



# STRENGTHENING TUBERCULOSIS CONTROL IN UKRAINE (STBCU)

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# ACRONYMS

ACSM	Advocacy, communications, and social mobilization
AIDS	Acquired immunodeficiency syndrome
AR	Autonomous Republic
ART	Anti-retroviral therapy
CoE	Center of Excellence
DOTS	Directly observed treatment short-course
DRS	Drug resistance survey
DST	Drug susceptibility testing
EQA	External quality assurance
GF	Global Fund to Fight AIDS, Tuberculosis, and Malaria
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
IQA	Internal quality assurance
KAP	Knowledge, Attitude and Practice
M&E	Monitoring and evaluation
MDR-TB	Multi-drug-resistant tuberculosis
MOH	Ministry of Health
NGO	Non-governmental organization
NRL	National Reference Laboratory
NTP	National Tuberculosis Program
OR	Operational research
PAL	Practical Approach to Lung Health
PHC	Primary health care
PLWH	People living with HIV
PMDT	Programmatic Management of Drug Resistant TB
URCS	Ukrainian Red Cross Society
R&R	Recording and reporting
SES	Sanitary - Epidemiological Services
SIAPS	The Systems for Improved Access to Pharmaceuticals and Services

STbCU	Strengthening Tuberculosis (Tb) Control in Ukraine
TB	Tuberculosis
TST	Tuberculin skin test
UCDC	State Institution “Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine”
USAID	United States Agency for International Development
WHO	World Health Organization
XDR-TB	Extensively Drug-Resistant Tuberculosis

## PROJECT OVERVIEW

The five-year USAID Strengthening TB Control in Ukraine (STbCU) project, implemented by Chemonics International in partnership with Project HOPE and the Global TB Institute (Medical School of New-Jersey), seeks to improve the health status of Ukrainians by decreasing the burden of TB through specific quality assurance and system strengthening measures for routine TB services, multi-drug resistant TB (MDR-TB), and TB/HIV co-infection. This report presents the progress made in project implementation in the fifth quarter of Year I (April 1, 2013 - June 30, 2013).

The USAID STbCU project continues to enhance the quality of TB services in 10 administrative territories of Ukraine (seven oblasts: Kherson, Zaporizhzhia, Dnipropetrovsk, Donetsk, Odesa, Luhansk, Kharkiv, and the Autonomic Republic (AR) of Crimea; and two cities: Kyiv and Sevastopol). To ensure the sustainability of effective TB control in Ukraine in accordance with international recommendations, the project is working with the Government of Ukraine (GoU) and with other partners to achieve the following goals: improve laboratory-based TB diagnostics and institute external quality assurance (EQA) of laboratory tests; ensure a patient-centered, supportive environment for strengthening adherence to TB treatment for each patient; institutionalize international best practices in TB infection control (IC); and expand effective responses to the growing rates of TB/HIV co-infection. The project is implementing TB systems-strengthening activities at two levels: capacity-building efforts are being directed at national and oblast-level institutions for specialized TB services and supervision and trainings and demonstrations of best practices of TB control are being provided to health care staff at the primary health care (PHC) level. The activities indicated above support the four prime objectives of the project, 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 extensively drug-resistant TB (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.*

## ACCOMPLISHMENTS SUMMARY

During this quarter, the USAID STbCU project focused on scaling up activities that were initiated in previous quarters to improve the quality of TB care in USAID-supported areas, advocating for internationally recognized TB control standards services, institutionalizing practices for safer medical environments, and better integrating TB/HIV co-infection services. Data from national TB surveillance and treatment outcomes during the year 2011 became available during this quarter. Thus, the Project performed a preliminary analysis of the current data on TB surveillance and treatment outcomes. Key NTB indicators for the year 2011 were calculated in the USAID supported regions as follows: the treatment success (“cure”) rate was 48.3%, treatment failed in 19.6% of cases, 16.4% of patients died, and 7.5% defaulted treatment. The remaining outcome, “treatment completed,” occurred with an average frequency

of 7%, which falls within the WHO-recommended maximum. However a number of discrepancies exist in the NTP indicators (please refer to the Annex A).

*Skills enhancement.* During this quarter, the project-supported trainings designed to enhance professional knowledge of the WHO's Stop TB Strategy reached a total of 192 health care providers across 10 regions. The project also scaled up the use of mentorship (follow-up support to deepen skills and knowledge and improve practices) as a tool for achieving the four project objectives in the 10 USAID-supported oblasts. A total of 50 monitoring and mentoring visits were conducted this quarter, during which 445 health care workers received on-the-job technical assistance on TB diagnostics, case management, and TB/HIV referral. Consultations on TB IC were provided to 61 different TB facilities visited by project representatives during 37 different monitoring and mentoring visits. Due to project support, Ukraine's Sanitary-Epidemiological Services (SES) engaged directly in these monitoring and mentoring activities for the first time. Hospital engineers responsible for TB IC also began participating in regional mentoring and monitoring visits, building a new level of accountability and responsibility in overseeing the implementation of improved IC procedures; engineers initiated five visits to regional TB centers and provided these facilities with specific recommendations on environmental control measures.

The project also helped incorporate this mentorship approach into the National Tuberculosis Program's (NTP) cascading in-service training system. Whereas the State Service for Socially Dangerous Diseases (UCDC) previously conducted on-the-job consultations, the SES requires specific legislative and regulatory reforms to alter its practices. Such reforms have been started both at the national and the regional level. On the national level, the project-initiated a national council of TB IC experts and developed the organizational framework for mentoring visits. Simultaneously, in Luhansk oblast, the regional SES has endorsed a new local order (*nakaz*) outlining a plan for mentoring visits, which covers the remainder of 2013 and further contributes to the creation of a safer medical environment.

To strengthen the formal medical education system, the project helped update pre- and post-graduate medical curricula in the Dnipropetrovsk and Kharkiv medical academies. The project also achieved agreement with the Tuberculosis Chair at the National Medical University to provide technical input to a handbook on TB/HIV case management written for pre-graduate medical students in the next project year, to further institutionalize up-to-date approaches for managing dual infection.

*Quality of DOTS-based services.* The project reviewed the new national protocol, issued in December 2012, and evaluated its compliance with globally-recognized approaches. The project provided the following assessment: the protocol's classification of DOTS as an optional treatment method should be changed, but the protocol's clinical procedures on TB diagnostics and evidence-based practices do comply well with international standards. Despite the weaknesses in this protocol, some noticeable improvements in DOTS-based practices were initiated, due to project assistance, in the past quarter. Specifically, the regulatory basis to increase access DOTS-based services to the incarcerated population, and referral mechanisms between civil and/or penitential PHC and local TB service providers were improved.

*TB Infection Control.* The project brought together representatives from the national SES, regional SES, and the UCDC to form a national council of TB IC experts. The primary objective of this expert group is to promote the implementation of up-to-date IC measures across Ukraine's network of TB service facilities. The group began working simultaneously on necessary regulatory reforms and on the above mentioned mentorship activities.

*Capacity building at the Dnipropetrovsk Center of Excellence (CoE).* The project has maintained its focus on providing effective capacity-building and technical assistance to the Dnipropetrovsk CoE as an institution as well as to other health care workers while using the CoE as a training hub. Due to the project's initiative and support, an internal evaluation of clinical practices was conducted in the CoE, which assessed the quality of key clinical elements such as inpatient diagnosis and treatment, laboratory diagnostics, and TB IC protocols. As a direct result of this evaluation process, the CoE MDR-TB Council, with project support, chose to modify and improve a number of their practices. The Council resolved to conduct an assessment of transmission risk within the facility, distinguish high risk zones, and develop TB IC plans specific to the needs and resources of each department. Other improvements that have developed as a result of this collaboration with the CoE include the constant supervision of patient triage and the creation of a separate ward for MDR-TB patients who have become smear negative and no longer contagious.

*Improvement of access to TB/HIV co-infection services.* During the past quarter, the project implemented the first phase of its gap analysis on TB/HIV co-infection services in conjunction with its international partner GTBI. Project staff conducted six in-depth interviews with health care professionals who provide TB services in PHC facilities and regional AIDS centers. Focus groups were also conducted with representatives of HIV service non-governmental organizations (NGOs) in five oblasts: Kharkiv, Luhansk, Donetsk, Dnipropetrovsk, and in Kyiv city.

The project also developed a TB/HIV referral and monitoring database (and comprehensive instructions on the use of this database) to be used by AIDS Centers and rayon level HIV facilities in all project regions, as a tool to improve the TB/HIV referral system. This new database came into use in nine project regions during the month of May 2013. Since then, data relevant to the TB screening of 1598 people in all 10 USAID-supported regions who are living with HIV (PLWH) were recorded in the database. These patients were screened by one or more WHO-recommended methods, and a basic screening interview on clinical symptoms of TB clinical symptoms was provided to nearly all patients.

## **ACCOMPLISHMENTS BY OBJECTIVE AND ACTIVITY**

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

#### **ACTIVITY 1.1 BUILD INSTITUTIONAL CAPACITY TO IMPROVE THE QUALITY OF DOTS-BASED PROGRAMS**

The primary goal of the USAID STbCU project is to decrease the TB burden in Ukraine through efforts to improve TB control services and scale-up the adoption of international recommendations and best practices in TB control, institutionalizing them as standard procedures in Ukrainian health care. Over the last decade, Ukraine's medical community has been introduced to such international recommendations and practices in TB care. As a result of the WHO-led evaluation of TB control in 2010 in Ukraine, a set of effective measures for improving Ukraine's National TB program was conveyed to the GoU.

However, it is not enough to simply introduce and promote current international recommendations. In order for these best practices to become accepted as standard procedures in Ukraine's medical facilities, they must be incorporated into existing TB-related regulatory frameworks, especially clinical protocols and guidelines, and endorsed by specific legal orders

(Ukrainian: *nakaz*) of the Ministry of Health (MOH). Following such an endorsement, best practices in TB diagnostics, treatment, and follow-up can be transformed into comprehensive educational programs, allowing international standards to be reflected in pre-graduate and post-graduate medical curricula and in-service training curricula, and thus firmly cementing these best practices as the fundamental basis of TB care in the Ukrainian medical system.

In the third quarter, the project completed the development of training materials on TB management for PHC providers, which were designed to be in compliance with the national unified protocol on TB case management.

Then, in December 2012, the MOH endorsed a new unified protocol on TB case management. The project received a request from the UCDC to review the new protocol and evaluate its compliance with globally-recognized approaches.

The protocol followed, to a significant extent, the United Kingdom-originated guideline on clinical TB management (“National Institute for Health and Clinical Excellence (NICE): *Tuberculosis. Clinical diagnosis and management of tuberculosis, and measures for its prevention and control*. London (UK), 2011”). This new protocol reflects increased appreciation for and attention to the provision evidence-based clinical practices, which is a positive improvement for TB control efforts in Ukraine; however, the following significant and systemic shortcomings of Ukraine’s newly revised protocol have been identified:

- As it is clear from the title, the NICE guidelines primarily address the clinical aspects of TB case management rather than the organizational details of TB control. In the MOH’s new protocol, the description of such components of TB control as, for example, support for treatment adherence and follow-up of TB cases until treatment completion, details of case definitions, recording and reporting (R&R) requirements, and the specifics of new diagnostic techniques is insufficient and unclear as these parts of the Ukrainian protocol are based on a contradictory mix of word-by-word translation of the relevant parts of the NICE guidelines and conventional Ukrainian approaches. This has been included in the protocol in lieu of comprehensively vetted procedures for improving the efficiency of Ukraine’s TB control.
- Unclear description in the new MOH protocol of TB case recording and reporting procedures may further jeopardize the validity of TB surveillance data and the reporting of TB treatment results in Ukraine, as characterized in the project overview
- The most significant issue stems from the NICE guidelines’ statement that the “use of directly observed therapy (DOT) is not usually necessary in the management of most cases of active TB.” Despite the fact that this statement makes sense only within the context of the UK medical system, whose structure of services differs significantly from that in Ukraine, the Ukrainian MOH took this statement as instructive for all outpatient TB care in its own country. This has resulted in the neglect of necessary reforms for inpatient treatment and the justification of improper practices in outpatient treatment. Specifically, the MOH is using this “international” protocol to justify the lack of DOT services for Ukrainian patients who are receiving TB treatment on an outpatient basis. Ukraine’s new protocol now allows for TB pharmaceuticals to be given to patients for up to 10 days without a health care provider observing the actual consumption of those drugs.
- While the NICE guidelines emphasize the need for services to improve treatment adherence, responsible entities or procedures for executing these services are not made clear, despite the emphasis in the MOH’s protocol of the importance of such services. Details for regular psychosocial, educational, financial services, as well as home visits and other services to TB patients, if needed, to ensure treatment adherence are not articulated, and the key entities or contact persons who are supposed to support TB patient treatment are not identified.

Moreover, Ukraine's new protocol eliminates certain control functions (random urine testing for drugs presence to control proper intake, pill counts, etc.) as a part of standard activities to ensure treatment adherence, which are listed in the NICE guidelines.

The NICE guidelines do recommend DOT for marginalized populations. The WHO recommends implementing DOT globally to prevent TB patients' defaults from treatment and, in turn, help prevent the development of MDR-TB. The WHO particularly emphasizes this recommendation for countries where social support systems are weak or inexistent. As Ukraine has one of the highest level of MDR TB globally and has weak psychosocial support of TB patients to ensure treatment adherence needs, the MOH needs to revisit the appropriateness of easing the requirement of establishing DOT for TB patients, in particular those with MDR-TB.

To involve local counterparts from USAID-supported regions into the process of reviewing the new MOH's protocol on TB case management, the project organized a review of the new protocol in cooperation with TB specialists' associations. A number of workshops with regional TB specialists were held to discuss clinical TB case management, with an emphasis on MDR-TB case management. These workshops gathered:

- 26 persons - in Kyiv city, on April 9, 2013;
- 90 persons - in Dnipropetrovsk oblast, on April 24, 2013
- 102 persons - in Zaporizhzhia oblast, on May 15, 2013
- 50 persons - in AR Crimea, on June 14, 2013

To prepare for these workshops, project staff asked TB specialists from USAID-supported regions to share questions on TB treatment or other issues of TB control which were unclear to them when the specialists utilized the new MOH's protocol in practice. Specialists' questions and suggestions for protocol revisions were conveyed to key national experts on TB, Dr. Svitlana Cherenko and Natalia Lytvinenko, who authored the December 2012 TB treatment protocol. The project-led workshops revealed that certain practices identified in the protocol were implemented inconsistently across regions. After analyzing participant feedback, the project summarized the remaining ambiguities in a letter to the UCDC and made a formal request for clarification. In this letter, the project emphasized the differences between national protocols and WHO-recommended TB treatment and control measures.

*Per task 1.1.1*, despite the challenges of this new protocol, the project continued to work on strengthening the formal medical education system by including internationally recognized, up-to-date approaches in TB control in the following ways:

This quarter, the project reviewed and updated training materials for PHC providers to bring them into accordance with the specific requirements of the new MOH protocol that comply with international standards, especially those components on clinical TB case management, which represent evidence-based international approaches.

The project piloted these updated training materials at the Dnipropetrovsk medical academy by providing training to 45 TB specialists. In addition, a series of workshops and meetings were conducted by the project at the regional and central levels to scale up institutionalization of international practices by incorporating project-supported training courses in conventional post-graduate educational programs. For example, at the meeting on June 17 with the Chair of Family medicine of Postgraduate Education Department of the Dnipropetrovsk medical academy, an agreement was reached to gather professors of all Chairs of Family Medicine from USAID-

supported regions and provide them a master training so that these professors could serve as leaders at the aforementioned trainings for PHC providers.

At a working meeting with the TB Chair staff of the National Medical University in Kyiv on June 20, the project reached an agreement with the Chair for Tuberculosis of the National Medical University in Kyiv on the project's technical input to the development of a handbook on TB/HIV case management for pre-graduate medical students. These activities are being included into the Year 2 project work plan. The purpose of this handbook is to further institutionalize up-to-date approaches for TB/HIV co-infection management. The project also continues to advocate for further embedding a TB IC module into the formal medical education curricula. The modification of a selective TB IC curriculum for sixth-year medical students, developed earlier by the project for post-graduate training for TB specialists, was started by the Kharkiv medical academy of post-graduate education. It is expected that this modified TB IC curriculum will be endorsed as a module of the post-graduate TB curriculum in Kharkiv by September 2013.

*Per task 1.1.3.* A total of 192 health care providers were also trained on TB control components (Table 1-2).

**Table 1. Training activities in USAID-supported regions April 1, 2013 – June 30, 2013**

Name of training	Place of training	Number of trainings	Number of trainees
TB case management in PHC facilities	Dnipropetrovsk CoE	2	41
	Luhansk	1	25
	Kyiv	1	34
TB detection and diagnostics by sputum smear microscopy. Quality control of investigations.	Dnipropetrovsk CoE	1	16
TB Infection control in medical facilities of Ukraine	Donetsk training Centre	3	69
Prevention of nosocomial TB transmission	International Training Centre on TB IC, Vladimir, Russia	1	5
Engineering aspects of nosocomial TB transmission risk reduction: Design, installation, balance, commission, and maintenance of ventilation systems	International Training Centre on TB IC, Vladimir, Russia	1	2
<b>Total number of trainings and trained specialists</b>	<b>Place of training</b>	<b>10</b>	<b>192</b>

**Table 2. Trained specialists by specialty and work venue, April 1, 2013 – June 30, 2013**

Name of specialty	Number of trained specialists	Oblast/City
Physicians of primary health care facilities	100	Kyiv – 34, AR Crimea – 17, Kharkiv – 13, Dnipropetrovsk –

		6, Odesa – 5, Luhansk - 25
TB specialists	4	Dnipropetrovsk - 1, Donetsk – 1, Odesa - 2
Laboratory technicians	16	Luhansk – 6, Kharkiv – 7, Dnipropetrovsk – 3
Epidemiologists	67	Luhansk – 22, Kharkiv – 21, Dnipropetrovsk – 4, Donetsk– 3, Odesa – 10, Zaporizhzhia - 2 Kyiv city – 4 AR Crimea – 1
Infection disease specialists (AIDS centers)	3	Kyiv city – 1, Odesa – 2
Engineers	2	Donetsk– 1, Luhansk – 1
<b>Total number trainings trained specialists</b>	<b>192</b>	

The project’s approach to streamlining human capacity building activities for health care practitioners delivering TB and TB/HIV services (at both the PHC level and in specialized health care settings) is based on the cascade approach and the steps are summarized below:

1. The project supports the provision of targeted in-service trainings. The ultimate goal of this step is to provide up-to-date knowledge and upgrade the level of skill in all components of TB control among individuals employed in all areas of TB care. Specific curricula for these trainings are being developed or adopted.
2. Initial trainees are selected from those regions where available evidence indicates that the TB epidemic is least under control. The project trains key individuals whose professional responsibilities include maintaining the quality of medical services and/or building the capacity of human resources in their home institutions. Project-supported trainings are planned in coordination with the GF Round 9 TB program and other players in the TB domain to ensure availability of opportunities in current TB control.
3. After these initial training efforts, successful trainees who have already been identified as key specialists in their districts will then lead subsequent trainings for medical personnel in their home institutions. Project-trained specialists are encouraged to share their knowledge and demonstrate practical skills at a variety of venues, including routine medical seminars and conferences, a specially-organized “Information Day” or “Specialist’s Day,” or any other gatherings convened to discuss the management of TB cases or conduct other matters of ordinary business at the facility. The project supports these initial trainees by supplying them with additional instruction, training materials and informational materials designed to help them follow through with these tasks. These project-trained mentors are also included in activities conducted as a part of supervisory/mentoring visits to health sites.
4. TB control practices are overseen at the trainees’ workplaces. This element is accomplished through a combination of targeted supervisory visits to medical

facilities conducted as a part of the NTP with the participation of project specialists, as well as through the project's independent supervisory efforts.

