



Challenge TB - Ukraine

Year 2

Quarterly Monitoring Report

April-June 2016

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Cover photo: "Social Worker of the Charitable Organization "Light of Hope" provides a food certificate as the treatment adherence motivation to the MDR TB patient within the Challenge TB project in Poltava, Ukraine".

Photo author: Inessa Protaschyk, Charitable Organization "Light of Hope, Poltava"

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1. Quarterly overview

Country	Ukraine
Lead partner	PATH
Other partners	KNCV Tuberculosis Foundation (KNCV)
Work plan timeframe	October 2015 – September 2016
Reporting period	April-June 2016

Most significant achievements *(Max 5 achievements)*

This report covers Challenge TB (CTB) project progress and achievements during the third quarter of project Year 2 (April 1–June 30, 2016). During the reporting period, PATH staff collaborated with KNCV Tuberculosis Foundation (KNCV), the United States Agency for International Development (USAID), the Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine (UCDC), the National Research Institute on TB and Lung Diseases, the two oblast branches of the National Red Cross Society and partners from Poltavaska, Mykolayivska, and Kyivska oblasts to implement the Year 2 work plan. In this period, the project continued to expand and improve a model for a patient-centered approach to multidrug-resistant tuberculosis (MDR-TB) care based on high-quality ambulatory treatment and other MDR-TB control services. Specifically, the project extended patient-centered approach activities to a new project partner oblast (Kyivska oblast); developed recommendations on improving the process of active case-finding and management of TB among close contacts; developed the draft of an operational research (OR) protocol for introducing new drugs and shortened treatment regimens for MDR-TB treatment; and built the ground for the protocol’s implementation in the selected site (Kyivska oblast), with the aim of achieving the project’s objective of improved MDR-TB treatment success rates in project oblasts.

- To ensure timely detection, diagnosis and treatment initiation for potentially missed TB cases, this quarter the CTB project conducted a workshop in Poltava with all involved parties to discuss a developed draft algorithm of contact investigation and the roles of TB services, SES, and primary health care level in TB contact investigation and management; the project also finalized the set of recommendations to be suggested to the national contact investigation strategy. During the last quarter of the year, the CTB project will support the pretesting of a holistic, consistent system of TB contact investigation and follow-up in Mykolayivska and Poltavaska oblasts and will lead the development of the strategy for it to be adopted by the Ukrainian National TB Program (NTP).

- During the reporting period, the CTB project worked on finalization of Draft Operational Research Protocol (the Protocol) for introducing new drugs and shortened drug regimens for the treatment of MDR-TB and XDR-TB. As part of this effort, the project collected reviews of suggested shortened and pre-XDR/XDR treatment regimens and enrollment/exclusion criteria based on WHO recommendations, taking into consideration the local situation (DR-survey results, access to tests, available drugs, etc.), from the WHO-Euro. Currently, the Protocol is being reviewed by in-country stakeholders, PMU, and USAID and will be adjusted according to the recommendations. Also, based on intensive discussions with providers from Kyivska oblast (the proposed site for implementation of the operational research), nine standard operational procedures (SOPs) were drafted and pretested during the workshop, including MDR/XDR-TB case detection at different levels of care, pharmacovigilance, patient monitoring, and other key elements. During the reporting period the following steps also were pursued, including finalizing the SOPs, conducting an introductory workshop for 21 (15F) participants, providing assistance to NTP in developing the bedaquiline (BDQ) donation request, identifying the best approach to assure supply, calculating the number of patients involved, and ‘preparing the ground’—that is, providing technical assistance to Kyivska oblast to improve utilization of existing resources, train providers in MDR-TB case management and side effects management, ensure the quality of the laboratory diagnostic, strengthen the TB case management at the ambulatory stage, and ensure proper monitoring. Patients’ enrollment is expected to start in the first quarter of APA3.

- The draft clinical guidelines for side-effects management for TB and DR-TB patients were finalized during the previous quarter and submitted to the UCDC and State Expert Center for further approval by the Ministry of Health's (MOH) order to implement country-wide. The first webinar in guideline principles was conducted on June 30, 2016, in collaboration with the National Research Institute on TB and Lung Diseases; more than 120 participants from 59 entry points from 21 oblasts in Ukraine, including Eastern Ukraine, took part. The participation profile represented significant interest of care providers at all levels and included chief doctors, deputy chief doctors, MDR-TB department heads of oblast and district TB dispensaries, rayon/district TB doctors working in the primary health care service, and representatives from UCDC, the National Research Institute on TB and Lung Diseases, and the National Medical University. We received positive feedback from the participants, who emphasized that the developed clinical guidelines had been highly requested by TB doctors for proper DR-TB case management. During the next quarter, the CTB project, in collaboration with the National Research Institute on TB and Lung Diseases and UCDC, plans to conduct a series of all-Ukrainian webinars on various topics as an efficient way of information sharing that will allow all TB and other interested providers in Ukraine to participate.

