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Abstract (optional, 250 word limit) The report presents progress in implementation of the WHO demonstration project on TB control in the Russian Federation, supported by USAID. It describes objectives, activities, achievements and challenges, provides analysis of the epidemiological situation and political commitment to TB control and the internationally approved TB control strategy in the Russian Federation.	
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PROGRESS REPORT

**TO THE UNITED STATES AGENCY
FOR INTERNATIONAL DEVELOPMENT (USAID)**

**FROM THE STOP TUBERCULOSIS DEPARTMENT
OF THE WORLD HEALTH ORGANIZATION (WHO)**

**ON THE
ADVANCED DEVELOPMENT OF
THE TUBERCULOSIS CONTROL PROJECT
IN THE RUSSIAN FEDERATION**



December 2004 – May 2005

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GLOSSARY

AIDS	Acquired Immunodeficiency Syndrome
CDC	Centers for Disease Control and Prevention
CCM	Country Coordination Mechanism
CTRI RAMS	Central Tuberculosis Research Institute of the Russian Academy of Medical Sciences
DFID	United Kingdom Department for International Development
DGSR	Special Representative of the Director-General of WHO in the Russian Federation
DOT	Directly Observed Treatment
DOTS	Directly Observed Treatment, Short-course
DRS	Drug Resistance Survey
DST	Drug Susceptibility Testing
EQC	External Quality Control
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GHC	General Health Care
GLC	Green Light Committee
HIV	Human Immunodeficiency Virus
HLWG	High Level Working Group
ICC	Interagency Coordinating Committee
IFRC	International Federation of Red Cross and Red Crescent Societies
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)
MoJ	Ministry of Justice of the Russian Federation
NGO	Nongovernmental Organization
NTP	National Tuberculosis Programme
OTBD	Oblast TB Dispensary
RRC	Russian Red Cross
RF	Russian Federation
RHCF	Russian Health Care Foundation
RIPP MMA	Research Institute of Phthiopolmonology of Sechenov Moscow Medical Academy
TB	Tuberculosis
TOT	Training of Trainers
TWG	Thematic Working Group
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 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

Ivanovo Oblast, Orel Oblast, Vladimir Oblast, the Republic of Chuvashia of the RF, 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 2004 – 31 May 2005

2. EXECUTIVE SUMMARY

The current document describes the progress in implementation of the WHO TB control project in the RF supported by USAID funds during the six month period from 1 December 2004 to 31 May 2005. It presents the main activities undertaken during the reporting period, states the achievements and describes the challenges encountered and the next steps in the project.

During the reporting period, WHO support to the federal health authorities increased, reflecting the efforts in capacity-building for sustainable TB control at the national and regional levels, development of a sustainable regional model for effective TB control, including management of MDR-TB and collaborative TB/HIV activities, and assistance with revision of the national TB drug policy. The models developed, based on the WHO-recommended TB control strategy (DOTS), will be proposed for countrywide implementation in Russia.

Following the project objectives, the WHO TB Control Programme in the RF provided assistance and technical support to the Russian Government in DOTS expansion through the WB-supported project on TB and AIDS control in the following areas:

- needs assessment and development of implementation plans at the regional level
- needs assessment and development of implementation plans at the federal level (federal TB institutes)
- establishment of WHO coordination offices at federal TB institutes
- development of educational materials regarding TB control
- assistance with training activities.

In order to facilitate coordination between WHO and five national TB research institutes, WHO Coordination Offices were established within the structure of the institutes during the period. This initiative aims to promote joint action in the framework of the WB-supported project and a forthcoming grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). Currently, three of the institutes are renovating the designated premises with WHO financial support, while the necessary office equipment for all five centres has already been procured by WHO.

From 14 to 15 December 2004, the first national workshop on TB control among HIV-infected people was co-organized by WHO and the Russian health authorities in response to the challenges of TB/HIV control. Representatives from the Russian Ministry of Health and Social Development (MoHSD), Federal Correctional Service (FSIN), Federal AIDS Centre, Federal TB/HIV Centre, leading TB research institutes, and national and international partners, including representatives of the people living with HIV/AIDS (PLHA) community, met to analyse the situation regarding TB/HIV in the country and endorsed national recommendations on TB/HIV collaborative interventions in the RF. Following the resolution of the workshop, the responsible agencies proposed a federal framework for collaboration

between TB and HIV/AIDS services. As a result of the steps taken, on 13 May 2005 the Russian MoHSD issued Executive Order # 332 on the MoHSD Coordination Council for prevention and treatment of HIV-associated TB.

Continuing technical assistance provided to the DOTS project sites by WHO, in close cooperation with CTRI RAMS and RIPP MMA, included two-phase operational research organized and conducted by the WHO TB Control Programme in the RF and RIPP MMA in seven Russian regions in order to evaluate the impact of social support for TB patients on treatment outcomes. At present, the default rate in the RF may vary from 3% to 20%, provided social support for TB patients is in place, while in other regions it has reached 30%. The results obtained help to identify the best model for social support as a tool for decreasing the number of defaulters in DOTS projects. The model identified will be proposed for potential expansion countrywide.

The current project covers a broad range of activities that respond to the challenges of MDR-TB and TB/HIV and attempts for further development and consolidation of regional models for effective TB control. The experience obtained will facilitate expansion of the WHO-recommended TB control strategy in Russia through the WB-supported project on TB and AIDS control, the federal TB control programme and a forthcoming grant from GFATM. However, much needs to be done to achieve the TB control targets and Millennium Development Goals, so continuous support from the international community and WHO technical assistance are necessary to overcome the remaining challenges in national TB control.

3. BACKGROUND INFORMATION

3.1. Epidemiological situation

Despite the trend towards a slow decrease in TB notification rates (86.3 per 100 000 population in 2002 and 83.1 per 100 000 in 2004), the TB epidemic in Russia still poses a serious threat



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to the population of the country and worldwide. Furthermore, mortality due to TB remains relatively high (21.5 per 100 000 population in 2002 and 21.3 per 100 000 population in 2004). This calls for urgent action to improve early TB detection, primarily in the general health care (GHC) service, and case management including DOT.

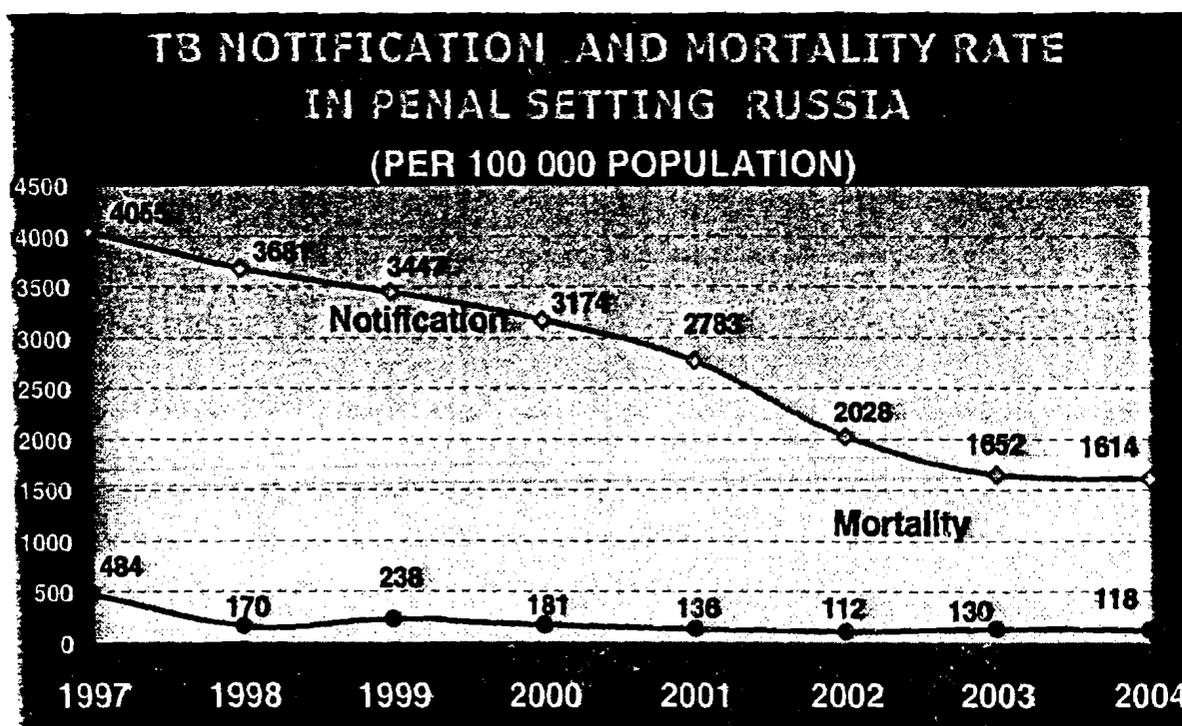
Multidrug-resistant tuberculosis (MDR-TB) in Russia

The real scale of the MDR-TB problem in Russia is unknown due to the lack of reliable data. Form # 33 of the federal TB surveillance that provides MDR-TB data is delayed by the regions and submitted with mistakes, while processing of the data at the federal level is a time-consuming process. Moreover, the

wide availability and use of second-line drugs in almost all regions of the RF without a proper and consistent national policy for MDR-TB control aggravates the emergence of drug-resistant strains.

TB epidemiology in Russian prisons

The TB notification rate in the prison system decreased by 20% in 2004 (from 2028 to 1614 per 100 000 prison population), compared to 2002. Mortality due to TB also continued to decrease and reached 118 per 100 000 inmates in 2004. This positive trend is a testimony to the new penal code adopted by Parliament, which has led to the improvement of TB control in prisons and a decrease in the prison population (from more than 1 000 000 prisoners in 1999 to 847 000 in January and 765 000 in December 2004).



Additionally, the Russian Ministry of Health Prikaz # 50 on the new recording and reporting system for TB control has been implemented by all TB units in the prison system as of 1 January 2005. Wider implementation of DOTS is necessary to sustain and improve the achieved results.

HIV and its possible impact on the TB epidemic in Russia

According to official statistics (form # 61 of the federal surveillance of HIV-infected people), the number of persons with HIV infection registered in the country increased from 269 504 cases (2003) to 297 988 (2004), of which 7093 died (source: Federal Centre of TB Care for HIV-infected Persons, 31 December 2004), compared to 4166 HIV-related deaths registered at the end of 2003. Of special concern is the fact that the number of births registered to HIV-infected mothers increased substantially from 7653 at the end of 2003 to 11 422 as of 31 December 2004 (source: Federal Centre of TB Care for HIV-infected Persons).

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

During the reporting period, the WHO TB Control Programme in the RF continued its active participation in the work of the High Level Working Group (HLWG) on TB, together with representatives of the Russian MoHSD and subordinate administrative bodies in the health sector. At the regular meeting of the HLWG on 16 December 2004, the Russian leadership demonstrated increased commitment to WHO-recommended approaches to TB control and expressed their appreciation for the WHO TB control activities implemented in the country. From 28 February to 3 March 2005, a joint evaluation mission by the WHO/CTRI/Novosibirsk TB research institute was conducted to the Republic of Sakha (Yakutia) upon a special request from the Republican Ministry of Health. This mission aimed to evaluate the

Republican TB Control Programme and relevant recommendations. Meetings with the Vice-President of the Republic, Deputy Prime Minister, Minister of Health, and heads of local administrations and TB institutions demonstrated the commitment of the governing authorities of the Republic of Sakha (Yakutia) to enhancing cooperation with WHO and other partners in the WB-supported project.

Special emphasis was given to further investigation of methods to encourage treatment adherence in the project. The default rate in the RF may vary from 3% to 30%. The WHO TB Control Programme in the RF and RIPP MMA carried out two-phase operational research in seven Russian regions in order to evaluate the impact of social support for TB patients on treatment outcomes. The results of this research outlined the main reasons for defaults, social support preferences and the role of psychological support. As a result of the study, different standards of social support for selected risk groups were identified. These standards will be pilot-tested in selected regions to decide on the best model for social support as an effective tool for the improvement of treatment outcomes.