5. As weaknesses in TB control practices are identified, immediate on-the-job training is provided, on an as-needed basis, by mentors conducting these site visits. Thus, visits to medical facilities are used for two purposes: assessing the current state of TB control practices (supervision) and *immediately* extending suggestions and explanation of international recommendations, best practices, and appropriate national standards for addressing the specific problem. The goal of these practices is to immediately improve TB services rather than simply observing TB-related practices and providing recommendations at a later date, as often happens during routine monitoring visits. These activities have been planned with a bottom-up approach, focusing primarily on district (rayon) level facilities including PHC centers and district specialized TB services.
6. As it prepares this team of mentors, the project is also working to promote an attitude of supportive supervision and engagement, rather than strict behavioral control, in potential mentors as they prepare to serve this role during supervisory/mentoring visits. To accomplish this, a series of meetings are held with the selected specialists, where they receive training on this approach.
7. National-level TB and TB/HIV experts, especially members of the Scientific-Advisory Expert Panel (part of the State HIV and TB Service) will also be involved in supervisory and mentoring visits at the regional level so as to enhance the knowledge and practices of regional TB specialists and to facilitate them in performing their supervisory/monitoring duties over the lower echelon of health care. This will provide a top-down approach to improving TB control, which will complement the above bottom-up efforts.

This comprehensive approach builds on the existing NTP's capacity building efforts, which currently needs project support. The project seeks to make this approach sustainable by establishing it as standard practice within the NTP's cascade in-service capacity building system. This will achieve the associated Task Order result "Development of the NTP's cascade in-service training system using international standards within the civilian and penitentiary system including the development of a national standardized and accredited training curriculum."

In accordance with the task 1.1.4, project representatives helped lead interdisciplinary groups focused on the improvement of existing laboratory networks and quality assurance in lab-based TB diagnostics. Two such meetings were held, one on April 18 and the other on May 17, 2013. The main goal of these meetings was to finalize the draft of a MOH order (*nakaz*) entitled, "On the management of quality laboratory-based TB diagnostic services" as well as a set of guidelines entitled "On the assurance of internal and external quality in laboratory-based TB diagnostics."

In these meetings, the project helped facilitate an agreement among participants that all three of the following standard EQA methods should be used in order to ensure comprehensive quality control:

- On-the-job training
- Panel testing (testing a lab technician's proficiency by allowing them to stain, "read," and evaluate smears of known status)
- Blind rechecking (randomly rechecking slides selecting during monitoring).

Upon the project's insistence, various EQA standards were stipulated in the drafts, including the following:

- Testing procedures within the EQA framework have to provide some challenges in terms of difficulty. For instance, when panel testing is being performed, a control panel must contain 10 unstained control smears that include both "positive" and "negative" smears. Among the "positive" smears should be smears with varying sputum smear grades (degrees of positivity).
- In the case that a laboratory does not meet EQA requirements according to one of the standardized procedures, a monitoring/mentoring visit should be arranged and a new round of EQA should be conducted.
- Regarding the methods by which internal quality assurance (IQA) measures for bacterial cultures is implemented, it was suggested that a list of relevant bacterial strains be generated for quality control efforts concerning decontamination, sample preparation, preparation of liquid and solid media, and drug susceptibility testing (DST).

The main challenges for comprehensive EQA were identified as follows:

- Current staffing levels are insufficient (especially in Level 3 laboratories)
- New diagnostic methods, such as GeneXpert and the centralization of Level 3 diagnostic laboratories, all of which ostensibly offer great material and logistical benefit for TB diagnostic services, also allow for a greater number of tests to be performed, which, in turn, generates greater throughput and a higher workload for laboratory staff, who are already overburdened

Taking these challenges into account, the project offered the following suggestions for bringing Ukrainian laboratories, in their current state, into compliance with international norms.

- Conduct EQA on a regular basis, at least once per year.
- EQA for all TB diagnostic techniques used in lower level laboratories should be mandatory. This EQA will be conducted by higher level laboratories. These higher level laboratories are required to use at least one of the recommended EQA methods (panel testing, on-the-job training, or blind rechecking). The higher level laboratory may determine which method to use according to affordability on site.
- If a lower level laboratory receives a low EQA score (as defined by international norms), their mandated EQA must be conducted more often: twice per year, instead of annually.

In producing the final version of the order (*nakaz*) of the MOH, project representatives were able to ensure that the language of the documents matched terminology used by the WHO. Currently, the technical work of these revisions has been completed, and the development of legal justification for these revised protocols is underway.

Meanwhile, the project also assisted with the development of regional regulations for EQA of laboratory-based TB diagnostics. The work of developing regional regulations has progressed the furthest in Kharkiv oblast, Dnipropetrovsk oblast, and Zaporizhzhia oblast. In Luhansk oblast, the development of regional regulations has recently begun. In accordance with its current plan to support quality assurance through technical training and support, the project continued to offer its 5-day training/re-training program for Level 1 (microscopy) laboratory specialists entitled, "Sputum smear TB case detection and EQA" (please refer to Section 1.1.3).

In April 2013, the project conducted an assessment of current EQA capabilities and practices and of the previous results of these EQA activities throughout the project regions. Kharkiv

oblast appeared to be the only oblast where the EQA and R&R system have been correctly maintained for the last five years. Monitoring and mentoring visits to laboratories conducted by the project in Level 1 laboratories revealed the need for training on EQA methods. This need was particularly pronounced in Luhansk oblast, Kharkiv oblast, and Dnipropetrovsk oblast. The project invited 16 laboratory specialists from these oblasts to the Dnipropetrovsk Oblast Center for Excellence to receive up-to-date training on EQA and EQA methods. In future TB smear test trainings, the project will specifically target staff from laboratories, in which one or more of the following problems are identified:

- Low level of TB detection through sputum smear microscopy
- Low level of acid-fast bacilli detection in scanty or low-positive smears during panel testing (according to WHO recommendations, about 25% of all positive results should be found in such low-positivity smears).
- Violation of SOPs observed during mentoring visits
- Improper use or maintenance of the R&R system.

According to the concept of mentoring (please see section 1.1.3), the project intends to involve trainers in mentoring visits to laboratories, in which their former trainees are employed. The goal of such a visit would be to support the translation of knowledge conveyed in trainings into routine practice in the workplace.

In April 2013, the project developed templates for a standardized EQA R&R system that are based on WHO recommendations. These templates are designed to facilitate the monitoring of long-term progress in Ukraine's laboratories, tracking laboratory EQA results year after year.

In preparation for the planned procurement of two GeneXpert machines to pre-vetted recipients that have high rates of HIV positive patients and commitment to using the machines for expedited diagnostics, the project continues to negotiate customs clearance with UCDC after receiving a Mission waiver on May 10, 2013 to have a sole-source procurement from GeneXpert's single provider. STbCU is providing active support to the newly established UCDC as they develop their customs clearance procedures, and will initiate the six-week procurement process upon finalization of such procedures.

Nine Level 3 laboratories from USAID-supported regions have already been working with Global Fund (GF)-purchased GeneXpert machines for seven months. Staff from these laboratories identified several issues concerning the use of the GeneXpert machines, especially regarding the interpretation of results and discrepancies in the identification (or not) of drug resistance via GeneXpert methods and standard bacterial cultures. The project analyzed the details of these experiences and used them as a background to develop a special training program on GeneXpert, which is scheduled for late July.

The project's objectives for these trainings are as follows:

- To provide information on laboratory methods based on molecular biology techniques, required for better understanding of the GeneXpert testing procedure and interpretation of test results
- To demonstrate the structure of the GeneXpert platform, its mechanical components, and MTB/RIF software
- To provide participants hands-on training with GeneXpert under the supervision of specialists experienced in performing the test

- To instruct participants on GeneXpert maintenance and troubleshooting
- To present experience from the use of GeneXpert in TB programs in different settings

International specialists on molecular diagnostic techniques (Zamira Baiduloeva, Marija Joncevska, and Alexander Trusov) were involved in the development of the GeneXpert training materials. Ukrainian health care workers from Level 3 laboratories will participate in this international GeneXpert training on July 29 in Dushanbe, Tajikistan. The project anticipates that these participants will share the skills obtained with other laboratory professionals.

By the end of the quarter, the mentoring process, in which project staff visit health care facilities for direct “on-the-job” assessment and assistance, had become routine and all Level 3 laboratories were visited. In some oblasts, including Kharkiv oblast, Kherson oblast, and Luhansk oblast, the majority of Level 2 laboratory staff were mentored as well. These visits to Level 2 laboratories were conducted jointly by project staff and the head of the National TB Reference Laboratory. The focus of these visits was two-fold: monitoring and on-the-job training. During these visits, certain systemic problems were identified, such as the use of expired chemicals for DST. Other problems appeared inconsistently across regions:

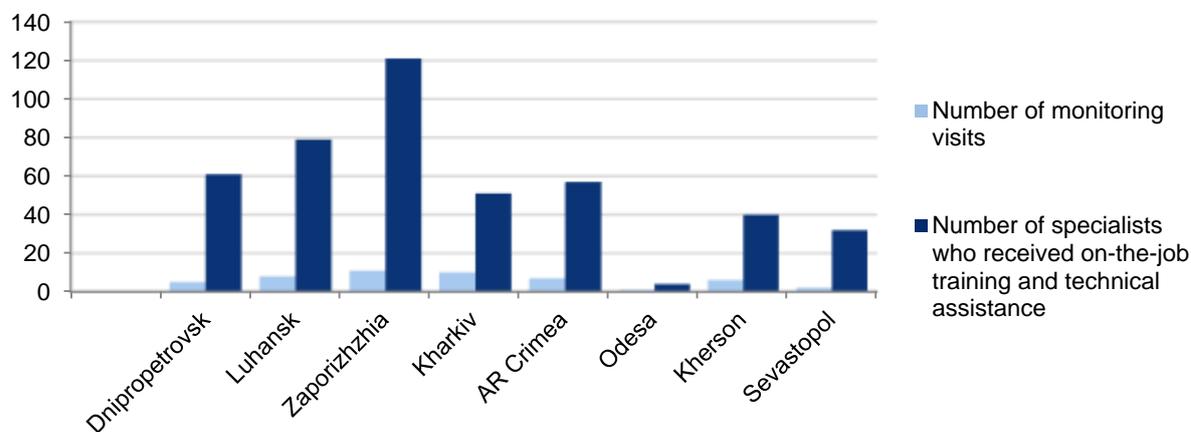
- Due to a shortage of funds, laminar boxes in Level 2 and Level 3 laboratories in Luhansk oblast and Kherson oblast have not been validated since the first quarter of 2012.
- The laboratory network in Kharkiv oblast is, in general, well organized; however, the rate of TB diagnosis by bacterial culture in the Level 2 laboratory in the Kharkiv city TB dispensary is only 17% (the WHO standard is 70%). Mentoring visits discovered that this low performance is due to SOP violations. Specifically, a high speed centrifuge, which was installed three months prior, is still not in use. The representatives conducting the visit referred the laboratory staff to technical trainings at the Level 3 laboratory. In the future, the project intends to follow up on the adherence to SOP in this laboratory.
- In Kherson oblast, monitoring visits revealed a high level of staff turnover. In response, technical and managerial consultations were conducted with specialists at this lab, and a training with new laboratory staff is being planned.
- In Luhansk oblast, EQA has not been performed in any lower level laboratories for a number of years. Staff shortages and high staff turnover were identified as the cause. The head of the Luhansk Level 3 laboratory has limited experience in TB diagnostics as well as in program management. The project encouraged the development of regional regulations on EQA and the transfer of certain obligations down to the Level 2 laboratory. Multiple SOP violations were also noted in this oblast. Due to these worrisome findings, a working meeting with laboratory staff and the heads of TB facilities was organized. At this meeting, participants resolved to take up the following actions: resume sputum smear EQA and develop and endorse regional regulations on EQA to involve Level 2 laboratories in EQA procedures for Level 1 laboratories.

According to task 1.1.5, the project expanded a large-scale mentoring and monitoring campaign. Regional coordinators and project specialists are using the same approach as previous USAID-funded TB projects and by projects funded by the Round 9 grant from the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GF) to conduct monitoring visits to project regions. In addition, a new approach to on-the-job consultations as a mentoring process has been developed (see task 1.1.3).

During the reporting period, project mentoring teams visited all USAID-supported regions with two exceptions: Donetsk oblast was not covered by the mentoring activities as FDU is functioning well in this region, and the project postponed the visits in the city of Kyiv until the

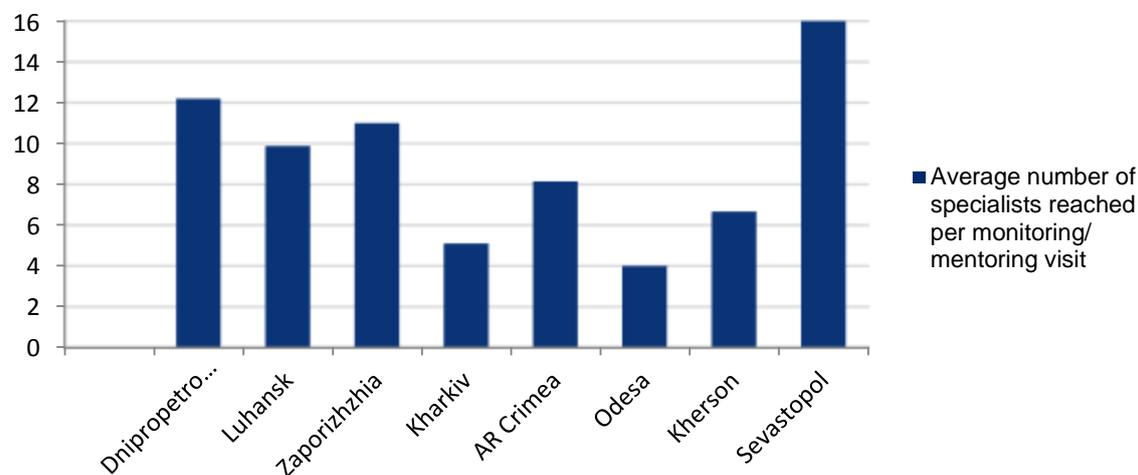
next quarter because of staffing reform in the city health administration. In total, 50 monitoring and mentoring visits were conducted this quarter, during which 445 health care workers received on-the-job technical assistance on TB diagnostics, case management, and coordination of TB/HIV services (Figure 1).

**Figure 1. Monitoring and mentoring visits conducted this quarter**



While the total number of visits and the number of specialists who received technical assistance was the highest in Zaporizhzhia oblast, it is worth noting that the most effective mentoring, where the greatest number of health care workers were reached per individual visit, was accomplished in the city of Sevastopol and in Dnipropetrovsk oblast (Figure 2).

**Figure 2. The effectiveness of monitoring and mentoring visits this quarter**



The monitoring and mentoring process encompassed the following project intermediate objectives:

- TB case detection at the PHC level (37 visits)
- Improvement of laboratory diagnostics (44 visits)
- DOT (25 visits)
- Management of TB/HIV co-infection cases (31 visits)
- TB IC (37 visits)

The anticipated results of these mentoring visits include:

- Increased involvement of the PHC system in the provision of TB prevention and treatment.
- Implementation of NTP's supervisory and mentoring system to consistently improve the quality of care provided by health care workers.

The project also conducted regional and inter-regional meetings and round tables to analyze cohort indicators. A total of 17 meetings were conducted with representatives from the statistics departments of TB facilities and TB specialists responsible for cohort analysis. During these meetings, regional coordinators provided technical support aimed at improving R&R systems using such methods as the analysis of systemic errors, the modification of tools used for data collection and analysis, data validation efforts, and quality control.

To help implement the E-TB manager and assure the quality of data-entry at the regional level, the project also coordinated its efforts with the UCDC and the USAID Systems for Improved Access to Pharmaceuticals and Services (SIAPS) project. In the past quarter, regional coordinators conducted three visits to southern regions to provide such technical assistance. The USAID SIAPS project, at the behest of project staff, has voiced their intention to provide representatives from the facilities where the USAID STbCU project identified such specific need with additional trainings on E-TB manager installation and use. The USAID STbCU project also provided feedback from the 10 project regions on gaps in the data recorded by the E-TB manager database system, particularly in patient data necessary for successful case management. Recommendations for improving data management, including specific recommendations related to MDR-TB and TB/HIV co-infection, were also made to SIAPS.

In the past quarter, the UCDC, which was formally organized in 2013, began routine operations. The project and other stakeholders contributing to the NTP were involved in strategic planning of the portion of this new organization's work that concerns integrated TB care. The project held a series of meetings with the UCDC that focused primarily on the organization and management of monitoring visits to USAID-supported cities and oblasts. These meetings also focused on the coordination of activities between state services, the GF, and the USAID STbCU project. Special attention was paid to social support programs operated by the Ukrainian Red Cross Society (URCS), which are partially supported by the project. Project specialists participated in a Skype conference with representatives from oblast TB services and URCS in order to analyze the monitoring and evaluation (M&E) system and the efficiency of outpatient treatment programs. Issues of drug and diagnostic commodities management were also discussed.

To improve medical personnel's proficiency in TB detection, treatment, and IC measures, and in response to knowledge, attitude, and practice (KAP) findings, production began on the following information, education, and communication (IEC) materials this part quarter (per task 1.1.6):

- *"Tuberculosis. Handouts for PHC medical personnel."* This A5 (approx. 8x6") brochure targeting medical personnel at PHC facilities delivers information about TB symptoms, TB detection protocols, basics of administrative and personal IC measures, sputum collection, treatment regimens, possible adverse reactions, and links to the USAID STbCU project web site where more TB-related information can be found. The brochure will be reviewed by key national experts before publication in the final quarter of PY1. In the first printing, 5,000 copies of the brochure will be issued and distributed at trainings for PHC medical personnel as well as at mentoring visits to the regions.

- “*How to Wear a Respirator.*” These A2 (approx. 24x16”) posters are designed to target the personnel of TB facilities and AIDS Centers. By the end of July 2013, 3,000 copies will be distributed in all 10 project regions.
- “*Basics of Infection Control.*” These A2 (approx. 24x16”) posters target physicians in PHC facilities. A total of 1,000 copies will be distributed to all project regions by the end of July 2013.
- “*TB screening forms for PLWH.*” An edition of 141,000 copies has been published and distributed to the AIDS Centers of all project regions. This template of the questionnaire was captured from the new national protocol of the case management. This printing is expected to cover the need generated by interviewing PLWH for the next two years.
- In order to support general communication about the project, the USAID STbCU project web site ([www.stbcu.com.ua](http://www.stbcu.com.ua)) went live in June 2013. This site will serve as an on-line platform to share up-to-date information with our target audience on specific activities in which the project and partners are working.

Per task 1.1.7, the project has estimated the procurement needs for TB detection and TB biosafety in laboratories. In particular, the decision was made to purchase equipment to ensure the quality of environmental controls and personal protective equipment in laboratories, such as respirators, smoke regulators, and anemometers. The project has developed a training module on TB biosafety in microscopy procedures (including use of UV-lamps and respirators). The module has been inserted into training materials for laboratory specialists who conduct TB detection and diagnostics by sputum smear microscopy (see section 1.1.3). The project has also begun creating training materials on TB IC for specialists from Level 2 and Level 3 laboratories, which will address SOP in TB diagnostics and biohazard safety procedures. Priority recipients of this training include those who are responsible for bacterial culture tests, as these pose the greatest biohazard risk.

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

A key component for the expansion of access to TB services is the reduction of stigma associated with TB and with other marginalized populations, such as those infected with HIV. After receiving approval of its grants manual on April 9, 2013, the project has prepared a draft RFA for NGOs in four target regions (specifically in Kyiv city, Sevastopol city, Kharkiv oblast, and Dnipropetrovsk oblast), per task 1.2.1. The specific goals of this grant program include the advancement of community TB advocacy, communication and social mobilization (ACSM) activities for the purpose of improved TB/HIV detection and treatment. Specifically the grantees are expected to work towards the following directives:

- Increase adherence to protocols for TB/HIV co-infection testing in patients with low motivation for screening (TB screening in PLWH and patients with unknown HIV status, test for HIV in TB patients).
- Improving TB/HIV referral and treatment services.
- Improving access to TB screening services for HIV-positive people;
- Improving TB/HIV service M&E system.

To further mobilize civil society, expand access to services, and improve dual infection diagnostics, management, and prevention among at-risk populations, the project continued to participate in the MOH working group on national ACSM strategy towards raising the visibility of NGOs’ role in advocating for these services.

