraine and unfortunately, TB-HIV collaboration was only partially covered by the assessment. Also, the new Center for Disease Control does not have a clear strategy and vision as to how to improve TB-HIV collaboration. Provided that the new Center is the Principal Recipient for GF rounds 9 and 10 (on TB and on HIV projects), the Center could serve as a considerable and the most important country resource to improve performance of both HIV and TB Control programs. In this case, timely and realistic recommendations on TB-HIV collaboration could be effectively used by Center for Disease Control. Thus, STbCU initiated close collaboration with the Center for Disease Control in relation to improving TB-HIV collaboration at the regional level.

STbCU staff also provided expertise on implementing steps to improve TB screening, detection, and treatment of TB among people living with HIV (PLWH) at the National TB/HIV technical advisory group meeting.

AR Crimea technical advisory group conducted a regional level meeting on improving interaction between the TB and the AIDS services and initiated development TB/HIV Order by the MOH of AR Crimea on the endorsement of referral algorithms between TB service and AIDS centers.

Currently, HIV services across Ukraine (including USAID-supported regions) are implementing several different registers of PLWA. None of them covers TB-HIV information including TB medical check-ups for PLWA who are under observation. Thus, in order to roughly evaluate coverage of TB services for PLWA, several registers should be referred to and they do not provide complete information. Information on TB-HIV is included into e-TB manager, but it contains data from TB-services because the access of HIV services to the same register was not considered. During the workshop on E-TB Manager use (see 1.1.5) the block of gaps related to TB/HIV registration was identified, e.g. means of HIV status confirmation, CD-4 level monitoring, administration, etc. It was agreed that effective collaboration between TB and HIV services at the local level will allow TB specialists to include data from HIV services into E-TB Manager. The data that has to be included was discussed in a joint discussion with USAID SIAPS project representatives and oblasts M&E specialists.

OBJECTIVE 4 OVERVIEW OF KEY ACCOMPLISHMENTS

TB/HIV related Project activities during the third quarter of implementation were concentrated on improvement of the policy environment among local decision-makers to support TB-HIV-related activities. Experience of existing effective local models of TB-HIV collaboration was shared among all USAID supported regions as one of the way to improve capacity of local

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partners on TB-HIV collaboration. Additionally, some joint activities with TB specialists and infectologists prepared for the foundation for improvement of TB-HIV services and referrals (including detection and case management). The Project's negotiations with the new MOH entity Center for Disease Control also began in order to ensure collaboration between two GF projects (rounds 9 and 10) and STbCU at the regional level.

B. DELIVERABLES

The following reports and other deliverables have been completed during the reporting period:

Deliverable	Date Submitted	Date Approved
Year 1 Work Plan	Original: May 16, 2012 Revision: July 2, 2012 Revision: September, 2012 Revision: November 7, 2012	
Year 1 Performance Monitoring and Evaluation Plan	Original: May 16, 2012 Revision: July 2, 2012 Revision: November 7, 2012	
Branding Implementation Plan and Marketing Plan	May 16, 2012 Revision: November 7, 2012	
STbCU Grants Manual	December 7, 2012	

C. BUDGET

Quarterly Expenditure Report, Q1, FY 2013 (October - December, 2012)

Total Estimated Cost of Award:	\$17,862,795
Total Cumulative Billed and Paid by USAID to Date:	\$1,493,461.41
Total Accrued Expenditures as of December 31, 2012:	\$1,732,501

The numbers in the table below reflect STbCU spending per category for FY13 Quarter 1 and show projected cumulative spending through the end of December 2012.

Project Objectives	October 2012 (actual)	November 2012 (actual)		FY 2013 Quarter 1 Total	Total Accrued by December 31, 2012
Objective 1	\$66,201	\$100,925		\$238,838	\$519,751
Objective 2	\$44,133	\$67,283		\$159,223	\$346,500

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Objective 3	\$55,167	\$84,104		\$199,031	\$433,125
Objective 4	\$55,167	\$84,104		\$199,031	\$433,125
Total	\$220,668	\$336,416		\$796,123	\$1,732,501

D. SCHEDULES

Due to liquidation of TB Control Center, the MOH's entity responsible for TB Control Program implementation as an official project recipient, we expect delays in some Central level activities such as procurement of GenExpert, conducting DRS, and creation of Resource Center.