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. Development of a sustainable regional model for TB/HIV control.
4. Assistance with development of a sustainable regional model for DOTS and DOTS-Plus.
5. Assistance with revision of the national anti-TB drug policy.
6. 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 four designated oblasts, and Category IV (MDR-TB) in Orel and Ivanovo Oblasts.
2. National TB control service personnel in four 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

Major achievements at the federal/national level

WHO staff working for this project contributed to the activities of the WHO TB projects in Russia supported by DFID and the Russian Delegation to the RF (TACIS, 2004) in the following areas:

- Revision of the HLWG Statute to reflect the structure of the healthcare authorities, which was modified in the course of the recent administrative reforms:
 - Enlarged representation of Russian partner-organizations in the HLWG structure, including the Federal Agency for Healthcare and Social Development, Federal Service for Public Health and Social Development, and Federal Service for Surveillance in the Sphere of Consumer Rights Protection and Human Well-Being;
 - Establishment of the HLWG Council of Experts, which includes representatives from federal TB research institutes.
- Development of better mechanisms of cooperation between TB and HIV/AIDS services:
 - Issue of Russian MoHSD Prikaz # 332 on 13 May 2005 on the MoHSD Coordination Council for prevention and treatment of HIV-associated TB;
 - Revision of the existing recording and reporting forms (forms # 8 and # 33) to enrol data on TB/HIV cases. Submission of the drafts to the Russian MoHSD for approval.
- Development of recommendations on organization of TB control in prisons.
- Improvement of the TB surveillance and monitoring system:
 - Development of a draft MoHSD Prikaz and revision of the recording and reporting forms relating to laboratory data management;
 - Adjustment of federal statistic documentation in line with the new Russian regulations on TB.
- Appeal to GFATM and further elaboration of the RF proposal on TB in accordance with the comments of the Technical Review Panel (TRP GFATM). TRP approval of the RF proposal (notification letter of 21 March 2005).
- Organization of training courses for regional TB services on the new recording and reporting system for TB control (December 2004 – May 2005).
- Technical support for implementation of the WB-supported project on TB and AIDS control (building national capacity in planning, management and coordination, training activities including training of trainers (TOT), external monitoring and evaluation).
- Development of clinical standards for TB patients.

The WHO TB Control Programme in the RF continued its active cooperation with the Government and federal institutions through different Thematic Working Groups (TWGs) established in the framework of the HLWG. The following areas were prioritized: TB surveillance and monitoring, diagnosis and treatment of MDR-TB, TB in HIV-infected individuals, laboratory diagnosis of TB, and TB control in penal facilities.

The TWG on Diagnosis and Treatment of MDR-TB continued its work on the development of national MDR-TB guidelines in line with the newly revised WHO guidelines on managing MDR-TB. In this context, the HLWG Secretariat sent a request to the Russian MoHSD for prolongation of the existing second-line treatment. Furthermore, the TWG accomplished the development of a draft framework for expanding MDR-TB control in Russia countrywide. A first step towards this goal will be the workshop on managing MDR-TB at the country level to be co-organized by WHO, CDC and Partners in Health (PIH) in St. Petersburg, 14-18 June 2005. This will be followed by a half-day seminar on the principles of applications to the Green Light Committee (GLC).

The TWG on Laboratory Diagnosis of TB developed draft recommendations on branch standards of external quality assessment and internal quality control of acid-fast bacilli (AFB) microscopy with input from international experts, and started preparation of training modules for AFB microscopy, culture and drug sensitivity testing (DST). There will be separate modules for GHC versus TB laboratory staff. In April 2005, the WHO TB Control Programme in the RF initiated a panel testing project for DST quality assurance in collaboration with the Swedish Institute for Infectious Disease Control (supranational reference laboratory and WHO collaborating centre). This aims to identify laboratories which are adequate for participation in a drug resistance survey (DRS) throughout Russia.

The TWG on TB Surveillance and Monitoring supervised implementation of the new recording and reporting forms (MoH Prikaz # 50) throughout Russia as of 1 January 2005. WHO, in cooperation with the Russian Health Care Foundation (RHCF), accomplished the revision of laboratory recording and reporting forms for GHC, prepared a draft of the corresponding MoHSD Prikaz, and adjusted two annual statistical forms so that they included information on TB among the HIV-infected.

7.2. Assistance to the Russian Government in DOTS expansion through the WB-supported project on TB and AIDS control

During the reporting period, the WHO TB Control Programme in the RF provided extensive technical assistance with the implementation of the WB-supported project on TB and AIDS control, focusing on the following areas:

- needs assessment and development of implementation plans at the regional level
- needs assessment and development of implementation plans at the federal level
- establishment of coordination offices at federal TB institutes
- development of educational materials regarding TB control
- assistance with training activities.

Fifty-one regional reports from the civilian and prison sectors were commented on by the WHO TB Control Programme during the reporting period, this being a unique opportunity to increase the overall effectiveness and cost-value implementation of the WB-supported project in the country. Additionally, WHO experts came up with specific methods of expert assessment of the needs in TB laboratory equipment and training at the regional level. These methods were agreed with RHCF and leading TB research institutes through a series of WHO/RHCF/FSIN/TB institute meetings organized and financially supported by WHO. WHO TB Control Programme consultants assisted the TB institute staff with needs assessment reports in order to produce accurate numbers for the laboratory equipment needed (civilian and prison TB laboratories), this being a part of WHO technical support for implementation of the WB-supported project.

Needs assessment and development of implementation plans for the WB-supported project at the federal level included three missions to the two Moscow-based federal TB institutes (CTRI RAMS and RIPP MMA), organized and conducted from 13 to 16 April, 21 to 29 April, and 24 to 27 May 2005 by experts from the WHO Moscow Office and international consultants on public health (P-Y Norval) and laboratory issues (A. Laszlo). The aim was to assess the capacities of national TB institutes and their needs in training, monitoring, equipment and materials that might be covered by the WE-supported project to improve implementation of the revised TB control strategy in the country. Experts from CTRI RAMS and RIPP MMA took an active part in the process. The next steps will include evaluation of the remaining federal TB institutes.

Experts from the WHO TB Control Programme continued with revision of the WHO modules on managing TB at the district level in cooperation with CTRI RAMS and RIPP MMA and in the light of the recent changes in national recording and reporting documentation. The revised modules will be field-tested and put into use for training later in the WB-supported project. Currently, they are submitted for approval to the MoHSD.

In addition, two TOT courses on managing TB at the district level were conducted by WHO international and Moscow staff for national specialists from federal and regional levels in line with their potential activities within the WB-supported project:

- **26-28 January 2005:** TOT for 27 participants from federal/regional level conducted at CTRI RAMS (Moscow);
- **18-29 April 2005:** Advanced TOT organized in St. Petersburg by WHO in cooperation with the WHO Collaborating Centre for TB and Lung Diseases and S. Maugeri Foundation (Tradate, Italy). The objective of the course was the development of advanced skills required for planning, implementing and assessing TB control programmes based on DOTS principles. Twenty Russian participants attended the course. The faculty was composed of experienced international experts.

Of special note is the progress made with the WHO Coordination Offices at federal TB research institutes. Currently, three of the institutes are renovating the designated premises with WHO financial support, while the necessary office equipment for all five centres has already been procured by WHO within the EC-funded project supporting HLWG activities. As soon as practical and administrative arrangements have been made, the offices will start functioning. The main activities of the offices will be to:

- develop, revise and organize implementation of the annual activity plan for supervision, monitoring and training, including the budget for the planned activities (English/Russian)
- organize and conduct assessment, supervision and monitoring missions
- plan and organize training of medical specialists at all levels
- provide logistical support (prepare all administrative documents according to WHO and WB-supported project procedures)
- monitor supplies of anti-TB drugs (first- and second-line), as well as laboratory equipment and disposables
- develop and supervise implementation of TB/HIV control activities
- organize dissemination of materials (guidelines, technical protocols, publications and health education materials)
- develop recommendations on implementation of joint activities in the framework of the project
- consult national experts on methods of needs assessment, reporting and recording, and implementing epidemiological analysis.

On 27 May 2005, representatives of the WHO TB Control Programme met with the directors of the institutes and partners from RHCF and FSIN to discuss practical and technical issues relating to the implementation of the WB-supported project, as well as roles and responsibilities after the coordination offices have been established. The institutes expressed their commitment to this innovation.

7.3. Development of a sustainable regional model for TB/HIV control

Further to the recommendations developed on TB among HIV-infected patients, the respective TWG on TB in HIV-infected Patients elaborated coordination mechanisms for improving collaboration between national TB and HIV/AIDS services. The TWG also prepared recommendations for improvement of recording and reporting on patients affected by both diseases. Draft recording and reporting forms on TB/HIV were designed and submitted to the Russian MoHSD for approval.

During the reporting period, two federal events relating to TB/HIV interventions in the country were organized by the WHO TB Control Programme in the RF in cooperation with the Russian MoHSD, Federal AIDS Centre, Federal TB/HIV Centre and international organizations, and with support from the Open Health Institute and WHO:

- **14-15 December 2004:** The first national workshop on TB/HIV policies of TB control among HIV-infected people for 60 participants from the Russian MoHSD, federal health care services and agencies, FSIN, Federal AIDS Centre, Federal TB/HIV Centre, leading TB research institutes, and national and international partners, including representatives of the PLHA

community. During the workshop, the participants had the opportunity to conduct analysis of the situation regarding TB, HIV/AIDS and TB/HIV epidemiology in Russia, and to evaluate TB/HIV collaborative interventions and mechanisms of coordination between TB and HIV/AIDS services. The workshop produced a resolution with recommendations on TB/HIV collaborative interventions in the RF and suggestions for a joint plan to improve TB/HIV control.

Following the workshop resolution, the responsible agencies proposed a framework for coordination of TB and HIV/AIDS sectors at the federal level. As a result of the efforts invested, on 13 May 2005 the Russian MoHSD issued Russian Executive Order # 332 "On MoHSD Coordination Council for prevention and treatment of HIV-associated TB".

- **25-26 May 2005:** The first national scientific and practical conference, "TB in HIV-infected Patients", took place for about 200 participants from all Russian regions, representing regional administrative bodies, TB research institutes, federal and regional AIDS centres, TB and HIV/AIDS services, WHO, social organizations and partner agencies. The conference had two sections focusing on the clinical and organizational aspects of TB/HIV control, including:
 - prevention, treatment and surveillance of TB/HIV patients
 - follow-up of TB/HIV patients
 - coordination of activities of national TB and HIV/AIDS services at different levels
 - TB care for HIV-infected: collaboration of civilian and prison services
 - care for TB/HIV patients: national and international experience.

A joint meeting of the HLWG and the relative TWG is scheduled for September 2005, which will aim to discuss cooperation, priorities, plans and practical steps. It is also proposed that special working groups should be established under the HLWG umbrella and on the basis of the existing TWG to develop national policy regarding 1) TB/HIV monitoring and surveillance; 2) TB prevention and detection in PLHA; and 3) TB treatment and preventive treatment in PLHA.

7.4. Assistance with the development of a sustainable regional model for DOTS and DOTS-Plus

7.4.1. Major achievements in the regions

During the reporting period, the regional TB control programmes continued to provide diagnosis, treatment and monitoring in line with the WHO TB control strategy.

Regional administrations demonstrated commitment to further implementation of the WHO-launched pilot projects in their areas. Since January 2005, three regional administrations (Orel, Ivanovo and Vladimir Oblasts) have provided regional funds for social support for TB patients in full.

7.4.2. DOTS-Plus for the MDR-TB diagnostic and treatment model

In the RF two DOTS-Plus projects (Ivanovo and Orel Oblasts) are supported by WHO and CDC and funded by USAID.

Between the beginning of the DOTS-Plus project in Orel Oblast in November 2002 and May 2005, 187 MDR-TB patients were enrolled for treatment. Currently, 85 have been receiving treatment. Of these, 43 patients have been on intensive chemotherapy, and 42 patients have been on continuation chemotherapy.