- In the reporting period, CTB project has continued to implement the patient-centered approach and provided social, psychological, and other support to 253 MDR-TB patients to ensure their treatment completion at the ambulatory phase. Three NGOs in Poltavaska and Mykolaivska oblasts provided 170 MDR/XDR-TB patients with medical, nutrition, transport, legal, and other support as needed. In addition, 83 MDR/XDR-TB patients in two project oblasts were supported the Mykolaiv and Poltava oblast organizations of the Ukrainian Red Cross Society (URCS) subawarded by CTB on June 1, 2016. Red Cross visiting nurses have continued to provide ongoing medical and social support to prevent defaults and ensure DOT at the ambulatory phase of treatment. CTB has engaged all local partners in implementing the patient-centered strategy and creating multi-disciplinary teams including TB doctors, DOT curators, social workers, and psychologists to address structural barriers to treatment adherence. During monitoring visits (to Mykolaivska oblast on May 17–18, 2016, and to Poltavaska oblast on May 19–20, 2016), the project staff continued to provide technical assistance and supportive supervision to the sub-awardees and interviewed a number of MDR-TB patients, who provided positive feedback on the role of the social and psychological support in their willingness to complete treatment.

Technical/administrative challenges and actions to overcome them

Administrative challenges

Rotations of the MOH Deputy Minister in charge of HIV and TB and absence of the Minister of Health are leading to delay of the approval of the national-level documents, including the earlier submitted protocol on side-effect management developed by the project. There is increased risk that the MOH order for introduction of new TB drugs will not be signed in a timely manner also.

Technical challenges

Based on the drug-resistance data analysis in the pilot region and a national drug-resistance survey, the data suggested high levels of resistance to the first- and second-line drugs among Rif TB cases (to E 41.8%, Z 34.5%, Oxf 17%, Mxf 8%, Km 6%, and Cm 15% in Kyivska oblast). Taking into account the World Health Organization (WHO) recommendations, under which only patients with the preserved susceptibility to all drugs in the regimen (except for H) may be prescribed shortened treatment regimens, only 46% of patients in the pilot region may apply for the shorter regimens. An additional challenge is the unavailability of clofazimine for procurement in Ukraine (this medicine is not currently registered in Ukraine, and is not available at the pharmaceutical market).

To address this challenge, the project in consultation with national and international experts proposed to adjust the shortened regimens recommended by WHO for the Ukrainian patients. The project requested review of suggested regimens from WHO and Green Light Committee (GLC) and will act according to the recommendations.

The most significant challenges in TB contact investigation and management are: the lack of holistic guidelines on TB contact investigation and management; the lack of current, approved

guidelines in pediatric TB management; and the current decline of the Sanitary – Epidemiological Services (SES), which used to play a central role in contact investigation and management.

2. Year 2 activity progress

Sub-objective 1. Enabling environment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
Selection and assessment of new project oblast	1.4.1			Mission conducted	Mission report prepared	Kyivska oblast selected as new project oblast and will be the site for OR of new drugs/treatment regimens introduction; two assessment missions were conducted	Met	
Mentoring implementation of the developed algorithm of MDR-TB outpatient case management	1.4.2	2 roundtables (RT) (1 per oblast)		2 RT (1 per oblast)		Total 3 RT conducted: on Dec 15 and June 23 in Poltavaska oblast, and on Dec 21 in Mykolayivska oblast	Partially met	RT in Mykolayivska oblast was postponed to July 21 due to the oblast request
Provide technical assistance (TA) to the national TB control program in scaling up of the developed ambulatory care algorithm of MDR-TB case management	1.4.3		Meet with partners	Draft dissemination package prepared	Dissemination package prepared	Dissemination package prepared; CTB project sites presented their experience in algorithm implementation of ambulatory care provision for MDR-TB patients during the national conference "Topical issues of inpatient and outpatient MDR-TB case management"	Met	

Sub-objective 3. Patient-centered care and treatment

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
Assess and strengthen active case finding (ACF) among close contacts including family members, children	3.1.1	Assessment conducted	2 RT conducted	Recommendations developed and disseminated at 2 workshops	Report on monitoring of implementation of recommendations	Assessment questionnaire for close contacts developed and assessment conducted; draft recommendations prepared; 2 RT in Poltavaska and Mykolayivska oblasts; 1 workshop on June 29-30 in Poltava	Partially met	Workshop in Mykolayivska oblast was postponed to July 27-28 due to the oblast request
Carryover APA1B 3.2.1: Provision of support to MDR-TB patients to ensure patient-centered approach in MDR-TB care	3.2.1	Subcontracts issued	Monitoring visit conducted	Midterm reports from NGO(s) on work conducted	Summary reports from NGO(s) prepared	NGOs in project oblasts selected; subcontracts issued and signed in November; implementation started; monitoring visit conducted; midterm reports received	Met	
Continue: support of Ukrainian Red Cross (URC) to ensure treatment adherence and completion	3.2.2	Subaward to URC issued	Monitoring visit conducted	Midterm report from URC on work conducted	Reports from URC analyzed and summary report prepared	Two sub-awards developed; monitoring visit conducted; midterm reports received	Met	
Implementation of clinical guideline for side-effects management for TB and DR-TB patients	3.2.3	- 1 workshop - Procurement of supplies	- 1 webinar - Printing done	1 workshop	2 mentoring site visits conducted	2 audiographers procured for Poltavaska and Mykolayivska oblasts; the need for essential lab supplies determined and	Met	Printing postponed due to delay of the document's official approval