Per task 1.2.2, the project developed a grant agreement with the Ukrainian Red Cross Society (URCS) designed to improve treatment adherence among TB patients. The outpatient treatment system for TB patients in Ukraine is still under development. The URCS's important role in outpatient follow-up is a supportive arrangement resulting from previous projects funded by USAID and the GF. The project will build upon these successes in order to promote a patient-centered approach to TB control. The WHO-endorsed DOTS protocol includes not only direct observation of treatment but also the development of social and political attitudes that are conducive to high levels of adherence among patients and their friends and families. Grant-related activities carried out by URCS will support the DOTS component of TB control by enabling the direct observation of at-home-treatment among a limited number of patients who are at high risk of treatment default and by offering educational activities and incentives to support patients undergoing treatment and encourage them to maintain a high level of adherence to treatment. Specifically, URCS grant-supported activities will include the following:

- *Informational campaigns to promote treatment adherence in the 10 USAID-supported regions.*

During the tenure of this campaign, URCS-employed nurses will:

- Provide patients with a "Patient's Diary" at the beginning of patient's follow up and explain how he or she should use it to monitor their own outpatient care.
- Consult monthly with TB patients who are receiving follow-up services from URCS and assist them in the completion of their "Patient's Diary" and in adhering to their treatment regime.
- Make a one-time visit to patients' families during follow-up to discuss with family members the structure and purpose of the DOTS protocol, the importance of the patient's adherence to treatment, and the need for TB prevention and detection among contact persons (such as members of the family).

Additionally, URCS will develop informational materials that include essential information related to outpatient treatment, and will produce them as a tear-off portion of the patient release form. These materials will then be easily distributed to all patients upon their discharge from the TB hospital in all target oblasts.

- *Directly observed treatment (DOT) in two pilot regions*

Based on visits made jointly by URCS and the project, rayons will be selected for URCS-implemented outpatient DOT services in two pilot oblasts (Zaporizhzhia oblast and Kherson oblast) according to the number of patients in outpatient treatment, the availability of experienced nurses among URCS staff, and access to DOT sites. In the selected rayons, the regional coordinator and TB service staff will identify patients who fall under one or more of the following criteria for high risk of treatment default:

- Patients with difficult or limiting life circumstances, such as poverty, young children, or other care-giving responsibilities at home.
- Elderly patients with concomitant diseases.
- Patients who have undergone outpatient intensive treatment, including those discharged from the hospital before the completion of the intensive phase of treatment.
- Refugees and migrants.
- Patients who abuse alcohol or drugs.

URCS will provide DOT services to these patients (30 patients per oblast monthly). URCS patronage nurses will obtain the TB drugs prescribed to these patients through medical power of attorney at the appropriate TB facilities, provide a dose of drugs to

their patients on a daily basis, and observe each patient ingesting the TB drugs that they have been prescribed. Nurses will also consult with patients to help prevent treatment default. In case a patient fails to adhere to his or her treatment regimen, or if a patient interrupts treatment for more than three days, a nurse will immediately inform the TB service. On a monthly bases, URCS nurses will deliver food packages to patients as an incentive to promote treatment adherence.

- *Creation of innovative strategies for promoting treatment adherence*  
URCS will conduct an analysis to identify the causes of treatment default and propose innovative solutions for promoting treatment adherence among this population as well as models for implementing these new solutions.

Per task 1.2.3, the project sought to strengthen TB services provision at the PHC level by coordinating meetings and planning efforts with medical practitioners in several oblasts.

The project held two joint meetings with regional Family Doctors' Associations: one in Kyiv and one in AR Crimea. These meetings were dedicated to promoting the integration of the Practical Approach to Lunch Health (PAL) into the routine practice of medical practitioners at PHC facilities. Criticisms of the PAL approach were lodged and some participants argued that PAL includes approaches which are not affordable in their home facilities. Real-life examples of misdiagnosis or delayed diagnosis were discussed, and the violations of PAL standards that fueled these diagnostic errors were elaborated by project representatives. Specialists walked through several violations of PAL standards that remain common in health care facilities, including the practice of diagnosing TB based upon X-ray without any bacterial confirmation. Meeting participants proposed next steps for improving case detection, including the opening of new sputum collection points.

The project also undertook special efforts to improve TB services in the penitentiary system. The operating procedures of the penitentiary health care system are quite similar to those used in public PHC facilities; however, regulations governing TB control in penitentiary settings are also generally obsolete and do not reflect internationally recommended best practices. Compliance with WHO recommendations in both the penitentiary and the civil medical systems is critical for the success of the NTP, as former prisoners represent a significant portion of Ukraine's TB burden. Although specialized TB facilities in the penitentiary system operate, to a certain extent, according to evidence-based practices, the TB diagnostic protocols followed in non-specialized penitentiary health care facilities require significant reform in order to comply with current WHO recommendations.

During the last quarter, the project was also able to confirm that early project activities with this focus had successfully promoted practical steps to improve TB control and have now resulted in markedly better TB control practices. It was previously noted that referral mechanisms between penitentiary systems and TB services were not functioning satisfactorily. In particular, the current local regulation #478 "On the interaction between penal services and social patronage those who have been released from prison" was not well known to those engaged in this referral system. In response, the project held a number of round table meetings to discuss these protocols and their practical implementation.

- On November 13, 2012, the project supported a multidisciplinary workshop in Kherson oblast for representatives of the penitentiary system and of the detention system for prisoners awaiting trial. As a result of the meeting the following progress was revealed in the last quarter:

- Recently, a plan was made to close down four of these nine facilities by the year 2015, thus shrinking this sector of the penal system. The oblast TB service advocated the use of this structural change as an opportunity for the medical community to concentrate its human and material resources in fewer clinic locations, thus improving the quality of care (especially TB case detection) across the penal system.
- Two regulatory documents are currently being drafted in Kherson oblast: an agreement between TB services and the penitentiary system, outlining the details of their cooperation and referral systems, and a new protocol for medical examinations for the incarcerated.
- In February, 2013, a round table was held in Odesa oblast where it was decided that the necessary diagnostic activities should be conducted for those patients who are detained while awaiting trial in the oblast TB dispensary. Such diagnostic tests include specifically sputum smear, GeneXpert tests, and reviews of medical documentation by expert medical counselors.

In compliance with these recent decisions, the following results were achieved:

- 15 cases of suspected TB were referred to the oblast TB dispensary and 30 specimens were transported for GeneXpert tests within the last quarter.
- For the purposes of institutionalizing these practices, new regional regulations have been outlined. In the current draft of these regulations, it is the stated responsibility of the chief regional specialist on TB and the chief regional specialist on HIV to develop a plan of interaction between the oblast health administration and regional penitentiary services before July 1, 2013.
- In March 2013 in AR Crimea, a similar round table for representatives from the penitentiary system was held. It was decided to develop a plan of interaction between TB services and State Penitentiary Services in AR Crimea and in the city of Sevastopol` to disseminate a TB screening questionnaire designed for persons living with among regions through the Center of Social Services for Family, Children, and Youth. This plan is currently undergoing legislative review in the MOH of AR Crimea.

To date, all of these proposed actions have been implemented.

The project has also made progress in the development of a public-private partnership for strengthening TB control measures at the PHC level. This has been accomplished through collaboration with the D. TEK company, in particular. On April 17, two training sessions were conducted at D. TEK's health facilities in Rovenky and Sverdlovsk (Luhansk oblast). During the training, project specialists introduced current TB control strategies and principles of DOT and outlined methods for the implementation of these principles in medical facilities. Special attention was given to the unique needs of coal miners, who are at a particularly high risk for TB as well as for other respiratory illnesses and infections, due to the high level of particulate matter they are exposed to during their work, as well as the specific prevention measures appropriate to this population. Specific recommendations offered to the administration of these health facilities included:

- Given the high risk of TB among medical employees, a specific strategy of medical care should be developed.
- Corporate medical staff should be provided with basic information about TB case detection and management.
- Coordination of services and care between the company's private medical service and the state TB service for the region should be improved.

- Both the state system and the company's private medical system should conduct data analysis on the incidence and prevalence of TB among miners.
- TB IC measures should be implemented in all D. TEK medical facilities.

To provide exposure to how these issues are dealt with in similar contexts and build the capacity of heads of industrial medical facilities supported by D.TEK to properly implement TB control measures, the agenda for a study tour to Donetsk and Luhansk medical facilities was developed and now is under discussion with D.TEK.

Per task 1.2.4, the project has also continued to raise awareness of TB through communication and social mobilization efforts. During the last quarter, the following project-related events were featured in the Ukrainian media:

- In the third issue of the journal SES Preventative Medicine, A. M. Ponomarenko, the head of the SES and Chief sanitary doctor of Ukraine, published an article that describes the changes SES has made in its approach to TB IC. These changes are being implemented due to the project's support. [http://STbCU.com.ua/wp-content/uploads/2013/06/Tb-IC-SES\\_2013\\_06.pdf](http://STbCU.com.ua/wp-content/uploads/2013/06/Tb-IC-SES_2013_06.pdf)
- STbCU Knowledge Management Specialist, Mariia Dolynska, appeared on the talk-show "Profile Meetings", which airs on Ukraine's "BTB" television channel. While on the show, she shared key issues concerning TB control in Ukraine consistent with project objectives. <http://www.youtube.com/watch?v=DrYc4g5OV7E>
- Project expert, Mariia Dolynska, also appeared on the talk show "Gravitation," which airs on the 1<sup>st</sup> Crimean TV channel. [\[http://www.atr.ua/#!archive&filter=gravity&video=2013-04-04-23-18-08-1400000\]](http://www.atr.ua/#!archive&filter=gravity&video=2013-04-04-23-18-08-1400000)
- The Ukrainian Independent Information Agency (UNIAN) health and other media outlets reported on the preliminary results of STbCU's work in TB control. <http://health.unian.net/ukr/detail/247932>
- UNIAN and other media outlets published information related to the drug resistance survey (DRS). <http://health.unian.net/ukr/detail/247931>
- The website of AR Crimea's MOH featured a project-supported seminar for therapists in Simferopol: <http://mz-ark.gov.ua/v-simferopole-sostoyalsya-seminar-po-tuberkulezu-dlya-vrachej-uchrezhdenij-pervichnoj-mediko-sanitarnoj-pomoshhi/>
- The Ukrainian Medical Journal reported on the participation of Ukrainian experts in the project-supported TB IC training in the city of Vladimir, Russia, supported by the project. [\[http://www.umj.com.ua/article/57736/troxkomponentnij-infekcijnij-kontrol-zaporuka-efektivnoi-borotbi-z-tuberkulozom\]](http://www.umj.com.ua/article/57736/troxkomponentnij-infekcijnij-kontrol-zaporuka-efektivnoi-borotbi-z-tuberkulozom)
- The TV channel "27" broadcast footage from the U.S. Ambassador's visit to the Donetsk oblast TB hospital: [\[http://www.youtube.com/watch?v=fQKDD3Dj-GU\]](http://www.youtube.com/watch?v=fQKDD3Dj-GU)

The project also organized a number of in-house informational campaigns to raise TB awareness in Ukraine. The project organized a TB awareness campaign in Simferopol called "Shared Breath," which was undertaken as part of USAID's Field Day. Over 300 Simferopol citizens participated in the campaign. 278 people received individual consultations from TB-doctors (visiting from the AR Crimea TB dispensary) and entered into a lottery game called "My Lung Health." 78 people also shared their personal statements on TB, which were displayed online with their portrait photos (see the gallery here: [www.stbcu.com.ua/dyhaniye](http://www.stbcu.com.ua/dyhaniye)). Children were given the opportunity to win a prize by entering in the "Life is brighter without TB" picture drawing contest. The USAID STbCU project tent, where these activities were conducted at the USAID Field Day event, was visited by Jed Barton, USAID Mission Director, and Victor

Ageev, the mayor of Simferopol. Project representatives and physicians of the AR Crimea TB Dispensary briefed the USAID Mission Director and the mayor on the current situation of the TB epidemic in the region and on necessary measures to control the disease.

The project also continued to develop educational materials for patients and for the general public. The purpose of these projects is to raise public awareness of TB as well as to support treatment and treatment adherence among TB patients. Materials that have been produced include the following:

- “Tuberculosis: It’s Easy to Be Healthy” is a booklet written for the general public. It was developed as part of the Simferopol TB awareness campaign. 1,000 copies of this booklet were distributed during the USAID Field Day event and through the outpatient facility of the AR Crimea Republican TB dispensary. The booklet outlines such important topics as: TB risk factors, symptoms of TB, the basics of personal TB IC and cough etiquette, TB treatment and the importance of treatment adherence, tolerance towards people diagnosed with TB, and TB statistics in AR Crimea.
- “Fight Tuberculosis: Everything a Patient Should Know to Cure Themselves of TB” is a booklet written for TB patients. 300 copies of the pilot edition of the text were distributed to TB facilities in Zaporizhzhia oblast, Donetsk oblast, and the city of Kyiv. More copies will be issued after focus-groups are conducted in these regions to gain feedback on the booklet and suggestions for improvements to the text.
- “The Patient’s Diary” is a brochure designed for TB patients who are provided services through the URCS, as part of their grant agreement with the project. The brochure aims to increase treatment adherence among this group. The first 5,000 copies of the brochure will be distributed to the project regions as soon as URCS grant activities begin.

### **ACTIVITY 1.3: CONDUCT OPERATIONAL RESEARCH TO IMPROVE THE NATIONAL TB PROGRAMS (NTP) PERFORMANCE**

To develop an agenda and platform for operational research (OR) sharing, so as to realize task 1.3.1, an assessment of the NTP’s OR needs was conducted. Findings revealed that, although HIV services are to some extent informed by the evidence-based research (see task 4), the NTP would benefit from more research on the national operating context. This was clearly illustrated in the new protocol for TB management, in which clinical practices were translated from the NICE guidelines and program management preferences were established subjectively, as opposed to being informed by national OR. The project identified an opportunity to perform OR that is related to suggested revisions of the protocol, which is anticipated in 2014. During field visits and analysis of TB-related regulations at the national level, as well a baseline capacity assessment performed by the project, the following topics were identified as pertinent for OR:

- Efficiency of DOT and social support programs
- Clinical/laboratory correlations in MDR-TB diagnosis and follow-up
- Correlations between genotypic (molecular genetic techniques) and phenotypic (culture) resistance diagnostics
- Gaps in the TB/HIV referral system
- Reasons for which delay of TB diagnosis occurs
- Improving cohort analysis as an M&E tool
- Gender differences in susceptibility to TB as a epidemiologic feature

The project plans to organize a stakeholders meeting next quarter to share its justification for the topics above, initiate their vetting by NTP, finalize the OR plan, and ultimately improve the evidence-based background of NTP activities so as to address Ukraine's TB epidemic and operational realities more specifically, rather than adopting select best practices like NICE which are designed for different infection rates and epidemiological dynamics.

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

### **ACTIVITY 2.1 IMPROVE INFECTION CONTROL**

This past quarter, the USAID STbCU project adapted its approach for affecting change in Ukraine's regulatory framework for TB IC, including policies, guidelines, and standard procedures, as indicated in task 2.1.1. In Year 1, the project dealt mainly with SES at the national level, as the regional-level SES coordinators in the 10 project regions, with whom the project had been working on TB IC previously, have less influence on regional policy. This is, in part, due to the fact that the national SES and its regional branches are currently undergoing a restructuring process. The project mitigated this administrative obstacle by bringing together representatives from the national regional SES, and from the UCDC in order to form a national group of TB IC experts. The group's objective is to promote implementation of up-to-date IC measures across Ukraine's network of TB services.

Additionally, the project supported the participation of local experts in two significant international trainings. From April 1-5, 2013, heads of regional SES and hospital epidemiologists attended a training in Vladimir, Russia on methods for preventing nosocomial TB transmission in health care facilities (see task 2.2.1). From April 8-12, 2013, three engineers who are responsible for infrastructure in TB facilities in Donetsk oblast and Luhansk oblast attended a training entitled "Engineering aspects of nosocomial TB transmission risk reduction: Design, installation, balance, commission, and maintenance of ventilation systems."

Local experts' participation in these trainings inspired a number of new endeavors. As a result of the training on hospital ventilation systems, hospital engineers began participating in regional monitoring visits for the very first time. Engineers made five visits to regional TB centers and provided these facilities with specific recommendations on the function and capacity of their ventilation systems, as well as the use and maintenance of UV irradiation.

Following the training for SES representatives and hospital experts in Vladimir, Russia, national experts, with assistance from the project, began revising two environmental and workplace health regulations: those governing TB facilities and those governing TB laboratories. These regulatory reforms will facilitate the implementation of mandated, international TB IC norms.

In Luhansk oblast, the regional SES endorsed a new local order (*nakaz*) outlining a mentoring visit plan that covers the remainder of 2013, marking the first time that any official regulation on mentoring has been issued by the Ukrainian SES.

Additionally, the project developed a TB IC training module for laboratory biosafety (see task 1.1.7), which is expected to be endorsed by the national SES and the UCDC in August 2013. The project also began work on the integration of TB IC principles and practices in to the educational curriculum for post-graduate TB specialists (see task 1.1.1).

Per task 2.1.2, the project continued supporting revision of IC plans in individual TB facilities. Technical assistance was provided to 61 different TB facilities that were visited by project

representatives during 37 different monitoring visits. Recommendations that were made to TB facilities during these consultations included the following:

- Develop a TB IC plan in facilities that do not have such a plan in place.
- Strengthen administrative IC as this is the most feasible and low-resource means of policy change.
- Institute a triage system to separate contagious patients from others.
- Relocate sputum collection points outdoors, as most indoor sputum collection points do not meet IC requirements.
- Correctly install and utilize ultraviolet (UV) lamps for particle irradiation.
- Use personal protective equipment properly in high risk zones.
- Develop appropriate procedures for making purchase requests for personal protective equipment, including filtering face-piece (FFP) 2-class and 3-class particulate masks, and shielded UV lamps.
- Establish a system of close collaboration between TB facilities, AIDS centers, and the SES.

Per task 2.1.3, the recently formed national council of TB IC experts (see task 2.1.1) held its first organizational meeting, devoted to logistical and organizational matters, from June 25-27, 2013. The following developments occurred as a result of this meeting:

- The mentorship approach was accepted by the IC expert group members as a tool for providing technical assistance to medical facilities on implementation of TB IC measures.
- Members of the group practiced a mentorship approach during their visit to the Kyiv city TB hospital and the Kyiv city AIDS center.
- Following the above indicated visits, members of the national council of TB IC experts developed a list of items related to TB IC upon which to focus during monitoring and mentoring visits to medical facilities. Using this list, recommendations were provided to the heads of the Kyiv city TB and PHC facilities, AIDS centers, and Kyiv health administration.

To provide better instructions to medical personnel on the proper use of personal protective equipment and other administrative control measures, special handouts were developed (see task 1.1.6 for further details). These materials will soon be printed and distributed to TB facilities:

- “TB Brochure: Handouts for medical personnel” (5000 copies printed).
- “How to wear a respirator” 16x23in. poster. (3000 copies printed)
- “Basics of Administrative TB IC” 16x23in. poster. (1000 copies printed)

To provide general information on TB IC and generate public support to TB specialists in Ukraine, the project, with content input from international experts, posted a Facebook page on TB IC issues. Since its creation, the page has received over 2000 visitors.

<https://www.facebook.com/pages/Infection-Control-in-Ukraine/544386592271960>.

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

Last quarter, three trainings on TB IC were held in medical facilities, reaching a total of 69 TB specialists, infectious disease specialists, and members of faculty from medical universities from seven different regions (see task 1.1.3 for further details).

From April 1-5, 2013, five regional SES representatives participated in the training “Prevention of nosocomial TB transmission” (see the introduction of this section). As a result, they obtained up-to-date information about international guidelines on TB IC practices and became project’s master trainers in IC and supportive supervision. During last quarter, heads of regional SES conducted monitoring and mentoring visits to TB facilities, including facilities located in penitentiaries, upgraded institutional TB IC plans, and requested government funds for personal protective equipment and UV lamps.