In 2004, 49 patients were enrolled in the project. Of these, 30.6% of patients were new MDR-TB cases, 22.4% of patients had previously been treated with first-line drugs, and 44.9% patients had previously received second-line drugs. In the cumulative figures of 1 January 2005, treatment results were classified for 76 patients: 29 patients (38.2%) had completed treatment and were evaluated as cured, 3 patients (4%) had completed treatment, 10 patients (13.1%) had failed treatment, 18 patients (23.6%) had defaulted, 5 patients (6.6%) had been transferred to other areas, and 11 patients (14.5%) had died for various reasons. An expert from CTRI RAMS conducted a monitoring mission to the project site (15-16 February 2005) in order to evaluate the performance of DOTS-Plus. She confirmed the appropriateness of the activities

conducted and recommended that DOTS-Plus should continue in the oblast. Additional monitoring of the project has been provided by CDC (WHO partner-agency in the project).

In May 2005, the DOTS-Plus project in Orel witnessed a potential shortage of capreomycin and cycloserine due to improper coordination between the Oblast TB Dispensary (OTBD) and the GLC supplying agency, and a lack of registered capreomycin brands in Russia. The shortage was liquidated through federal and regional emergency drug supplies. Procurement of the drugs needed through the GLC mechanism is ongoing.

The DOTS-Plus project in Ivanovo Oblast was officially launched on 1 November 2004. From its launch until May 2005, 42 MDR-TB patients were enrolled for treatment. Of these, three patients had defaulted and one patient had failed the treatment. The remaining 38 patients are still under treatment. A joint WHO/CTRI/FSIN monitoring visit to the project site (18-20 May 2005) included an assessment of DOTS-Plus activities. As a result of the visit, WHO/CTRI/FSIN experts provided detailed recommendations on how to improve the performance of the project (civilian and prison sectors).

7.4.3. WHO TB control strategy (DOTS) implementation

Ivanovo Oblast

- TB detection by smear microscopy in the civilian sector remained unstable, varying from 69.5% (4th Quarter 2004) to 49.6% (1st Quarter 2005). TB detection by culture in the 3rd and 4th Quarters 2004 yielded satisfactory results of 69.5-75.2%, although there is room for further improvement. In the prison sector, detection by microscopy increased up to 42% during the reporting period (compared to 21.7% in the 2nd Quarter 2004).
- The sputum smear conversion rate in the civilian sector decreased from 82.7% in the 1st Quarter 2004 to 71.2% in the 4th Quarter 2004. In the prison sector, on the contrary, the conversion rate substantially increased to 100%-92.3% (3rd and 4th Quarters 2004 respectively).
- The treatment success rate for sputum smear-positive patients registered during the 2nd, 3rd and 4th Quarters 2003 and 1st Quarter 2004 remained suboptimal, amounting to around 70%. The failure rate remained high, while the default rate increased from 5.4% in the 2nd Quarter 2003 to 11.5% in the 1st Quarter 2004, associated mainly with poor management within the project due to internal problems occurring in the Ivanovo TB services. The death rate showed no improvement either and varied from 7.6% (3rd Quarter 2003) to 7.7% in the 1st Quarter 2004. This was a result of delayed TB detection due to insufficient involvement of GHC staff in the process and dramatic understaffing of the GHC service. In the prison sector, the treatment success rate remained stable and high (cumulative average rate is about 85.3%).
- DOTS-Plus activities continued in Ivanovo Oblast during the reporting period. Forty-seven MDR-TB patients were registered in the DOTS-Plus project from its launch on 1 November 2004 until May 2005.

Orel Oblast

- TB detection by smear microscopy remained above 50% and reached 51% and 61% in the 3rd and 4th Quarters 2004 respectively. One of the achievements was a high rate of culture confirmation of TB diagnosis (77% in the 3rd Quarter and 80% in the 4th Quarter 2004), this being the highest among the remaining pilot projects. In the prison sector, TB detection by microscopy remained low and with substantial changes from quarter to quarter due to the small number of prisoner-patients.
- The sputum smear conversion rate remained slightly higher than 65% (the average for 2004).
- In 2004, the treatment success rate in new sputum smear-positive patients registered for treatment in the civilian sector increased to 81% (the average for 2003). However, the results of patients registered in the 1st Quarter 2004 decreased substantially to 67.5% due to a higher number of defaulters (7.8%) as a result of a temporary break in social support during that period. In addition,

10 TB patients with primary MDR-TB were diagnosed as failures in the DOTS Register and were re-registered for DOTS-Plus treatment with second-line drugs. The treatment success rate in patients treated in the prison sector was 66.7% (4th Quarter 2003) and 50% (1st Quarter 2004), such instability being due to a relatively small number of prisoner-patients.

- One hundred and eighty-seven MDR-TB patients were enrolled for treatment in the DOTS-Plus programme in Orel Oblast from its launch in November 2002 until May 2005.

Vladimir Oblast

- TB detection by smear microscopy in the civilian sector remained stable at above 50%. In the prison sector, confirmation of TB diagnosis by microscopy, on the contrary, remained low and was 14.9% in the 4th Quarter 2004 and 25.7% in the 1st Quarter 2005.
- The sputum smear conversion rate remained relatively high, varying from 78% (3rd Quarter 2004) to 75% (4th Quarter 2004). In the prison sector, the conversion rate reached 100% (3rd and 4th Quarters 2004).
- The treatment success rate in sputum smear-positive patients remained suboptimal with a slight increase from 69.2% in patients registered in the 4th Quarter 2003 to 75% in patients registered in the 1st Quarter 2004. The results are adversely affected by high mortality and failure rates linked to inadequate performance of GHC services in TB detection and insufficient education regarding TB in the community. The treatment success rate in patients registered for treatment in the prison sector decreased from 76.5% (3rd Quarter 2003) to 75% (4th Quarter 2003), remaining below the WHO target for successful treatment.
- Prison TB services were reformed with the aim of segregating different types of TB patients (smear-positive versus smear-negative cases), and a specialized department for chronics was established within the system. Before this improvement, chronics stayed in contact with other TB patients through different correctional units.

Republic of Chuvashia

- TB detection by smear microscopy in patients registered for treatment in the civilian sector remained above 50% and reached 61.5% in the 1st Quarter 2005. TB detection by smear microscopy in the prison sector remained low at 20% (3rd Quarter 2004) and 25% (1st Quarter 2005). The proportion of pulmonary TB patients confirmed by culture was also low and did not exceed 30% (3rd and 4th Quarters 2004). Reliable culture tests in the civilian TB services only started in the 1st Quarter 2005, which was several months after a new bacteriological laboratory had been launched in the republic because of the adjustments needed.
- The conversion rate confirmed by microscopy decreased from 90.8% (1st Quarter 2004) to 77.5% (3rd Quarter 2004) and 74.8% (4th Quarter 2004) due to problems with registration at the beginning of 2004 (the registration procedures were improved during the reporting period). The sputum smear conversion rate in the prison sector remained, by contrast, high and amounted to 90% (3rd Quarter 2004) and 100% (4th Quarter 2004), owing to the small number of prisoner-patients.
- The treatment success rate among new sputum smear-positive patients in the civilian sector increased from 73.7% in the 4th Quarter 2003 to 78.2% in the 1st Quarter 2004. The treatment success rate in the prison sector showed a sharp increase from 40% (3rd Quarter 2003) to 80% (1st Quarter 2004), just because of the small absolute number of TB patients in prison.

7.4.4. Training

Training activities continued in the project at the regional and federal levels, covering various aspects of effective TB control.

Federal

During the reporting period, five training courses on the new recording and reporting in TB control (Russian MoH Prikaz # 50) were conducted in five regions of the RF with financial and technical support from WHO. WHO TB Control Programme staff and national TB experts conducted the courses for regional TB staff:

- **8-10 February 2005:** training course for 77 regional/district level TB staff conducted in Ulyanovsk region;
- **4-17 March 2005:** training course for 32 regional/district level TB staff conducted in Ryazan region;
- **16-18 March 2005:** training course for 122 regional/district TB staff conducted in the Republic of Tatarstan;
- **23-25 March 2005:** training course for 114 regional/district level TB staff conducted in Astrakhan region;
- **5-8 April 2005:** training course for 52 regional/district TB staff conducted in Zvenigorod, Moscow region.

Regional

Ivanovo Oblast

- **29 December 2004:** refresher training course for 45 heads of GHC clinical and diagnostic laboratories on infection control;
- **16 May 2005:** refresher training course for 30 heads of district and municipal administrations on the role and responsibilities of administrative staff in the improvement of TB control at the regional level.

Vladimir Oblast

- **21 December 2004:** refresher training course for 25 deputy heads of district administrations and chiefs of prison medical corps on the organizational framework of TB control at the oblast level;
- **16 March 2005:** refresher training course for 30 GHC physicians on TB detection;
- **23 March 2005:** refresher training course for 45 regional TB service staff on infection control.

Republic of Chuvashia

- **22 December 2004:** refresher training course for 30 chief GHC doctors and chiefs of prison medical corps;
- **23 December 2004:** refresher training course for 28 heads of district administrations;
- **24 December 2004:** refresher training for 30 nursing staff from TB and GHC services.

7.4.5. Outreach and follow-up

The outreach and follow-up activities implemented in the project sites according to regional case management plans aim to prevent treatment interruptions and enhance the likelihood of successful outcomes by addressing the social needs of TB patients.

During the reporting period, additional efforts were invested to ensure the sustainability of social support activities and the gradual transfer of funding for social support from WHO to regional and municipal budgets in the pilot areas.

Ivanovo Oblast

The oblast administration continued to provide free bus transportation for TB patients and allocated funds to cover all social support for TB patients in 2005. However, regional TB services received the funds only at the end of March 2005 due to complicated financial regulations at the oblast level.

The Governor, Chair of the Interdepartmental Commission on TB, continued to support all the programme's outreach activities. The last meeting of the Commission was held on 16 May 2005. As a result of this meeting, the Governor expressed his commitment to the continuation of a joint WHO/USAID/CDC/CTRI project in the oblast in 2005-2008.

Orel Oblast

The regional authorities started to allocate funds for continuation of social support in 2004-2005 after the termination of a grant from the International Federation of Red Cross and Red Crescent Societies (IFRC) in 2004. However, the local budget allocated for social support in 2004 was not sufficient, and the local Russian Red Cross (RRC) branch limited their activities to three districts only (less than 50 TB patients per month). In 2005, negotiations between the local administration, RRC, OTBD and WHO resulted in the signing of a special agreement between RRC and OTBD on decreasing indirect charges within the local social support programme with the aim of covering all TB patients in the oblast (85 patients per month).

MDR-TB patients were provided with social support in the form of monthly food packages of 100 RUB each, and food packages of 1000 RUB each on successful completion of the intensive phase of treatment with CDC financial support.

Republic of Chuvashia

The Ministry of Social Affairs, in close cooperation with regional TB services, continued to provide monthly food packages of 200 RUB each to compliant TB patients. A special coordinator for social support nominated by the Republican MoH established an effective distribution system based on cooperation with the responsible TB doctors. Co-financing and sustainable assistance from the Government is expected.

Outreach teams of doctors and nurses continued to deliver home DOT to patients refusing to come for medications during ambulatory treatment. Home visits are provided to non-compliant patients. However, the default rate varies from quarter to quarter due to the small absolute number of defaulters (increase from 2.9% in 1st Quarter 2003 (3 patients) to 5.9% in 1st Quarter 2004 (7 patients)).

Vladimir Oblast

Some district administrations refused to provide free bus transportation for TB patients on the basis of a new Prikaz # 122 from the Russian MoHSD. This issue is currently under discussion in the regional administration.

From 1 February 2005, social support for TB patients in the form of food packages has been financed from the regional budget without WHO financial support. The local budget for social support is sufficient to cover all TB patients in the oblast. As a result of these efforts, the default rate in the oblast has not increased from 4%.

Improvement of infection control continued in the regional TB service. OTBD launched an improved and renovated ventilation system. Furthermore, the oblast developed and submitted to WHO a draft application to GLC for DOTS-Plus implementation.

