

PROGRESS REPORT

**TO THE UNITED STATES AGENCY
FOR INTERNATIONAL DEVELOPMENT**

**FROM THE STOP TUBERCULOSIS DEPARTMENT
OF THE WORLD HEALTH ORGANIZATION
ON THE
ADVANCED DEVELOPMENT OF
THE TUBERCULOSIS CONTROL PROJECT
IN THE RUSSIAN FEDERATION**



December 2006 – May 2007

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GLOSSARY

ACSM	Advocacy, Communication, Social Mobilization
AIDS	Acquired Immunodeficiency Syndrome
CDC	Centers for Disease Control and Prevention
CTRI RAMS	Central Tuberculosis Research Institute of the Russian Academy of Medical Sciences
DOTS	Directly Observed Treatment, Short-course
DRS	Drug Resistance Surveillance
DST	Drug Susceptibility Testing
FQ	Fluoroquinolones
FCEQA	Federal Centre of External Quality Assurance in Laboratory Medicine
FCS	Federal Correctional Service
Filha	Finnish Lung Health Association
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GHC	General Health Care
GLC	Green Light Committee
GMP	Good Manufacturing Practice
HIV	Human Immunodeficiency Virus
HLWG	High Level Working Group
ICC-TB	International Interdepartmental Coordination Committee on Tuberculosis
IFRC	International Federation of Red Cross and Red Crescent Societies
KNCV	Royal Netherlands Tuberculosis Foundation
LHL	Norwegian Heart and Lung Association
MDGs	Millennium Development Goals
MDR-TB	Multidrug-resistant Tuberculosis
MoH	Ministry of Health of the Russian Federation
MoHSD	Ministry of Health and Social Development of the Russian Federation (former MoH)
NPO	National Professional Officer
NTP	National Tuberculosis Programme
NTRI	Novosibirsk Tuberculosis Research Institute
OTBD	Oblast TB Dispensary
PATH	Programme for Appropriate Technology in Health
PT	Proficiency Testing
PIH	Partners in Health
RF	Russian Federation
RHCF	Russian Health Care Foundation
RIPP MMA	Research Institute of Phthiopolmonology of Sechenov Moscow Medical Academy
RTBD	Republican TB Dispensary
SP RIPP	St. Petersburg Research Institute of Phthiopolmonology
TB	Tuberculosis
TWG	Thematic Working Group
UNION	International Union against Tuberculosis and Lung Disease
URIPP	Ural Research Institute of Phthiopolmonology
USAID	United States Agency for International Development
WB	World Bank
WHO	World Health Organization
WHO/EURO	World Health Organization Regional Office for Europe
WHO/HQ	World Health Organization headquarters

1. GENERAL INFORMATION

1.1. Project title

Advanced Development of the Tuberculosis (TB) Control Project in the Russian Federation (RF).

1.2. Timeframe of the project

27 August 1999 – 31 December 2008.

1.3. Project sites

Orel, Vladimir Oblasts, the Republic of Chuvashia, Central TB Research Institute of the Russian Academy of Medical Sciences (CTRI RAMS), Research Institute of Phthisiopulmonology of Sechenov Moscow Medical Academy (RIPP MMA).

1.4. Reporting period

1 December 2006 – 31 May 2007.

2. EXECUTIVE SUMMARY

This document describes the progress made in implementing the WHO TB Control Programme in the RF during the six-month period from 1 December 2006 to 31 May 2007. The implementation of the Programme is financially supported by the United States Agency for International Development (USAID). This report presents the main activities carried out during the above-mentioned period, states the achievements, and describes the challenges and the next steps in the project.

Capacity-building and institutional support for a sustainable TB control model was pursued by continued active cooperation with the Russian Government, through the mechanism of the High Level Working Group on TB in the RF (HLWG) and a number of Thematic Working Groups (TWGs) established under the umbrella of HLWG .

The programme continued its assistance to the Russian Government, the Russian Health Care Foundation (RHCF) and federal TB research institutes. The assistance was provided to the World Bank (WB) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)-supported projects. These activities focused on technical support not only for developing training materials and guidelines, but also for conducting and assisting the training activities targeted at the TB laboratories diagnosis, monitoring and supervision. Furthermore, assistance was given to the regions that applied to the Green Light Committee (GLC) as well as consultancy and training of regional staff in international principles of managing MDR-TB patients.

Special attention was given by the Programme to strengthening the national capacity for rational drug management. The goal of the activities performed was to facilitate Good Manufacturing Practice (GMP) certification for Russian manufacturers of anti-TB products and increase their knowledge of the Global Drug Facility (GDF) procedures.

During the reporting period, the Programme actively cooperated with the Federal Centre of TB Care for HIV-infected Persons in the development of training curricular in TB/HIV collaborative activities, national recommendations on TB control among the HIV-infected population, and the first Bulletin on TB Control among People with HIV-infection.

The joint DOTS and DOTS-Plus pilot project supported by WHO through USAID funds (Orel and Vladimir Oblasts and the Republic of Chuvashia) facilitated the expansion of revised TB control in the country. During the reporting period there was continued technical support to the aforementioned regions.

3. BACKGROUND INFORMATION

3.1. Epidemiological situation

The TB notification rate in Russia in 2006 reached 82.4 per 100 000 (source: State Statistical Committee of the Russian Federation). During last four years TB notification rates stabilized, whilst TB mortality rate decreased from 22.5 per 100 000 in 2005 to 19.5 per 100 000 in 2006 (source: State Statistical Committee of the Russian Federation).

Multidrug-resistant tuberculosis (MDR-TB) in Russia

According to Russian MoHSD statistics, the proportion of new TB cases diagnosed with MDR-TB in the civilian sector remained stable - 9.5% (2005) and 9.4% (2006), while the proportion of all (new and re-treated) TB cases diagnosed with MDR-TB increased from 18.7% (2005) to 20.3 (2006). In cumulative figures, 24 055 MDR-TB cases (among all sputum-positive TB patients) were registered at the end of 2006, with 4056 new cases (source: State Statistical Committee of the Russian Federation). However, care must be taken when interpreting the data due to the remaining inadequacies of the national TB laboratory services, standards and quality.

TB epidemiology in Russian prisons

The TB situation in the prison sector has shown a steady improvement over the last five years. The absolute number of TB cases decreased from 48 370 (2005) to 47 431 (2006). The TB notification rate decreased from 1591 (2005) to 1387 (2006) and mortality from 103 (2005) to 79.1 (2006) per 100 000 inmates. In 2006 the absolute number of cases of HIV-infection in the prison sector increased from 35 317 (the end of 2005) to 39 645 (the end of 2006) and the number of TB/HIV cases was 2509. However, only 20.3% of the prisoners were diagnosed with MDR-TB in 2006 (source: FCS).