### **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**

Per task 3.1.1, the USAID STbCU project maintained its focus on providing effective capacity building and technical assistance at the Dnipropetrovsk CoE for health care workers and for the Center itself. Initially, the project intended to incorporate the CoE into its activities in the CoE’s capacity as an MDR-TB training facility. As a primary focus of the project during Year 1 is capacity building and improvement of TB-related services at the PHC level, the reinforcement of training programs at the CoE and providing training to PHC providers was prioritized. In the last quarter, three trainings have been conducted in support of the Center’s development (please refer to the section 1.1.3)

The project also continues to meet with the CoE MDR-TB Council to improve medical practices inside the facility. Due to the project’s initiative and support, an internal evaluation of clinical practices was conducted in the CoE. This evaluation assessed the quality of key clinical elements, such as inpatient diagnosis and treatment, laboratory diagnosis, and TB IC protocols. As a direct result of this evaluation process, the CoE MDR-TB Council, with project support, chose to modify and improve a number of their practices. The Council decided to conduct an assessment of transmission risk within the facility, distinguished high risk zones, and developed TB IC plans specific to the needs and resources of each department. Other improvements that have developed as a result of this collaboration with the CoE include the constant supervision of patient triage, and the creation of a separate ward for MDR-TB patients who have become smear negative and are therefore deemed to be no longer contagious.

The CoE has become a key element in the implementation of the cascade training process. Accordingly, a plan for further mentoring visits in cooperation with the CoE has been developed. A team of mentors, who will be conducting these visits, was selected from among the CoE’s growing pool of trainers. So far, five supervisory/mentoring visits have already been conducted, providing 61 health care workers with on-the-job training and consultation on matters of TB case detection in PHC facilities, lab diagnostics, DOTS, TB/HIV management, and TB IC.

Of particular note are the findings from visits conducted by the mentor team in two facilities—a family clinic in Dnipropetrovsk city, and a Level 1 laboratory in Dnipropetrovsk rayon—which employed at least one health care specialist who had already undergone project-supported training at the CoE. At these visits, both of these former trainees were able to document improvements in the efficiency and knowledge of the staff, gained by participating in these trainings. For example, a sputum collection point had been established in the family clinic and a party responsible for collection was properly appointed and trained in best practices. In the Level 1 laboratory, the R&R system in the sputum smear microscopy labs had also been

significantly improved. As a result of this change, the rate case detection via sputum microscopy had increased markedly.

In order to support improvements in diagnostic practices at the Dnipropetrovsk CoE, and especially to decrease the gap time between laboratory results and formal diagnosis, three large meetings were held there. On April 24, 2013 a discussion of the newly endorsed MOH protocol was held in the CoE (see task 1.1.3). On May 27, 2013, a round table of 16 individuals was convened in the CoE to discuss ways to better streamline the activities of the Central medical Councils, which are responsible for approval of diagnosis and treatment regimens. At the time of this roundtable, rayon-level TB facilities were only able to submit cases of TB to the Central Councils for diagnostic approval once per month. This had a significant and negative effect on the length of time between the receipt of laboratory results and formal diagnosis. At the round table, it was decided that a local Central Councils should be organized and given the authority to formally diagnose cases of drug-susceptible TB. The participants of this roundtable made plans to organize Councils in Dniprodzerzhinsk, Nikopol, and Pavlograd. The MDR-TB Council continues to work in the CoE as well as in the Kryviy Ryh TB hospital. Round table participants also decided to increase the frequency of the CoE's MDR-TB Council to once per week and have encouraged supervisory/mentoring visits on a semi-annual basis, at least. These visits will be used to analyze the efficiency of these three, newly formed affiliate Central Councils. The findings will be presented at future round tables of oblast TB services. A third meeting, held May 29, was devoted to sharing information on the rapid test for MDR-TB diagnosis. Preliminary results of the Dnipropetrovsk oblast TB dispensary's first nine months using GeneXpert technique were shared, and the importance of coordinating clinical and laboratory results in TB screening was discussed among the 75 specialists in attendance.

For the purpose of advocating for policy and guideline changes, per task 3.1.2, project specialists held the first organizational meeting of the MDR-TB working group, which participants chose to devote to concerns with the current legislation on involuntary hospitalization of patients who refuse treatment. During the meeting, project specialists took the position that such conversations were, at best, premature, as compulsory hospital admission is a last resort for patients dangerously low treatment adherence and should only be considered after all other approaches, techniques, and methods of support have been exhausted. Currently, there is no formal mechanism to support patients adherence to treatment in Ukraine, and this gap in services was reinforced by the recent endorsement of new TB treatment protocol, which classified DOT treatment as an "optional" method of treatment for certain categories of patients deemed to be "at-risk-of default" (see task 1.1).

The project also undertook efforts to improve the quality of laboratory diagnostics across USAID-supported regions by holding a workshop on May 29, 2013, for oblast laboratory and TB specialists on the topic of MDR-TB diagnosis. Training and discussion at the workshop focused on establishing correlations between laboratory tests in order to establish an MDR-TB diagnosis, as well as measures that can be taken to shorten the period of time between the production of laboratory data and establishment of a formal diagnosis. At the workshop, eight real-world cases of improper practices, including misdiagnosis of MDR-TB based upon clinical or radiological data without laboratory confirmation, were discussed. The project intends to follow up with treatment outcomes of the patients used in these examples.

Per task 3.1.4, and upon request from the UCDC, the project provided technical assistance in the maintenance of Ukraine's TB drug supply, such as introducing proper methods for calculating necessary buffer stocks. The project Medical Director conducted a thorough consultation with the representatives from this state agency on the methods of tracking the distribution of first and

second line TB drugs, financed by different groups (either the MOH or the GF) across oblasts, criteria of patient selection into the GF treatment programs.

Per task 3.1.5, the project continued to support the epidemiological survey of drug-resistant TB in Ukraine (DRS). During preparation for this DRS, the project fostered close collaboration among the National Reference Laboratory (NRL), international experts, and regional Level 3 and Level 2 laboratories. For example, on April 11-12, the project facilitated the visit of national experts to the Kherson oblast and evaluated the readiness of local medical facilities to undertake the DRS. On May 22-24, 2013, a Kharkiv-based training on DRS procedures was held for specialists from Kharkiv and Kherson oblasts who are participating in the pilot test of DRS materials and procedures as well as national and international experts. Both the laboratory and clinical aspects of DRS were discussed, and some changes in protocols were endorsed in order to better comply with the national diagnostic protocol in Ukraine. These included:

- Clarification of questionnaire questions related to the patient's personal data.
- Delegation of responsibility to interview a patient to a regional supervisor of DRS implementation (the head of the cluster).
- Confirmation that the TB culture test will only be performed in Level 3 laboratories.

Recommendations specific to specimen collection, logistics, biosafety, and data analysis were also put forward. The methods to be tested in the pilot survey will eventually be used in a large scale national survey in Ukraine, as well as in EQA procedures. The details of DRS implementation concerns the selection of patients, proper completion of medical documentation regarding patient case history and laboratory tests results, specimen quality and transportation, and data management.

The pilot stage of the DRS formally started on June 1, 2013, and patient selection will be completed by July 31. The following techniques are being tested during this pilot period:

- Specimen collection and transport
- The collection of clinical information, including individual case histories, HIV status, and social status
- Analysis of laboratory results
- R&R systems
- Logistics
- Other forms of monitoring

#### **RESULT 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**

Per task 4.1.1., the USAID STbCU project implemented the first phase of its gap analysis of TB/HIV co-infection services. Between April and June 2013, the project, in cooperation with its international partner, the New Jersey Medical School Global Tuberculosis Institute's (GTBI), developed a comprehensive tool to assess TB and HIV services collaboration, which includes an assessment of detection, treatment, and prevention approaches. Use of this tool will make it possible to formalize a working standard for detection, registration and management of TB/HIV cases at the facility and oblast levels, standardize assessment of HIV and TB services

collaboration in every oblast, document best practices, and complement assessments conducted by partners.

In preparation, the project conducted a desk review of previous OR performed by other international projects on TB/HIV services in Ukraine, in particular those related to the referral system, including the following:

- “Mapping of HIV Services: The Cases of L’viv and Odesa” from the USAID-funded “Improved HIV/AIDS Services among Most-At-Risk Populations (MARPs) in Ukraine” project
- “Mapping of TB Diagnostic and Prophylactic Services in AIDS Centers for People Living with HIV/AIDS” from the “Stop TB in Ukraine” program funded by the GF Round 9 grant.

To ensure that the evaluation is comprehensive and efficient, the project built its gap analysis upon the above OR materials and the data that these projects collected in their patient surveys, primarily among patients of HIV facilities. In addition to expanding the framework of the surveys, the current gap analysis incorporated an additional set of questions targeted at health care providers working in specialized TB and HIV/AIDS facilities, and at PHC facilities in the 10 USAID-supported regions.

Data collection in 10 project regions is scheduled for June and July 2013. As a result of this gap analysis, GTBI will develop recommendations, and facilitate capacity building and resource mobilization to eliminate gaps in TB/HIV care and integrated service delivery.

The project held a meeting with the UCDC and with the Ukrainian National HIV and TB Center’s administration and specialists to seek consensus and build national support for the research instruments and protocols to be used in the gap analysis. According to the requests of the State Service, the following points were added to the gap analysis procedures and list of topics to probe in the key informant interviews and focus groups:

- Analyze the TB/HIV-related work and capacities of mobile clinic and the effectiveness of these clinics within the existing referral system.
- Identify legislative barriers to TB screening among people living with HIV.
- Identify possible mechanisms for motivating patients to seek effective testing, referral, and treatment for TB/HIV co-infection.
- Assess the attitudes of medical professionals towards providing counseling on TB/HIV co-infection during pre-HIV testing consultations.

The gaps analysis will employ the following two data collection methods:

- *In-depth interviews.* Tailored questionnaires were developed for conducting in-depth interviews among health care professionals working in AIDS Centers, TB service, and PHC facilities.
- *Focus groups.* Guidance on facilitating focus groups designed to investigate the opinions of NGO representatives on the efficiency of the referrals between relevant services for TB/HIV patients was also provided.

In May 2013, the project pilot tested these research tools in Kharkiv oblast and Odesa oblast. Appropriate revisions were made based on the pilot results. In June 2013, the project held a meeting with representatives of HIV service NGOs who will facilitate the focus groups.

Afterwards, project staff conducted six in-depth interviews among health care providers in Luhansk region, including doctors of the regional AIDS center, the general Severodonetsk city hospital, and the regional TB hospital. Focus groups were conducted with representatives of HIV NGOs in five regions: in Kharkiv oblast, Luhansk oblast, Donetsk oblast, Dnipropetrovsk oblast, and Kyiv city.

The project will expand its use of the survey via in-depth interviews among health specialists in the remaining nine regions, thus covering all USAID-supported regions during the summer of 2013. The project will continue conducting focus groups with NGO representatives in the five other project regions in July 2013 as well with conclusive findings provided in the annual report.

Per task 4.1.2, the project strives to address gaps in TB/HIV co-infection services by institutionalizing international best practices in TB/HIV care, affording significant attention to the improvement of integrated TB/HIV services and capacity building for specialists dealing with TB/HIV patients.

To integrate current international recommendations on TB/HIV care into regional regulatory frameworks in Ukraine, the project initiated the process of drafting and/or revising regional orders on TB/HIV-related referral services. After these efforts, the following revised regional orders were officially endorsed by four regional health administrations:

- *Dnipropetrovsk*: “On the quality control of medical care and effective referral for patients with TB/HIV co-infection,” which reinforces the system for improved TB/HIV integrated services.
- *AR Crimea*: “On the improvement of medical care and effective referral for patients with TB/HIV co-infection,” which sets out the system of coordination between TB and HIV services for integrated TB/HIV care, enforcing, among other elements, the provision on TB/HIV consultations, a TB screening questionnaire for people living with HIV, and the use project-recommended table for standardized data collection on TB/HIV referral services for AIDS centers.
- *Kherson*: A regional regulating order (*nakaz*) on integrated TB/HIV services from 2007 was revised. The revised order incorporates international recommendations for TB/HIV case management. This revised order also approves the use of and quality control for the E-TB manager and assures proper coordination between TB and HIV services. Moreover, it confirms the head TB doctors’ responsibility to ensure effective provider-initiated testing and counseling (PITC) for HIV testing, anti-retroviral therapy (ART), and treatment with cotrimoxazole among TB/HIV patients. This order also confirms the responsibility of the head doctors of district general hospitals to implement TB screening among people living with HIV and TB preventive treatment with isoniazid.
- *Kyiv City*: “On the regulation of referral and medical care for TB/HIV co-infected persons,” which reinforces the responsibility of relevant medical facility administrations to ensure effective PITC for HIV testing, ART, and treatment with cotrimoxazole among TB/HIV patients in addition to the essential TB treatment, if needed.

This quarter, the project also continued its collaboration with the USAID-supported SIAP project to improve information systems for managing TB/HIV-related services provided to TB

patients, which fall in line with the project's task of monitoring and advising the implementation of the TB/HIV component of the E-TB Manager. Specialists from both projects developed a questionnaire for mentoring teams to use while monitoring the use of the E-TB manager, especially in instances of TB/HIV co-infection case management. Project specialists offered the following recommendations for improving the TB/HIV component of E-TB Manager:

- *Add additional fields for reflecting information on pre- and post-test consultations for HIV testing.* Currently, information on voluntary counseling is included without any indication of whether the counseling occurred before or after the HIV test was conducted. An evaluation of post-test consultations is needed to determine whether or not patients received their test results (PEPFAR indicator P11.1.D) and whether or not patients know what their next steps should be.
- *All results of the HIV test should be reflected, regardless of whether the test was negative or positive.* The system currently only reflects results that tested positive.
- *Develop an option within the E-TB Manager system to indicate the provision of multiple counseling sessions on different dates.* This will enable better monitoring of the number of times that TB patients have received counseling to track investment in patients, including those sessions provided to TB/HIV patients by infectious disease specialists at the AIDS Center.
- *Record data about the TB patient's consent (or lack thereof) for HIV testing and counseling.*
- *Note the type of test used (rapid test or ELISA) in a testing record.*
- *If the result of the initial test for HIV taken in a TB facility is positive, the date of the second confirmation test (re-test) at the regional AIDS center should be recorded in order to allow the completion of the HIV-infection diagnosis to be monitored.*
- *Records should indicate whether the patient's HIV diagnosis has been registered at the regional AIDS Center, in order to ensure that the referral services extended to a TB/HIV patient and the receipt of necessary TB/HIV-related medical care is monitored.*
- *If a TB patient is receiving ART, the regimen of the latter should be specified.* As a patient is receiving dual (TB and HIV) treatment, it is important to know interaction of pharmaceutical administered under both treatment regimens.
- *Indicate whether or not a TB/HIV patient is receiving opiate substitution treatment.*
- *Indicate whether or not a TB/HIV patient is receiving social or psychological support (PEPFAR C1.1.D)*
- *If preventive treatment with cotrimoxazole is being dispensed, the beginning and end dates of this prophylaxis should be indicated.*
- *Indicate the patient's CD-4 count and viral load.*
- *It is important that clinicians are able, after all data entry is completed, to retrieve information from the E-TB Manager system according to patient gender as well as determine the number of patients who received consultation, not simply the number of consultations conducted.*
- *Consider how specialists at the AIDS Center could access information in the E-TB Manager system, with concern for patient confidentiality and the appropriate regulation on access to these records.*

All of the above suggestions were accepted by SIAP. The project will track the incorporation of these suggestion into the practice. By implementing these recommendations, Ukraine will be able to collect and make available necessary information on TB/HIV co-infection, monitoring activities and patient referral. This will allow for effective planning and necessary actions for controlling Ukraine's TB/HIV epidemic.

Per task 4.1.3, the project worked to assure TB training for HIV service providers and training in HIV diagnosis, treatment and prevention for TB providers.

The project signed a Memorandum of Understanding with the Ukrainian National HIV Training Center, maintained by the NGO “Lifetime Plus.” This Center works in collaboration with the National Medical Academy for Postgraduate Continuous Education in Kyiv and the National Epidemiology and Infectious Diseases Research Institute. Staff members of the Infectious diseases and TB departments of the Medical Academy for Postgraduate Education provide technical assistance to this Training Center in developing training materials and delivering training courses on HIV, TB/HIV and TB/HIV/drug use case management. The HIV Training Center seeks to certify its training curricula at the Medical Academy for Postgraduate Education to ensure the consistency and sustainability of capacity building efforts for HIV and TB/HIV case management.

In May 2013, the project reviewed the current HIV Training Center’s training materials for TB and infectious disease specialists, which are entitled “TB and HIV-infection: diagnostics and treatment, case management.” These materials were found to be in compliance with the project’s objectives and principles. In August 2013, the project and the HIV Training Center will provide mutual support for two training courses on TB/HIV case management for TB and infectious diseases specialists from USAID-supported regions. As a first step, these trainings will utilize the training materials which already exist at the HIV Training Center.

The next step in this process will be for specialists at the project and the National HIV Training Center to develop new educational materials on TB/HIV for medical professionals, that will refer to the new national protocol on TB/HIV and to recommendations developed following the project’s gap analysis on the state of TB/HIV integrated service delivery and referral. As the new national protocol on TB/HIV is yet to be approved, planning and design of these new educational materials is set to being in September 2013.

The project has also begun developing TB/HIV training materials for NGO members, social workers, and psychologists.

Finally, it should be noted that the original work plan developed by the project included, under this task (4.1.3), supporting the participation of local experts in the World AIDS Conference in Kuala Lumpur, Malaysia. Based upon the initial draft of the conference agenda, published before the actual event, the project believed that such participation would provide a unique opportunity to gain and share information about TB/HIV management across nations. Since then, as the conference agenda has developed, project leaders have realized that an insufficient amount of attention is being paid to TB/HIV issues at the conference to justify this expense. As conference participation would not provide the same benefit we had hoped for, the project decided to collect, translate, and distribute relevant materials presented at the conference to local experts in Ukraine in lieu of sending them to Kuala Lumpur in person.

#### **ACTIVITY 4.2: ENSURE HIV TESTING FOR TB PATIENTS AND EFFECTIVE REFERRAL OF THOSE FOUND TO BE HIV-POSITIVE**

Per task 4.2.1, the project continues to build on existing models to scale up quality HIV testing and referral for TB patients. Project specialists worked with its partner, the Coalition of HIV-Service Organizations, to discuss its role in administering grants for TB/HIV- related programs to local NGOs. The project has prepared a grant manual and a program announcement for NGOs in a number of pilot regions for USAID approval. The regions included in this program are: the

cities of Sevastopol and Kyiv, and the oblasts of Kharkiv and Dnipropetrovsk (see also task 1.2.1). The grants will focus on supporting integrated care and advocacy for TB/HIV patients. The aim of this program is the advancement of community TB advocacy, communication and social mobilization (ACSM) activities for the purpose of improving TB/HIV detection and treatment. The program “Stop TB in Ukraine,” conducted with the support of a GF Round 9 grant, will not be focusing on matters of TB/HIV co-infection, ensuring the grant focus will not be duplicated.

*Per task 4.2.2*, the project continues to promote the availability of HIV testing for TB patients and referral to appropriate services for those who are HIV-positive. The project is monitoring the availability of HIV tests and, in the case of insufficient supply, will advocate for this need. All USAID-supported regions are currently being provided with HIV tests. The ELISA test is acquired through local budgets. The cost of rapid tests for vulnerable groups is covered by various agencies in different regions. In AR Crimea, this expense is covered by the local budget. In Kyiv, they are provided by NGOs. In Luhansk oblast, rapid tests are provided by the Clinton Foundation, and in Odesa oblast, funding is provided by a GF Round 10 grant.

In the last quarter, the project led four workshops in the regions with the lowest TB/HIV coverage indicators recorded in 2012, according to an assessment conducted by the project in the previous quarter. Workshops focused on ways to improve available TB/HIV medical care and referral services for TB patients, including HIV counseling and testing for TB patients and screening for TB among HIV patients. Such trainings were held:

- On April 16, 2013, in the city of Melitopol (Zaporizhzhia oblast), where 30 TB specialists and infectious disease specialists were in attendance.
- On April 18, 2013 in Kherson, where 60 specialists were in attendance.
- On May 21-22, 2013 in Kharkiv oblast, where 101 specialists were in attendance.
- On May 30-31, 2013 in Kyiv, where 22 specialists were in attendance.