7.4.6. Logistical support and procurement of goods and services

WHO has continued to provide specific equipment to the USAID-funded regions to ensure implementation of the DOTS and DOTS-Plus strategy.

Office equipment

During the reporting period, the WHO TB Control Programme in the RF purchased three colour printers, a multifunctional device, a photo camera and photo equipment to strengthen its capacity for in-house production of educational and background materials needed for the organization of WHO-supported events in the country.

Drug and supply management

Drug stock reports were collected from the projects and processed on a quarterly basis (4th Quarter 2004, 1st and 2nd Quarters 2005).

As a result of thorough needs assessment conducted in collaboration with CDC experts, Orel Oblast was supplied with rifampicin and PAS during the reporting period.

The Supply and Procurement Unit of the WHO TB Control Programme in the RF accomplished an evaluation of first-line anti-TB drug stocks in the majority of Russian regions, this being an essential component of the planned strengthening of drug management in the country.

Vehicles

Three vehicles were supplied to the civilian (two cars) and prison (one car) TB services of the Republic of Chuvashia. These vehicles are believed to improve the performance of the laboratory network in the civilian sector and to cover the transportation needs of the prison TB services.

7.4.7. CDC technical assistance in collaboration with WHO

CDC continued technical assistance to the project through monitoring missions to the project sites and assistance with training and DOTS-Plus activities. These activities are detailed in sections 7.4.8. "On-site monitoring and technical assistance" and 7.5. "Information, education and communication (IEC) strategy". Duty travel reports are available at the Office of the Special Representative of the Director-General of WHO in Russia.

7.4.8. On-site monitoring and technical assistance

Representatives of federal TB institutes and the WHO TB Control Programme in the RF conducted regular monitoring visits to the DOTS and DOTS-Plus project sites.

Orel Oblast

15-17 February 2005: A joint WHO/CTRI monitoring visit was conducted to the regional DOTS and DOTS-Plus projects. As a result of the visit, specific recommendations on the improvement of social support for TB patients in the region were developed by WHO/CTRI experts in cooperation with members of the Regional Coordination Council on TB, regional RRC and OTBD staff. Additionally, the interim results of the DOTS-Plus project were reviewed and discussed, and corresponding WHO/CTRI recommendations were provided.

Ivanovo Oblast

- **18-20 May 2005:** A joint WHO/CTRI/FSIN monitoring mission was conducted to the regional DOTS project 1) to evaluate the achievements of the prison TB services in the project; 2) to conduct a regular meeting of the Regional Coordination Council on TB; and 3) to identify gaps and action needed to bridge them. In 2004, 75% of released TB patients continued their treatment in the civilian TB service without interruption (against the 47% average for Russia). However, delayed detection of TB, insufficient DOT and treatment interruptions remained the main reasons for the suboptimal treatment results in the project. In response to these problems, the OTBD administration drafted a performance-based programme of remuneration for district TB staff and

created a post for a social worker for TB inpatients. It was also recommended that members of the Regional Coordination Council revise the existing mechanism of social support in order to focus on risk groups for interrupting treatment and to establish teams for home DOT provision.

- **16 May 2005:** Drs D. Pashkevich and V. Testov (WHO) and Dr V. Punga (CTRI RAMS, Head of the Organization and Research Department) took part in a meeting of the Regional Interdepartmental Commission on TB, headed by the Governor of the oblast and including representatives from WHO, CTRI RAMS, Regional Health Department, UIN Medical Department and OTBD. As the main result of the meeting, the Governor and members of the Commission confirmed their commitment to continuation of a joint USAID-funded TB control project in the oblast in 2005-2008 in cooperation with the same international partners (WHO, CDC and RRC).

Vladimir Oblast

- **20-24 December 2004:** A joint CTRI/FSIN monitoring mission with WHO financial support visited the civilian and prison sectors of the regional DOTS project. During the visit, CTRI/FSIN representatives, in cooperation with the Regional Health Department and Regional FSIN Department staff, conducted regular refresher training of deputy heads from district administrations and chiefs of prison medical corps (21 December 2004). This training aimed to improve the trainees' skills in managerial methods of TB control. The mission provided a comprehensive description of 2004 achievements in the project (civilian and prison sectors) and recommendations for future actions.
- **21-25 March 2005:** A joint WHO/CTRI/CDC monitoring mission went to the civilian and prison TB services of Vladimir Oblast. The visit included a regular cohort review convened about one month after the end of each quarter to discuss recalcitrant patients who may be heading towards poor outcomes and to take action in time to improve the outcomes. Additionally, the 2004 results of the Regional TB Control Programme in the civilian and prison sectors were discussed during the meetings with the Health Commissioner, Regional FSIN Department and members of the Regional Coordination Council on TB. The participants at the meeting identified the next steps in their joint action.

Republic of Chuvashia

- **28 March-1 April 2005:** A joint WHO/CDC monitoring mission evaluated the performance of the Regional TB Control Programme. During the visit, WHO/CDC experts conducted a cohort review meeting to train regional and district TB specialists how to identify lost opportunities that may be prevented in the future and solve situations, if patients are difficult to treat. Additionally, the experts had a meeting with representatives from the MoH and Ministry of Social Affairs of the Republic of Chuvashia and discussed the gradual transfer of funding for TB control from the donor to the local budget.

7.5. Information, education and communication (IEC) strategy

During the reporting period, the WHO TB Control Programme in the RF prepared a number of materials on the programme activities, which were published in the periodicals ("Problemy Tuberculyoza", International Journal of TB and Lung Diseases) and information bulletins (UN Bulletin, CD News).

- **14-16 March 2005:** "Introduction to Advocacy, Communication and Social Mobilization" (ACS) workshop for 21 participants representing Russia, Ukraine, Moldova, Azerbaijan, Georgia, Kazakhstan and Uzbekistan, as well as nongovernmental organizations, such as IFRC, was conducted with WHO technical support. The concept of the workshop was designed and recommended by WHO headquarters. The main goals of the workshop were 1) to introduce participants to basic ACS concepts; 2) to review ACS activities and products that have been developed for TB control and other health initiatives in Eastern Europe; and 3) to present how to assess ACS needs in local circumstances, and how to design ACS strategies and working plans according to the needs. The workshop provided an opportunity for the participants to articulate

their ACS needs and outline prospective advocacy and communication activities based on their local capacities.

- **22 March 2005:** Lessons learnt conference on DFID-funded TB and TB/HIV control projects in Russia for Russian and Ukrainian health policy makers, organized by WHO and hosted by DFID at the British Embassy. The goals of the conference were to 1) present findings from the DFID-funded project implemented by WHO and KIL Consortium; 2) provide an opportunity for exchange of information among partners; and 3) provide a forum for donors and Russian regional and federal authorities to discuss how project findings can be used in the short and medium term, and what technical assistance is needed for long-term development. The WHO team reported on the results of the “Cost-effective TB Control in the RF” (Ivanovo, Orel, Samara, Kemerovo, Orel and Vladimir Oblasts) and “Strengthened Cooperation between TB and TB/HIV Control Services in the RF” projects.

The cost-effectiveness project was successfully completed with the following results:

- cost, effectiveness and cost-effectiveness of baseline TB control strategy in the RF were evaluated
- alternative approaches to management of new and MDR-TB cases were evaluated
- TB laboratory network model was developed and alternative approaches to its organization were assessed
- TB/HIV surveillance was substantially explored and limitations in available data were identified
- pattern of utilization of inpatient services was studied and alternatives suggested
- indicators for planning, financing and evaluation of TB control activities were studied and proposed.

The findings and results of the project were published as policy briefs by the WHO TB Control Programme in the RF.

- **23 March 2005:** “A World Free of TB Depends On You!”, a press conference organized and conducted with WHO technical and financial support on the eve of the 2005 World TB Day campaign. Mass media people from nearly 20 TV, press and radio agencies had the opportunity to communicate with representatives from the Russian MoHSD and other governmental institutions, the Office of the Special Representative of the WHO Director-General in Russia, leading TB research institutes and international partners involved in Russian TB control. Additionally, Academician Perelman, Director of RIPP MMA, announced six winners of the journalists’ contest “Every Breath Counts – Stop TB Now!” from Murmansk, Krasnoyarsk, Penza and Moscow (BBC Russia and “Central TV” channel). The contest for the best publication and video materials relating to TB had the aim of fostering responsible reporting on TB issues and was organized and conducted by WHO and the National Union of Journalists with support from IFRC, RRC and the Gorbachev Foundation. Nearly 100 print, video and Internet materials from 45 Russian regions were submitted. The WHO TB Control Programme in the RF contributed to highlighting the World TB Day campaign through the RTR TV channel, BBC radio in Russia, radio “Mayak” and “Rossiya”.
- **3-16 April 2005:** WHO/EURO advanced training in Riga (Latvia) on DOTS-Plus for managing MDR-TB, organized in cooperation with the WHO Collaborating Centre for Research and Training in Management of MDR-TB for nine countries of the WHO European Region. This training aimed to contribute to the improvement of TB control and, in particular, to MDR-TB interventions in the countries of the WHO European Region through improving the skills of TB managers in planning, implementing and evaluating TB control programmes based on DOTS-Plus principles. A CTRI representative attended this course in April, while a representative from RIPP MMA will attend the same course in September 2005 with WHO support.

- **28-29 April 2005:** The 11th meeting of the Collaborative for Training and Education for TB Control in Russia, the Baltic States and NIS. Participants at the meeting in Copenhagen, Denmark, updated each other on the training activities they had performed between November 2004 and May 2005. The WHO TB Control Programme in the RF gave an update on its training and education activities and on the TB library hosted by the WHO TB Control Programme Office.
- **23-27 May 2005:** A training course on HIV/AIDS surveillance among TB patients, organized by WHO in Zagreb (Croatia) with CDC assistance. This course aimed to develop the skills of participants in planning, implementing and evaluating HIV surveillance among TB patients through sentinel surveys and routine data collection. A representative of the Federal TB/HIV Centre participated in the course with WHO support.
- **28 May-1 June 2005:** The 11th Wolfheze workshop on TB control in Europe, organized by the KNCV Tuberculosis Foundation, WHO and IUATLD in The Hague, Netherlands. These workshops are the European platform for formulating a common strategy for TB control. This year the workshop focused on strengthening human resource capacity in TB control, infection prevention in TB control, and the status of the Millennium Development Goals for TB in Europe. Four Russian experts from CTRI RAMS and RIPP MMA took part in the workshop.

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. Two full-time and one part-time TB Project Assistants assisted the Coordinator with implementation, evaluation, procurement and customs clearance of imported goods (reduced from three full-time assistants in the previous reporting period). A part-time Clerical Assistant supervises supply and procurement. A Financial Assistant and a part-time Office Administrator are responsible for financial and administrative issues.

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 by national, international, governmental and nongovernmental organizations, and good coordination among partner agencies.

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

Technical support to the TB/HIV control project supported by the WB is provided in close collaboration with RHCF.

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.

The Advisory Board of the International Coordinating Committee (ICC) on TB continues to meet quarterly. Regular meetings are held with national TB research institutes, the directors of the pilot projects and regional health authorities.

Special emphasis is given to collaboration and exchange of practical experience with the IFRC TB control projects and the DFID-funded projects (the HLWG on TB and the project "Cost-effective TB Control in the RF"). DOTS-Plus activities are closely coordinated with the PIH project in Tomsk.

9. DIFFICULTIES AND CHALLENGES

Major difficulties and challenges at the federal/national level

9.1. Commitment to TB control at federal, regional and local levels

At the 10th HLWG meeting on 16 December 2004, the Russian MoHSD confirmed its support for HLWG activities. Despite the official confirmation of commitment, there is a lack of feedback from the Russian ministries, first of all with regard to the revision and approval of the documents developed by Russian and international experts cooperating under the umbrella of the various TWGs. There is continuing resistance to revision of some important components of the national TB control strategy and implementation of the revised TB control strategy at the leading RIPP MMA, mainly concerning:

- treatment of MDR-TB
- TB surgery
- active case-finding
- drug management
- cost-effectiveness of TB control activities.