						procurement conducted; total 2 workshops conducted (Feb 17–19 and May 25–27, 2016); webinar conducted in collaboration with National TB Institute on June 30; total 69 connections were registered from all over the country including Eastern Ukraine		
Carryover APA1B 3.2.2: Develop patient-support strategy with engagement of all local partners to ensure patient-centered approach in MDR-TB case management to address structural barriers to treatment adherence	3.2.4	Strategy developed				Strategy developed and implementation started	Met	
Carryover APA1B 3.2.3: Build capacity of local NGOs	3.2.5	2 trainings conducted		Workshop conducted	Workshop conducted	Two trainings on December 16–18 in Mykolayivska oblast and December 21–23 in Poltavaska oblast conducted for 41 participants total	Partially met	Workshop was postponed to July 4–5, fourth quarter
Assessment of the MDR/XDR-TB situation and preparedness of the NTP for implementation of shortened regimens and new drugs	3.2.6	Assessment report of the MDR/XDR-TB situation and preparedness of the NTP for				On October 19–22, PATH and KNCV consultant Gunta Dravniece conducted assessment; report prepared	Met	

		implement- tation of shortened regimens and new drugs						
Development of operational research (OR) protocols for introduction of shortened MDR-TB treatment regimens and regimens containing new drugs	3.2.7		- Optimized diagnostic algorithm for early diagnosis of MDR/XDR-TB drafted - Standard operating procedures (SOPs) for patient selection and management	OR protocol on shortened regimens and new TB drugs approved by MOH and ethics committee		OR protocol and SOPs drafted	Partially met	There are ongoing discussions on the shortened treatment drugs combination due to the drug resistance profile and drugs availability in Ukraine
Development of system for a link between laboratory, clinicians, register, and SES in pilot sites	3.2.8		1 meeting on introduction of SOPs	1 meeting on introduction of SOPs	Linking system between laboratory, clinicians, register, and SES in pilot sites is developed and set	Total 2 seminars (25 and 16 participants) on new TB drugs/ treatment regimens introduction conducted; management approaches and SOPs were developed, discussed, and finalized	Met	
Training for clinical, laboratory, pharmacovigilance (PV), and SES personnel in pilot sites	3.2.9		Training arrangements started: participants defined, training materials prepared,	Trainings for clinical, laboratory, PV, and SES personnel in pilot sites		CTB team started training preparation including logistical arrangements and materials development	Not met	Postponed to the fourth quarter after finalization of the OR Protocol

			etc.					
Patient selection, enrollment, and monitoring for treatment with shortened MDR-TB regimens and new drugs	3.2.10			Technical assistance (TA) to pilot oblast in applying patient selection and enrollment procedures	Enroll 20 MDR-TB patients for shortened regimens and 5 pre/XDR-TB patients with new drugs	Patient selection approach was discussed during the internal and external meetings with project partners, including the Global Fund (GF); TA visits to oblast conducted to improve the diagnostic algorithm and quality; TA provided on MDR-TB case management	Partially met	Application of patient selection/enrollment procedures postponed to the third quarter

Sub-objective 5. Infection control								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
TA to implementation of infection control (IC) plan measures	5.1.1		- 2 workshops - Procurement done - Draft materials developed	- Materials pretested	- Materials printed and disseminated	CTB specialists together with oblast TB dispensary representatives provided on-the-job assistance to TB service specialists, oblast AIDS center specialists, and family physicians from ambulatories on IC activities in project sites; CTB experts conducted 2 workshops with 41 specialists, including head doctors, TB doctors, infectiologists,	Met	

						<p>epidemiologists, family physicians, nurses, labor protection engineers, and oblast health care department representatives. (Mykolayivska oblast March 2–4, 2016; 15F/6M; Poltavaska oblast March 23–25, 2016; 17F/3M). Procurement of 20 shielded UV lamps and 85 UV bulbs done. Materials developed and pretested.</p>		
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Sub-objective 7. Political commitment and leadership