Participants of the above workshops reviewed their region-specific updated draft regional orders entitled “On the improvement of TB screening among people living with HIV and effective referral to preventive care,” which concerns the project’s TB/HIV and referral database. Practical recommendations were offered with the goal of aligning these procedures with internationally recognized standards of TB/HIV patient care.

The project’s TB/HIV specialist took part in project mentoring visits to the AIDS Centers in Kharkiv oblast, Luhansk oblast, the city of Melitopol (Zaporizhzhia oblast), the city of Odesa, and the TB hospitals in Kharkiv and Luhansk oblasts. During these visits, 26 individuals were mentored at the work place. The regional project coordinators paid special attention to matters concerning TB/HIV co-infection during these visits.

During these site visits, it was confirmed that screening questionnaires are being used by medical professionals in the Karkhiv oblast and Luhansk oblast AIDS Centers. Project representatives also noted that patient data is being entered properly into the project-recommended table for standardizing collection of data on TB/HIV referral services. In the AIDS Centers in the city of Melitopol and the city of Odesa, these procedures are currently being established. In Luhansk oblast, the level of understanding of effective referral and elements of IC has increased at the rayon level. People living with HIV are no longer directed from the AIDS Center to the TB hospital for TB screening and diagnosis; instead, all necessary services are provided at the AIDS center. TB patients are also no longer referred to the AIDS Center for CD-4 counts and viral load testing. Instead, blood samples from TB patients are

transported to the AIDS Centers for testing. The AIDS Center in Luhansk oblast has now achieved almost complete integration of services for TB-screening and diagnosis for people living with HIV.

In April and May, the most recent quarterly (January – March 2013) indicators of coverage of TB patients by HIV testing and counseling services became available in project regions. Coverage has drastically improved since the previous quarter (October – December 2012). In the city of Sevastopol, coverage was 26.7%, up from 24.3%. In the city of Kyiv, coverage is up significantly from 18.0% to 33.4%. Coverage has also grown from 20.0% to 23.8% in Dnipropetrovsk oblast, from 25.0% to 33.0% in Zaporizhzhia oblast, and from 23.0% to 31.1% in Kherson oblast.

Summary data on this indicator from the 10 USAID-supported regions demonstrate an overall increase to 27.2 % in the first quarter of 2013 from 21.8 % in the last quarter of 2012. Based on these data, it is expected that the annual value for this indicator, as presented in the project's performance monitoring plan, will be achieved.

#### **ACTIVITY 4.3: PROVIDE TB SCREENING OF HIV PATIENTS AND REFERRAL TO TB SERVICES FOR THOSE WITH SUSPECTED CASES OF TB**

*Per task 4.3.1*, the project continues to build upon existing models for scaling up TB screening and referral for HIV patients. As part of our efforts to institutionalize international recommendations on TB/HIV care in Ukraine, the project works towards incorporating the best practices of coordination between HIV and TB services for improved TB/HIV care into national regulations. The project participated in meetings of a national multidisciplinary working group, which was organized specifically to elaborate a unified clinical protocol on TB/HIV care at the primary, secondary, and tertiary levels of health care. At this meeting, the project offered the following recommendations concerning the care and management of TB/HIV co-infection:

- When referring patients to TB or HIV care, observe necessary IC requirements.
- Implement effective coordination of TB/HIV care between medical facilities, the duties and responsibilities of health care providers as they regard to coordination at the TB hospital and the AIDS Center, as well as in primary and secondary health care facilities, must be clearly defined.
- Require infectious disease specialists to prescribe and administer preventive isoniazid treatment for all people living with HIV when TB infection is ruled out.
- Clearly define the term “TB screening,” as a comprehensive approach including screening interviews to detect symptoms suspicious for TB, and/or chest X-ray, and/or tuberculin tests.
- Provide anti-TB therapy only under observation or medical staff control, dependent upon the patient's level of treatment adherence.
- Administer ART to all TB/HIV patients, regardless of their CD-4 count.

The majority of our proposals have been taken under consideration when the draft of the order was reviewed.

In April 2013, the project also took part in a meeting of another national multidisciplinary group established to work on a long term basis towards improving the regulatory framework for TB/HIV care, analyzing monitoring data and evaluating the effectiveness of TB/HIV-related interventions. The purpose of the meeting was to discuss improvements in the provision of medical care to individuals dually infected with TB and HIV and to review, specifically, a draft MOH's order entitled “National monitoring and evaluation plan in the domain of combating

TB/HIV co-infection in Ukraine in 2013-2016.” The project was able to advise meeting participants on the use of record-keeping tools and methods of assessing TB/HIV-related indicators of performance and their interpretation to guide further supportive or corrective actions. We were also able to highlight the importance of the following issues:

- One of the variables on the list of defined indicators in the draft M&E plan is “percent of HIV+ patients who have undergone TB screening in an HIV/AIDS treatment institution.” The term “TB screening” needs to be clearly defined in the unified clinical protocol on TB/HIV care. It would be useful to set this definition in-line with the definition of the PEPFAR C2.4.D indicator. During discussion of this indicator, representatives from the project advised that it should remain in the MOH M&E plan, as it is a particularly important parameter for monitoring TB/HIV service and care, adding that the inclusion of this variable on reporting forms used in AIDS Centers and care facilities could provide additional opportunities to monitor this particular indicator on a continued basis.
- Regarding the parallel indicator “percent of TB patients who have undergone HIV testing,” the project directed participants’ attention to the importance of testing not only for new cases of TB, but for other categories of TB patients, such as recurring cases and cases of MDR-TB.
- Project representatives emphasized the importance of allowing access to and maintaining certain components of the E-TB Manager database in AIDS Centers.
- To maintain efficient and effective M&E efforts, project representatives advised that the parties responsible for reporting on specific indicators (TB services or AIDS services) should be clearly specified.

In the Odesa oblast on May 28, 2013 and Luhansk oblast on June 10, 2013, the project led workshops for infectious disease specialists under the title “Integrated TB/HIV services and effective patient referral: An optimal system for providing TB/HIV care.” 69 individuals participated in the events and were able to review drafts of regional orders entitled “On the improvement of TB screening for people living with HIV and effective referral to prophylactic medical care.” The project presented its screening questionnaire as an important tool in the screening process. A presentation was also offered on the TB/HIV monitoring database and the proper procedure for referral, including a walkthrough of all the necessary steps. In this quarter, the project provided technical support to a total of 282 TB specialists and infectious diseases specialists at meetings and workshops on improving integrated TB/HIV services (under tasks 4.2.2 and 4.3.1).

Following these workshops, project representatives visited several institutions in the pilot regions that have shown marked improvement in the coverage of people living with HIV by TB screening. These facilities were in the city of Sevastopol, which has increased quarterly coverage from 12% in January – March 2012 to 16% in the same quarter of 2013; in Kharkiv oblast, where quarterly coverage increased from 20% to 23.3% during the same time period; and in Kherson oblast, where coverage increased from 16.7% to 20.6%. In Odesa oblast in the period covering January – March 2013, 5404 out of 8062 known people living with HIV were screened using the x-ray method (a coverage of nearly 67%, up from quarterly 20% a year earlier), which resulted in 178 newly identified cases of TB. Finally, in the city of Kyiv, where coverage of TB screening among people living with HIV has been historically low, 2122 out of 7126 known cases of HIV were screened, resulting in coverage of 29.6%, up from quarterly 7% in the previous year.

*Per task 4.3.2*, the project supports the provision of screening HIV patients for TB and referral to TB services. Since late May 2013, the project has been initiating screening for TB among

PLWH through the regular use of a specially designed screening questionnaire in AIDS Centers in all project regions. The clinical screening of PLWH is recommended by WHO as the most affordable way of TB case detection. Ukrainian specialists haven't been using this approach before. The project ensured that AIDS Centers in the project regions have screening questionnaires that are in accordance with international recommendations.

The project has also developed the TB/HIV and referral monitoring database for AIDS Centers and rayon level HIV offices in the project regions, as well as instructions for its use. This innovative tool is designed to facilitate M&E of TB/HIV care in the project regions. The project's monitoring coordinators from the 10 project regions were instructed on the use of this database. Regional meetings held for doctors employed at the Odesa regional AIDS Center, Kherson AIDS Center, and Kharkiv AIDS Center also focused on instructions for managing this database among other issues. These meetings provoked discussion on the importance of analysis of TB/HIV-related data and triggered implementation of the significant follow-on actions (see tasks 4.2.2, 4.3.1). An additional meeting on the monitoring of TB/HIV care and referrals with the use of the new database is planned in Donetsk oblast during the next quarter.

After these meetings on TB/HIV and referral monitoring, the project encouraged the drafting of the regional orders under the title "On the improvement of TB screening among people who live with HIV and effective referral at medical facilities." Such orders were passed in the city of Kyiv, in Kherson oblast, and in Luhansk oblast. In the pilot regions of Zaporizhzhia oblast, Odesa oblast, Kharkiv oblast, and the city of Sevastopol, the same regional orders are currently under review at the regional Departments of Public Health and are set to be approved next quarter.

This monitoring of TB/HIV services and referrals with the use of the new database began in nine project regions during the month of May 2013. Since that time, in all 10 USAID-supported regions, the data on the screening of 1598 PLWH have been fed to the above database. These patients have been screened by one or more WHO-recommended methods. Of these 1598 patients who underwent screening, 561 (35%) were given a sputum smear test, 997 (61%) were screened via X-ray imaging, and 224 (14%) were screened via tuberculin skin test (TST).

It is worth noting that as a result of screening interviews each third patient was referred for sputum smear microscopy. TB was detected in 6.9% case of those persons who underwent sputum smear microscopy tests. Thus, the percentage of TB suspects who were found to have positive smear microscopy result among this risk group significantly exceeds the overall level of TB case detection by microscopy at the PHC level (1-3%) (see project indicator #5: Smear microscopy TB detection at the PHC level). This fact confirms the efficiency of selecting patients eligible for specific TB tests based on a screening interview. This is of particular importance as TB/HIV patients expectorate TB bacteria much less reliably than HIV-negative patients. Also, the number of patients who received preventive treatment with isoniazid and cotrimoxazol was recorded in the database. During the reporting period, 21.4% and 24.3% of patients under observation received each treatment, respectively.

## B. BUDGET

### B. BUDGET

#### Quarterly Expenditure Report, Q3 FY 2013 (April-June, 2013)

Total Estimated Cost of Award:	\$17,862,795

The numbers in the table below reflect STBCU spending per category for this quarter, and show projected cumulative spending through the end of June 30, 2013.

Table 4: Project Spending for this Quarter

Project Objectives	April 2013 (Actual)	May 2013 (Actual)		FY 2013 Quarter 3 Total	Total Accrued by June 31, 2013
Objective 1	\$125,341	\$123,615		\$340,171	\$1,184,905
Objective 2	\$83,560	\$82,410		\$226,780	\$789,936
Objective 3	\$104,451	\$103,013		\$283,477	\$987,421
Objective 4	\$104,451	\$103,013		\$283,477	\$987,421
<b>Total</b>	<b>\$ 417,804</b>	<b>\$412,051</b>		<b>\$1,133,906</b>	<b>\$3,949,683</b>

## C. SCHEDULES

During the reporting quarter the newly organized UCDC was still considerably understaffed and people responsible for the majority of TB control area are not identified yet. Therefore the project was exposed to the lack of cooperation with its official recipient. This led to delay in several central-level activities, such as the custom procedures of GeneXpert machines procurement, conducting DRS, and identification of the host of the TB Training and Information Resource Center. Finally, the MOH order on DRS was developed, and DRS pilot in the Kharkiv region started from May 2013. DRS training in the pilot oblast, was conducted at the end of May, and patients' recruitment, started in June and will be held for 2 months.

Also as agreed with all parties, the D-TEK study tour will take place in the next quarter.

## D. CHALLENGES

The recently-established UCDC is not yet fully functional; 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, including the integration between PHC, HIV and TB services, drug management, and M&E at the regional level. To improve coordination several meetings with UCDC, the project, and USAID representatives were conducted.

Moreover, the project faces the added challenge of reaching an agreement with UCDC to become a recipient of GeneXpert equipment and pass custom procedures.

## E. PLANS FOR THE NEXT QUARTER

Below are some planned activities for the next quarter.

### At the national level:

Continued technical assistance to MOH:

- Promote creation of M&E Working Group under the MOH
- Support the work of restored MOH Working Group (WG) on Education
- Promote early revision of the new TB and MDR TB protocol
- Promote development of guidelines on EQA of laboratory culture and DST
- Influence the national Working Group meetings to develop guidelines on TB IC in laboratories.
- Promote the work of newly created national council of TB IC of experts under State Sanitary Epidemiological Service

### In USAID-supported regions:

- 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; workshops and seminars and local working group meetings on DOTS, EQA, MDR TB, TB-HIV, PAL.
- Continue supervision and mentoring visits as a part of cascade training approach for healthcare providers in Dnipropetrovsk oblast as part of the Center of Excellence program.
- Support routine supervision and mentoring visits to TB and PHC facilities TB laboratories of selected rayons by team of national and regional experts
- In cooperation with USAID SIAPS project provide support to TB facilities in improving data in E-TB Manager.
- Finalize results of DRS piloting, conduct partner's workshop and provide recommendations how to expand DRS activities all over the country; distribute procured supplies to 3<sup>rd</sup> and 2<sup>nd</sup> level laboratories.
- Negotiate with UCDC with regard GeneXpert procurement: UCDC should take responsibility to be a recipient and deal with all necessary procurement-related procedures
- Launch TB/HIV grant program.
- In cooperation with D-TEK conduct study tour for heads of industrial medical facilities.
- Continue 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, phases of treatment
- Conduct a series of partners' meeting on TB Training and Information Resource Center establishment, identify host organization, etc.
- Cooperate with partner projects and organization such as DTEK, "Obolon" factory, etc. to promote TB-related ACSM activities.
- Promote the USAID STbCU project website

## Annex A

### Preliminary Data Analysis from Ukrainian TB Surveillance and Treatment Data

This quarter, data from national TB surveillance and treatment outcomes during the year 2011 became available from the Ministry of Health's statistical department and regional level hospitals. To prepare for our annual reporting, the project performed a preliminary analysis of the current data on TB surveillance and treatment outcomes including a review comparing data quality between USAID and non-USAID assisted regions; a summary of TB incidence, mortality, treatment success, treatment completed, and default rates and regional variations; and likely factors that affected these statistics.

TB and TB/HIV notification rates in USAID-supported regions in 2011 and 2012 are presented in the Tables 1, 2 and 3.

**Table 1. TB notification rates in USAID-supported regions in 2011 and 2012**

Region	New cases 2011		New cases 2012	
	Number	Incidence rate (per 100.000 population)	Number	Incidence rate (per 100.000 population)
AR Crimea	1491	76.3	1497	76.6
Dnipropetrovsk obl	3179	95.4	3082	92.9
Donetsk obl	3231	73.1	3148	71.7
Zaporizhzhia obl	1185	65.8	1243	69.4
Luhansk obl	2087	87.8	1795	79.1
Odesa obl	1492	54.5	2235	94.0
Kharkiv obl	1070	98.5	1359	49.8
Kherson obl	1073	38.9	1167	107.9
Kyiv city	236	62.3	1143	41.2
Sevastopol city	236	62.2	236	62.2
USIAD-supported	16872	73.2	16905	73.3
Ukraine	30659	67.2	30958	68.1

**Table 2. TB/HIV incidence rate in 2011**

		New pulmonary TB cases in PLWH	Incidence rate (per 100.000)	New extra-pulmonary TB cases in PLWH	All TB/HIV new cases	Incidence rate (per 100.000)
1	AR Crimea	245	13	44	289	15
2	Dnipropetrovsk obl	544	16	252	796	24
3	Donetsk obl	663	15	71	734	17
4	Zaporizhzhia obl	76	4	29	105	6
5	Luhansk obl	103	5	33	136	6
6	Odesa obl	388	16	58	446	19

7	Kharkiv obl	65	2	11	76	3
8	Kherson obl	116	11	15	131	12
9	Kyiv city	167	6	33	200	7
10	Sevastopol city	44	12	14	58	15
USIAD- supported oblasts		2411	10	560	2971	245
Ukraine		4157	9,1	560	2971	544

**Table 3. TB/HIV incidence rate in 2012**

		New pulmonary TB cases in PLWH	Incidence rate (per 100.000)	New extra-pulmonary TB cases in PLWH	All TB/HIV new cases	Incidence rate (per 100.000)
1	AR Crimea	212	11	60	272	14
2	Dnipropetrovsk obl	632	19	156	788	24
3	Donetsk obl	751	17	81	832	19
4	Zaporizhzhia obl	101	6	27	128	7
5	Luhansk obl	98	4	60	158	7
6	Odesa obl	473	20	69	542	23
7	Kharkiv obl	78	3	12	90	3
8	Kherson obl	131	12	20	151	14
9	Kyiv city	254	9	41	295	11
10	Sevastopol city	45	12	10	55	15
USIAD- supported oblasts		2775	12	536	3311	14
Ukraine		4726	10.4	536	3311	7

Treatment success rates for cohorts of 2010 and 2011 (which became available in this quarter) in USAID-supported regions are presented in Tables 4 and 5.

USAID STbCU conducted a statistical analysis to evaluate the reliability of these state statistics as well as to help identify reasons for the low level of treatment success nation-wide. At first glance, treatment success rates appear higher in Western regions than in Eastern regions, including those regions which have been covered by USAID TB-control programs for the past few years. However, a more detailed analysis that considered the coefficient of variation (CV: a measure of how greatly the different measurements differ from the mean across regions, equal to the standard deviation of a distribution divided by the mean of that distribution) revealed a low level of validity in these state statistics. This means that the newly released data from 2011 cannot be interpreted as a clear, epidemiological picture of Ukraine's TB control program across regions.

The overall treatment success rate of the new smear-positive cases in Ukraine has been low and somewhat constant for the last two years (2010 – 56.6%, and 2011 – 55.0%); however, despite the steady national average, the treatment success rate varies significantly from oblast to oblast, as depicted in Figure 1.