The revision of these essential components of the TB control strategy requires accelerated efforts. Furthermore, there is a lack of capacity at the federal level for expansion of the revised TB control strategy and implementation of its components. Strengthening national TB control would be a good sign of governmental commitment. With the implementation of the project supported by the WB and the forthcoming GFATM funds, this problem should be solved and lead to expansion of the revised TB control strategy.

9.2. DOTS expansion through the WB-supported project on TB and AIDS control

The revision of regional reports performed by WHO on needs assessment revealed an inadequate analytical evaluation of the TB epidemiological situation and efficacy of TB control activities. Major attention in the reports was given to infrastructure strengthening (hospital beds, fluorography machines and other expensive equipment), rather than to improvement of the organization of TB control (training in the new strategy, case detection by microscopy, case management, monitoring, drug management, etc). Installation of biosafety cabinets I Class recommended for microscopy centres in the reports is not justified at this stage by WHO and, in addition, requires proper maintenance and training of staff, which is costly and not considered in the reports. The situation should come to a consensus through the cooperative efforts of national and international TB experts to implement productive use of the resources in the WB-supported project and the forthcoming funds from GFATM.

Major difficulties and challenges at the regional level

Ivanovo Oblast

- Internal problems occurring in regional TB services took up the efforts and time of the Regional TB Control Programme leadership, thus weakening the management of activities within the DOTS and DOTS-Plus pilot projects.

- Infection control in the oblast TB hospital is still insufficient. This problem will be addressed in the framework of the planned restructuring of the regional TB service, since its premises have been used for treatment of MDR-TB patients.
- Members of the Coordination Council on TB demonstrate reluctance to participate actively in its work due to overload in their routine activities in the service and insufficient motivation. They have been paid 600 RUB (about US\$ 22) by WHO monthly for implementing time-consuming coordination activities which are additional to their work functions. While there is no federal law regulating the payment and performance of bodies like coordination councils, the regional authorities provide no political or financial support to this kind of work.

Vladimir Oblast

- Lack of staff, particularly in the GHC service due to low wages in the service.
- The central bacteriological laboratory is not yet in good shape and its capacity is hindered by a lack of vehicles for transportation of sputum samples from district TB facilities and the unsatisfactory quality of sputum samples collected in the district TB services.
- Insufficient integration between the civilian and prison TB services.
- Members of the Coordination Council on TB are overloaded in their routine activities and are therefore reluctant to perform Council assignments which are additional to their work functions. Despite remuneration provided by WHO for this work (around 20\$ monthly), their motivation is insufficient. While there is no federal law regulating the payment and performance of bodies like coordination councils, the regional authorities provide no political or financial support to this kind of work.

Orel Oblast

- The leadership of the Regional TB Control Programme shifted the priority from DOTS to DOTS-Plus due to the increase in activities of the DOTS-Plus programme, adding both more responsibility and new priorities to the management team and, as such, minimizing efforts invested in the basic DOTS programme.
- Members of the Coordination Council on TB are reluctant to participate actively in its work due to overload in their routine activities in the service. Despite remuneration provided by WHO for this work (about US\$ 22 monthly), they show insufficient motivation for implementing coordination activities which are additional to their work functions. While there is no federal law regulating the payment and performance of bodies like coordination councils, the regional authorities provide no political or financial support to this kind of work.

Republic of Chuvashia

- Resignation of the Programme Director (Chief TB Doctor) and appointment of new administrators without WHO programme management experience in February 2005 negatively influenced the implementation of the programme. New appointees need training in the internationally recommended principles of TB control.
- The republic has a relatively high failure rate due to irregular treatment of TB outpatients, caused by lack of free transportation for TB patients to treatment sites. The reluctance of the Republican Ministry of Finance and the ongoing reforms of social support practices remain the major obstacles to a positive decision on free transportation for TB patients in the area.
- Quarterly cohort analysis detected among other reasons for defaults the so-called "business migration" (seasonal work in Moscow), which takes its toll in non-compliance among new TB patients.

- The TB service has problems with arranging proper communication between the different sectors of TB control. A special cohesive TB database and software for TB laboratories are needed, as well as a computer network for district TB facilities.
- There remains the continuing problem of TB personnel leaving the TB service due to low salaries, absence of commercial medical procedures, and a very small inflow of young doctors into the service.

10. FUTURE PLANS/NEXT STEPS

10.1. Federal/national level

Grant activities in the next six months will contribute to progress towards the following targets:

- To provide technical assistance in ensuring capacity-building for TB control at the federal level.
- To contribute to the revision and further development of the national policy on:
 - state annual reporting forms (compatible with international standards)
 - MDR-TB management
 - TB/HIV collaborative activities
 - laboratory component.
- To contribute to the efforts of the TB and HIV/AIDS services in the development and implementation of joint TB/HIV collaborative activities and improvement of TB/HIV surveillance in the country.
- To facilitate the strengthening of the national TB laboratory network by technical assistance in:
 - assessment of laboratories at different levels
 - performance of an enlarged DRS within the framework of the global DRS
 - establishment of a laboratory quality assurance system
 - upgrade of the laboratory infrastructure and training of laboratory staff.
- To explore the resources of the existing network for postgraduate medical education and provide further assistance in:
 - training of trainers in the revised TB control strategy, and
 - development of training modules and educational materials in line with the new Russian regulations on TB control and international requirements.
- To strengthen the national policy on rational drug management and facilitate GMP certification for Russian enterprises.
- To provide technical assistance to the Russian Government in integrating TB control into the GHC service and the prison sector.
- To provide technical assistance with the implementation of the WB-supported project on TB and AIDS control.
- To provide technical assistance with development of the two-year activity plan for implementing a GFATM-funded project.

10.2. Regional level

Orel Oblast

- To modify the existing system of social support at the district level, focusing support on risk groups for defaults and/or irregular treatment.
- To develop a performance-based incentive programme that rewards GHC staff for early detection of TB.
- To introduce a result-oriented system of incentives for GHC and TB service staff based on their performance in effective treatment of smear-positive TB patients, this being a tool for increasing staff commitment to improving the treatment results of the patients for whom they are responsible.
- To explore opportunities for strengthening the Coordination Council on TB, including negotiations with the regional authorities on the allocation of financial support for Council members with the emphasis on basic DOTS implementation.
- To present and discuss the data from the regional DOTS-Plus project in Orel Oblast during a forthcoming workshop on managing MDR-TB at the district level (14-18 June 2005) to be used for the development of national standardized regimens of MDR-TB treatment.

Ivanovo Oblast

- To provide technical assistance in order to resolve the internal problems occurring in the regional TB control services.
- To modify the existing system of social support at the district level, focusing support on risk groups for defaults and/or irregular treatment.
- To develop a performance-based incentive programme that rewards GHC staff for early detection of TB.
- To introduce a result-oriented system of incentives for GHC and TB service staff based on their performance in effective treatment of smear-positive TB patients, this being a tool for increasing staff commitment to improving the treatment results of the patients for whom they are responsible.
- To explore opportunities for strengthening the Coordination Council on TB, including negotiations with the regional authorities on the allocation of financial support for Council members.
- To improve the internal supervision of the districts by OTBD staff.
- To continue with the centralization of the GHC laboratory services in order to improve TB detection in the oblast.

Vladimir Oblast

- To modify the existing system of social support at the district level, focusing support on risk groups for defaults and/or irregular treatment.
- To develop a performance-based incentive programme that rewards GHC staff for early detection of TB.
- To introduce a result-oriented system of incentives for GHC and TB service staff based on their performance in effective treatment of smear-positive TB patients, this being a tool for increasing staff commitment to improving the treatment results of the patients for whom they are responsible.
- To explore opportunities for strengthening the Coordination Council on TB, including negotiations with the regional authorities on the allocation of financial support for Council members.

- To continue with the centralization of the laboratory services and culture testing in the new laboratory of OTBD.
- To follow-up on the application to GLC submitted to RIPP MMA and WHO for consultations.

Republic of Chuvashia

- To introduce the new Chief TB Doctor to international TB control approaches, standards and methods.
- To continue with the centralization of clinical diagnostic laboratories in the republic through establishment of special TB laboratory software and easy access to a special TB database.
- To facilitate involvement of the GHC services in TB control in the republic.
- To monitor and evaluate the implementation of the social support programme performed by the Ministry of Social Affairs in the Republic with WHO financial support.
- To monitor the use of second-line anti-TB drugs in prison TB facilities and coordination between the prison and civilian TB services to ensure the continuation of second-line treatment of MDR-TB prisoner-patients after their release.
- To optimize DOT for non-adherent or socially marginalized patients in the city of Cheboksary.
- To follow-up on the application to GLC submitted to RIPP MMA and WHO for consultations.

All regions

- To approve at the federal and regional levels an official agreement for continuation of the Regional TB Control Programme (DOTS and DOTS-Plus components in Ivanovo and Orel Oblasts and DOTS component in Vladimir Oblast and the Republic of Chuvashia) in 2005-2008.
- To ensure regular refresher training of local TB and GHC authorities in the principles of TB control at the district level.
- To ensure adequate infection control in regional TB facilities with technical and financial support from CDC.
- To assist in quarterly and biannual monitoring missions to DOTS and DOTS-Plus project sites.
- To prepare an integrated DOTS/DOTS-Plus technical protocol for implementing related activities in 2005-2008.
- To continue with operational research on social support programmes in selected regions of the RF. Following the results of the operational research conducted in Vladimir Oblast and the Republic of Chuvashia on the cost of concomitant non-TB diseases to the regional TB services, to provide analysis of the achieved results and develop recommendations.

Attachment 1. Epidemiological data on TB case-finding in Ivanovo, Orel and Vladimir Oblasts and the Republic of Chuvashia, civilian and prison sectors (tables)

Ivanovo Oblast – 2003, TB case finding, civilian sector

	Quarter 1 – 2003		Quarter 2 – 2003		Quarter 3 – 2003		Quarter 4 – 2003	
	Abs. number	%	Abs. number	%	Abs. number	%	Abs. number	%
Number of registered patients (NEW)	169		114		123		120	
Number of smear positive (NEW)	76	45	56	49	66	53.6	82	73,2
Number of registered patients (Relapses)	28		27		18		18	
Number of smear positive (Relapses)	10	36	15	55.5	10	55.6	13	272,2
Number of all registered patients (Extra-pulmonary)	13		27		17		11	
Total cases registered	210		168		158		149	
Total new cases	685							

Ivanovo Oblast – 2004 TB case finding, civilian sector

	Quarter 1 – 2004		Quarter 2 – 2004		Quarter 3 – 2004		Quarter 4 – 2004	
	Abs. number	%	Abs. number	%	Abs. number	%	Abs. number	%
Number of registered patients (NEW)	108		117		110		105	
Number of smear positive (NEW)	52	48%	46	39.3%	61	55.5%	73	69.5%
Number of culture positive (NEW)	78	72.2	56	47.9	70	63.6	79	75.2
Number of registered patients (Relapses)	21		17		21		23	
Number of smear positive (Relapses)	9	43%	7	41.2%	13	61.9%	15	65.2%
Number of all registered patients (Extra-pulmonary)	16		19		12		10	
Total cases registered	145		153		143		138	
Total new cases	497							

Attachment 1. Epidemiological data on TB case-finding in Ivanovo, Orel and Vladimir Oblasts and Republic of Chuvashia, civilian and prison sectors (tables)

Ivanovo Oblast – 2005 TB case finding, civilian sector

	Quarter 1 – 2005		Quarter 2 – 2005		Quarter 3 – 2005		Quarter 4 – 2005	
	Abs. number	%	Abs. number	%	Abs. number	%	Abs. number	%
Number of registered patients (NEW)	117							
Number of smear positive (NEW)	58	49.6						
Number of culture positive (NEW)								
Number of registered patients (Relapses)	20							
Number of smear positive (Relapses)	8	40						
Number of all registered patients (Extra-pulmonary)	14							
Total cases registered	151							
Total new cases								