E. CHALLENGES

The recently-established Ukrainian Center for Disease Control is not fully functional as yet; thus, there is a lack of coordination between TB and HIV services, as well as additional confusion in coordination within TB services at central and local levels. This is hampering implementation of TB Control activities, for example, the integration between PHC, HIV and TB services, drug management, and M&E at regional level.

Moreover, for STbCU there is an additional challenge to ensure the continuance of the Project's legal registration status given that the liquidated TB Control Center was previously appointed as a Project Recipient at the outset of start-up and provided necessary country support and coordination. Currently, STbCU is negotiating with the new Center for Disease Control to be the Project Recipient. The procurement of GeneXpert equipment has also been delayed on account of this issue.

PLANS FOR FY 2013 Q2

Technical Activities:

Continue technical assistance to MOH:

Support finalizing and start implementation of new TB and MDR TB protocol, R&R forms and guideline on EQA of laboratory culture, drug resistance testing.

Participation in national Working Group meetings to develop guidelines on TB IC in laboratories.

Technical assistance to USAID-supported regions:

Continue work on development of educational curricula and training materials: finalize pre-service curricula on TB IC, develop training materials for biosafety in TB laboratories, finalize set of post graduate training materials for PHC.

Start piloting of cascade training approach for healthcare providers (including mentoring and supervision) in Dnipropetrovsk oblast.

Continue educational activities on STOP TB including 5-days trainings on TB detection and TB case management, 5 days trainings TB microscopy, 5 days training on IC; round tables and seminars and local working group meetings on DOTS, EQA, MDR TB, TB-HIV, PAL.

Support routine supervision at regional level including monitoring visits to TB and PHC facilities TB laboratories and mentoring visits of SES epidemiologists to health facilities.

In cooperation with USAID SIAPS project provide support to TB facilities in improving data in E-TB Manager.

Under leadership of WHO and MOH provide support to DRS (finalize procurement and start piloting of the DRS Protocol)

Finalize GeneXpert procurement.

Select grant recipients among NGO of target regions on following directions: tracking TB patients released from prisons in two initial target regions, ACSM in two target regions, support TB-HIV patients in two initial target regions.

In cooperation with D-TEK support medical professionals of mining industry in TB detection among TB high-risk groups (assess current approaches used by industrial doctors, start training activities).

Start developing information, education and communication (IEC) materials based on the results of knowledge gaps analysis performed in Q3:

For doctors: TB detection algorithm, Ziehl-Neelsen smear staining, respiratory protection, principles of administrative TB infection control for doctors, TB treatment (standard regimes, side effects management), tutorial video on TB detection and case management

For patients: sputum collection procedure, cough hygiene

In cooperation with partners organize celebration of World's TB Day (March 24, 2013) at central and local level.

Initiate Resource Center establishment.

Administrative:

Negotiate with Center for Disease Control in support of the Project's legal registration status

Conduct training on communications for STbCU staff.

Launch official STbCU website.

ANNEX 1

Agenda

5-day training for physicians

“TB case management”

Day 1	
<i>Time</i>	<i>Topics</i>
09:00 – 9:45	<i>Registration of participants</i>
9:45 – 10:30	Opening meeting with participants and introduction of trainers. Introduction of objectives, tasks, and rules of the training.
10:30 – 11:00	Review of pre-training questionnaires and pre-course checklist.
11:00 – 11:30	Coffee break
11:30 – 12:00	Session 1 TB surveillance in the world and in Ukraine (<i>lecture</i>)
12:00 – 13:00	Session 2 Presentation of national and regional TB control programs, Stop TB Strategy, and regulatory documents – unified clinical protocol (<i>presentation and interactive discussion</i>)
13:00 – 14:00	Lunch
14:00 – 15:00	Session 3 TB etiology and pathogenesis. Epidemic process of TB (<i>lecture</i>)
15:00 – 16:00	Session 4 Modern approaches to TB detection and diagnosis (<i>lecture</i>)
16:00 – 16:30	Coffee break
16:30 – 17:00	Session 5 Role of primary health care network in the development of modern TB control strategy and discussion of risk factors (<i>interactive discussion and seminar</i>)
17:00 – 17:30	Session 6 Practical approach to lung health (<i>presentation and brainstorming</i>)
17:30 – 18:00	1st day's conclusions
Day 2	
9:00 – 9:30	Discussion of the previous day's results
9:30 – 10:00	Session 7 Importance of sputum smear microscopy in TB detection (<i>lecture</i>)
10:00 – 10:30	Session 8 Selection process of patients referred to sputum microscopy (<i>practical session</i>)
10:30 – 11:00	Session 9 Indicators of bacterioscopic laboratory performance (<i>presentation</i>)
11:00 – 11:30	Coffee break
11:30–11:50	Session 10 Equipment of sputum samples collection point (<i>practical session</i>)
11:50 – 12:10	Session 11 Sputum collection technique (<i>practical session</i>)
12:10 – 13:00	Session 12