Planned key activities for the current year	Activity #	Planned milestones				Milestone status	Milestone met?	Remarks (<i>reason for not meeting milestone, actions to address challenges, etc.</i>)
		Oct–Dec 2015	Jan–Mar 2016	Apr–Jun 2016	Year end	Oct 2015–Jun 2016		
<p>National TB Control Program development (NSP) 2017–2021</p> <p>Based on discussion with NTP and USAID, Year 1 activities 7.1.1 and 7.1.2 are combined into 7.1.1 in Year 2 (including KNCV activities carryover). NTP requested CTB to lead the development of the MDR-TB national scale-up plan as part of the NSP.</p>	7.1.1	Workshop on MDR-TB scale-up plan development conducted	Draft NSP prepared		New NSP developed	<p>The concept of NSP was discussed at the roundtable that was conducted within the Joint National Meeting of WHO and other international TA TB projects on November 26–27. The MOH order on creation of the national working group for NSP development was issued: 2 CTB representatives were included in the working group. The</p>	Met	Separate workshop on MDR-TB scale-up plan development was not required. The CTB project participated in five working group meetings on NSP development.

						draft concept of NSP, which provides for the patient-centered modules of TB and MDR-TB case treatment and care provision to patients on ambulatory stage, has been developed. CTB supports this by developing the ambulatory care algorithm and the dissemination package for its scaling up. Prepared draft NSP includes MDR-TB counteraction plan.		
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Sub-objective 11. Human resource development								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
Training on MDR-TB case management for TB providers	11.1.1		Training conducted			Training conducted on March 14–18, 2016 Kyivska oblast: 12 (9F/3M) Mykolayivska oblast: 2 (1F/1M) Poltavska oblast: 5 (3F/2M) Total: 19 (13F/6M)	Met	
Training for primary health care providers in MDR-TB case management at	11.1.2		2 trainings conducted	2 trainings conducted		4 trainings conducted (Feb 22–24, 2016; Feb 29–March 3, 2016; Apr 18–20,	Met	

ambulatory stage						2016; May 16-18, 2016) Mykolayivska oblast: 40 (30F/10M) Poltavska oblast: 41 (33F/8M) Total: 81 (63F/18M)		
Annual dissemination event with non-project oblasts participation	11.1.3	Meeting conducted				Joint national meeting of WHO and other international TA TB projects was conducted with participation of the representatives of all oblasts of Ukraine on November 26–27. PATH and Poltavaska oblast partners made presentations on the ambulatory MDR-TB care approach, algorithm and implementation experience, and lessons learned.	Met	

3. Challenge TB's support to Global Fund implementation in Year 2

Current Global Fund TB Grants

Name of grant and principal recipient (<i>i.e.</i> , TB NFM - MoH)	Average rating*	Current rating	Total approved/signed amount**	Total committed amount	Total disbursed to date
Joint TB/HIV Grant (3 PRs)	B1	B1	US\$133,508,128	\$71,658,617	\$40,612,242
PR: INTERNATIONAL HIV/AIDS ALLIANCE, UKRAINE	n/a	n/a	US\$68,799,281	\$37,265,430	\$23,315,213
PR: ALL-UKRAINIAN NETWORK OF PEOPLE LIVING WITH HIV/AIDS	n/a	n/a	US\$60,406,308	\$33,121,539	\$16,393,763
PR: UKRAINIAN CENTER FOR SOCIALLY DANGEROUS DISEASE CONTROL OF THE MINISTRY OF HEALTH (UCDC)	B1	B1	US\$4,302,539	\$1,271,648	\$903,266

* Since January 2010

** Current NFM grant not cumulative amount; this information can be found on GF website or ask in country if possible

In-country Global Fund status - key updates, current conditions, challenges, and bottlenecks

Ukraine is currently implementing a joint TB and HIV grant for 2015–2017, which combines the activities included in an HIV Round 10 proposal and a TB Round 9 proposal. The grant is being managed by three principal recipients: the UCDC of the Ukraine MOH, the All-Ukrainian Network of People Living with HIV/AIDS (PLHIV Network), and the International HIV/AIDS Alliance in Ukraine.

The single TB and HIV concept note 2015–2017 focuses on the further alignment of HIV and TB in relation to leadership and governance, financing, information systems, the health workforce, service delivery, and community systems. It includes interventions for the provision of defined service packages for injecting drug users (IDUs), commercial sex workers (CSWs), men who have sex with men (MSM), and prisoners; HIV testing and counseling; condom programs; HIV treatment, care, and support; and MDR-TB treatment.

The proposed concept note is expected to partially fill the weaknesses and gaps of the state-funded National AIDS Program 2014–2018 and the NTP 2012–2016. The goal of the three-year grant is to contain the TB and HIV epidemics and reduce TB- and HIV-related morbidity and mortality in Ukraine. Given the concentrated nature of the TB-HIV epidemic, the focus is on IDUs, CSWs, MSM, and the transgender population; TB-infected people and their contacts; people living with HIV/AIDS (PLHA) and the sexual partners of most-at-risk populations (MARPs); and the prison population.

Thus, the concept note states the following three objectives for the proposed program:

1. To scale up and ensure equitable access to high-quality TB and HIV prevention, treatment, care, and support with a focus on key affected populations (MARPs, PLHA, and other people most affected by the HIV and TB epidemic).
2. To strengthen the health system toward sustainable and integrated solutions for key populations most affected by the HIV and TB epidemic.