Ivanovo Oblast – 2003 TB case finding, prison service

	Quarter 1 – 2003		Quarter 2 – 2003		Quarter 3 – 2003		Quarter 4 – 2003	
	Abs. number	%	Abs. number	%	Abs. number	%	Abs. number	%
Number of registered patients (NEW)	34		26		36		25	
Number of smear positive	7	20.5	8	31	7	19.4	12	48
Number of registered patients (Relapses)	12		12		5		21	
Number of smear positive	9	75	2	17	2	40	10	46.7
Number of registered patients (Extra-pulmonary)	1		3		0		0	
Total cases registered	47		41		41		46	
Total new cases	175							

Attachment 1. Epidemiological data on TB case-finding in Ivanovo, Orel and Vladimir Oblasts and Republic of Chuvashia, civilian and prison sectors (tables)

Ivanovo Oblast – 2004 TB case finding, prison service

	Quarter 1 – 2004		Quarter 2 – 2004		Quarter 3 – 2004		Quarter 4 – 2004	
	Abs. number	%	Abs. number	%	Abs. number	%	Abs. number	%
Number of registered patients (NEW)	16		23		12		32	
Number of smear positive	5	31%	5	21.7%	4	33.3%	13	40.6
Number of culture positive (NEW)	5	31%	7	30.4%	7	58.3%	15	46.8
Number of registered patients (Relapses)	3		6		8		21	
Number of smear positive	1	33%	3	50%	3	37.5%	8	38.1%
Number of registered patients (Extra-pulmonary)	1		0		0		0	
Total cases registered	20		29		20		53	
Total new cases	84							

Ivanovo Oblast – 2005 TB case finding, prison service

	Quarter 1 – 2005		Quarter 2 – 2005		Quarter 3 – 2005		Quarter 4 – 2005	
	Abs. number	%	Abs. number	%	Abs. number	%	Abs. number	%
Number of registered patients (NEW)	21							
Number of smear positive	9	42.9						
Number of culture positive (NEW)								
Number of registered patients (Relapses)	13							
Number of smear positive	9	69.2						
Number of registered patients (Extra-pulmonary)	2							
Total cases registered	36							
Total new cases								

Attachment 1. Epidemiological data on TB case-finding in Ivanovo, Orel and Vladimir Oblasts and Republic of Chuvashia, civilian and prison sectors (tables)

Orel Oblast – 2003 TB case finding, civilian sector

	Quarter 1 – 2003		Quarter 2 – 2003		Quarter 3 – 2003		Quarter 4 – 2003	
	Abs. number	%						
Number of registered patients (NEW)	113		126		102		85	
Number of smear positive	68	60.2	82	65,1	63	61.8	44	51.8
Number of registered patients (Relapses)	6		8		7		8	
Number of smear positive	4	66.7	5	62,5	3	42.9	6	75
Number of registered patients (Extra-pulmonary)	9		13		6		14	
Total cases registered	128		147		115		107	
Total new cases	497							

Orel Oblast – 2004 TB case finding, civilian sector

	Quarter 1 – 2004		Quarter 2 – 2004		Quarter 3 – 2004		Quarter 4 – 2004	
	Abs. number	%						
Number of registered patients (NEW)	125		102		87		103	
Number of smear positive	77	62%	68	66.7%	44	50.6%	63	61%
Number of culture positive (NEW)	95	76%	83	81.4%	67	77%	82	79.6%
Number of registered patients (Relapses)	14		7		7		8	
Number of smear positive	11	78,5%	7	100%	5	71.4%	3	37.5%
Number of registered patients (Extra-pulmonary)	13		12		13		13	
Total cases registered	152		121		107		124	
Total new cases	468							

Attachment 1. Epidemiological data on TB case-finding In Ivanovo, Orel and Vladimir Oblasts and Republic of Chuvashia, civilian and prison sectors (tables)

Orel Oblast – 2005 TB case finding, civilian sector

	Quarter 1 – 2005		Quarter 2 – 2005		Quarter 3 – 2005		Quarter 4 – 2005	
	Abs. number	%	Abs. number	%	Abs. number	%	Abs. number	%
Number of registered patients (NEW)	95							
Number of smear positive	57	60						
Number of culture positive (NEW)								
Number of registered patients (Relapses)	8							
Number of smear positive	4	50						
Number of registered patients (Extra-pulmonary)	16							
Total cases registered	119							
Total new cases								

Orel Oblast – 2003 TB case finding, prison service

	Quarter 1 – 2003		Quarter 2 – 2003		Quarter 3 – 2003		Quarter 4 – 2003	
	Abs. number	%						
Number of registered patients (NEW)	13		14		15		7	
Number of smear positive	2	15.4	2	14,3	4	26.7	3	42.9
Number of registered patients (Relapses)	0		4		2		1	
Number of smear positive	0		3	75	0	0	0	0
Number of registered patients (Extra-pulmonary)	0		2		2		1	
Total cases registered	13		20		19		9	
Total new cases	61							

Attachment 1. Epidemiological data on TB case-finding in Ivanovo, Orel and Vladimir Oblasts and Republic of Chuvashia, civilian and prison sectors (tables)

Orel Oblast – 2004 TB case finding, prison service

	Quarter 1 – 2004		Quarter 2 – 2004		Quarter 3 – 2004		Quarter 4 – 2004	
	Abs. number	%	Abs. number	%	Abs. number	%	Abs. number	%
Number of registered patients (NEW)	12		13		16		15	
Number of smear positive	2	17%	5	38.5%	3	18.7%	0	0
Number of culture positive (NEW)	3	25%	7	53.8%	5	31.3%	1	6.7%
Number of registered patients (Relapses)	1		0		0		2	
Number of smear positive	1	100%	0	-	0	-	0	0
Number of registered patients (Extra-pulmonary)	1		0		0		0	
Total cases registered	14		13		16		17	
Total new cases	57							

Orel Oblast – 2005 TB case finding, prison service

	Quarter 1 – 2005		Quarter 2 – 2005		Quarter 3 – 2005		Quarter 4 – 2005	
	Abs. number	%	Abs. number	%	Abs. number	%	Abs. number	%
Number of registered patients (NEW)	9							
Number of smear positive	5	55.6						
Number of culture positive (NEW)								
Number of registered patients (Relapses)	4							
Number of smear positive	1	25						
Number of registered patients (Extra-pulmonary)								
Total cases registered	13							
Total new cases								

Attachment 1. Epidemiological data on TB case-finding in Ivanovo, Orel and Vladimir Oblasts and Republic of Chuvashia, civilian and prison sectors (tables)

Vladimir Oblast – 2003 TB case finding, civilian service

	Quarter 1 – 2003		Quarter 2 – 2003		Quarter 3 – 2003		Quarter 4 – 2003	
	Abs. number	%	Abs. number	%	Abs. number	%	Abs. number	%
Number of registered patients (NEW)	215		212		196		224	
Number of smear positive	104	48.3%	106	50%	105	53.6%	117	52.2%
Number of registered patients (Relapses)	31		38		35		42	
Number of smear positive	19	61%	19	50%	18	51.4%	26	61.9%
Number of registered patients (Extra-pulmonary)	26		26		28		24	
Total cases registered	272		276		259		290	
Total new cases	847							

Vladimir Oblast – 2004 TB case finding, civilian service

	Quarter 1 - 2004		Quarter 2 – 2004		Quarter 3 – 2004		Quarter 4 – 2004	
	Abs. number	%						
Number of registered patients (NEW)	215		182		170		197	
Number of smear positive	96	45%	88	48.3%	95	55,8%	103	52.3%
Number of culture positive (NEW)	104	48.4%	96	52.7%	108	63.5%	123	62,4%
Number of registered patients (Relapses)	34		41		32		45	
Number of smear positive	19	56%	17	41.5	20	62,5%	20	44.4%
Number of registered patients (Extra-pulmonary)	21		17		25		36	
Total cases registered	270		240		227		278	
Total new cases	863							

Vladimir Oblast – 2005 TB case finding, civilian service

	Quarter 1 - 2005		Quarter 2 – 2005		Quarter 3 – 2005		Quarter 4 – 2005	
	Abs. number	%	Abs. number	%	Abs. number	%	Abs. number	%
Number of registered patients (NEW)	188							
Number of smear positive	104	55.3						
Number of culture positive (NEW)								
Number of registered patients (Relapses)	36							
Number of smear positive	13	36.1						
Number of registered patients (Extra-pulmonary)	19							
Total cases registered	243							
Total new cases								

Vladimir Oblast – 2003 TB case finding, prison service

	Quarter 1 – 2003		Quarter 2 – 2003		Quarter 3 – 2003		Quarter 4 – 2003	
	Abs. number	%	Abs. number	%	Abs. number	%	Abs. number	%
Number of registered patients (NEW)	82		92		46		42	
Number of smear positive	12	15	27	29.4	7	32.7	9	21.4
Number of registered patients (Relapses)	48		25		18		9	
Number of smear positive	14	29	12	48	2	33.3	5	55.5
Number of registered patients (Extra-pulmonary)	2		1		2		1	
Total cases registered	132		118		66		52	
Total new cases	268							

Attachment 1. Epidemiological data on TB case-finding in Ivanovo, Orei and Vladimir Oblasts and Republic of Chuvashia, civilian and prison sectors (tables)

Vladimir Oblast – 2004 TB case finding, prison service

	Quarter 1 - 2004		Quarter 2 – 2004		Quarter 3 – 2004		Quarter 4 – 2004	
	Abs. number	%	Abs. number	%	Abs. number	%	Abs. number	%
Number of registered patients (NEW)	30		92		52		47	
Number of smear positive	11	37%	27	29%	17	32,7%	7	14.9%
Number of culture positive (NEW)	15	50%	38	41.3%	20	38.5%	21	44.7%
Number of registered patients (Relapses)	21		25		15		18	
Number of smear positive	6	29%	12	48%	5	33,3%	1	5.5%
Number of registered patients (Extra-pulmonary)	1		1				2	
Total cases registered	52		118		67		67	
Total new cases	225							

Vladimir Oblast – 2005 TB case finding, prison service

	Quarter 1 - 2005		Quarter 2 – 2005		Quarter 3 – 2005		Quarter 4 – 2005	
	Abs. number	%	Abs. number	%	Abs. number	%	Abs. number	%
Number of registered patients (NEW)	35							
Number of smear positive	9	25.7						
Number of culture positive (NEW)								
Number of registered patients (Relapses)	10							
Number of smear positive	1	10						
Number of registered patients (Extra-pulmonary)	2							
Total cases registered	47							
Total new cases								

Republic of Chuvashia – 2003 TB case finding, civilian service

	Quarter 1 - 2003		Quarter 2 – 2003		Quarter 3 – 2003		Quarter 4 – 2003	
	Abs. number	%	Abs. number	%	Abs. number	%	Abs. number	%
Number of registered patients (NEW)	203		192		153		168	
Number of smear positive	102	50,3	88	48	82	53.6	99	58.9
Number of registered patients (Relapses)	31		27		18		49	
Number of smear positive	21	67,7	12	44	12	66.7	36	73.5
Number of registered patients (Extra-pulmonary)	19		9		4		7	
Total cases registered	253		228		175		224	
Total new cases	880							

Republic of Chuvashia – 2004 TB case finding, civilian service

	Quarter 1 - 2004		Quarter 2 – 2004		Quarter 3 – 2004		Quarter 4 – 2004	
	Abs. number	%	Abs. number	%	Abs. number	%	Abs. number	%
Number of registered patients (NEW)	227		196		202		219	
Number of smear positive	119	52%	109	55.6%	102	50.5%	111	50.7%
Number of culture positive (NEW)					0		0	
Number of registered patients (Relapses)	58		42		41		53	
Number of smear positive	36	62%	29	69%	28	68.3%	33	62.3%
Number of registered patients (Extra-pulmonary)	17		22		16		13	
Total cases registered	302		260		259		285	
Total new cases	912							

Republic of Chuvashia – 2005 TB case finding, civilian service

	Quarter 1 - 2005		Quarter 2 – 2005		Quarter 3 – 2005		Quarter 4 – 2005	
	Abs. number	%	Abs. number	%	Abs. number	%	Abs. number	%
Number of registered patients (NEW)	169							
Number of smear positive	104	61.5						
Number of culture positive (NEW)								
Number of registered patients (Relapses)	29							
Number of smear positive	18	62.1						
Number of registered patients (Extra-pulmonary)	7							
Total cases registered	205							
Total new cases								