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	Use of other screening techniques for TB detection (<i>lecture</i>)
13:00 – 14:00	Lunch
14:00 – 14:30	Session 13 Development of pulmonary TB detection algorithm for primary healthcare network (<i>practical session</i>)
14:30 – 15:15	Session 14 Differential diagnosis of pulmonary TB (<i>practical session</i>)
15:15 – 16:00	Session 15 General approaches to extra-pulmonary TB diagnosis. Risk groups (<i>lecture</i>)
16:00 – 16:30	Coffee break
16:30 – 17:30	Session 16 Clinical classification of TB. Establishing diagnosis. Case management (<i>presentation</i>)
17:30 – 18:00	2nd day's conclusions
Day 3	
9:00 – 9:30	Discussion of the previous day's results
9:30 – 10:00	Session 17 General principles of TB treatment (<i>lecture</i>)
10:00 – 11:00	Session 18 Overview of TB drugs (<i>lecture</i>)
11:00 – 11:30	Coffee break
11:30 – 12:30	Session 19 Directly observed therapy (<i>practical session and discussion</i>)
12:30 – 13:00	Session 20 Side effects of TB drugs (<i>lecture</i>)
13:00 – 14:00	Lunch
14:00 – 14:30	Session 20 Side effects of TB drugs (<i>lecture</i>) - continuation
14:30 – 15:30	Session 21 Side effects management (<i>practical session</i>)
15:30 – 16:00	Session 22 Filling out registration forms on TB diagnostics and treatment (<i>practical session</i>)
16:00 – 16:30	Coffee break
16:30 – 17:00	Session 23 Criteria of treatment efficiency and hospital discharge. TB reporting and recording forms (<i>presentation</i>)
17:00 – 17:30	Session 24 Case management of patients who defaulted treatment (<i>brainstorming</i>)
17:30 – 18:00	3rd day's conclusions
Day 4	
9:00 – 9:15	Discussion of the previous day's results
9:15 – 10:00	Session 25 Tuberculosis and pregnancy (<i>seminar</i>)
10:00 – 11:00	Session 26 Tuberculosis and concomitant diseases (<i>seminar</i>)

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11:00 – 11:30	Coffee break
11:30 – 12:15	Session 27 Organization of out-patient TB treatment model (<i>lecture</i>)
12:15 – 13:00	Session 28 Main indicators of effective out-patient TB treatment (<i>lecture</i>)
13:00 – 14:00	Lunch
14:00 – 14:30	Session 29 Methods of ensuring treatment adherence (<i>brainstorming</i>)
14:30 – 15:00	Session 30 General approaches to TB chemoprophylaxis (<i>lecture</i>)
15:00– 15:30	Session 31 TB infection control in health care facilities (<i>lecture</i>)
15:30 – 16:00	Session 32 General approaches to TB education of population, patients, and medical staff (<i>seminar</i>)
16:00 – 16:30	Coffee break
16:30 – 17:30	Session 33 Advocacy, communication, and social mobilization (ACSM) (<i>presentation</i>)
17:30 – 18:00	4th day's conclusions
Day 5	
9:00 – 9:30	Discussion of the previous day's results
09:30 – 10:30	Session 34 HIV etiology and natural history (<i>lecture</i>)
10:30 – 11:00	Session 35 HIV/TB co-infection: epidemiologic and pathogenetic peculiarities (<i>lecture</i>)
11:00 – 11:30	Coffee break
11:30 – 12:15	Session 36 HIV/TB co-infection: diagnostics algorithm (<i>lecture</i>)
12:15 – 13:00	Session 37 General approaches to ART(<i>lecture</i>)
13:00 – 14:00	Lunch
14:00 – 15:00	Session 38 TB treatment in HIV positive patients (<i>presentation and practical session</i>)
15:00 – 15:30	Post-training questionnaires
15:30 – 16:00	Final conclusions

ANNEX 2

Training agenda

“TB detection and diagnosis by direct sputum smear microscopy. Quality assurance of tests”