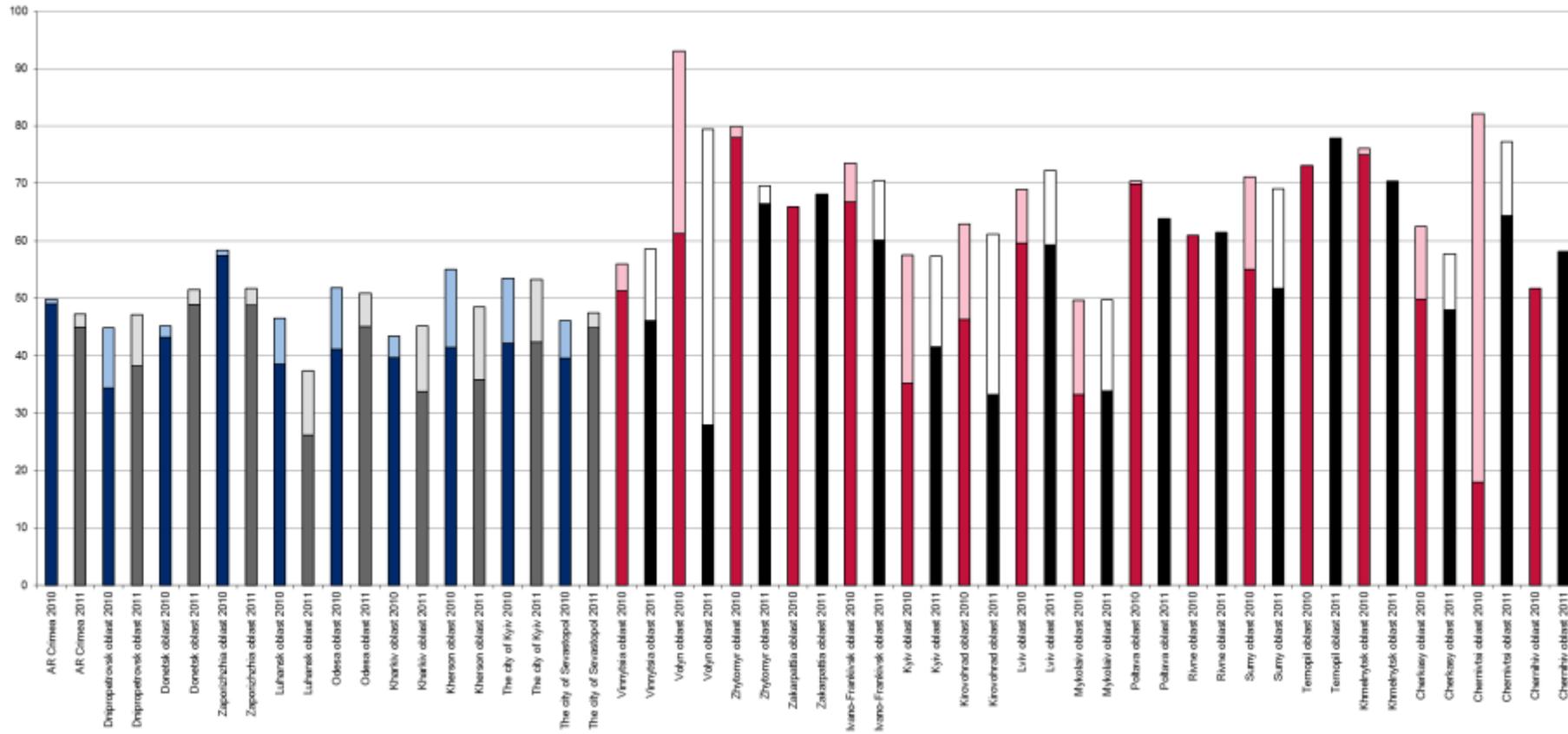
**Table 4 Treatment success rate of new smear-positive cases in USAID- supported areas (Cohort Indicator) among patients detected in 2010**

	Total number	Cured		Completed		Treatment success		Deaths		Failure		Default		Transferred		TB is ruled out	
		#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
AR Crimea	510	250	49.0	4	0.8	254	49.8	89	17.5	120	23.5	34	6.7	11	2.2	1	0.2
Dnipropetrovsk obl	759	261	34.4	80	10.5	341	44.9	118	15.5	176	23.2	93	12.3	29	3.8	4	0.5
Donetsk obl	1201	519	43.2	24	2.0	543	45.2	224	18.7	303	25.2	73	6.1	50	4.2	6	0.5
Zaporizhzhia obl	470	270	57.4	4	0.9	274	58.3	44	9.4	97	20.6	37	7.9	18	3.8	0	0.0
Luhansk obl	577	222	38.5	46	8.0	268	46.4	102	17.7	149	25.8	41	7.1	17	2.9	0	0.0
Odesa obl	754	310	41.1	81	10.7	391	51.9	160	21.2	98	13.0	73	9.7	31	4.1	0	0.0
Kharkiv obl	590	234	39.7	22	3.7	256	43.4	89	15.1	147	24.9	74	12.5	24	4.1	1	0.2
Kherson obl	367	152	41.4	50	13.6	202	55.0	38	10.4	63	17.2	43	11.7	20	5.4	0	0.0
Kyiv city	368	155	42.1	42	11.4	197	53.5	53	14.4	51	13.9	46	12.5	19	5.2	5	1.1
Sevastopol city	76	30	39.5	5	6.6	35	46.1	11	14.5	16	21.1	13	17.1	1	1.3	0	0.0
USIAD-supported	5672	2403	42.4	893	15.7	2761	48.7	928	16.4	1220	21.5	778	7.8	220	3.9	31	0.3
Ukraine	9966	4840	48.6	931	9.3	5644	56.6	1406	14.1	1811	18.2	778	7.8	367	3.7	36	0.3

**Table 5 Treatment success rate of new smear-positive cases in USAID- supported areas (Cohort Indicator) among patients detected in 2011**

	Total number	Cured		Completed		Treatment success		Deaths		Failure		Default		Transferred		TB is ruled out	
	#	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
AR Crimea	449	202	45.0	10	2.2	212	47.2	84	18.7	108	24.1	29	6.5	15	3.3	1	0.2
Dnipropetrovsk obl	882	337	38.2	79	9.0	416	47.2	139	15.8	209	23.7	83	9.4	31	3.5	4	0.5
Donetsk obl	1191	583	49.0	30	2.5	613	51.5	213	17.9	287	24.1	45	3.8	27	2.3	6	0.5
Zaporizhzhia obl	441	215	48.8	13	2.9	228	51.7	51	11.6	100	22.7	39	8.8	23	5.2	0	0.0
Luhansk obl	581	152	26.2	65	11.2	217	37.3	95	16.4	208	35.8	42	7.2	19	3.3	0	0.0
Odesa obl	830	374	45.1	48	5.8	422	50.8	160	19.3	129	15.5	104	12.5	15	1.8	0	0.0
Kharkiv obl	507	171	33.7	58	11.4	229	45.2	71	14.0	131	25.8	50	9.9	25	4.9	1	0.2
Kherson obl	371	133	35.8	47	12.7	180	48.5	68	18.3	68	18.3	39	10.5	16	4.3	0	0.0
Kyiv city	451	191	42.4	49	10.9	240	53.2	59	13.1	76	16.9	51	11.3	20	4.4	5	1.1
Sevastopol city	78	35	44.9	2	2.6	37	47.4	8	10.3	19	24.4	12	15.4	2	2.6	0	0.0
USIAD-supported	5781	2393	41.4	401	6.9	2794	48.3	1447	14.2	1986	19.5	786	7.7	282	2.8	31	0.3
Ukraine	10502	4840	46.1	931	8.9	5771	55.0	1481	14.1	2059	19.6	788	7.5	367	3.5	36	0.3

**Figure 1. Treatment successes. Comparison of USAID-supported oblasts and those which are not supported by USAID**



	Cured in USAID-supported oblasts, 2010		Cured in the oblasts which are not supported be USAID, 2010
	Cured in USAID-supported oblasts, 2011		Cured in the oblasts which are not supported be USAID, 2011
	Treatment completed in USAID-supported oblasts, 2010		Treatment completed in the oblasts which are not supported by USAID, 2010
	Treatment completed in USAID-supported oblasts, 2011		Treatment completed in oblasts which are not supported by USAID, 2011

## Varying Treatment Success Rate by Oblast: Differences in success rate or data collection?

This relationship can be illustrated by considering the rate at which new smear-positive patients were confirmed “cured” of TB. The level of “cured” patients in the 10 Project regions was 42.6% (CV 15.0%) in 2010 and 40.9% (CV 17.9%) in 2011. Although not part of the project’s direct indicator set the rate of treatment success was broken down to the sum of “cured” and “completed treatment”. From a more practical and administrative standpoint, the “treatment completed” outcome is problematic, as it reflects only those cases in which the effect of treatment (“cure”) is not confirmed by laboratory tests.

The percentage of patients who completed treatment but did not have laboratory confirmation of a cure in these 10 regions varied more significantly, ranging from 6.8% (CV 69.3%) in 2010 to 7.1% (CV 60.8%) in 2011. Note that while the average rates are similar, the variation between the levels in each region, measured by the CV, is quite large. In Ukraine’s other (non-Project) regions, variation between regions was much higher still. The average level of “cured” patients in these non-Project regions in 2010 and 2011 was 55.9% (CV 28.9%) and 54.8% (CV 26.2%) respectively, and treatment completion without laboratory confirmation of cure occurred in 12.0% (CV 136.3%) and 11.2% (CV 118.7%) of cases, respectively. The CV of the rate of treatment completion is larger than 100% in these regions because the standard deviation of treatment completion rates in this set is higher than the mean level of treatment completion rates across regions, which reveals weakness in the data integrity, from a statistical standpoint. In other words, it is likely that the state statistics did not capture the information that they intended to capture.

It is important to pay close attention to how the outcome of “treatment completed” is being reported in conjunction with “cure” rates. For example, in Volyn oblast in 2010, 31.7% of cases were assigned the “treatment completed” outcome. This number rose to 51.6% during the following year. Given this, the impressive treatment success or “cure” rate of 93% reported, in the oblast, during these years is improbable. In Chernivtsi oblast, the rate of “treatment completion” outcomes dropped from 64.2% in 2010 to 12.9% in 2011, which indicates a staggering increase in the number of patients “cured” from 2010 to 2011, also seems highly unlikely.

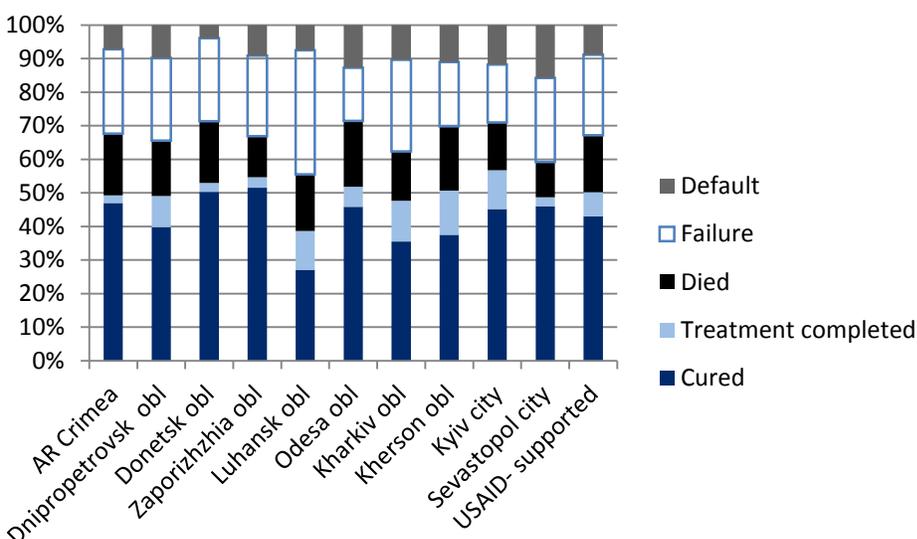
These two examples reveal that the reporting done on treatment outcomes in Ukraine’s Western regions is neither consistent nor reliable. In Project regions, though, the consistently lower CVs across regions are indicators that the capacity of local TB R&R systems in USAID –supported areas has been systematically and sustainably improved, resulting in more reliable monitoring and reporting.

These interpretations confirm the conclusion stated in the *Review of the National Tuberculosis Program in Ukraine, 10–22 October 2010*, in which the following observation was made: “Wide variations were observed between and within oblasts, depending on local capacity and support received from international partners.” Both informal interviews and formal meetings with TB specialists from Ukraine’s Western regions suggest that, regardless of whether the internationally recommended R&R system has been officially adopted, local TB and M&E specialists remain unfamiliar with WHO-endorsed case definitions and approaches to monitoring treatment.

## National TB Program (NTP) Indicators

Key NTP indicators for the year 2011 were calculated in the USAID supported regions as follows: the treatment success (“cure”) rate was 48.3%, treatment failed in 19.6% of cases, 16.4% of patients died, and 7.5% defaulted treatment. The remaining outcome, “treatment completed,” occurred with an average frequency 7%, which falls within the WHO-recommended maximum; however, in Luhansk, Kharkiv and Kherson oblasts, the rate of patients listed as “treatment completed” was higher than the WHO-recommended maximum: 11.2%, 11.4% and 12.7% respectively. In some regions like Luhansk and Kharkiv oblasts, the level of unsuccessful treatment results significantly exceeded the number of successfully treated (“cured”) cases. The treatment default rate was the highest in the city of Sevastopol and Odessa oblasts (15.4% and 12.5%, respectively). Indicators from Kharkiv oblast reveal the need for special attention in this region, as the treatment default rate is 10% and the rate of MDR-TB among all TB cases is 18.9%. As the low adherence to treatment is suspected to drive the development of drug resistance, the oblast may see a drastic rise in the incidence of MDR-TB if efforts are not made to support and increase the level of adherence to treatment. The highest rate of treatment failure, 35.8%, was reported in Luhansk oblast; the highest mortality rate (19.3%) was observed in Odessa oblast.

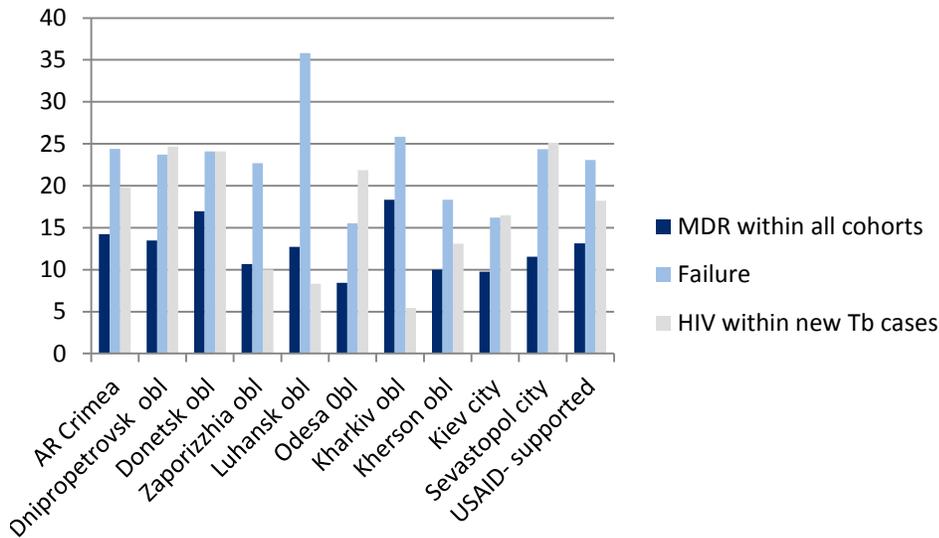
**Figure 2. Treatment outcomes of the cases detected in 2011 (USAID-supported oblasts)**



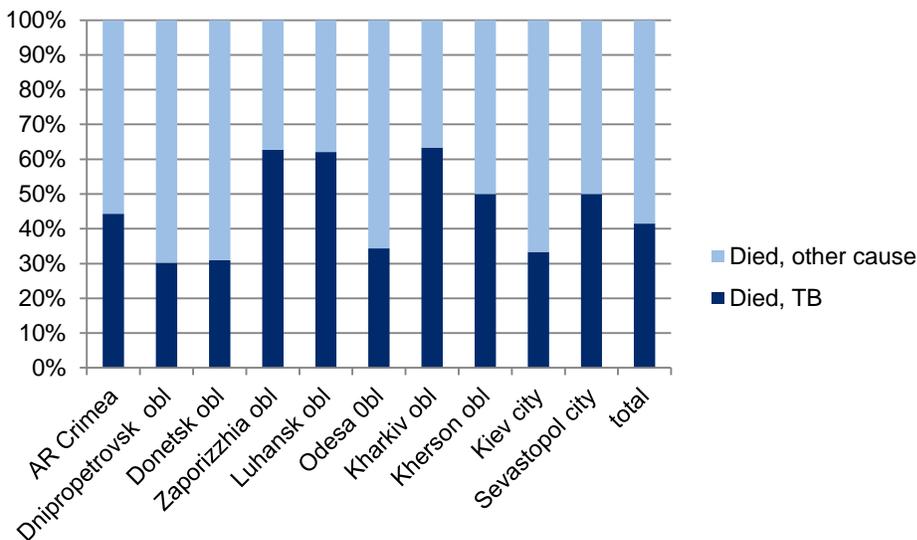
## Contributing Factors

In general, the rate of treatment failure appeared to be unrelated to the relative frequency of the two the most significant threats to the treatment success: MDR-TB infection and TB/HIV co-infection. In Luhansk oblast, where the rate of treatment failure is 35%, the level of MDR-TB and HIV/TB is among the lowest in the country. A similar pattern can be found in Kharkiv oblast. In Odessa oblast where the high mortality rate could, to a certain extent, be attributed to the high level of HIV-infection among new TB cases, the level of treatment failure and the rate of MDR-TB infection are both moderate.

**Figure 3. Relationship between treatment failure, MDR and HIV prevalence in 2011**



**Figure 4. The causes of death among TB patients**

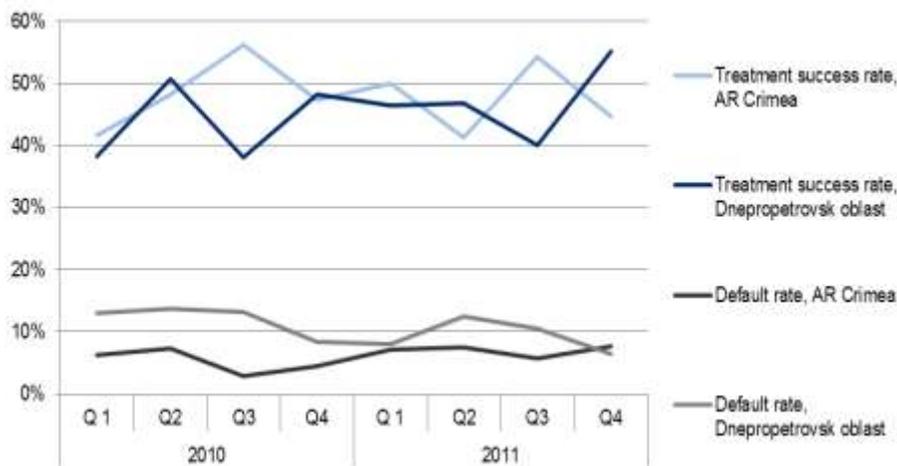


Before considering the reasons behind the observed mortality rates among TB patients, it is worth noting that Ukrainian regulations specify that the cause of death for an individual with TB/HIV co-infection be listed as “HIV.” In the mandated reports generated by the TB service, this cause of death must be listed as “death from other causes,” an indicator that is not included in the state TB R&R system. Overall, “other causes” prevail as the most common cause of death among TB patients (fig4). The mortality rate among TB/HIV co-infected patients is nearly twice as high as the general mortality rate among TB patients, but the current reporting protocols prevent meaningful surveillance and analysis of TB/HIV-related deaths. In the Dnipropetrovsk,

Donetsk, and Odessa oblasts, a high rate of death “from other causes” coincides with the high rate of TB/HIV co-infection among newly detected patients.

Inconsistent drug supplies affect treatment outcomes in this region more than perhaps any other factor. The seriousness of this problem became especially apparent in 2011, when a shortage of both first- and second-line drugs arose and remained unresolved for the majority of the year. Despite these historical barriers to successful TB control, it is premature to conclude that weaknesses in the drug supply chain are solely responsible for the low levels of treatment efficiency in these regions. For instance, in Dnipropetrovsk oblast the rate of treatment successes decreased dramatically in the third quarters of 2010 and 2011 whereas in AR Crimea the opposite trend was observed (fig.5), indicating that treatment efficacy is being affected by factors independent from the drug supply chain. It is also worth emphasizing that the levels of treatment default in these two oblasts are similar, but with a lower level of variation across quarters than occurs in reported cases of treatment success.

**Figure 5. Treatment success and default rate broken down by quarters**



In sum, the baseline TB treatment outcomes from 2011, upon which the STbCU project based its initial activities, are not only systematically insufficient, but also require an in-depth analysis of statistical validity in order to be interpreted in any meaningful way. The Project intends to perform it after the updated results of the 2012 cohorts become available. STbCU has also requested data on treatment outcomes from previous years from the USAID-supported oblasts, and will include this information in subsequent analyses.



STRENGTHENING TUBERCULOSIS CONTROL IN UKRAINE PROJECT

## PHOTO & CAPTION

### Integration of TB care service in Zaporizhzhia AIDS Center



Courtesy: Tetiana Skibina, Zaporizhzhia AIDS Center

**Implementing the concept of better access to TB/HIV co-infection services, Zaporizhzhia AIDS Center established a sputum collection point in its courtyard. Now the AIDS Center clients are timely examined for tuberculosis. This is especially important for HIV-positive people, vulnerable for the infection.**

Tuberculosis is the most common concomitant disease affecting people living with HIV, and the most common cause of death among those with AIDS in Ukraine. According to Ukraine’s Ministry of Health data\* in 2011, TB prevalence was 62.5% among new AIDS cases (5745 of 9189 AIDS cases), and 74% of AIDS-related deaths were caused by TB (2765 deaths out of 3736). Integration of TB/HIV service delivery is the crucial step to respond to the situation and save people lives.