HIV and its possible impact on the TB epidemic in Russia

HIV/AIDS and TB are so closely connected that the term “co-epidemic” or “dual epidemic” is often used to describe their relationship. The intersecting epidemic is often denoted as TB/HIV or HIV/TB. HIV affects the immune system and increases the likelihood of people acquiring new TB infection. It also promotes both the progression of latent TB infection to active disease and relapse of the disease in previously treated patients. TB is one of the leading causes of death in HIV-infected people.

According to the Federal Centre of TB Care for HIV-infected Persons, the cumulative number of people with HIV infection registered in the country increased within one year from 333 730 (2005) to 369 998 (2006). The number of HIV-related deaths during the same period increased from 8 157 to 12 938.

The information on TB patients tested for HIV who were positive was introduced into standard recording/reporting forms, for the first time in 2005. The substantial part of newly detected TB patients was tested for HIV in the country – 88,5% (2005) and 89,9% (2006). The detected prevalence among this group of TB patients in 2005-2006 increased from 1.8% till 2.3%. A potential significant shortcoming of the current HIV prevalence measures in TB patients is that HIV cases confirmed before TB diagnosis and registered with regional AIDS centers are not included in the calculations. Such an omission can result in underreporting of data on HIV prevalence among TB patients on Reporting Form No. 33. According to the Federal Centre of TB care for HIV infected the prevalence of HIV in newly detected TB patients comprised 3% in 2005 and 4% in 2006.

3.2. Expansion of the WHO TB control strategy in the RF

Following the objectives of the project, the WHO TB Control Programme in the RF continued to provide technical assistance to the Russian Government in expansion of the revised national policy on TB control, based on the lessons learned from the WHO pilot projects in cooperation with international and Russian partners.

Supported by WHO and the WB and GFATM projects, by April 1, 2007, 79 out of 86 Russian regions have now implemented the revised components of TB control following WHO recommendations (90% population coverage). Throughout the period, the Programme continued to facilitate the implementation of the national normative acts which are in accordance with international recommendations: Prikaz # 109 which includes principles of TB diagnosis and treatment; Prikaz #50, which formulated principles of cohort analysis and newly issued in October 2006 Prikaz # 690, which introduced recording forms for sputum smear microscopy.

The specialists of the WHO TB Control Programme in the Russian Federation in close collaboration with Russian partners prepared an epidemiological review of TB situation in the country in 2006.

Within the framework of MDR-TB control activities in Russia joint training was organized with NGO "Partners in Health" 9th-20th April 2007 focusing on MDR-TB control and case management. There was also an application from Karelia Republic (300 patients) approved by GLC committee and another one from Pskov oblast (250 patients) prepared and submitted to GLC with WHO support. The assessment missions for DOTS Plus project implementation were conducted in 4 regions.

4. PROJECT GOAL

The overall goal of the project is to reduce TB morbidity and mortality, prevent disease transmission and stop the development of drug-resistant forms of TB in the community.

5. PROJECT OBJECTIVES

The project has the following specific objectives:

1. Capacity-building and institutional support for a sustainable TB control model at the regional and national levels;
2. Assistance to the Russian Government in DOTS expansion through the WB-supported project on TB and AIDS control;
3. Assistance to the Russian Health Care Foundation, the Principal Recipient, in DOTS and DOTS-Plus expansion through the GFATM project on promoting the strategic response to TB treatment and care for vulnerable populations in the Russian Federation;
4. Development of a sustainable regional model of TB/HIV control;
5. Assistance with the development of a sustainable regional model for DOTS and DOTS-Plus;
6. Assistance with the revision of the national anti-TB drug policy;
7. Information, education and communication strategy to strengthen diagnosis and treatment outcome results.

6. TARGET GROUPS

1. TB patients in Categories I, II and III, according to WHO definitions, in three designated oblasts, Category IV (MDR-TB) in Orel Oblasts (since 2002), and in Vladimir Oblast and Chuvashia Republic (since 2006);
2. National TB control service personnel in three designated oblasts;

3. Designated federal TB research institutes.

7. PROGRESS TO DATE

7.1. Capacity-building and institutional support for a sustainable TB control model at the regional and national levels

The WHO TB Control Programme in the RF continued its cooperation with the Russian MoHSD and federal TB institutions through the HLWG mechanism.

- 15 February – representatives of the WHO/EURO office and WHO TB Control Programme in the RF met with Professor Starodubov, Deputy Minister of Health and Social Development of the RF, selected MoHSD staff to discuss joint cooperation for TB control and trends in TB epidemiology in Russia, including the new WHO strategy and the Global Plan to Stop TB 2006-2015 and prospects of the RF in reaching MDGs. Participants also discussed strategic cooperation in the current and next biennium. Both sides agreed to cooperate in analysis of effectiveness of joint efforts to control TB and pay special attention to the work with the high-risk groups of the population, including socially marginalized groups and migrants;
- 16 February – national and international partners met at the 14th meeting of the HLWG on TB in the RF to discuss results of the G8 meeting and further actions to maintain G8 support for TB control. The agenda also included results of the external review of the internationally supported TB control projects in the RF carried out in July 2006. Participants received an update on the implementation of the World Bank loan and GFATM-supported projects, approved the report of HLWG activities in 2006 and decided on a plan of action for 2007.

HLWG Secretariat met on a regular basis, providing information exchange in-between the HLWG meetings on the most important issues of TB control in the Russian Federation:

- 14 February – preparation of the HLWG meeting on 16 February 2007;
- 14 March – preparation of the World TB Day 2007, and approve TB/HIV guidelines prepared by the TWG on TB in HIV-infected patients and mechanisms for improvement of the Secretariat and TWG functioning;
- 25 April – results of the “Problems of tuberculosis in people infected with HIV” conference, progress of the WHO project implementation in the Kaliningrad Region and problems of MDR-TB and XDR-TB;
- 16 May – analysis of the epidemiological situation of TB in Russia and data interpretation; challenges of MDR-TB control and activities of the TWG on MDR-TB control.

Selected TWGs continued their work in line with their activity plans approved by the HLWG. Special emphasis was made on strengthening TB surveillance, human resource development and TB/HIV. Major efforts were paid to stimulate work in line with the national MDR-TB guidelines.

- TWG “TB surveillance and monitoring”

11 January form #30-4/? was approved and submitted to MoHSD for subsequent endorsement.

- TWG “TB in HIV-infected patients”

15 February a set of TB/HIV materials (national recommendations and training modules) prepared in the framework of the GFATM project were approved;

- TWG “TB training and education”

15 March progress in preparation of the Bulletin of the WHO TB Control Programme in the RF was discussed. Next steps were identified for further discussion with the chairperson of the TWG;

5 May - during the TWG meeting the working plan and TOR were revised and approved.

21 April – during a meeting with representatives of TB academic circles in the Moscow region that were involved in graduate and post-graduate TB educational activities the necessity of TB training curricula revision was discussed and agreed upon.