Dnepropetrovsk, October 22-26 and November 5-9, 2012

Day 1	
9.00-9.30	Registration of participants
9.30-10.30	Opening meeting with participants and introduction of trainers. Introduction of objectives, tasks, and rules of the training.
10.30-11.00	Review of pre-training questionnaires and pre-course checklist.
10.40-11.30	Session 1 TB surveillance in the world, European region and Ukraine (<i>lecture</i>)
11.30.-12.00	Coffee break
11.55-13.00	Session 2 TB etiology and pathogenesis (<i>presentation</i>)
13.00-14.00	Lunch
14.00-14.30	Session 2 Laboratory network of TB microscopic diagnostics (<i>presentation</i>)
14.30-15.30	Session 2 Role of PHC laboratories in TB detection and diagnosis (<i>presentation</i>)
15.30-16.00	Coffee break
16.00-17.45	Session 3 <i>Practice at the microscopy center</i> 1. General principles of sputum smear microscopy center operations 2. Sample delivery procedure 3. Equipment of microscopy center 4. Arrangement of work place for smear preparation and microscopy 5. Reagents and solutions 6. Handouts of procedure algorithm 7. Record keeping 8. Samples, smears, and reagents storage
17.45-18.00	<i>1st day's conclusions</i>
Day 2	
9.00-9.30	<i>Discussion of the previous day's results</i>
9.30-11.00	Session 1 Methods of TB microscopic tests (<i>presentation</i>)
11.00-11.30	Coffee break
11.30-12.30	Session 1 Operations of first level laboratory dealing with smear tests (<i>presentation</i>)
12.30-13.00	Session 2 Practice
13.00-14.00	Lunch

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14.00-14.30	Session 3 Procedure of sputum samples collection, storage, and transportation (<i>presentation</i>)
14.30-15.30	Session 3 Laboratory biosafety (<i>presentation</i>)
15.30-16.00	Coffee break
16.00-17.45	Session 3 Preparation of sputum smears. Ziehl-Neelsen staining method (<i>presentation</i>)
17.45-18.00	2nd day's conclusions
Day 3	
9.00-9.30	Discussion of the previous day's results
9.30-10.30	Session 1 Technique of sputum smears preparation. Ziehl-Neelsen staining method. Possible mistakes (<i>presentation</i>)
10.30-11.00	Session 1 Preparation of reagents and solutions for Ziehl-Neelsen staining (<i>presentation</i>)
11.00-11.30	Coffee break
11.30-12.00	Session 2 Assessment of sputum smear microscopy results (<i>practice</i>)
12.00-12.30	Session 2 Evaluation of smear quality (<i>practice</i>)
12.40-13.00	Session 2 Completion of recording and reporting forms. Providing microscopy results (<i>practice</i>)
13.00-14.00	Lunch
14.00-17.30	Session 2 Preparation of sputum smears. Ziehl-Neelsen staining method. smear microscopy, assessment of results, reasons for possible mistakes (<i>practice</i>)
17.30-18.00	3rd day's conclusions
Day 4	
9.00- 9.30	Discussion of the previous day's results
9.30-10.30	Session 1 External and internal laboratory quality evaluation in TB cultural tests (<i>presentation</i>)
10.30-11.00	Session 1 Internal and external quality evaluation for first level laboratories (<i>presentation</i>)
11.00-11.30	Coffee break
11.30-12.30	Session 2 Recording and reporting forms (<i>practice</i>)

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12.30-13.00	Session 3 Internal and external quality evaluation for first level laboratories (<i>discussion</i>)
13.00-14.00	Lunch
14.00-17.30	Session 4 Smear preparation and Ziehl-Neelsen staining. Smear microscopy, assessment of results, reasons for possible mistakes (<i>practice</i>)
17.30-18.00	<i>4th day's conclusions</i>
Day 5	
9.00- 9.30	<i>Discussion of the previous day's results</i>
9.30-11.00	Session 1 Reading of control panel smears. Completion of panel testing documents (<i>practice</i>)
11.00-11.30	Coffee break
11.30-12.30	Session 2 Infection control in TB microscopic laboratory (<i>presentation</i>)
12.30-13.00	Session 3 Infection control in TB microscopic laboratory (<i>practice</i>)
13.00-14.00	Lunch
14.00-14.40	Session 4 <i>Educational film</i> Direct microscopy for acid-fast bacteria
14.40-15.40	Discussion
15.40-16.40	Final test
16.40-17.00	Results of the training. Certificates award.