3. To strengthen community systems that enable needs-based, cost-effective, and integrated interventions for key populations most affected by the HIV and TB epidemic.

Integration of TB services into the primary health care system is not included in the grant, and the comprehensive ambulatory case management approach will not be directly strengthened under this grant. To ensure support to patients for TB treatment adherence, two grant sub-recipients have been identified and approved: the PLHIV Network, to support patients with drug-sensitive TB, and the URC, to support patients with MDR-TB. MDR-TB patients receiving treatment under the Global Fund grant (approximately 50 percent of all MDR-TB patients) will be supported by the Ukrainian Red Cross. Patients with drug-sensitive TB will be supported by the PLHIV Network. The State Penitentiary Service of Ukraine was approved as the sub-recipient for TB case management activities in prisons, as it was defined in the grant concept note.

In general, the grant is being implemented as scheduled. Currently the rating of the grant is B1. Nevertheless, there are certain conditions (the main is that Ukraine will start procurement of substitutional therapy drugs for the governmental funding, and ensure sustainability of the procurement services) that the Global Fund raised several times to the Government which if not being implemented would lead to budget reduction by 15 percent. The CTB staff member Olga Pavlova is member of the Program Committee of the CCM.

In 2016, Global Fund principal recipients reported the substantial economy (savings) of funding totaling \$13.392 million. This can be explained by three major reasons: Decreased amount of procured drugs and other services because of Crimea, partially Donetsk and Lugansk dropped out of the grant; procurement budget forecast was made based on the highest potential prices and in reality all costs were lower; three times devaluation of Ukrainian Hryvna lead to the significant decrease of the cost of many services. These savings have been re-programmed as explained During June there were a number of meetings regarding the redistribution of these funds according the needs of TB and HIV programs to ensure uninterrupted diagnosis and treatment of patients through the end of the grant period (end of 2017). TB Program will receive \$6.103 million, including second-line drugs procurement of \$5.728 million and support of patients with drug-sensitive TB of \$0.375 million.

Challenge TB & Global Fund collaboration this quarter – Describe Challenge TB involvement in GF support/implementation

During the reporting period, the CTB project team participated in a number of meetings and consultant communications with the MOH, UCDC, Global Fund consultant, and other stakeholders on the development of the transition plan for governmental funding of activities currently funded by Global Fund to ensure sustainability of the provided services. Based on the results of the working group discussions, the "Strategy on the sustainable response to TB, MDR-TB and HIV/AIDS epidemic, and implementation Workplan approval" was developed and endorsed by the Cabinet of Ministers; three CTB project staff participated in the working group and provided feedback and recommendations that have been considered. The plan contains the table of risk assessment of the transition process, strategic prioritization approach, progressive transition plan, and other documents. The strategy recognized the obvious need for Ukraine to receive an additional Global Fund grant to ensure sustainability and avoid gaps in treatment and diagnostic quality.

At the regional level, the CTB project monitored the support provided to drug-sensitive TB patients by regional PLHIV Network organizations. The Global Fund grant funds these organizations with the goal of improving and ensuring treatment completion. In practice, very few patients are actually being supported and, although TB drugs are distributed, directly observed treatment (DOT) is not always ensured. CTB noted gaps in the quality and reach of support and shared this concern with the UCDC for quality improvement actions and with the USAID Mission. The situation was discussed by CTB staff with the UCDC and local governments as well as with PLHIV Network grantees at the oblast level to increase the role of PHC providers in DOT insurance.

Finally, the CTB project team conducted meetings with Ukrainian Red Cross regional units and TB Services to discuss the selection of patients participating in MDR-TB activities to avoid overlapping with the Global Fund grant. As was reflected in the plan, the CTB project supports MDR-TB patients who receive

treatment with NTP-procured drugs through the Red Cross. Thorough selection of patients is conducted and monitored to avoid duplication with the Global Fund-supported patients.

4. Success Stories – Planning and Development

Planned success story title:	Access to treatment for XDR-TB patients
Sub-objective of story:	3. Patient-centered care and treatment
Intervention area of story:	3.2. Access to quality treatment and care ensured for TB, DR TB and TB/HIV for all risk groups from all care providers
Brief description of story idea:	Providing patient-centered care is crucial to achieving better treatment results.