- TWG “TB infectious control”

In December 2006, a working plan on recommendations, strategies and measures to control infection in TB facilities was developed and approved. This group is continuing its work to develop recommendations on improved infection control strategies needed in TB facilities

- TWG “Laboratory diagnosis of TB”

April 17th, 2007, the members of the TWG met in Moscow and reviewed the training modules in culture, identification and DST. The technical manual entitled “Unified Methods of Microscopy Testing for Acid-Fast Bacilli”, intended for clinical and diagnostic laboratory staff in GHC services has been approved by the TWG, furthermore by RAMS and published under RAMS auspices with support from the GFATM funded project.

The training module “Detection of TB by Microscopy Methods” was also approved by TWG and the Educational Authority of Russian Medical Universities (UMO) and recommended as a tutorial for post-graduate studies. Finally it was endorsed by MoHSD as well. Currently it is under preparation for publication within the framework of the WB funded project. This step is important as it now clears way for official usage of the training module, which was developed in line with WHO guidelines, by post-graduate educational institutions across Russia.

7.2. Assistance to the Russian Government and the RHCF, (Principal Recipient), in DOTS and DOTS-Plus expansion through the WB-supported “TB and AIDS control project” and GFATM project “Promoting the Strategic Response to TB Treatment and Care for Vulnerable Populations in the Russian Federation”

According to the agreement with the RHCF, the Programme continued to provide technical assistance to the country with the implementation of the WB loan and GFATM grant projects. The activities focused on support of development of training materials and guidelines, conducting and assisting in the training activities targeted at the TB laboratory diagnosis and monitoring and supervision, assistance to the regions with applying to the Green Light Committee (GLC) and consultancy and training of regional staff in international principles of managing MDR-TB patients:

- **31 January 2007** – Meeting with the Russian Health Care Foundation on monitoring and coordination of the World Bank and the Global Fund projects. At the joint meeting involving the projects directors and teams, WHO presented a computer database to be used as a management tool for coordination of monitoring visits and trainings under the projects.
- **28 February 2007** – Meeting of coordinators of WHO offices within federal research TB institutes. WHO and Russian Health Care Foundation (World Bank and Global Fund projects) focused on ways to improve monitoring and supervision activities. The participants analyzed the situation regarding monitoring and supervision in TBRI supervisory areas, exchanged experience and planned steps on improvement of the situation.
- **January – March 2007** – Delivery of 1st line TB drugs from the World Bank loan reserve fund was completed. \$4 million dollars worth of TB drugs were supplied to the civilian and the prison sectors. These funds together with supplies from the federal and regional budgets, will ensure necessary stock of TB drugs for the period of 1-2 years (civilian sector) and 2-3 years (prison sector). Adhering to World Bank rules and drug quality requirements agreed with WHO, enabled Good Procurement Practices (GPP) to be followed and supplies of quality drugs ensured.

- **16 February 2007** – Patricio Marques, manager of the World Bank health projects, addressed the HLWG meeting via video conferencing facility and stressed the successful progress of the TB component of the World Bank loan project. He also updated the participants of the HLWG meeting on the outcomes of the mid-term review of the Project, which took place in October 2006.
- **March 2007** - WHO TB Control Programme in the RF has identified a representative number of 32 regional microbiological labs, which have been equipped by the WB loan project, to be supplied with additional equipment with GFATM support. The labs that have been selected are from DOTS plus regions, GLC applicants and labs that are participating in Proficiency Testing. The additional equipment will mainly cover infectious control needs in those facilities. WHO has also identified a representative number of 28 sub-regional microbiological labs, which were not equipped by the WB loan project, to be fully equipped with infectious control and standard lab equipment.
- **March 2007**- WHO has prepared a list of standard equipment and items that will be procured within the GFATM programme. In order to improve the provision of outpatient care in Russia WHO has provided technical assistance in estimating the regional quotas and analysis of regional data for supply of equipment to TB ambulatory facilities. In total, 472 ambulatory facilities in 27 regions will be equipped according to their quotas.
- **April-June 2007**, within the GFATM project the sputum collection booths will be supplied to each of 88 regions of the Russian Federation according with the estimated quotas. In total, 357 sputum collection booths will be supplied to TB facilities of civilian sector. WHO has performed estimations of regional quotes for sputum booths and needs assessment at regional level.
- **16 April 2007** - WHO Moscow office in collaboration with the Russian Federal Centre for External Quality Assessment in Laboratory Medicine (FCEQA), the Swedish Supranational Reference Laboratory held a summary meeting on the 3rd round of Proficiency Testing. The heads of the 5 Federal TB Research Institutes (of the Ministry of Health and Social Development, MoH&SD), Federal Correctional System (of the Ministry of Justice, MoJ) and members of the TWG on “Lab Diagnosis of TB” attended this meeting. This PT included 40 laboratories from Federal and regional levels of the RF. Additional rounds of the PT are planned including DOTS plus regions and TB centers that belong to prison sectors as well as 2nd line drugs. In this meeting, preliminary DST data, collected on a quarterly basis (starting by July 2006) from different regions of the RF (Civilian and Prison sectors) have been discussed. Further data and analyses (the project will end in June 2007) are needed and will allow the identification of laboratories and their requirements for carrying out the DRS project in Russia. Coordination offices, established at the federal levels, will ensure proper coordination with the WHO Moscow office. The participation of the identified laboratories in the DRS project will ensure the obtaining of statistically representative and technically reliable data on the prevalence of drug-resistant TB that will be connected with the patient registration groups and chemotherapy regimens. The understanding of the current situation on drug resistance will help evaluate the effectiveness of the federal and regional TB control programmes.
- **May 2007**, based on the WHO/EURO publication brief national guide on TB control for PHC doctors and feldshers has been developed and approved by MoHSD.

Trainings/Workshops/Conferences:

- **3-8 December 2006**, WHO and RHCF jointly organized a training course for MDR-TB Centers of Excellence staff. The training was conducted in Moscow for 34 nurses who work with MDR-TB patients. Training materials were developed by course facilitators from the Latvian State Center on TB and Lung Disease.