ANNEX 3

SCIENTIFIC CONFERENCE

International Standards for Implementation of TB Infection Control in Public Health and Medical Education Reforms in Ukraine

December 20-21, 2012
President Hotel (12 Hospitalna St, Kyiv)

Background:

TB Infection Control is an essential part of the WHO strategies on program management of drug resistant TB (PMDT) and 3I strategy on TB/HIV collaborative activities (intensive case finding, infection control, and isoniazid preventive therapy). In 2010, with USAID support Ukraine made a step forward in development of IC legislation when TB IC standard was created. In 2011, a USAID-supported project conducted the IC conference for TB specialists to present new IC standard to TB facilities and State Sanitary and Epidemiologic Service (SES). As a result of that conference IC plans were developed in the majority of TB facilities throughout the country. Based on the Strengthening Tuberculosis Control in Ukraine Project's experience, the IC plans are non-effective and haven't been implemented. The main reasons are lack of technical support from SES to medical facilities and outdated SES regulations which are non-compliant with new IC standard. Based on the results of the IC roundtable held in September of 2012, it was recommended to provide IC trainings to SES staff as well as to introduce modern IC approaches into formal medical education to ensure sustainable changes in TB IC in Ukraine. The STbCU Project created working groups on TB SES regulations analyses and development of IC training materials for laboratories and medical facilities. The previous conference focused mainly on TB specialists, therefore the target audience of this conference is switched to the following professionals: epidemiologists, microbiologists, IC specialists, hygienists, and infection diseases professionals. In addition, key Ukrainian IC experts trained by USAID and WHO as international experts will participate and present at the conference on international IC standards and practices. The on-going reforms in SES and medical education systems provide an opportunity for the Project to bring epidemiologists, scientists, and academicians together and influence IC regulations, enhance medical curricula, and improve implementation of TB IC plans and activities on the ground.

Goal:

To promote sustainable changes in implementation of internationally recognized IC approaches; initiate effective dialogue among epidemiologists, scientists, and academicians to implement safe medical practices by improving evidence-based policies, guidelines and updating standards on TB IC; introduce modern approaches to TB IC control into formal pre-service and post-graduate educational system for medical professionals in Ukraine.

Objective:

- To present analyses of the national and regional policies, promote improvement of guidelines for implementation of TB IC measures according to international standards;
- To present and discuss challenges of IC approaches in different medical settings (laboratory, TB facilities, etc);
- To advocate, promote and update pre-service medical curricula for medical students of all specialties by introducing modern approaches to TB control.

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Target audience:

Considering the multi-faceted goal of the conference, taking the opportunity from the current reforms and using momentum to enhance medical education in key areas of TB control, the following groups of medical professionals were invited to the event: officials of the MOH of Ukraine; representatives of Chairs: Epidemiology, Microbiology, Infectious Diseases, Hygiene; Heads and Deans of all National Medical Universities, State Sanitary and Epidemiologic Service representatives, and national and international implementers of TB control program in Ukraine.

The conference is organized by the USAID Strengthening Tuberculosis Control in Ukraine Project and National Medical University with the State Sanitary and Epidemiologic Service of Ukraine, State Service of Ukraine on HIV/AIDS and other Socially Dangerous Diseases, and All-Ukrainian Scientific Society of Microbiologists, Epidemiologists and Parasitologists.

CONFERENCE AGENDA

Day 1. Thursday, December 20, 2012.