Republic of Chuvashia – 2003 TB case finding, prison service

	Quarter 1 - 2003		Quarter 2 – 2003		Quarter 3 – 2003		Quarter 4 – 2003	
	Abs. number	%	Abs. number	%	Abs. number	%	Abs. number	%
Number of registered patients (NEW)	31		65		16		76	
Number of smear positive	0	0	14	21.5	5	31.3	15	19.7
Number of registered patients (Relapses)	9		21		14		19	
Number of smear positive	4	44	5	23.8	6	42.9	7	36.8
Number of registered patients (Extra-pulmonary)	0		1		0		0	
Total cases registered	40		87		30		95	
Total new cases	188							

Attachment 1. Epidemiological data on TB case-finding in Ivanovo, Orel and Vladimir Oblasts and Republic of Chuvashia, civilian and prison sectors (tables)

Republic of Chuvashia – 2004 TB case finding, prison service

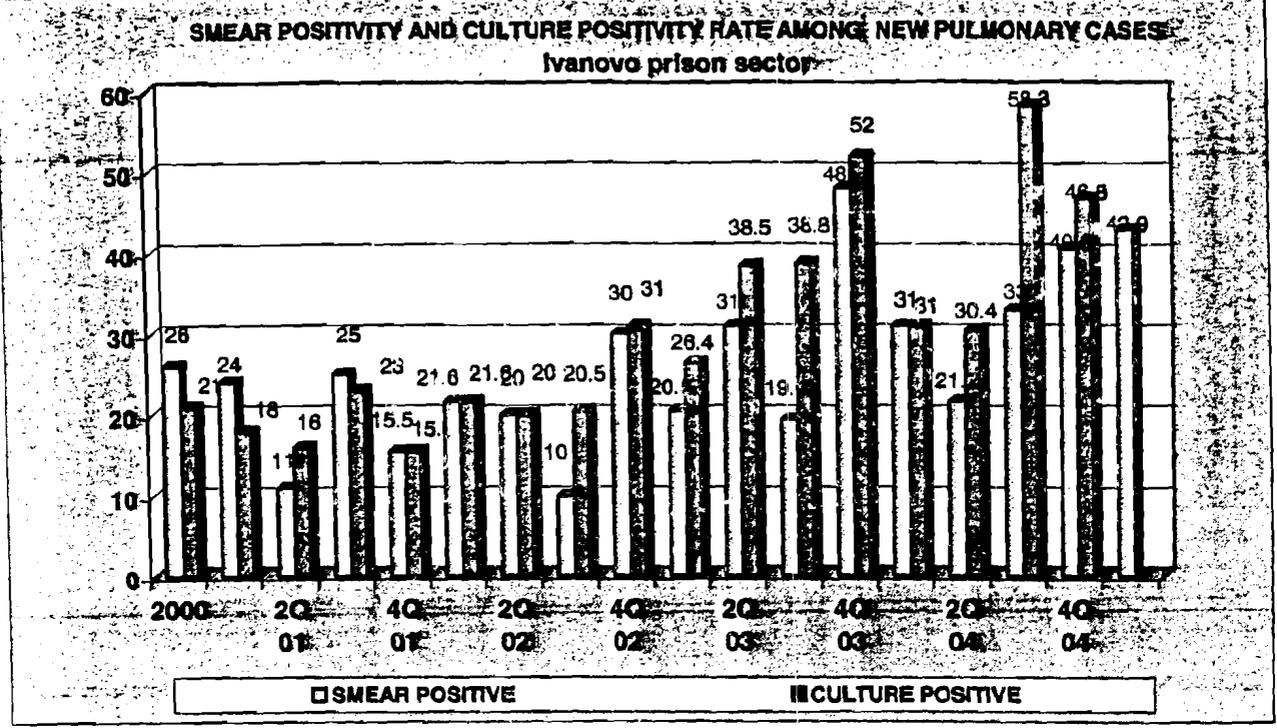
	Quarter 1 - 2004		Quarter 2 – 2004		Quarter 3 – 2004		Quarter 4 – 2004	
	Abs. number	%						
Number of registered patients (NEW)	26		45		49		50	
Number of smear positive	5	19%	13	28.9%	10	20.4%	8	16%
Number of culture positive (NEW)	8	30.8%	19	42.2%	14		15	30%
Number of registered patients (Relapses)	15		11		17		17	
Number of smear positive	6	40%	4	36.4%	5	29.4%	4	23.5%
Number of registered patients (Extra-pulmonary)	0		2		0			
Total cases registered	41		41		66		67	
Total new cases	172							

Republic of Chuvashia – 2005 TB case finding, prison service

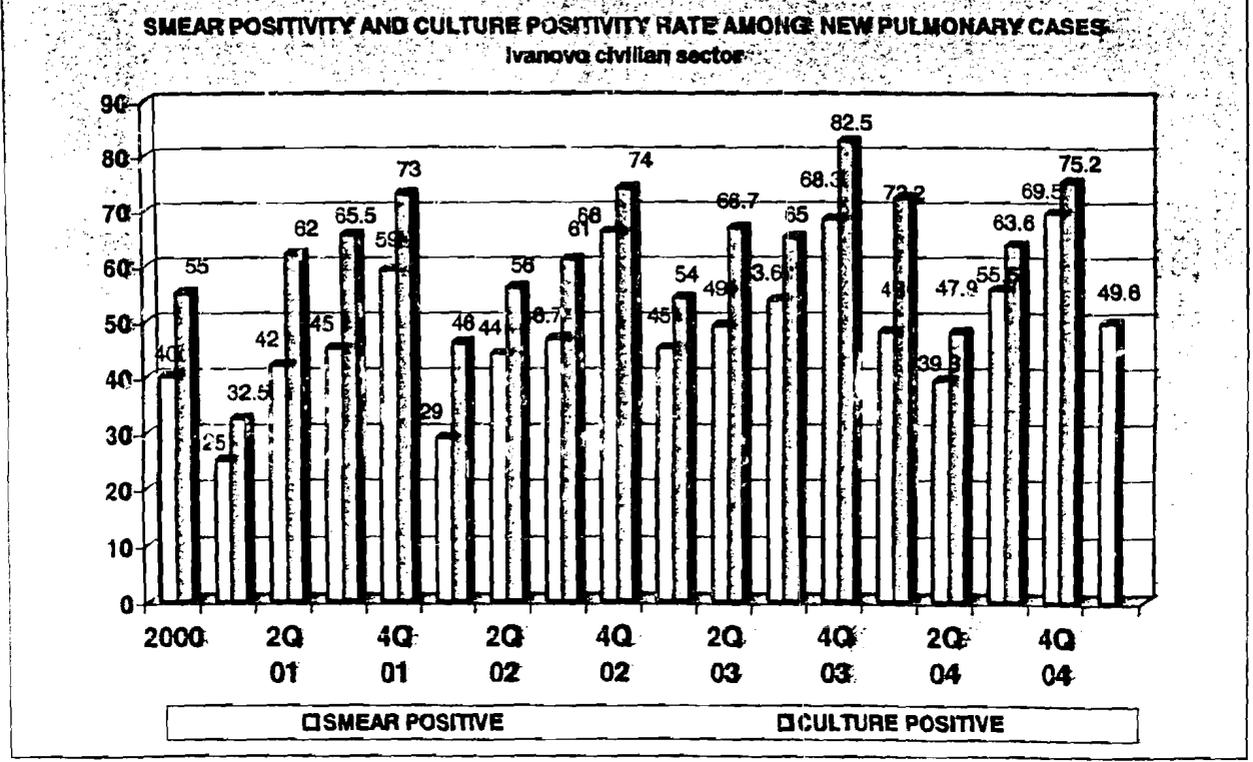
	Quarter 1 - 2005		Quarter 2 – 2005		Quarter 3 – 2005		Quarter 4 – 2005	
	Abs. number	%	Abs. number	%	Abs. number	%	Abs. number	%
Number of registered patients (NEW)	24							
Number of smear positive	6	25						
Number of culture positive (NEW)								
Number of registered patients (Relapses)	12							
Number of smear positive	4	33.3						
Number of registered patients (Extra-pulmonary)								
Total cases registered	36							
Total new cases								

**ATTACHMENT 2. EPIDEMIOLOGICAL DATA ON SPUTUM SMEAR AND CULTURE POSITIVE CASES
IVANOVO, OREL, VLADIMIR OBLASTS AND REPUBLIC OF CHUVASHIA , CIVILIAN AND PRISON
SECTORS**

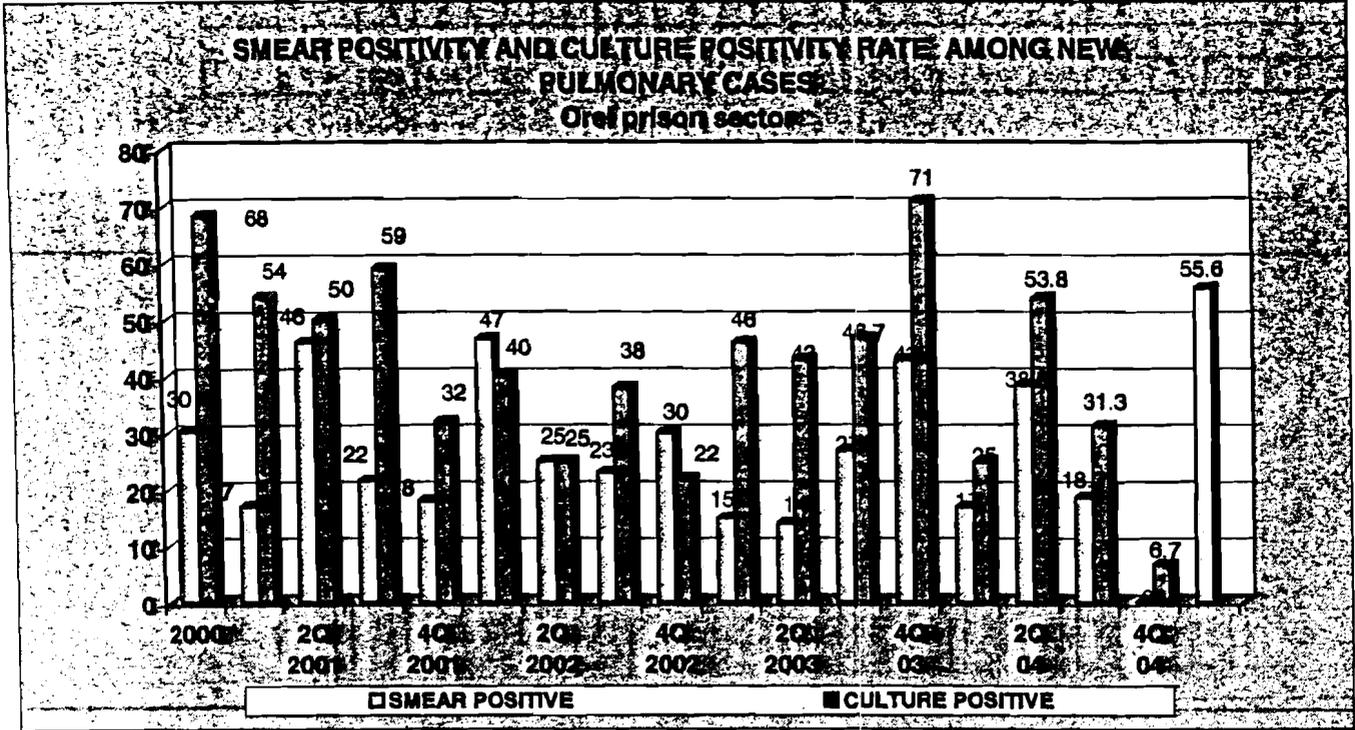
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SMEAR	26	24	11	25	15.5	21.8	20	10	30	20.5	31	19.4	48	31	21.7	33	40.8	42.9
CULTU	21	18	18	23	15.5	21.8	20	20.5	31	26.4	38.5	38.8	52	31	30.4	58.3	46.8	