- **4-10 February 2007** – Training course “Diagnostics of TB by culture methods”. The event was organized by the Research Institute of Phtisiopulmonology and was attended by 22 participants.
- **28 February 2007:** Meeting of WHO Coordination Offices staff and RHCF staff took place in Moscow Office. 12 participants discussed issues of independent monitoring of WB and GF projects (methodology of visits, planning and coordination).
- **1 – 2 March 2007** – Administrative training for secretaries of WHO coordination offices within federal TB institutes. Five coordination offices secretaries were invited to WHO Moscow office to undergo a two-day training in general WHO office procedures and document flow. This would improve capacity of the Coordination Offices within federal research TB institutes which are becoming instrumental in coordinating activities under the World Bank and Global Fund projects at institute levels. The training would also enable coordination offices’ secretaries to provide administrative and secretarial assistance to the Programme in their respective areas of responsibility in line with the WHO procedures and requirements.
- **12 – 16 March 2007** – Training course “Diagnostics of TB by culture methods” was organized by the Novosibirsk Research Institute of Phtisiopulmonology and was attended by 25 participants
- **27 - 29 March 2007**, 3-day training course “External monitoring missions within GFATM-supported project and World Bank loan” was conducted in the Vladimir region, Suzdal. The aims of the training course were to improve knowledge and to introduce standard methodology of monitoring missions for the TB staff working at TB dispensaries and TB research institutes who are performing monitoring missions as WHO consultants. Thirty persons from regional TB dispensaries participated. Training course’s agenda and educational materials were developed by WHO staff. WHO staff also facilitated in the training course. The course included presentations, working groups and a visit to the Vladimir region TB dispensary and Suzdal TB cabinet.
- **17-21 April 2007** WHO participated in the “Pre-phase 2 Working meeting at the Global Fund to Fight AIDS, Tuberculosis and Malaria”, Geneva, Switzerland. The objective of the meeting was to evaluate the actual performance of the GFATM project and to predict the trends of the key programmatic and financial indicators.
- **18-19 April 2007**, The Federal Center of TB Care for Patients with HIV, the Russian Ministry of Health and Social Development in cooperation with WHO hosted a conference on the topic of the TB/HIV co-epidemic in Moscow. The WHO TB Control Programme in the RF assisted in determining the conference topics, schedule and international presenters.
- **19 April 2007:** The Practical Conference “TB Monitoring” took place in Novosibirsk. WHO representatives participated in discussion of the problems of TB monitoring and presented achievements of WHO pilot projects in TB Control to 100 TB doctors in the Novosibirsk region.
- **7-12 May 2007:** WHO EURO in coordination with KNCV (Netherlands) and CDC (USA) held a workshop on TB/HIV Planning and Operational Research for participants from Russia, Ukraine, Moldova, and Belarus in Kiev, Ukraine. The WHO TB Control Programme in the RF co-funded the activity. As a result of the workshop, three representatives from the Russian Federation started operational research supported by the WHO and CDC.
- **22-25 May 2007:** Workshop “Personnel is a key element in combating TB in Siberia and Far-East regions” took place in Altay Republic. 88 Head TB doctors, Deputy Head TB

doctors and Head of TB departments of Medical Universities of Siberia and Far-East regions participated in the meeting.

- **6-8 June 2007:** VII Russian Congress of TB specialists was conducted. RIPP-WHO presentations: “International organizations and TB Control in Russian Federation”, “TB detection of different localizations based on epidemiological TB monitoring data”. The WHO made presentations on the global situation of TB/HIV and ways to improve postgraduate training in TB using international experience.

Monitoring Missions to Russian oblasts:

- **26-30 December** - Karelia Republic (independent monitoring);
- **28-31 January** – Sverdlovskaya Oblast (DRS);
- **29 January – 2 February** – Rostov Oblast (independent monitoring prison sector);
- **12–16 February** – Mari-El Republic (GLC application technical support);
- **12–16 March** – Kaliningrad Oblast (pilot project monitoring/DRS);
- **12–16 March** – Chuvashia Republic (GLC application technical support);
- **19-23 March** – Samara Oblast (GLC application technical support);
- **26-28 March** –Krasnoyarsk Oblast (DRS);
- **2-6 April** – Novgorod Oblast (GLC application technical support);
- **16-20 April**– Irkutsk Oblast (independent monitoring/GLC assessment);
- **16-20 April**– Novosibirsk Oblast (GLC application technical support/DRS);
- **23-27 April** – Volgograd Oblast (independent monitoring/GLC assessment);
- **14-18 May** –Altai Krai (independent monitoring/GLC assessment);
- **20-25 May** – Archangelsk (independent monitoring/GLC monitoring);
- **28-31 May** – Orel (independent monitoring/GLC monitoring);

7.4. Development of a sustainable regional model of TB/HIV control

The WHO TB Control Programme in the RF invests its efforts in the process of establishing effective coordination mechanisms at the federal and regional levels to improve collaboration between the national TB and HIV/AIDS services.

As a practical step towards the accomplishment of this task, the respective TWG on TB in HIV-infected Patients developed a training course on TB/HIV collaborative activities in the framework of the WB- and GFATM-supported projects and in cooperation with leading national and international agencies in TB/HIV control. Its curriculum includes materials from WHO/HQ on the WHO European Framework for TB/HIV and the WHO-recommended interim strategy to decrease the burden of TB/HIV, modified in line with key Russian regulations on TB/HIV control. With the Programme’s logistical and technical support and using this curriculum, five training courses were conducted from September to November 2006 by experts from the Federal Centre of TB Care for HIV-infected Persons and the Federal AIDS Centre. Regional TB/HIV coordinators and focal points for TB and HIV at regional health departments received this training. The overall goal was to gain the commitment of regional health authorities in supporting the recently established mechanism of TB/HIV coordinators.

The WHO TB Control Programme in the RF initiated the revision of national recommendations on TB control among the HIV-infected population, which was implemented in cooperation with the Federal Centre of TB Care for HIV-infected Persons. The revised national recommendations on TB

care for HIV patients were printed in April 2007 within the framework of the GFATM grant project.

Another initiative launched with the Programme's support is the issue of the Bulletin on TB Control among People with HIV-infection. The first issue of the Bulletin was prepared by the Federal Centre of TB Care for HIV-infected Persons and submitted for publishing. The Bulletin will be issued on a semi-annual basis and provide the latest surveillance data on TB/HIV, updates on the progress of the implementation of the GFATM-supported project, and highlight major national and international events and approaches in the field.

7.5. Assistance in the development of a sustainable regional model for DOTS and DOTS-Plus

The three joint DOTS project sites supported by WHO through USAID funds (Orel and Vladimir Oblasts and the Republic of Chuvashia) demonstrated a sustainable improvement in TB-related rates through effective implementation of the projects.

The joint TB control programme in Ivanovo Oblast has been scaled down due to a serious deterioration in the political environment because of an incident involving CDC staff and confiscation of financial and technical documents from the Oblasts TB Dispensary (OTBD) in February 2005. In February 2007, an official letter from the WHO TB Control Programme in the RF was sent to the Governor of Ivanovo Oblast regarding the termination of the joint TB control programme in the region and expressed the necessity to resolve the incident. Official copies of the letter were sent to all national and international partners in this project. About three months have passed from that time but as yet the Ivanovo Oblast Administration has not replied with any official notification .

7.5.1. WHO TB control strategy (DOTS) implementation

Orel Oblast

- TB detection by smear microscopy remained sufficient, over 60% during the whole project period. In 2006, this rate even increased and comprised 67.1%. Culture confirmation of TB also increased in 2006 and reached 83.4%. In the prison sector TB detection by microscopy among smear-positive pulmonary cases varied significantly by quarter, from 45.2% (2005) to 22.5% (2006), owing to the relatively small number of prisoner-patients. Culture confirmation of TB among pulmonary cases slightly increased and reached 46.2%.
- The treatment success rate in new sputum smear-positive patients in Orel Oblast is the highest among all Russian regions. It reached 81.2% in 2006. The treatment success rate in patients treated in the prison sector comprised 60% in 2005. However, the representative value of these data is low due to the relatively small number of prisoner-patients (20 smear-positive TB patients were registered in 2005).
- From 1987 to the 2nd Quarter of 2007, 1444 HIV-infected individuals were registered in Orel Oblast in cumulative numbers. According to regional data, 99% (427) of all newly detected TB patients (433) were tested for HIV infection in 2006. Six (1.4%) of them were diagnosed as HIV-positive. In total, 23 (2.35%) TB patients among 977 TB cases (new and retreated) registered for treatment in regional TB services in 2006, were diagnosed as HIV-positive.