Provide TB screening of HIV patients and referral to TB services for those who are suspected cases of TB is among the tasks of the USAID Strengthening TB Control in Ukraine Project. Due to the Project-supported TB/HIV integrated service delivery, more clients of Zaporizhzhia AIDS Center get fast and convenient TB diagnostics.

Before, many HIV-positive patients refused the life-saving TB detection, vexed by the need to address a different health facility to get the diagnosis. From now on everything required for safe and convenient test sample collection is available at the AIDS-Center courtyard. The open-air pavilion excludes the risk of communicating the disease to people around and is equipped with simplest furniture and instructions to make test sample collection easier for patients.

TB diagnostics among the visitors of the AIDS Center improved significantly, thus allowing for timely onset of treatment leading to better treatment outcome.

\*HIV Infection in Ukraine, Issue 37, Analytical-Statistical Reference Book, Ukrainian Ministry of Health (2012)



### SNAPSHOT

# Advocating for quality diagnosis consistent with international standards

**Strengthening Tuberculosis Control in Ukraine Project advocated state procurement of immunochromatographic assay to respond to the challenge of wide spread of Mycobacteriosis and improper treatment.**



Laboratory specialist identifies *Mycobacteria* species

*It's a big achievement itself that the immunochromatographic assay will be purchased in the country. We believe, this will rapidly improve TB detection among HIV positive people, thus leading to much fewer deaths.*

*Doctor Konstantin Lezhentsev  
UCAB (Ukrainian Community  
Advisory Board) Member,  
Member of MOH Committee  
on drugs, medical commodities  
and equipment purchases*

Despite significant national and international efforts to reduce the TB burden in Ukraine, the number of TB cases remains dangerously high. Poor treatment is the greatest factor aggravating the situation: roughly 56% of new smear-positive cases were effectively treated in 2011 and 2010). This is mostly due to the rapid emergence of multi-drug resistant strains of TB but also to incorrect diagnostics of the disease. For example, out of dozens or so species of mycobacteria, only a few actually cause tuberculosis, while others lead to mycobacteriosis, a group of diseases treated very differently from TB. In most routine drug resistance tests, these bacteria are misclassified as drug resistant TB bacteria, which wastes needed time to save a patient's life, and causes doctors to divert scarce resources on incorrect treatment. Whereas in different parts of the world, the average frequency of opportunistic infections caused by NTB (non-tuberculosis mycobacteria) ranges from 12-25%, in Ukraine only 41 unique cases of NTB were established among 18751 AIDS infected people in 2012. This low detection rate in the country suggests that the rest of the cases were likely under-diagnosed or misdiagnosed as TB, and patients more likely have died.

In response, the USAID Strengthening Tuberculosis Control in Ukraine Project is advocating the importance of correct diagnostics based on evidence-based WHO-recommended approaches through Ministry of Health (MOH) Committee meetings on drugs, medical commodities, and internationally-recommended equipment specifications to be procured within the National TB Control Program. One of these procurements included the lateral flow immunochromatographic assay (an analysis done to determine the presence of a substance, i.e. mycobacteria in the case of TB).

This test was introduced as a simple, rapid, and inexpensive diagnostic tool for TB that accurately identifies *Mycobacterium tuberculosis complex vs. non-tuberculosis mycobacteria* within minutes. The World Health Organization considers the general use of this test less expensive than any other tests able to detect non-tuberculosis mycobacteria. The test had never been used in Ukrainian public health facilities before. As a result of USAID advocacy efforts, the Government of Ukraine agreed to pilot the

application of immunochromatographic assay strips across the country with its first procurement scheduled for 2013. This respective decision was issued by the MOH Committee on December 2012.



# FIRST PERSON

## Even in the smallest communities patients will receive better Services

**Seminars and trainings organized by USAID Strengthening TB Control in Ukraine project help implementing international approaches in the country**



*Photo: Olha Shvets, Rayon TB Doctor consults her patient on the results of X-Ray examination*

***Special thanks to USAID Project for mentoring support they provided. After some time after the seminar the project representative visited our hospital, TB cabinet where I work, and advised on how better implement the knowledge I received, corrected my mistakes and helped to address the gaps.***

*Olha Shvets, Rayon TB Doctor*

Olga Shvets is a young medical professional who just began her career two and a half months ago working as a tuberculosis (TB) doctor of Bogodukhiv rayon (district) of Kharkiv region. Among Olga's responsibilities are TB detection and timely hospitalization of TB patients, provision of directly observed treatment (DOT), and education on TB and infection control for patients' family members.

From the first days of her medical practice, Olga looked for opportunities to improve her work. To gain more technical knowledge, Olga attended a USAID-organized workshop on TB detection, treatment and prevention; TB infection control; and peculiarities of multidrug resistant TB and TB/HIV cases. At the workshops, provided by the USAID Strengthening Tuberculosis Control in Ukraine (STbCU) project, Olga learned more about WHO recommended approaches, and had the opportunity to discuss such topics as modern techniques of TB diagnostics, international recommendations on treatment regimens, side effects of taking anti-TB drugs and ways to address them, and best practices from other regions in Ukraine.

"I really appreciate the chance to participate in USAID workshops at the very beginning of my TB doctor career," says Olga—"I believe that attending these workshops helped me to avoid many mistakes. Not I alone benefited from my improved knowledge, but my patients as well"

As a result of the workshop, Olga adjusted monitoring of TB treatment in accordance to the national standards to improve treatment at Bohodukhiv Hospital. Additionally, Olga helped organize treatment for patients living in remote districts by involving rural primary healthcare centers in patient treatment. The young doctor's initiatives were fully supported by her direct manager – Mykola Ivanovych Hryshchenko, Chief Doctor of the Bohodukhiv hospital. The Chief Doctor partnered with Olga and provided a car for weekly delivery of sputum samples to the laboratory, purchased UV lamps for TB cabinet, and advocated in Rayon Coordination Council the purchase of respirators for TB doctors and laboratory specialists. Through the actions of Olga and Dr. Hryshchenko, even patients in remote regions were provided access to TB treatment.

Olga is one of 1,876 health care service providers reached through 46 workshops and round-table meetings organized

by STbCU within the first Project year thus far. As a result of USAID educational activities, health care service providers in ten Project regions implement better TB services, including TB case detection and management; laboratory quality assurance; DOT; and TB Infection Control.

▲ **Seminar on HIV counseling and testing by TB doctors and on the effective referral of patients to appropriate care (Kyiv, May 30-31, 2013)**

**Інформація за результатами проведення семінару-тренінгу з питань добровільного консультування та тестування на ВІЛ-інфекцію для лікарів протитуберкульозної служби міста**

З метою забезпечення надання якісних послуг та розширення програм добровільного консультування і тестування на ВІЛ-інфекцію в протитуберкульозних закладах системи охорони здоров'я міста було організовано проведення дводенного (30-31 травня 2013 р). семінару-тренінгу для лікарів протитуберкульозної служби. Семінар-тренінг було проведено на базі Київської міської клінічної лікарні №5 Київського міського центру профілактики та боротьби зі СНІДом за підтримки проекту USAID «Посилення контролю за туберкульозом в Україні».

В ході семінару було розглянуто основні тенденції розвитку епідемії ВІЛ-інфекції та коінфекції ВІЛ/Туберкульозу на сучасному етапі в Україні та місті Києві; значення та принципи консультування і тестування на ВІЛ-інфекцію в практиці лікарів протитуберкульозних закладів та особливості консультування хворих на туберкульоз; основи інфекційного контролю за туберкульозом в лікувальних закладах.

В проведенні заходу були залучені спеціалісти Київського міського центру профілактики та боротьби зі СНІДом та тренери проекту USAID «Посилення контролю за туберкульозом в Україні».  
<http://kmcs.org.ua/noviniitem.php?id=137>

▲ **Roundtable to improve the implementation WHO guidelines in MDR-TB case management, Dnipropetrovsk**

**27 травня 2013 року на базі Дніпропетровського комунального клінічного лікувально-профілактичного об'єднання «Фтизіатрія» відбувся круглий стіл.**

27 травня 2013 року у Дніпропетровську у рамках проекту USAID «Посилення контролю за туберкульозом в Україні» на базі Дніпропетровського комунального клінічного лікувально-профілактичного об'єднання «Фтизіатрія» відбувся круглий стіл з питань оптимізації та реструктуризації роботи центральних лікарських консультативних комісій Дніпропетровської області. У роботі заходу взяли участь голови та заступники центральних лікарських консультативних колегій, головні лікарі та завідувачі диспансерними відділеннями протитуберкульозних диспансерів області.

Метою зустрічі було підвищення якості надання консультативної допомоги хворим в частині верифікації і своєчасної реєстрації випадків захворювання на туберкульоз та здійснення оперативного контролю за ефективністю протитуберкульозних заходів на місцях.

Дніпропетровська ОДА: <http://www.guoz.dp.ua/anonsi-zakhodv-ta-podij/2941-27-travnya-2013-roku-na-baz-dnipro-petrovskogo-komunalnogo-klchnogo-ikuvalno-proflaktichnogo-obyednannya-ftizatrya-vdbuvsya-krugliy-stil.html>

▲ **On June 12, “БТБ” channel broadcasted talk-show with the participation of Mariia Dolynska, STbCU Knowledge-Manager:**  
<http://www.youtube.com/watch?v=DrYc4g5OV7E>

▲ **Meeting with the State Service on HIV and Other Socially Dangerous Diseases on preliminary results from the STbCU project:**

### **У протитуберкульозних закладах введуть інфекційний контроль.**

У рамках проекту «Посилення контролю за туберкульозом в Україні» планується здійснити моніторингові візити до 10 регіонів України для налагодження взаємодії протитуберкульозних та ВІЛ-сервісних закладів.

Як повідомили УНІАН у прес-службі Державної служби України з питань протидії ВІЛ-інфекції/СНІДУ та інших соціально небезпечних захворювань, у Держслужбі відбулася партнерська зустріч, під час якої обговорювалися перші результати й напрацювання проекту «Посилення контролю за туберкульозом в Україні», а також ключові аспекти запланованого в межах проекту дослідження щодо оцінки потреб України у сфері ТБ/ВІЛ. Зокрема, йшлося про ефективність заходів щодо налагодження системи інфекційного контролю в протитуберкульозних закладах у 10 регіонах, які охопила географія проекту.

В обговоренні взяли участь голова Держслужби України соцзахворювань Тетяна Александріна, перший заступник голови Євген Ханюков та керівник проекту «Посилення контролю за туберкульозом в Україні» Олена Хейло.

«На сьогодні ми можемо говорити про перші результати роботи у цих напрямках та окреслити перспективний робочий план проекту. Ми повинні зосередити увагу на проведенні цілої низки тренінгів для медичного персоналу в ході менторингових візитів, які стосувалися б впровадження методик з підвищення якості протитуберкульозних заходів. Насамперед, буде здійснено аналіз роботи фтизіатричної служби в пілотних регіонах, вивчатимуться основні епідемічні показники, розглядатимуться актуальні проблеми та шляхи їхнього подолання», - заявила Александріна і додала, що тематика запланованого менторингу досить широка, що сприятиме більш комплексному підходу до вивчення ситуації та формуванню найбільш доцільних та корисних рекомендацій.

Вона зауважила, що в рамках проекту важливим завданням залишатиметься удосконалення роботи лабораторної мережі, яка забезпечує процес діагностики туберкульозу в країні. Гостро важливим в Україні залишається запровадження програм контролю за мультирезистентним туберкульозом і розширення доступу до послуг діагностики та лікування поєднаної інфекції ВІЛ/ТБ, сказала Александріна.

З огляду на це учасники зустрічі сформували низку пропозицій до майбутнього дослідження, здійснення якого забезпечуватиме проект «Посилення контролю за туберкульозом в Україні» - оцінка потреб країни у сфері подолання ко-інфекції.

Зокрема, досліджуватимуться проблеми у взаємодії протитуберкульозних та ВІЛ-сервісних закладів, їхня координація для ефективного ведення пацієнта з подвійним діагнозом, впровадження переадресації до закладів охорони здоров'я та активне залучення неурядових організацій. Найбільш важливим у цьому плані є сприяння організацій, які реалізують програми «зменшення шкоди», займаються наданням соціальних послуг, здійснюють догляд та підтримку пацієнтів з подвійною інфекцією, йдеться у повідомленні.

У Держслужбі соцзахворювань нагадали, що проект здійснюється USAID (Агентство США з міжнародного розвитку). Він має на меті покращення якості послуг у сфері лікування туберкульозу

на основі стратегії DOTS, запровадження нових сучасних технологій лабораторної діагностики та інфекційного контролю, поліпшення дотримання пацієнтами режимів лікування, а також підтримання спектру заходів на зміцнення систем лікування туберкульозу.

УНІАН здоров'я: <http://health.unian.net/ukr/detail/247932>

▲ **On May 23, the Ministry of Health of AR Crimea featured a project-supported seminar in Simferopol on its web site:**

**В Симферополе прошел семинар по туберкулезу для врачей первичной медико-санитарной помощи**

СИМФЕРОПОЛЬ, 23 мая 2013 – Пресс-служба МЗ АРК. В Симферополе прошел семинар «Совершенствование предоставления противотуберкулезных услуг на первичном уровне медицинского обслуживания. Современный подход к здоровью легких (Международный опыт PAL)» для врачей общей практики – семейной медицины, врачей терапевтов учреждений первичной медико-санитарной помощи. Семинар состоялся при технической поддержке Проекта USAID «Усиление контроля за туберкулезом в Украине».

В его работе приняли участие 60 человек, в частности, сотрудники Министерства здравоохранения АРК, главный внештатный специалист по фтизиатрии МЗ АРК, представители кафедры фтизиатрии и пульмонологии ФПО КГМУ им. С.И. Георгиевского, КРУ «Противотуберкулезный диспансер № 1», сотрудники Проекта USAID «Усиление контроля за туберкулезом в Украине», врачи учреждений первичной медико-санитарной помощи.

В ходе семинара были заслушаны доклады, посвященные перспективам внедрения и выполнения Программы противодействия заболеванию туберкулезу в АР Крым на 2013 – 2016 годы; путям решения проблемы туберкулеза в мире, европейском регионе и Украине, текущей эпидемической ситуации по туберкулезу, ВИЧ-инфекции/СПИДу и сочетанной инфекции ТБ/ВИЧ в Украине и АР Крым; современному состоянию и перспективам дальнейшего внедрения международных стандартов по организации выявления, контролируемому лечению, сопровождения больных туберкулезом и ко-инфекцией ТБ/ВИЧ в АР Крым на первичном уровне медико-санитарной помощи. Обсуждены проблемы и пути их решения, вопросы профилактики туберкулеза среди уязвимых групп, роль средств массовой информации и санитарного просвещения населения в борьбе с туберкулезом.

По итогам семинара, среди прочего, было решено:

- открыть 3 пункта сбора мокроты в Красноперекопском районе (Почетненская, Братская и Новопавловская амбулатория ОПСМ), 2 в Сакском районе (Ореховская, Штурмовская амбулатории ОПСМ) и 1 в Черноморском районе (Дальновская АОПСМ).
- внедрить в практику работы центров, отделений и амбулаторий ОПСМ и распространять среди населения скрининговую анкету для выявления людей, нуждающихся в обследовании на туберкулёз.
- КРУ «ПТД № 1» проводить подготовку информационных материалов по вопросам туберкулеза, его профилактики и раннего выявления для размещения и распространения в СМИ АР Крым.
- обратиться к руководителям органов местного самоуправления городов и районных государственных администраций, а также начальникам учреждений здравоохранения с рекомендациями о денежном поощрении медицинских работников, выявивших больного с заразной формной туберкулеза.

- обратиться к руководству Проекта с просьбой об организации и проведении семинара по туберкулезу для руководителей органов местного самоуправления городов и районных государственных администраций, а также начальникам учреждений здравоохранения АР Крым. <http://mz-ark.gov.ua/v-simferopole-sostoyalsya-seminar-po-tuberkulezu-dlya-vrachej-uchrezhdenij-pervichnoj-mediko-sanitarnoj-pomoshhi/>

### ▲ **Participation of Ukrainian experts in TB infection control training in Vladimir city, Russian Federation:**

#### **Трьохкомпонентний інфекційний контроль — запорука ефективної боротьби з туберкульозом**

Як повідомляло наше видання, за технічної підтримки проекту Агентства США з міжнародного розвитку (United States Agency for International Development — USAID) «Посилення контролю за туберкульозом в Україні» налагоджено тісну взаємодію Державної санітарно-епідеміологічної служби (далі — Держсанепідслужба) України та Державної служби України з питань протидії ВІЛ-інфекції/СНІДу та іншим соціально небезпечним захворюванням — у питаннях, які стосуються інфекційного контролю за туберкульозом. Адже на сьогодні невирішеним залишається питання діагностики та лікування туберкульозу з поширеною стійкістю, якість лікування пацієнтів з яким залежить від належної організації механізмів інфекційного контролю.

Нагадаємо, що завдяки реалізації цього проекту в 10 проектних регіонах (Дніпропетровській, Донецькій, Запорізькій, Луганській, Одеській, Харківській, Херсонській областях та АР Крим, а також у містах Києві та Севастополі) вперше визначено регіональних координаторів Держсанепідслужби з інфекційного контролю і проведено для них тренінг із питань інфекційного контролю за туберкульозом у закладах охорони здоров'я України. Розпочато щоквартальне навчання всієї вертикалі фахівців служби.

Так, у рамках зазначеного проекту USAID у квітні 2013 р. 9 українських спеціалістів упродовж 2 тиж вивчали міжнародний досвід з питань інфекційного контролю за туберкульозом на тренінгах, організованих Навчальним центром при Володимирському обласному протитуберкульозному диспансері (Російська Федерація). Це єдиний у країнах Східної Європи сертифікований ВООЗ навчальний центр з інфекційного контролю. Наші фахівці взяли участь у тренінгах «Попередження нозокоміальної передачі туберкульозу» та «Інженерні аспекти попередження внутрішньолікарняної передачі туберкульозу. Проектування, монтаж, балансування, паспортизація, прийом та обслуговування вентиляційних систем». У якості тренерів виступили міжнародні експерти з питань інфекційного контролю за туберкульозом — представники Центрів з контролю та профілактики захворювань (Centers for Disease Control and Prevention — CDC), США.

Учасники розглянули усі три компоненти інфекційного контролю: адміністративний, інженерний та персональний захист; вивчали економічну обґрунтованість заходів з інфекційного контролю; моделювали різноманітні ситуації з розробки заходів інфекційного контролю та прийняття управлінських рішень; напрацьовували навички написання ефективних планів інфекційного контролю; обговорювали проблеми реалізації програм інфекційного контролю в різних країнах. Важливо, що питання інфекційного контролю розглядали як на прикладі лікувально-профілактичних закладів, так і стосовно закладів пенітенціарної системи та місць масового скупчення людей.

Набутий досвід учасники тренінгів будуть використовувати на своїх робочих місцях, покращуючи якість роботи з інфекційного контролю, проводячи тренінги для співробітників своїх служб та беручи участь у процесі перегляду нормативної документації з інфекційного контролю

за туберкульозом, інженерією та архітектурою лікувально-профілактичних закладів на національному та регіональному рівнях.

Український Медичний Журнал <http://www.umj.com.ua/article/57736/troxkomponentnij-infekcijnij-kontrol-zaporuka-efektivnoi-borotbi-z-tuberkulozom>

▲ **U.S.Ambassador's visit to Donetsk oblast TB hospital (video):**

<http://www.youtube.com/watch?v=fQKDd3Dj-GU&feature=youtu.be>

▲ **U.S.Ambassador's visit to Donetsk oblast TB hospital:**

**Посол США посетил донецкий противотуберкулезный диспансер**

Чрезвычайный и Полномочный Посол США в Украине Джон Теффт посетил Донецкую областную противотуберкулезную больницу. Об этом УНН сообщили в пресс-службе Агентства США по международному развитию (USAID).

Посол ознакомился с положительным опытом области в вопросах выявления и лечения туберкулеза, достигнутым, среди прочего, благодаря действующим и предыдущим проектам Агентства США по международному развитию (USAID).

"Я не зря назвал только медработников Донецкой областной противотуберкулезной больницы героями, - отметил во время разговора Посол. - Я поражен тем, сколько сделано ими и украинским правительством, чтобы помочь пациентам с туберкулезом".