TIME	SESSION DESCRIPTION
08:00–12:30	Check-in at the hotel
13:00–13:30	Welcome: coffee, registration of participants
13:30–14:30	Opening remarks <ul style="list-style-type: none"> • Vitaliy Moskalenko, Academic of the National Academy of Medical Sciences of Ukraine (NAMSU), Vice Presidents of the NAMSU, Rector of the National Medical University named after O.O. Bohomolets • Oleksandr Tolstanov, Deputy Minister of Health of Ukraine • Anatoliy Ponomarenko, Head of the State Sanitary and Epidemiologic Service of Ukraine; • Yevhen Khanyukov, First Deputy Head of the State Service of Ukraine on HIV/AIDS and other Socially Dangerous Diseases; • Ihor Perehinets, National Professional Officer, Communicable Diseases, WHO Country Office, Ukraine • Olena Kheylo, Chief of Party, USAID Strengthening Tuberculosis Control in Ukraine Project; • Arkadiy Frolov, Academic of the NAMSU, Head of All-Ukrainian Scientific Society of Microbiologists, Epidemiologists and Parasitologists named after D.K. Zabolotniy
14:30–14:50	Overview of TB epidemiological situation in Ukraine <i>Khanyukov Y.V.</i> , First Deputy Head of the State Service of Ukraine on HIV/AIDS and other Socially Dangerous Diseases Q&A session
14:50–15:10	The role of the State Sanitary and Epidemiologic Service in implementation, monitoring and evaluation of TB Infection Control interventions <i>Kravchuk O.P.</i> , First Deputy Head of the State Sanitary and Epidemiologic Service of Ukraine Q&A session
15:10–15:30	Role of Epidemiology Department in pre-service education in TB Infection Control <i>Kolesnikova I.P.</i> , Head of Chair of Epidemiology of the National Medical University named after Bohomolets, Chief Epidemiologist of the MOH of Ukraine Q&A session
15:30–15:50	Coffee break
15:50–16:10	International approaches to bio-safety in bacteriological laboratories <i>Nekrasova L.S.</i> , Chief Physician of the Central Sanitary and Epidemiologic Station*, MOH of Ukraine *SES includes two national laboratories (virology and bacteriological) and provides monitoring of IC in laboratories. Q&A session
16:10–16:30	Implementation of environmental control as part of WHO- recommended Infection Control measures <i>Rodyna R.A.</i> , Deputy State Public Health Physician of Donetsk oblast Q&A session

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16:30–16:50	State Sanitary and Epidemiologic Service’s experience in implementation of WHO-recommended TB Infection Control measures (Donetsk oblast experience) <i>Darahan G.M.</i> , PhD, Head of Extremely Dangerous Diseases Department of SES, Donetsk National Medical University, Public Health and Epidemiology Department Q&A session
16:50–17:10	Analysis of Ukrainian Infection Control regulations with respect to WHO TB IC policy <i>Kachur N.V.</i> , PhD, Deputy Chief Epidemiologists of Luhansk Oblast, Luhansk National Medical University, Hygiene and Ecology Department
17:10-18:00	Discussion session: Analysis of Ukrainian Infection Control regulations with respect to WHO TB IC policy <i>Facilitators:</i> <i>Alexandrin A.A.</i> , Infection Control Specialist, USAID Strengthening Tuberculosis Control in Ukraine Project <i>Raykhert I.P.</i> , Regional Coordinator, USAID Strengthening Tuberculosis Control in Ukraine Project
18:00 –18:10	1st day closing. Final remarks. <i>Kolesnikova I.P.</i> , Head of Chair of Epidemiology of the National Medical University named after Bohomolets, Chief Epidemiologist of the MOH of Ukraine Q&A session
18:10–20:00	Reception

Day 2. Friday, December 21, 2012

Parallel Sessions	
09:00–11:00	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>Section 1. Discussion and approval of the model training program curricula on TB Infection Control</p> <p>Presentation, discussion and approval of model training curriculum on Epidemiology to be lectured to sixth year students of HMS of Ukraine of III-IV accreditation level majoring in medical and preventive care.</p> <p>Facilitators: <i>Frolov A.F.</i>, Head of the All-Ukrainian Scientific Society of Microbiologists, Epidemiologists and Parasitologists named after Zabolotniy D.K.</p> <p><i>Kolesnikova I.P.</i>, Head of Chair of Epidemiology of the National Medical University named after Bohomolets, Chief Epidemiologist of the MOH of Ukraine</p> </div> <div style="width: 48%;"> <p>Section 2. Increasing SES capacity to implement, monitor, and evaluate TB Infection Control</p> <p>Discussion of TB IC national indicators, SES information bulletin template on TB IC, planning of activities for 2013.</p> <p>Facilitators: <i>Lyashko V.K.</i>, State Sanitary and Epidemiologic Service of Ukraine</p> <p><i>Andriy Aleksandrin</i>, Infection Control Specialist, USAID Strengthening Tuberculosis Control in Ukraine Project</p> </div> </div>