Republic of Chuvashia

- TB detection rate by smear microscopy in patients registered for treatment in the civilian sector was satisfactory and constituted 54.7% in 2006. During 2006, the Programme managed to improve the performance and capacity of the central clinical and diagnostic laboratory and the culture confirmation of TB increased from 39.4% (2005) to 65.4% (2006). Detection by smear microscopy and confirmation of TB by culture among new pulmonary TB patients in the prison sector remained insufficient: 22.3% (microscopy) and 27.3% (culture) in 2006.

- The treatment success rate among new sputum smear-positive patients registered in the civilian sector in 2005 remained suboptimal and comprised 69.7%. The reason was a relatively high treatment failure rate (17.5 %) due to a high proportion of new TB cases diagnosed with MDR-TB (16.6%) in 2006. Treatment success in the prison sector was sufficient and reached 84.2% among smear-positive patients registered for treatment in 2005.
- According to regional data, 91% (800) of all newly detected TB patients (875) were tested for HIV infection in 2006. Seven (0.88%) of them were diagnosed as HIV-positive. In total, 14 (0.65%) TB patients among 2138 TB cases (new and retreated) registered for treatment in regional TB services in 2006, were diagnosed as HIV-positive.

Vladimir Oblast

- TB detection by smear microscopy in patients registered for treatment in the civilian sector in 2006 was suboptimal and comprised 45.5%. Culture confirmation constituted 55.9% in 2006, which is insufficient and needs improvement. The situation is impaired by remaining problems with laboratory confirmation of TB diagnosis in the Oblast. Culture confirmation of TB in the prison sector remained insufficient and comprised 22.1% (microscopy) and 44.2% (culture) in 2006.
- The treatment success rate in sputum smear-positive TB patients slightly decreased from 68.7% (3rd Quarter 2005) to 66.4% for all new-smear TB patients registered for treatment in 2005. According to the regular quarterly cohort reviews, there is a relatively high number of failures and deaths (13.2% and 12.4%, respectively, in 2005) mainly because of high prevalence of MDR-TB among new TB cases (9.8%).
- The treatment success rate in patients registered for treatment in the prison sector comprised 62.3% (2005) due to a high level of failure cases (24.7%) mainly because of the high prevalence of MDR-TB among new TB cases (10,3%).
- According to regional data, 100% of all newly detected TB patients (898) were tested for HIV infection in 2006. Twelve (1.34%) of them were diagnosed as HIV-positive. In total, 18 (0.83%) TB patients among 2158 TB cases (new and retreated) registered for treatment in regional TB services in 2006 were diagnosed as HIV-positive.

7.5.2. DOTS-Plus at WHO project sites in the RF

Orel Oblast

DOTS-Plus project in Orel Oblast was supported by WHO, CDC and USAID in 2006.

In 2006 MDR-TB prevalence in new pulmonary smear positive TB cases was 8.4% (28 cases), and in previously treated cases was 20.4% (73 cases).

By 1 March 2007 all 200 MDR-TB patients had enrolled in the DOTS-Plus project approved by the GLC. The results of the project was as follows: cured – 113 (56%), died – 19 (10%), treatment failure – 28 (14%), defaulted - 26 (13%), transferred out- 6 (3%), discontinued due to medical reasons- 2 (1%), still on treatment – 6(3%).

In the framework of the DOTS-Plus project extension in Orel Oblast approved by the GLC in 2006, the Oblast submitted a request to the International Dispensary association (IDA) to purchase second-line drugs for 127 MDR-TB patients enrolled for treatment.

Republic of Chuvashia

DOTS-Plus project in Vladimir Oblast supported by WHO, CDC and USAID Chuvashia received GLC approval in 2006. Unfortunately, the Russian Health Care Foundation has delayed the procurement of second-line anti-TB drugs to these areas that lead to the delay of the launch of project. The WHO TB Control Programme in the Russian Federation ensures technical support for the future MDR-TB control activities in the area. The Republic of Chuvashia in this situation

managed to locally procure the needed second-line drugs and enrolled 30 MDR-TB patients for treatment in accordance with the GLC approved technical DOTS-Plus protocol.

In 2006, MDR-TB among new pulmonary smear positive TB cases was 12.7% (77 new cases), whilst MDR-TB among previously treated cases was 23.1% (314 cases).

Vladimir Oblast

DOTS-Plus project in Vladimir Oblast supported by WHO, CDC and USAID Chuvashia received GLC approval in 2006. Unfortunately, the Russian Health Care Foundation has delayed the procurement of second-line anti-TB drugs to these areas that lead to the delay of the launch of project. The WHO TB Control Programme in the Russian Federation ensures technical support for the future MDR-TB control activities in the area.

In 2006 MDR-TB among new pulmonary smear positive TB cases was 4.4% (35 new cases), whilst MDR-TB among previously treated cases was 18.2% (343 cases).

7.5.3. Training

The Programme has continued to provide assistance with strengthening the federal and regional capacity for modern TB control and operational research, through training courses with the involvement of WHO international experts.

Orel Oblast

- **6 December 2006:** Refresher training courses for 30 chief GHC nurses on TB control and DOT principles.
- **15-16 May 2007:** Refresher training courses for 60 nursing staff of the OTBD on TB control and DOT principles.

Republic of Chuvashia

- **8 December 2006:-** Refresher training course for 63 GHC doctors on case detection and principals of TB treatment.

Vladimir Oblast

- **26 December 2006:** Refresher training course for 24 Deputy Heads of Regional Administration on TB control principles on regional level.
- **7-8 February 2007:** Training course for 45 TB doctors focused on start of DOTS Plus programme.
- **26 April 2007:** Training course for 30 TB doctors and lab staff on Infection Control in TB facilities and laboratories.
- **17 May 2007:** Refresher training for 45 TB doctors and social workers on strengthening of Regional social support programme for TB patients.

7.5.4. Outreach and follow-up

Social support continues to be an important component of the pilot projects with start of the phase out stage with gradual take over by local government and GFATM project. RHCF has been providing funds for social support to the Russian regions since the end of 2006 in the framework of the GFATM-supported project. Russian regions began to receive funds for organizational social support programs to decrease the number of TB patents defaulting from treatment. USAID funds allowed the development and pilot testing of the social support model.