Именно в Донецке в 2001 году USAID начало внедрение рекомендованной ВОЗ стратегии лечения под непосредственным наблюдением (так называемой DOTS-стратегии: Directly Observed Treatment Short-Cours). Благодаря консолидированным усилиям всех партнеров, сегодня достигнуты значительные успехи в улучшении результатов лечения туберкулеза: несмотря на то, что Донецкая область является одним из регионов, наиболее пораженных туберкулезом и ко-инфекцией туберкулез/ВИЧ, за последние пять лет в области наблюдается тенденция к снижению бремени туберкулеза.

Партнерство USAID с Управлением здравоохранения облгосадминистрации и медработниками способствовало реформированию подходов к контролю за туберкулезом, улучшению диагностики туберкулеза, улучшению потенциала лабораторной службы в определении чувствительности микобактерий к лекарственным препаратам, совершенствованию контроля за выполнением программы борьбы с туберкулезом и внедрению электронного регистра пациентов, что помогло в ведении медицинских записей и отчетов.

В 2012 году USAID начало новый проект "Усиление контроля за туберкулезом в Украине", с бюджетом 17,8 млн долл.США. Целью проекта является уменьшение бремени туберкулеза, через улучшение качества услуг по диагностике, лечению и профилактике туберкулеза, включая случаи туберкулеза с множественной и широкой лекарственной устойчивостью и случаями ВИЧ-ассоциированного туберкулеза.

В Донецке Проект USAID сотрудничает с областной туберкулезной больницей, включая поддержку деятельности лаборатории и учебного центра по туберкулезу. В рамках сотрудничества Донецкие

специалисты передают свой опыт, проводя тренинги и семинары для медперсонала из других регионов, в которых работает Проект.

Начиная с 2007 года, благодаря проектам USAID по контролю за туберкулезом качественным лечением на основе рекомендаций ВОЗ охвачено 10 юго-восточных регионов с высоким бременем туберкулеза, в том числе Донецкая область, в которых проживает более 50 процентов населения Украины.

Проект USAID "Усиление контроля за туберкулезом в Украине" внедряет воспроизводимые модели профилактики и предотвращения распространения туберкулеза в десяти регионах, а именно в Донецкой, Харьковской, Днепропетровской, Запорожской, Херсонской, Одесской, Луганской областях и АР Крым, а также в г. Киев и г. Севастополь.

<http://fakty.ua/news/118527>

▲ **Talk-show on TB, with the participation of the Project's expert Mariia Dolynska (First Crimean channel, talk-show "Gravitation", video)**

<http://www.atr.ua/#!archive&filter=gravity&video=2013-04-04-23-18-08-1400000>

▲ **Round Table meeting in Zaporizzhia**

**В прошлом году 246 ВИЧ-инфицированных запорожцев заболело туберкулезом**

Первые случаи ко-инфекции ТБ/ВИЧ в Запорожской области были зарегистрированы в 1996 году. Если в последующие годы таких больных регистрировалось 13-14 за год, то в 2011 году заболело на активный туберкулез 173 ВИЧ-инфицированных пациентов, в 2012 – 246 пациентов. Об этом шла речь на заседании круглого стола на тему «Основные проблемы сочетанной патологии туберкулеза и ВИЧ-инфекции; пути преодоления в Запорожской области».

Туберкулез способствует прогрессированию ВИЧ-инфекции. Среди лиц, которые в 2012 году были взяты на диспансерный надзор с диагнозом СПИД, 51% больных на ко-инфекцию ВИЧ/ТБ. Среди 131 ВИЧ-инфицированных, которые в 2012 году заболели туберкулезом, у 54 пациентов (41%) ВИЧ-инфекция и туберкулез были обнаружены одновременно.

Туберкулез и ВИЧ – опасное сочетание. Показатель смертности от ко-инфекции ВИЧ/ТБ в 2012 году в регионе составил 4,4 на 100 тысяч населения против 3,1 в 2011 году. Исследования показали, что без одновременного лечения туберкулеза и ВИЧ-инфекции до 50% больных с ко-инфекцией умирают на протяжении 6-8 месяцев лечения туберкулеза, большинство из них – в первые 2-3 месяца лечения. При одновременном назначении антиретровирусной терапии и профилактического лечения других оппортунистических инфекций этот показатель снижается до 10%, сообщает пресс-служба Главного управления Госсанэпидслужбы в Запорожской области.

<http://www.ipnews.in.ua/index.php/2013/04/03/%D0%B2-%D0%BF%D1%80%D0%BE%D1%88%D0%BB%D0%BE%D0%BC-%D0%B3%D0%BE%D0%B4%D1%83-246-%D0%B2%D0%B8%D1%87-%D0%B8%D0%BD%D1%84%D0%B8%D1%86%D0%B8%D1%80%D0%BE%D0%B2%D0%B0%D0%BD%D0%BD%D1%8B%D1%85-%D0%B7%D0%B0/>

## ▲ Meeting with the State Service on HIV and Other Socially Dangerous Diseases on preliminary results from the STbCU project:

### **В Україні планується здійснити менторингові візити до 10-ти регіонів для налагодження взаємодії протитуберкульозних та ВІЛ-сервісних закладів**

Днями у Держслужбі України соцзахворювань відбулася партнерська зустріч, під час якої обговорювалися перші результати та напрацювання проекту "Посилення контролю за туберкульозом в Україні", а також ключові аспекти запланованого в межах проекту дослідження щодо оцінки потреб України у сфері ТБ/ВІЛ. Також йшлося про ефективність заходів щодо налагодження системи інфекційного контролю в протитуберкульозних закладах у 10-ти регіонах, які охопила географія проекту. У розмові взяли участь Голова Держслужби України соцзахворювань Тетяна Александріна, Перший заступник Голови Євген Ханюков та керівник проекту "Посилення контролю за туберкульозом в Україні" Олена Хейло.

Нагадаємо, зазначений проект здійснюється USAID (Агентством США з міжнародного розвитку). Він має на меті покращення якості послуг у сфері лікування туберкульозу на основі стратегії DOTS, запровадження нових сучасних технологій лабораторної діагностики та інфекційного контролю, поліпшення дотримання пацієнтами режимів лікування, а також підтримання спектру заходів на зміцнення систем лікування туберкульозу...

Фундація медичного права та біоетики України 2013.05.29 20:36

<http://www.medicallaw.org.ua/novini/article/2405/>

### **У десяти регіонах України проконтролюють впровадження методик з підвищення якості протитуберкульозних заходів**

У Держслужбі України соцзахворювань відбулася партнерська зустріч, під час якої обговорювалися перші результати та напрацювання проекту "Посилення контролю за туберкульозом в Україні", а також ключові аспекти запланованого в межах проекту дослідження щодо оцінки потреб України у сфері ТБ/ВІЛ. Також йшлося про ефективність заходів щодо налагодження системи інфекційного контролю в протитуберкульозних закладах у 10-ти регіонах, які охопила географія проекту. У розмові взяли участь Голова Держслужби України соцзахворювань Тетяна Александріна, Перший заступник Голови Євген Ханюков та керівник проекту "Посилення контролю за туберкульозом в Україні" Олена Хейло.

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"На сьогодні ми можемо говорити про перші результати роботи у цих напрямках та окреслити перспективний робочий план проекту. Ми повинні зосередити увагу на проведенні цілої низки тренінгів для медичного персоналу в ході менторингових візитів, які стосувалися б впровадження методик з підвищення якості протитуберкульозних заходів. Насамперед, буде здійснено аналіз роботи фтизіатричної служби в пілотних регіонах, вивчатимуться основні епідемічні показники, розглядатимуться актуальні проблеми та шляхи їх подолання. Тематика запланованого менторингу досить широка, що сприятиме більш комплексному підходу до вивчення ситуації та формуванню найбільш доцільних та корисних рекомендацій", - заявила під час обговорення Голова Держслужби України Тетяна Александріна.

Голова Держслужби України соцзахворювань також зауважила, що в рамках проекту важливим завданням залишатиметься удосконалення роботи лабораторної мережі, яка забезпечує процес діагностики туберкульозу в країні. Гостро важливим в країні залишається запровадження програм контролю за мультирезистентним туберкульозом і розширення доступу до послуг діагностики та лікування поєднаної інфекції ВІЛ/ТБ.

З огляду на це, учасники зустрічі сформували низку пропозицій до майбутнього дослідження, здійснення якого забезпечуватиме проект "Посилення контролю за туберкульозом в Україні" - оцінка потреб країни у сфері подолання ко-інфекції. Зокрема, досліджуватимуться наступні теми: проблеми у взаємодії протитуберкульозних та ВІЛ-сервісних закладів, їхня координація для ефективного ведення пацієнта з подвійним діагнозом, впровадження переадресації до закладів охорони здоров'я та активне залучення неурядових організацій. Найбільш важливою в цьому плані є сприяння організацій, які реалізують програми "зменшення шкоди", займаються наданням соціальних послуг, здійснюють догляд та підтримку пацієнтів з подвійною інфекцією.

За додатковою інформацією звертатися за тел.: 287-89-44, 096-379-27-72 - Грамотна Юлія.

Міністерство охорони здоров'я України 2013.05.30

[http://www.moz.gov.ua/ua/portal/pre\\_20130530\\_10.html](http://www.moz.gov.ua/ua/portal/pre_20130530_10.html)

## ^ Drug-resistance survey in Kherson and Kharkiv oblasts

### **В Україні проведуть дослідження для визначення медикаментозної стійкості туберкульозу**

У Харкові відбувся тренінг з актуальних питань проведення дослідження медикаментозної стійкості до протитуберкульозних препаратів. З 1 червня по 31 липня поточного року зазначене дослідження буде проведене в двох пілотних регіонах - Харківській та Херсонській областях.

Організаторами тренінгу стали Держслужба України соцзахворювань, проект «Посилення контролю за туберкульозом в Україні», Всесвітня організація охорони здоров'я та ДУ «Національний інститут фтизіатрії та пульмонології ім. Ф. Г. Яновського НАМН України». Захід пройшов за участю міжнародного експерта ВООЗ Аракса Оганесяна та регіонального радника з лабораторної справи проекту ХОУП Марії Янчевської.

Як повідомив представник Перший заступник Голови Держслужби України соцзахворювань Євген Ханюков, метою дослідження є отримання достовірної репрезентативної інформації щодо стійкості мікобактерій туберкульозу до протитуберкульозних лікарських засобів в Україні та, в разі необхідності, удосконалення схем лікування хворих на туберкульоз. Дослідження не має на меті дати точну оцінку поширеності мультирезистентного туберкульозу на рівні району й області.

Під час тренінгу представник Держслужби України соцзахворювань наголосив, що «епідеміологічне дослідження щодо хіміорезистентного туберкульозу в Україні проводиться відповідно до Закону України «Про протидію захворюванню на туберкульоз», а також завдань і заходів Загальнодержавної цільової соціальної програми протидії захворюванню на туберкульоз на 2012 – 2016 роки. Технічну підтримку в проведенні Дослідження надають ВООЗ та уряд США- проект «Посилення контролю за туберкульозом в Україні». Держслужба України соцзахворювань забезпечує координацію виконання заходів відповідальними виконавцями згідно з Планом, затвердженим Наказом МОЗ України та Національної академії медичних наук України від 26.03.2013р. №233/25.

«Національний інститут фтизіатрії та пульмонології ім. Ф. Г. Яновського НАМН України відповідає за забезпечення методологічного керівництва, моніторингу та контролю за організацією лабораторного компоненту дослідження; підготовку зразків для транспортування до національної референс-лабораторії з метою визначення тесту медикаментозної чутливості до протитуберкульозних лікарських засобів другого ряду та зовнішнього контролю якості.

Урядовий портал

[http://www.kmu.gov.ua/control/uk/publish/article?art\\_id=246381684&cat\\_id=244277212](http://www.kmu.gov.ua/control/uk/publish/article?art_id=246381684&cat_id=244277212)

### **На Херсонщині туберкульоз досліджуватимуть на стійкість**

З 1 червня по 31 липня поточного року в Херсонській області буде проведення дослідження медикаментозної стійкості до протитуберкульозних препаратів. Таке дослідження буде проведено в двох пілотних регіонах — Харківській та Херсонській областях. Цими днями у Харкові відбувся тренінг з актуальних питань щодо проведення таких досліджень. Про це повідомляє прес-служба державної служби України з питань протидії ВІЛ-інфекції/СНІДУ та інших соціально небезпечних захворювань. Метою дослідження є отримання достовірної репрезентативної інформації щодо стійкості мікобактерій туберкульозу до протитуберкульозних лікарських засобів в Україні та, в разі необхідності, удосконалення схем лікування хворих на туберкульоз. Дослідження не має на меті дати точну оцінку поширеності мультирезистентного туберкульозу на рівні району й області.

Технічну підтримку в проведенні Дослідження надають ВООЗ та уряд США- проект «Посилення контролю за туберкульозом в Україні».

Херсонщина за день 2013.05.30

<http://ksza.ks.ua/news/na-xersonshhini-tuberkuloz-doslidzhvatimut-na-stijkist.html>

▲ The article by the A.M.Ponomarenko, Chief sanitary doctor of Ukraine, describes changes in the State Sanitary and Epidemiology Service's (SES) approaches on TB infection control, being implemented due to the USAID Strengthening TB Control in Ukraine Project's support: <http://stbcu.com.ua/2013/tb-ic-ses-article/>

**Актуально**

## Роль Держсанепідслужби України в інфекційному контролі за туберкульозом

*Сьогодні, за технічної підтримки проекту Агентства США з міжнародного розвитку (USAID) "Посилення контролю за туберкульозом в Україні", налагоджено тісну взаємодію Держсанепідслужби та Держслужби соціальноорганізацій у питаннях, що стосуються інфекційного контролю за туберкульозом.*



**Анатолій Пonomаренко,**  
Лікар, Державний санітарний, епідеміологічний та гігієнічний лікар України, головний державний санітарний лікар України, Івано-Франківська область

Як головний державний санітарний лікар України в подальше створювати щодо ситуації з рівнем захворюваності на туберкульоз серед населення країни загально та серед медичних працівників зокрема.

Наразі всі відром, які реформи відбуваються в системі державного санітарно-епідеміологічного нагляду та які активно впроваджуються процеси дерегуляції в нашій країні, завдяки яким фахівці Держсанепідслужби України на сьогодні мають право офіційно перевіряти лікувально-профілактичні заклади лише раз на рік.

Тому ми в умовах сьогоднішнього докоронного змінювати підходи – від карального нагляду до здійснення моніторингової оцінки стану виконання заходів інфекційного контролю за туберкульозом у лікувально-профілактичних закладах.

На сьогодні фахівці санітарно-епідеміологічної служби та центри СЦД активно переглядають плани з інфекційного контролю, планують реальне переведення закладів охорони здоров'я відповідно до міжнародних стандартів, які пропонує Всесвітня організація охорони здоров'я.

Запроваджені механізми "моніторингових візитів" дає змогу досягти більшого співзвучення керівників медичного закладу зі спеціалістами

Держсанепідслужби щодо проблемних питань інфекційного контролю без можливих штрафів. Завдяки чому представники медзакладу не намагаються приховувати проблеми, намагаються отримувати ширшу та повну консультування, і відповідно до рекомендацій мають можливість підвищити ефективність компонентів інфекційного контролю.

Адже не відкрито тасмисці, коли свідки, що раніше кожен візит працівника санітарно-епідеміологічної служби до протитуберкульозного закладу закінчувався притягненням до адміністративної відповідальності медичного працівника.

І тут логічне риторичне запитання.

А чи ванен медичний працівник у тому, що більшість протитуберкульозних закладів не відповідають санітарним вимогам?

Адже в "типових" розміщеннях розміри лише 134 із 828 закладів, тобто 23,4% всі міста розміщені у будівлях і приміщеннях, які не відповідають вимогам дві санітарних норм і певних, які будівельних норм.

У незадовільному технічному стані перебувають 74 протитуберкульозні заклади 11 – розміщено в аварійних будівлях, 140 – підлягають капітальному ремонту.

Приміщення більшості протитуберкульозних закладів потребують капітального ремонту, медичне обладнання вкрай застаріле, відсутні умови для проведення адекватного лікування хворих на різні форми туберкульозу.

І ще у той час, коли одним із основних організаційних компонентів інфекційного контролю за туберкульозом є оцінка стану облаштування наявних приміщень лікувально-профілактичних закладів з метою їх можливої реконструкції або будівництва нових.

Як можна досягти нормованої чистоти повітря в закритих приміщеннях, коли вентиляційними системами не обладнано 68,5% протитуберкульозних закладів. І чи можемо ми виставити мову в таких закладах про нормативне справування повітря – від "чистого" до "забрудненого"?

Після для сплавованні морозів є лише у 8 закладів (1,0% у Дніпропетровській області – 2, у Вінницькій, Закарпатській, Запорізькій, Львівській, Хмельницькій, Черкаській – по 1). В переважній більшості морозів не захищені при переміщенні його з дезінфікуючими засобами.

Водночас протитуберкульозні заклади незадовільно забезпечені твердими інвентарем, білизною, дезінфікуючими, змішаними засобами, спецаодягом для персоналу. Твердим інвентарем забезпечені в середньому на 86,6%, білизною – на 85,5%, забезпечені засобами для миття та чищення – на 88,7%, спецодягом – на 91,9%.

У рамках інфекційного контролю санітарно-епідеміологічної служби проводиться значну роботу у висвітненні туберкульозу.

Але і тут ситуація не набагато краща.

Не в повному обсязі проводиться звичайна дезінфекція із застосуванням наміреного методу – 73,1%. Такий відсоток ми маємо висвітлити того, що більша частина наявних дезінфікуючих камер у протитуберкульозних і санітарно-епідеміологічних закладах застаріла, часто виходить з ладу (за нормативного терміну експлуатації 8 років – експлуатуються 15 і більше років).



В окремих районах областей переселення дезінфікуючі камери взагалі відсутні. В Івано-Франківській – встановлено лише 24 заклади на загальному дезінфекцію із застосуванням наміреного методу. Хмельницькій – 33%, Кировоградській – 34%. Саме зазначені проблеми і спонукали нас до активного залучення громадськості та міжнародних організацій до здійснення моніторингових візитів до медичних закладів в інтервалах між інспекційними перевірками Держсанепідслужби.

На сьогодні, за технічної підтримки проекту Агентства США з міжнародного розвитку (USAID) "Посилення контролю за туберкульозом в Україні", налагоджено тісну взаємодію Держсанепідслужби та Держслужби соціальноорганізацій у питаннях, що стосуються інфекційного контролю за туберкульозом.

Завдяки реалізації цього проекту вперше визначено регіональних координаторів Держсанепідслужби з інфекційного контролю в Україні, що дає змогу проводити моніторингові заходи на місцях.

Розпочато каскадне навчання усієї вертикалі фахівців Держсанепідслужби у 10 проєктних регіонах щодо питань інфекційного контролю за туберкульозом (уже проведено понад 20 семінарів, навчено понад 1000 співробітників).

Розуміючи, що в інфекційному контролі за обмеженого іншо рівні матеріально-технічного забезпечення, основну роль відіграє індивідуальний захист організму людини та дотримання особистої гігієни під час респіраторних актів, Держсанепідслужба акцентувала увагу працівників кафедри епідеміології на необхідності викладання питань інфекційного контролю під час до дипломної підготовки кадрів.

Й наразі затверджено навчальний курс з інфекційного контролю за туберкульозом для студентів 6 го року навчання вищих навчальних медичних закладів, який з вересня цього року розпочнуть викладати у всіх медичних вузах.

Проведення аналізу нормативно-правової бази з питань інфекційного контролю за туберкульозом дозволяє визначити основні проблемні напрямки в цьому питанні.

Ми залучували проведення розширеної колегії Державної санітарно-епідеміологічної служби України з питань нормативно-правового забезпечення діяльності служби в цілому, та з інфекційного контролю зокрема.

Держсанепідслужба є відкритою до співпраці з усіма державними партнерами та громадськими і міжнародними організаціями. Адже лише рідше національне підставою, а не рідше національність співробітників дає змогу змінити природний від епідемії.