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11:00–12:00	Coffee break, check-out
12:00–12:20	Epidemiological principals of internationally recognized TB control programs <i>Olena Kheylo</i> , Chief of Party, USAID Strengthening Tuberculosis Control in Ukraine Project Q&A session
12:20-12:40	Respiratory protection approaches as part of WHO IC policy <i>Rodion Kartavykh</i> , Advanced Technical Service Engineer, Occupational Health & Environmental Safety Q&A session
12:40-13:00	Closing remarks. Questions and answers, discussion, award of certificates <i>Kolesnikova I.P.</i> , Head of Chair of Epidemiology of the National Medical University named after Bohomolets, Chief Epidemiologist of the MOH of Ukraine <i>Olena Kheylo</i> , Chief of Party, USAID Strengthening Tuberculosis Control in Ukraine Project;
13:00–15:00	Lunch

ANNEX 4

RESOLUTION

SCIENTIFIC CONFERENCE

International Standards for Implementation of TB Infection Control in Public Health and Medical Education Reforms in Ukraine

Kyiv, December 20-21, 2012

1. Address the Ministry of Health and State Service for Combating HIV/AIDS and other Socially Dangerous Diseases regarding the necessity to develop reporting forms on implementation of Tuberculosis (TB) infection control (IC) activities (plans) in Ukraine.
2. File a request with the State Sanitary and Epidemiological Services (SES) regarding the development of National Guidelines on the practical application of TB IC Standards approved by the Ministry of Health (MOH) Order #684 dated August 18, 2010.
3. Address the State SES and State Service for Combating HIV/AIDS and other Socially Dangerous Diseases regarding the possibility to create a registry of TB facilities and AIDS centers participating in the Strengthening TB Control in Ukraine (STbCU) project pilot programs.
4. Question the State SES and State Service for Combating HIV/AIDS and other Socially Dangerous Diseases about the feasibility of publishing a quarterly information bulletin on IC under technical assistance of the USAID-funded STbCU project.
5. Address the MOH and State SES and State Service for Combating HIV/AIDS and other Socially Dangerous Diseases regarding prioritization of development and approval of IC regulatory documents for TB facilities.
6. Address the MOH with a request to increase the number of academic hours allocated for “Epidemiology” discipline for specialists majoring in general medicine (1101).
7. Address the MOH with a request to include an optional training course on Fundamentals of TB IC in the training program curriculum on general medicine

- #1101 for sixth year students majoring in medical care (7.110101) and pediatrics (7.110104). It is also requested to include an optional training course titled “TB infection control” in the training program curriculum for sixth year students majoring in medical and preventive care (7.110105).
8. Approve the model training program curriculum on fundamentals of TB infection control for sixth year students of Higher Medical Schools (HMS) of III-IV accreditation level majoring in medical care (7.110101), pediatrics (7.110104), and general medicine #1101. This curriculum was presented by the group of authors from the Epidemiology Chair of the National Medical University named after O.O. Bohomolets.
 9. Approve the model optional training course curriculum on TB IC for sixth year students of HMS of III-IV accreditation level majoring in medical care and prevention (7.110105). The curriculum was presented by the group of authors from the Epidemiology Chair of the National Medical University named after O.O. Bohomolets.
 10. Approve changes to the model training program curriculum on Epidemiology for students of HMS of III-IV accreditation level majoring in medical care and prevention (7.110105). In particular, it was resolved to replace topic #17 “The structure, functions, and administrative controls of disinfection stations (units)” with the topic titled “Fundamentals of TB IC”.
 11. Request the Lead Chair majoring in medical care (7.110101), pediatrics (7.110104), and preventive care (7.110105) (Epidemiology Chair of the National Medical University named after O.O. Bohomolets, Head of Chair - Kolesnikova I.P., Doctor of Medical Sciences, Professor) to develop instructional materials to support practical lessons of optional training course titled “TB infection control” and “Fundamentals of TB IC”. Once approved, these instructional materials should be provided to all specialized Chairs to be included in the academic curriculum.
 12. Request the Lead Chair of Post-Graduate Education (Chair of General Hygiene and Epidemiology of Kharkiv National Medical Academy of Post-Graduate Education, Head of Chair – Karaban O.M., Doctor of Medical Sciences, Professor) to amend the model residency training program curriculum on

Epidemiology. It is important that this curriculum envisages 36-42 academic hours of lectures on TB IC issues.

13. Request the Lead Chair (Epidemiology Chair of the National Medical University named after O.O. Bohomolets, Head of Chair - Kolesnikova I.P., Doctor of Medical Sciences, Professor) to amend training programs and curricula for the advanced training of teachers of HMS of Ukraine of I-IV accreditation level, in particular, include lectures on TB IC issues.