Republic of Chuvashia

In 2006-2007 the social support programme in the area was implemented with USAID funds and WHO support. In 2006 the social support was in total provided to 708 patients. The Republican Department for Social Affairs manages the purchasing, packing and distribution of food parcels to

TB patients. The Department reports to the WHO Moscow Office on the activities performed and cooperates with the OTBD regarding lists of TB patients eligible for social support. In the first half of 2007, 441 792 roubles were provided by the Programme for social support of TB patients in the Republic of Chuvashia. Although the positive impact from existing social support is visible there is a need to scale up social support programmes and increase the frequency of distribution and volume of food packages. In view of aforementioned, regions participated in the program of social support conducted by RHCF within the GFATM-supported project in order to attract additional funds.

Orel Oblast

In 2006 all TB patients with below-average incomes were fully covered by the local social support programme, which is financed from the local budget. The local branch of Red Cross provides a social support programme for susceptible new cases and relapses. In the 1st quarter of 2007 social support for MDR-TB cases was provided by the RHCF in the framework of the GFATM-supported project.

In 2006 and the 1st quarter of 2007 MDR-TB patients received monthly food packages worth 100 roubles each and food packages on successful completion of the intensive phase and the whole course of treatment worth 1000 roubles each. These activities were administered with CDC financial support and TB service logistical support.

Vladimir Oblast

In 2007 social support for TB patients with below-average incomes was financed by the regional budget. Also regions began to receive additional funds from RHCF. The WHO TB Control Programme in the RF provided consultancy and training of regional staff in terms of screening of TB patients and identifying risk factors for default before they started treatment in order to target social support and increase its effectiveness.

7.5.5. Logistical support and procurement of goods and services

Drug and supply management

Drug stock reports were collected from the projects and processed on a quarterly basis (1st, 2nd and 3rd Quarters 2006). Data on regional drug stocks in the 4th quarter of 2006 were requested for monitoring purposes. As a result, the Programme confirmed that all WHO project sites had sufficient stocks of first-line anti-TB drugs.

Vehicles

With USAID funds, as of May 2007, two vehicles for the civilian sector of The Republic of Chuvashia, one vehicle for Vladimir Oblast civilian and one for prison TB services was procured. These vehicles will facilitate implementation of DOTS-Plus activities in the regions and the performance of DOTS and DOTS-Plus Demonstration Centres, which will be established in the oblasts in 2007.

Office equipment

During the reporting period, the Programme accomplished the procurement of office partitions and equipment (AIKO ASM-30 safe) for the WHO TB Control Programme in the RF.

Twenty-two Dell desktops and six laptops for WHO TB Control Programme staff were procured and delivered, with their cost shared between several allotments, including USAID funds.

7.5.6. On-site monitoring and technical assistance

During the reporting period, Programme staff conducted regular monitoring visits to the DOTS and DOTS-Plus project sites in cooperation with experts from the federal TB research institutes, FCS and donor agencies.

The Programme increased the number of monitoring visits to the Republic of Chuvashia and performed monitoring on a quarterly basis, due to deviations from the DOTS technical protocol at

the project site following the change in the leadership of the Regional TB Control Programme. The Programme did not monitor the performance of the Regional TB Control Programme in Ivanovo Oblast because the implementation of the WHO pilot project in the area was suspended.

Republic of Chuvashia

- **22-25 January 2007:** Monitoring mission to the DOTS project in the Republic of Chuvashia in light of the DOTS-Plus activities that are expected to start in the region. The mission participants met with the local Health Minister, members of the Republican TB Coordination Committee and representatives of the Republican Department for Social Affairs. They shared their findings and recommendations regarding the improvement of cooperation between partners at different levels.
- **16-20 April 2007:** WHO monitoring mission aiming to improve the effectiveness of the Coordination Committee on TB in the Republic of Chuvashia. The WHO TB officer assessed all components of the regional TB programme and consequently had a meeting with members of the Republican TB Coordination Committee. The mission shared their findings and recommendations with local responsible staff and stakeholders and focused on quality control measures and organization of laboratory supplies for the Republican prison services.

Vladimir Oblast

- **5-9 February 2007:** Joint WHO/CTRI RAMS monitoring mission to the DOTS project evaluation and of DOTS-Plus projects preparation. A Duty trip to meet with regional health authorities and TB staff in order to discuss the improvement of outcomes of joint TB Control Project was taken. During the visit, regional TB staff were advised on organization of case detection among vulnerable groups of the population.

Orel Oblast

- **30 January- 2 February 2007:** Joint WHO/CTRI RAMS monitoring mission to the DOTS and DOTS-Plus projects in Orel Oblast to evaluate the implementation of the projects and discuss the establishment of the TB Demonstration Centre in the oblast. Among the key issues discussed during the meeting with Deputy Governor of Orel oblast was: confirmation of joint TB Control in Orel Oblast and co financing for establishment of a Demonstration Center in Orel from the Regional Budget.

7.6. Assistance in the revision of the national anti-TB drug policy

The WHO TB Control Programme in the RF continued its assistance to the GFATM-supported project through strengthening the national capacity for rational drug management. Lessons learned from the WHO pilot projects and GMP training of Russian experts and manufacturers within the GFATM-supported project will facilitate the expansion of rational drug management in the country.

December 2-6, 2006 the final GMP mission was conducted by Pharmacon (Denmark) to the two national pharmaceutical factories “Makiz-Farma” and “Zio-Zdorovie”. Based on results of the mission the report was prepared which stated compliance of the drug production process with GMP standards.

On 16-20 April 2007, the specialists of WHO TB Control Programme participated in a XIV National Congress “Man and Drug” and made a presentation on the introduction of TB drug quality control mechanisms in the Russian Federation.

Through the above activities, WHO continues to contribute to the strengthening of collaboration between the Russian MoHSD, other health agencies and the Russian Pharmacological Committee on drug management issues.

7.7. Information, education and communication (IEC) strategy

Throughout the reporting period the WHO TB Control Programme continued to raise the profile of TB on the national agenda through a number of advocacy and communications activities.

World TB Day 2007

The 2007 theme '*TB ANYWHERE IS TB EVERYWHERE*' emphasized that although TB is a preventable and curable disease, it remains a global emergency. The theme addresses the challenges to the countries TB programme performance that affect TB control progress on a global scale. Achieving the TB-focused targets of the United Nations' Millennium Development Goals depends on effectively raising and addressing country-level challenges through a unified global campaign.

This years World TB Day campaign reached out to decision and policy makers, media, TB community and the general population through a number of public events: the press conference March 22, the contest for journalists on excellence in reporting TB, kid's poster competition and scientific conference for research fellows.

Apart from activities in Moscow, the WHO TB Control Programme in the RF supported a set of events around World TB Day in Kaliningrad Region that included a press conference, kid's poster contest, contest for journalists, actions to advocate for fighting TB among the youth, series of lectures and trainings on TB prevention for school students and a special edition of the newspaper devoted to World TB Day.

The press conference gathered 50 representatives of national and international partnering agencies and 21 print, TV and radio reporters that had an opportunity to address the speakers from the Ministry of Health and Social Development, WHO, Federal Correctional Service, Central TB Research Institute and the US Embassy. The press conference was accompanied by the awarding ceremony for the winners of the contest for journalists "Everyone is Against TB!" and the winners of the kid's poster competition annually run by the WHO TB Control Programme and a number of partnering agencies.