Status update:

MDR-TB homeless patients receive DOT at the Mykolayiv City Rehabilitation Center

MDR-TB patients face many psychological and social difficulties, as well as adverse drug reactions, stigma, and financial burdens due to the long duration of treatment. All these factors contribute to decreased adherence to treatment and unsuccessful treatment outcomes, complicate the clinical management of the patients, and negatively affect their quality of life. Providing patient-centered care is crucial to achieving better treatment results. The USAID-funded Challenge TB Project in Ukraine responded to this need by providing patient-centered interventions for MDR-TB patients in Mykolayivska oblast to address the structural barriers to treatment adherence. The project team chose the local community-based organization “Initiative for Life” to provide ongoing psychosocial, social, and other support to MDR-TB patients in need. Putting a patient-centered approach into practice can be challenging, as it requires a new way of thinking, teaching, communicating, and delivering services. Homeless people are one of the key target groups of the project, as lack of appropriate living conditions is a major barrier for MDR-TB patients completing treatment. The “Initiative for Life” staff developed a partnership with the Mykolayiv City Rehabilitation Center. This organization could provide homeless MDR-TB patients with temporarily housing and food and a place to receive directly observed treatment (DOT) from the Rehabilitation Center staff. On February 26, 2016, the project staff met with administration and medical personnel of the Rehabilitation Center to advocate for providing services for MDR-TB patients. They invited Liudmyla Pikhteryeva, the Zhovtnevyi Rayon Chief TB Doctor, to participate in this meeting and explained the key principles of DOT and infection control. As a result of this meeting, the Rehabilitation Center staff agreed to accept and provide DOT to the MDR-TB patients in the ambulatory phase of treatment. They also requested training for staff on MDR-TB and on how to develop a better attitude toward MDR-TB patients who are homeless.

“It is great to know that there are people who support us when we leave the hospital and to help us overcome our problems and complete treatment. This is a very important and noble cause, and I am very grateful for this help.”

MDR-TB patient and Rehabilitation Center client

On March 29, 2016, the project staff conducted training for the staff of the Rehabilitation Center. The main objective was to decrease the stigma faced by MDR-TB patients and improve knowledge on infection control. The training program included MDR-TB transmission, the treatment process and outcomes, MDR-TB prevention, and effective communication and counseling. Currently, two homeless MDR-TB patients receive DOT and get housing and food at the Rehabilitation Center, and the Center’s staff is open to accepting more MDR-TB patients in need. The “Initiative for Life” staff continue to actively collaborate with the Rehabilitation Center and to provide psychosocial support to its MDR-TB clients.

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5. Quarterly reporting on key mandatory indicators

Table 5.1 MDR-TB cases detected and initiating second-line treatment in country (national data)

Quarter	Number of RR-TB or MDR-TB cases detected (3.1.4)	Number of MDR-TB cases initiating second-line treatment (3.2.4)	Comments
Total 2011	6,055	3,870	Data for 2010–2014 are as reported to WHO. http://apps.who.int/gho/data/node.main.MDRTB?lang=en Data for 2015 and 2016 taken from NTP statistics and ERR system are not final. The official NTP data for 2015 are not yet published. The official NTP data for the period Apr-Jun 2016 will be available in August.
Total 2012	4,530	4,957	
Total 2013	7,615	7,672	
Total 2014	10,585	9,000	
Total 2015	8,440	8,411	
Jan–Mar 2016	2,481	2,453	
Apr–Jun 2016	2,493	2,479	
Jul–Aug 2016			
To date in 2016	4,974	4,932	

Table 5.2 Number of pre-/XDR-TB cases started on bedaquiline (BDQ) or delamanid (DLM) (national data)

Quarter	Number of pre-/XDR-TB cases started on BDQ nationwide	Number of pre-/XDR-TB cases started on DLM nationwide	Comments
Total 2014	n/a	n/a	There are no official data on this topic. BDQ and DLM are not started in Ukraine officially yet.
Total 2015	n/a	n/a	
Jan–Mar 2016	n/a	n/a	
Apr–Jun 2016	n/a	n/a	
Jul–Aug 2016			
To date in 2016			

Table 5.3 Number and percent of cases notified by setting (i.e. private sector, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach (CI/ACF/ICF) (3.1.1)

	Reporting period					Comments
	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sept 2016	Cumulative Year 2	
TB cases (all forms) notified per CTB geographic area (List each CTB area below - i.e. Province name)						

Overall CTB geographic areas	Poltavska oblast	291	251	284			Data for the periods Jan–Mar 2015 and Apr–Jun 2016 are incomplete. Data source is the ERR system. According to the collection cycle, these data will be complete in more than three months period.
	Mykolayivska oblast	333	301	327			
	TB cases (all forms) notified for all CTB areas	624	552	611			
	All TB cases (all forms) notified nationwide (denominator)	8,448	8,049	8,913			
% of national cases notified in CTB geographic areas	7.4	6.9	6.9				
Intervention (setting/population/approach)							
Contact investigations	CTB geographic focus for this intervention						
	Poltavska oblast	9	2	4			
	Mykolayivska oblast	7	6	6			
	TB cases (all forms) notified from this intervention	16	8	10			
	All TB cases notified in this CTB area (denominator)	624	552	611			
	% of cases notified from this intervention	2.6	1.4	1.6			