The speakers at the press conference were:

- | | |
|---------------------|---|
| Ekaterina Kokorina, | Deputy Director, Department for Medical Care Improvement and Health Resort Service, Ministry of Health and Social Development of the Russian Federation |
| Alexander Kononets, | Deputy Director of the Federal Correctional Service of the Russian Federation |
| William Burns, | Ambassador of the United States of America to the Russian Federation |
| Vladislav Erokhin, | Corresponding Member of the Russian Academy of Medical Sciences, Director of the Central TB Research Institute of the Russian Academy of Medical Sciences |
| Mary Collins, | Acting Head of the Office of the Special Representative of the General Directorate of WHO in Russia |

The speakers centered on the current state and perspectives of TB control in Russia.

Mary Collins, Acting Head of the Office of the Special Representative of the General Directorate of WHO in Russia, stressed the role of mass media in raising awareness about TB and highlighted effective cooperation between the WHO TB Control Programme and the National Union of Journalists that consistently reached out to federal and regional media outlets through annual contests on excellence in reporting TB to present accurate news stories on TB and act as advocates for change in building public and political support for effective TB control. Ms Collins gave prizes to the winners of the journalists' contest Nina Kamayeva, "Zdorovye", regional newspaper, Yaroslavl (the first prize) and Alexander Ivanov, "Meditsinskaya gazeta", professional newspaper,

Moscow (the third prize). Their attendance at the press conference was supported by the WHO TB Control Programme.

Dmitry G. Fedotov, Deputy Chairperson Russian Red Cross, gave the prizes for the best poster to Said-Khamzat Elmurzaev, 14 y.o., the Republic of Chechnya (the first prize) and Alexander Trepalin, 14 y.o., Moscow region (the second prize) that came accompanied by their mothers for the awarding ceremony at the press conference.

The WHO TB Control Programme followed up on the media coverage sparked by the press conference. The reporters recognized the critical role of the media in promoting informed public dialogue and debate, community mobilization and policy transparency within the fight against TB. All journalists appreciated WHO's willingness to collaborate with the regional and local media and showed their readiness to promote the responsible reporting on TB-related issues.

The media coverage thus far has been extensive and of high quality, and, most importantly, the main messages of the conference have been reflected in the reporting. This is in large part thanks to the well-prepared and candid speakers, but also thanks to the copious background materials prepared in Russian and distributed to the journalists.

Strengthening links with media

In response to the need to raise awareness of Russian mass media on TB and build capacity for advocacy of TB-related issues, the WHO TB Control Programme in the RF and National Union of Journalists (NUJ) has been conducting a contest for journalists since 2004. This has become a useful and potent advocacy tool providing an opportunity to dispel media misconceptions regarding TB.

This year the World TB Day Organizing Committee supported the initiative and closely monitored the course of the contest. The advisory was distributed via the media database developed by the WHO TB Control Programme and through selected media contacts of partnering agencies. The jury consisted of seven representatives of partnering agencies, including USAID, IFRC, Research Institute of Phthisiopulmonology, Central TB Research Institute, Moscow TB Center, Federal Agency for Consumer Rights Protection and Human Well-Being, WHO and three representatives of the journalist community. Academician Perelman, Director of Research Institute of Phthisiopulmonology, chaired the jury throughout the selection process.

Throughout the selection process the jury members assessed entries in line with the three major criteria: 1) compliance with the objectives of the contest, 2) quality, original approach, message comprehension and 3) accuracy and reliability of information. Due to low response, the jury made a motion to select three best print pieces, whereas to cancel consideration of TV and radio entries.

The awarding ceremony was tied in with the press conference around World TB Day in the leading news agency "RIA NOVOSTI" on 22 March. Among the prizes were portable computers, digital cameras and smart phones. Below are the winning print entries:

1. Nina Kamayeva, "Zdorovye", regional newspaper, Yaroslavl
2. Nikolay Chernyaev, "Chitinskoe Obozrenie", regional newspaper, Chita
3. Alexander Ivanov, "Meditsinskaya gazeta", professional newspaper, Moscow

The WHO TB Control Programme supported visit of the winner to Moscow for the awarding ceremony.

At the final meeting of the jury, it was recommended that contests for journalists should be continued as a useful tool to raise awareness of federal and regional media about TB in Russia. The jury members unanimously acknowledged the need for continuation of the contest that encourages responsible and accurate reporting on TB issues. A positive trend was pointed out in terms of the quality of entries. The contest created a pool of knowledgeable journalists to present accurate information and act as advocates for effective TB control.

The WHO TB Control Programme in the RF, in cooperation with WHO/HQ, WHO/EURO and partners, provided further assistance with the translation, editing and preparation for publishing of international guidelines and materials on TB. Among the key publications translated into Russian during the period were:

1. WHO Guidelines for the Programmatic Management of Drug-Resistant Tuberculosis
2. International Standards for TB Control
3. Global Plan to Stop TB 2006-2015: Actions Towards Life.

These materials were widely distributed to around 200 representatives of the Russian TB community during the Scientific Conference, “Prioritized Areas to Ensure Effectiveness of TB Control in Modern Social and Epidemiological Environment”, co-organized by WHO and URIPP in Yekaterinburg from 28 November to 1 December 2006.

8. MANAGEMENT AND COORDINATION

8.1. Management

The TB Programme Coordinator of the WHO TB Control Programme in the RF is responsible for the implementation and monitoring of the project. Five full-time TB project officers (NPO), one part-time Medical officer (NPO) and one Technical officer (international professional) on laboratory issues (since November 2006), and one full-time and two part-time TB assistants aided the Coordinator with the implementation, evaluation and monitoring of the project, including supply and procurement. A part-time financial assistant is responsible for financial issues. Three part-time secretaries and an office driver also assisted.

The WHO Regional Office for Europe provides technical and administrative support for the implementation of the project.

8.2. Local coordination

TB control in the RF is a good example of effective collaboration between national, international, governmental and nongovernmental organizations, and good coordination by donor and partner agencies.

Technical assistance to the DOTS and DOTS-Plus projects funded by USAID is now provided by CTRI RAMS, RIPP MMA and WHO.

Implementation of the revised TB control strategy is provided in close collaboration with the Russian MoHSD, FCS, RHCF and international partners.

TB interagency meetings continue to be held monthly at the WHO Moscow Office to facilitate information exchange, consultation and discussion among international agencies and partners.

The project is closely coordinated with HLWG activities, both contributing to the work of the various TWGs and benefiting from HLWG decisions on national TB control policy.

Special emphasis is given to collaboration and exchange of practical experience with TB control projects supported by IFRC. DOTS-Plus activities are closely coordinated with the PIH project in Tomsk.

Five coordination offices, established by the Programme at the federal TB research institutes in 2005, ensure proper technical assistance for the implementation of the WB-supported project and coordination of other activities at the regional level in harmonization with the GFATM-supported project.