6. Challenge TB-supported international visits (technical and management-related trips)

#	Partner	Name of consultant	Planned quarter				Specific mission objectives	Status (cancelled, pending, completed)	Dates completed	Duration of visit (# of days)	Additional Remarks (Optional)
			Q 1	Q 2	Q 3	Q 4					
1	KNCV	Ieva Leimane	*				Develop patient-support strategy with engagement of all local partners to ensure patient-centered approach in MDR-TB case management to address structural barriers to treatment adherence	Complete	Oct 11-22, 2015	11	
2	KNCV	Svetlana Pak	*				Develop patient-support strategy with engagement of all local partners to ensure patient-centered approach in MDR-TB case management to address structural barriers to treatment adherence	Complete	Oct 11-21, 2015	10	
3	KNCV	Gunta Dravniece	*				National TB Control Program development for (NSP) 2017-2022	Complete	March 30-Apr 1, 2016	3	
4	KNCV	Gunta Dravniece	*				Assessment of the MDR/XDR-TB situation, preparedness of the NTP for implementation of shortened regimens and new drugs	Complete	Oct 18-22, 2015	4	
5	KNCV	Gunta Dravniece		*			Development of operational research protocols for introduction of shortened MDR-TB treatment regimens and regimens containing	Complete	Nov 30-Dec 3, 2015	3	

						new drugs				
6	KNCV	Gunta Dravniece		*		Development of operational research protocols for introduction of shortened MDR-TB treatment regimens and regimens containing new drugs	Complete	Jan 25-27, 2016	3	
7	KNCV	Maria Idrissova		*		Development of operational research protocols for introduction of shortened MDR-TB treatment regimens and regimens containing new drugs	Complete	Jan 25-27, 2016	3	
8	KNCV	Sandra Kik		*		Development of operational research protocols for introduction of shortened MDR-TB treatment regimens and regimens containing new drugs	Complete	Jan 25-27, 2016	3	
9	KNCV	Maria Idrissova			*	Development of system for link between laboratory, clinicians, register, and SES in pilot sites	Pending			
10	KNCV	Maria Idrissova			*	Training for clinical, laboratory, PV, and SES personnel in pilot sites	Pending			
11	KNCV	Sandra Kik			*	Training for clinical, laboratory, PV, and SES personnel in pilot sites	Pending			
12	KNCV	Gunta Dravniece			*	Training for clinical, laboratory, PV, and SES personnel in pilot sites	Pending			
13	KNCV	Ieva Leimane			*	Training for clinical, laboratory, PV, and SES personnel in pilot sites	Pending			

14	KNCV	Gunta Dravniece				*	Patient selection, enrollment, and monitoring for treatment with shortened MDR-TB regimens and new drugs	Pending			
15	PATH	Lal Sadasivan	*				National TB Control Program development for (NSP) 2017–2021	Complete	March 12–19, 2016	7	
16	PATH	Amie Bishop				*	Provide TA to the national TB Control Program in scaling up of the developed ambulatory care algorithm of MDR-TB cases	Complete	March 26–Apr 6, 2016	11	
17	KNCV	Gunta Dravniece				*	Technical support	Pending			
18	PATH	Katya Gamazina	*				TB Union Conference	Complete	Nov 27–Dec 8, 2015	11	
19	PATH	Alexey Bogdanov	*				TB Union Conference	Complete	Nov 27–Dec 8, 2015	11	
20	PATH	NTP Staff	*				TB Union Conference	Complete	Nov 30–Dec 8, 2015	8	
21	PATH	Katya Gamazina				*	TB Conference	Complete	Jun 21–25, 2016	4	Nina Zhrebko attended
22	PATH	Alexey Bogdanov				*	TB Conference	Complete	Jun 21–25, 2016	4	Olga Pavlova attended
23	PATH	Local partner, TBD				*	TB Conference	Complete	Jun 21–25, 2016	4	Iana Terleeva attended
24	PATH	Local partner, TBD				*	TB Conference	Complete	Jun 20–25, 2016	5	Iryna Chibisova attended
25	PATH	Katya Gamazina				*	Management meeting with KNCV	Complete	Jun 19–21, 2016	2	CDM
26	PATH	Alexey Bogdanov				*	Management meeting with KNCV	Complete	Jun 19–25, 2016	6	CDM, 17–22 nd of June
27	PATH	Anton Khorkov				*	Management meeting with KNCV	Cancelled			

28	PATH	Tamara Ivanenko			*		TB Conference	Complete	Jun 21-25, 2016	4	
29	PATH	Katya Gamazina			*		CTB training on NDR and shorter regimens	Complete	Jun 15-19, 2016	4	
30	PATH	Olga Pavlova			*		CTB training on NDR and sorter regimens	Complete	Jun 15-18, 2016	3	
Total number of visits conducted (cumulative for fiscal year)								22			
Total number of visits planned in approved work plan								30			
Percent of planned international consultant visits conducted								73%			

7. Quarterly Indicator Reporting

Sub-objective:	1. Enabling Environment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
1.4.1. One or more components of the patient-centered approach are adopted into routine practice/policy	Project site	Annually	2	3	Measured annually	
1.4.8. UKRAINE SPECIFIC: Algorithm of MDR-TB outpatient case management developed	Project site	Annually	Yes (in 1 site)	Yes (in 2 sites)	Measured annually	