9. DIFFICULTIES AND CHALLENGES

Major difficulties and challenges at the federal/national level

Challenges at the federal level:

- The declared political commitment is challenged with absence of the administratively effective Central NTP unit
- No specific HRD plan or focal person within NTP; partial introduction of HRD in the World Bank and GFATM projects.
- Insufficient funds to support five national reference laboratories; lack of their official designation by the MHSD.
- Insufficient capacity of the staff (quantity, professional level) in conducting quality smear microscopy.
- Insufficient proficiency of TB laboratory personnel and inadequately equipped TB bacteriology laboratories.
- Limited implementation of EQA for TB diagnosis laboratory methods.
- Low adherence to treatment due to a high number of TB patients from socially marginalized groups (alcoholics, ex-prisoners, homeless, etc.).
- Difficulties with collection and analysis of surveillance data in 2006 due to countrywide implementation of a revised recording and reporting system for TB control based on cohort analysis principles.
- Lack of national guidelines and treatment protocols for management of MDR-TB patients and lack of approved notification and reporting forms for MDR-TB at federal level.
- Lack of national regulations for use of second line TB drugs in line with international guidelines.
- Poorly coordinated with the regional level, and thus not cost-effective in terms of TB drug procurement at the federal level. A quality control system for production of TB drugs in Russia is not working effectively.
- A recent change in Russian law stipulating imports and customs and the expiration of the registration certificate in March for the drug "Oflomac". WHO has played an active role in revising the current procurement mechanism between RHCF and the International Dispensary Association (IDA) in order to ensure that the needed drugs are procured in a timely fashion for the effective implementation of DOTS plus projects. It was decided that due to "transition period" until March 2007 (that is when old and new regulations are in place) drugs for 200 MDR-TB patients in Arkhangelsk regions should be imported under old regulations.

Achievements at the federal level:

- Implemented the revised TB control strategy in 79 out of 88 regions as of April 1st, 2007 with support by the World Bank and GFATM.
- Positive outcome of the World Bank's project Mid-term Review (October 2006) and advanced results in implementation of the GFATM project.
- Positive results of the External Review of International TB Control Projects (July 2006) confirmed by successful regional TB control projects with international support, which contributed to strengthened political commitment, improved regional TB epidemiology through better TB diagnosis and treatment, introduced social support for TB patients and educational activities.
- Introduced TB treatment standards and new forms for reporting on TB notification and treatment results in 68 oblasts in 2005 (83% population coverage).
- Introduced new recording for TB sputum smear microscopy laboratories through the MHSD Prikaz 690.

- Strengthened infrastructure of TB laboratory services supported by the World Bank and GFATM projects.
- Created national guidelines for laboratory diagnostics of TB (microscopy, culture, DST) in line with international recommendations.
- Adapted and field-tested national training course on TB management at the municipal level approved by the Russian MHSD; trained trainers to teach TB doctors countrywide.
- Ensured national stock of first line drugs for 2 years.
- Involved eight Russian drug manufacturers in training sessions within the WHO prequalification project, five of them being under international GMP inspection supported by GFATM.

Major difficulties and challenges at the regional level

Orel Oblast

- Despite the fact that the project has nearly reached the WHO-recommended goals in TB detection and treatment, the existing management and regulations mechanisms of the TB control system in Russia challenge the sustainability of the achieved results.

Republic of Chuvashia

- In view of replacements in the managerial team of the Republican TB Dispensary in May 2007, there is apparent necessity for the newly elected leadership to increase their knowledge and experience in international TB project implementation.
- The workload of RTBD staff has increased due to the forthcoming launch of the DOTS-Plus project in the Republic.

Vladimir Oblast

- The Regional TB Control Programme witnesses serious staff problems due to the neighbourhood of Moscow, which has better salary opportunities. Insufficient motivation of staff in the TB service due to low wages hinders the effective implementation of TB control in different health sectors.
- The problem with TB detection in the GHC service remains due to the uncertain distribution of responsibilities between TB versus GHC services in TB detection. Dramatic understaffing, particularly in the GHC service, aggravates this process.
- The workload of OTBD staff has increased due to the launch of the DOTS-Plus project in the oblast.

10. FUTURE PLANS/NEXT STEPS

10.1. Federal/national level

Continuing the process of improving the regulatory basis for TB control in the key technical directions, in 2007 activities of the High Level Working Group (HLWG) will target the TB control problems prioritized for the Russian Federation, such as:

- Support to implementing the revised national TB control strategy in compliance with the international standards;
- Development of the new national plan to Stop TB 2007-2015 to reach Millennium Development Goals
- Promoting health system strengthening and cost-effective approach to TB control

- Strengthening laboratory capacities for TB diagnosis with special attention given to setting up a network of reference laboratories, conducting drug resistance surveys and ensuring quality control of the laboratory tests;
- Strengthening human resource development for TB control
- Developing guidelines and standards for management of MDR-TB and TB/HIV (clinical) control activities;
- Ensuring access to quality TB drugs and developing recommendations for drugs management;
- Improving TB surveillance and monitoring, including MDR-TB and TB/HIV;
- Improving coordination and cooperation between all sectors, organizations and departments involved in TB control in the Russian Federation.

10.2. Regional level

Orel Oblast

- To establish the DOTS/DOTS-Plus Demonstration Centre in Orel Oblast to serve as an affiliated training and education branch of the Central TB Research Institute as the WHO Collaborating Centre on TB Control.
- To continue DOTS-Plus training activities for representatives from the MDR-TB control projects recently approved by the GLC in several Russian regions.
- To establish a pool of DOTS-Plus/TB monitoring experts from Orel Oblast TB staff in order to use their experience and lessons learned for implementing independent TB monitoring and training in Russia as a whole.

Republic of Chuvashia

- To provide training for TB supervisors in methods of supervision to evaluate the performance of the Regional TB Control Programme in the Republic.
- To continue preparation to the launch of a DOTS-Plus project, approved by the GLC in November 2006.
- To strengthen the monitoring system for failure TB cases on the cohort analysis principles.
- To launch a special programme to manage TB/MDR-TB patients' treatment at the municipal level and issue regulations to support the implementation of this programme.
- To enhance hospital equivalents of treatment such as day hospitals and others.

Vladimir Oblast

- To strengthen management of the Regional TB Control Programme through modification of the membership and distribution of responsibilities in the Regional Coordination Committee on TB.
- To continue preparation to the launch of a DOTS-Plus project, approved by the GLC in May 2006.
- To facilitate the issue of the necessary documentation at federal and regional levels to start operational research in 2007 on a system of performance-based incentives for TB and GHC staff increasing their motivation for effective performance.

- To further negotiate with the Regional Authorities regarding the establishment of the Infection Control Demonstration Centre in Vladimir Oblast through a grant from CDC.
- To start three operational research projects to analyse the reasons of TB-related deaths, relapse cases among “cured/treatment complete” TB patients and a retrospective analysis of the results of DOTS strategy implementation during a five-year period.