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
3.1.1. Number and percent of cases notified by setting (i.e., private sector, pharmacies, prisons, etc.) and/or population (i.e., gender, children, miners, urban slums, etc.) and/or case finding approach	Project sites	Quarterly	National: 30,236 (271 among contacts) Poltavska oblast: 1,043 (3 among contacts) Mykolayivska oblast: 936 (9 among contacts) (2014, NTP)	Poltavska oblast: 5 among contacts Mykolayivska oblast: 12 among contacts	Poltavska oblast: 826 (15 [2%] among contacts) Mykolayivska oblast: 961 (19 [2%] among contacts) (Oct 2015 – Jun 2016)	Data for the period Apr–Jun 2016 are incomplete, will be finalized in 3 months after the end of the quarter. Apr-Jun 2016 data not available yet
3.1.4. Number of MDR-TB cases detected	Project sites	Quarterly	National: 7,855 MDR-TB Poltavska oblast: 414 Mykolayivska oblast: 360 (2014, NTP)	Poltavska oblast: 370 Mykolayivska oblast: 400	Poltavska oblast: 73 Mykolayivska oblast: 123 (Oct–Dec 2015) Poltavska oblast: 49 Mykolayivska oblast: 128 (Jan–Mar 2016) Poltavska oblast: 63 Mykolayivska oblast: 129	Data for the period Apr–Jun 2016 are incomplete, will be finalized in 3 months after the end of the quarter. Apr-Jun 2016 data not available yet

Sub-objective:		3. Patient-centered care and treatment				
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
					(Apr–Jun 2016)	
3.2.4. Number of MDR-TB cases initiating second-line treatment	Project sites, regimens (short and containing new drugs)	Quarterly	National: 7540, Poltavaska oblast: 275 Mykolayivska oblast: 313 (2014, NTP)	Poltavaska oblast: 300 Mykolayivska oblast: 350 By regimens: 20 for shortened regimens, 5 pre/XDR patients with new drugs	Poltavaska oblast: 80 Mykolayivska oblast: 114 (Oct–Dec 2015) Poltavaska oblast: 63 Mykolayivska oblast: 119 (Jan–Mar 2016) Poltavaska oblast: 62 Mykolayivska oblast: 129 (Apr–Jun 2016)	Data for the period Apr–Jun 2016 are incomplete. Data source is the ERR system. According to the collection cycle, the data will be complete in more than three months period. Apr-Jun 2016 data not available yet
3.2.7. Number and percent of MDR-TB cases successfully treated	Project sites	Annually	National: 1909 (34%) Poltavaska oblast: 102 (53%) Mykolayivska oblast: 41 (37%) (2014, NTP cohort 2012)	Poltavaska oblast: 102 (55%) Mykolayivska oblast: 138 (42%)	Measured annually	
3.2.12. % of HIV-positive registered TB patients given or continued on antiretroviral therapy during TB treatment	Project sites	Quarterly	Poltavaska oblast: 64% Mykolayivska oblast: 63% (2014, NTP)	Poltavaska oblast: 65% Mykolayivska oblast: 65%	Poltavaska oblast: 77% Mykolayivska oblast: 69% (Oct–Dec 2015) Poltavaska oblast: 63% Mykolayivska oblast: 55% (Dec–Mar 2016) Poltavaska oblast: 46% Mykolayivska oblast: 42% (Apr–Jun 2016)	Data for the period Apr–Jun 2016 are incomplete. Data source is the ERR system. According to the collection cycle, the data will be complete in more than three months period. Apr-Jun 2016 data not available yet
3.2.24. % MDR patients who receive social or economic benefits	APA1B: type of support, by project sites	annually	0	20%	Measured annually	

Sub-objective:		5. Infection control				
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
5.1.1. Status of TB IC implementation in	Project sites	Annually	2	2	Measured annually	

Sub-objective:	5. Infection control					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
health facilities						

Sub-objective:	7. Political commitment and leadership					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
7.1.2. Status of NSP development: 0=The NSP is expired or not being implemented 1=An updated/new NSP is being drafted 2=NSP has been developed and costed 3=NSP has been finalized, endorsed by the government, and implemented	National	Annually	0	2	Measured annually	

Sub-objective:	11. Human resource development					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
11.1.3. Number of health care workers trained, by gender and technical area	Project sites, gender, and TA	Quarterly	Trained in APA1 87	100	Trained in APA2: Kyivska oblast: 12 (9F/3M) Mykolayivska oblast: 42 (31F/11M) Poltavska oblast: 46 (36F/10M) Total: 100 (76F/24M)	This indicator includes participants who attended training on MDR-TB case management for TB providers and trainings for primary health care providers in MDR-TB case management at ambulatory stage
11.1.5. % of USAID TB funding directed to local partners	National	Annually	4	9	70% of planned sub-awards are allotted as of Jun , 2016.	

Sub-objective:	11. Human resource development					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
					% of USAID TB funding directed to local partners will be measured by end of Y2.	