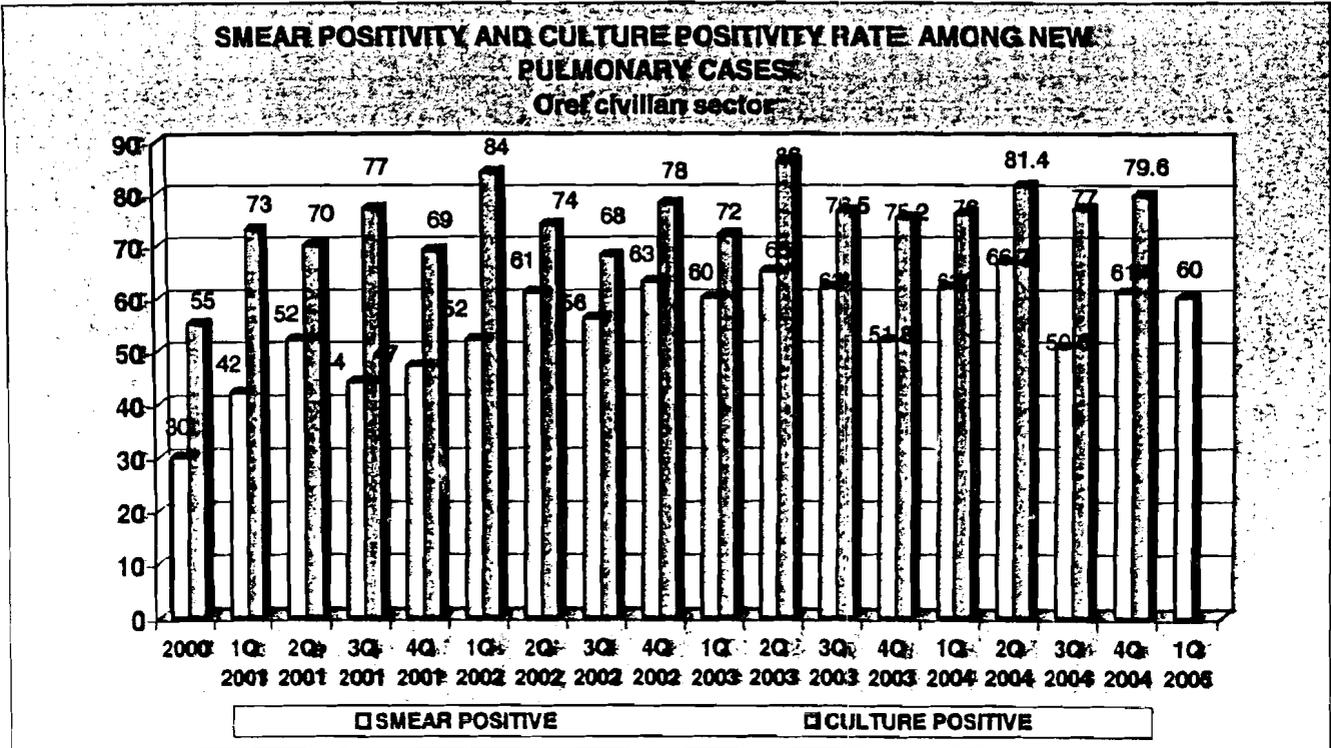
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SMEAR	40	25	42	45	59	29	44	46.7	68	45	49	53.6	68.3	48	39	55.5	69.5	49.6
CULTU	55	32.5	32	85.5	73	46	56	61	74	54	68.7	65	82.5	72.2	48	63.6	75.2	



	2000	1Q 2001	2Q 2001	3Q 2001	4Q 2001	1Q 2002	2Q 2002	3Q 2002	4Q 2002	1Q 2003	2Q 2003	3Q 2003	4Q 03	1Q 04	2Q 04	3Q 04	4Q 04	4Q 04
SMEAR POSITIVE	30	17	48	22	18	47	25	23	30	15	14	27	43	17	38.5	18.7	0	55.6
CULTURE POSITV	68	54	50	59	32	40	25	38	22	46	43	46.7	71	25	53.8	31.3	6.7	

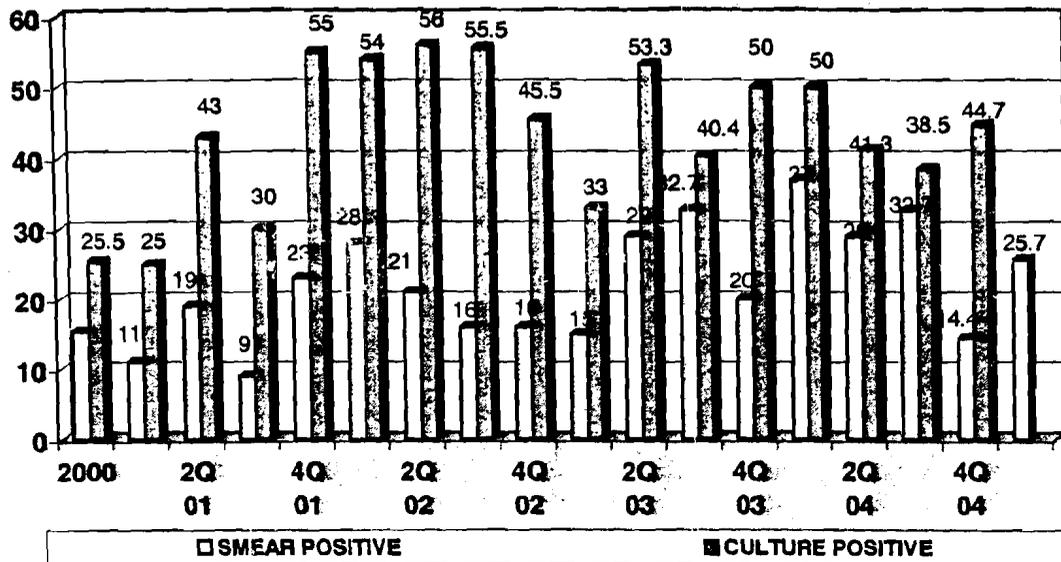


	2000	1Q 2001	2Q 2001	3Q 2001	4Q 2001	1Q 2002	2Q 2002	3Q 2002	4Q 2002	1Q 2003	2Q 2003	3Q 2003	4Q 2003	1Q 2004	2Q 2004	3Q 2004	4Q 2004	1Q 2005
SMEAR POSITIVE	30	42	52	44	47	52	61	58	63	60	65	62	51.8	62	66.7	50.6	61	60
CULTURE POSITV	55	73	70	77	69	84	74	68	78	72	86	76.5	75.2	76	81.4	77	79.6	



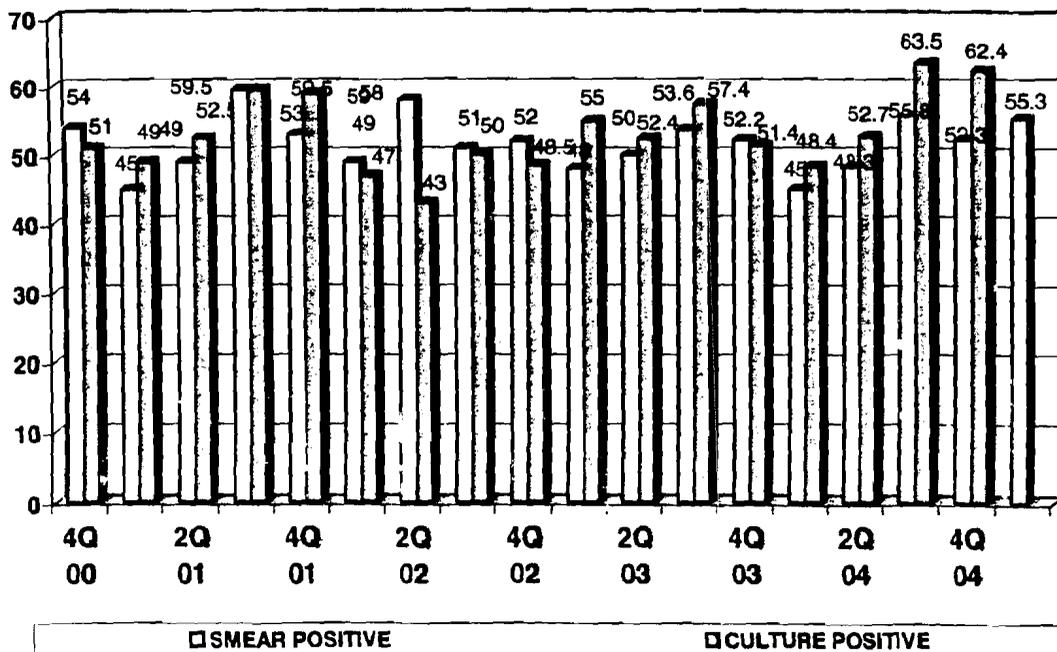
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SMEAR POSITIVE	15.4	11	19	9	23	28	21	18	18	15	29	32.7	20	37	29	32.7	14.4	25.7
CULTURE POSITIV	25.5	25	43	30	55	54	58	55.5	45.5	33	53.3	40.4	50	50	41.3	38.5	44.7	

SMEAR POSITIVITY AND CULTURE POSITIVITY RATE AMONG NEW PULMONARY CASES
Vladimir prison sector



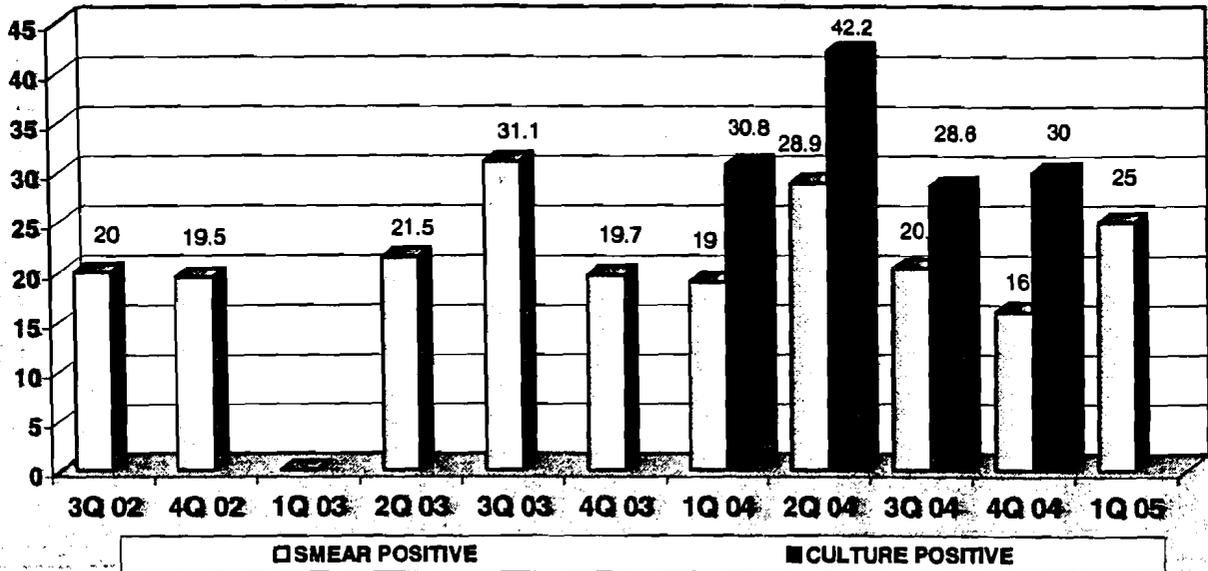
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SMEAR POSITIVE	54	45	49	59.5	53	49	58	51	52	48	50	53.6	52.2	45	48.3	55.8	52.3	55.3
CULTURE POSITIV	51	49	52.5	59.5	59	47	43	50	48.5	55	52.4	57.4	51.4	48.4	52.7	63.5	62.4	

SMEAR POSITIVITY AND CULTURE POSITIVITY RATE AMONG NEW PULMONARY CASES
Vladimir civilian service



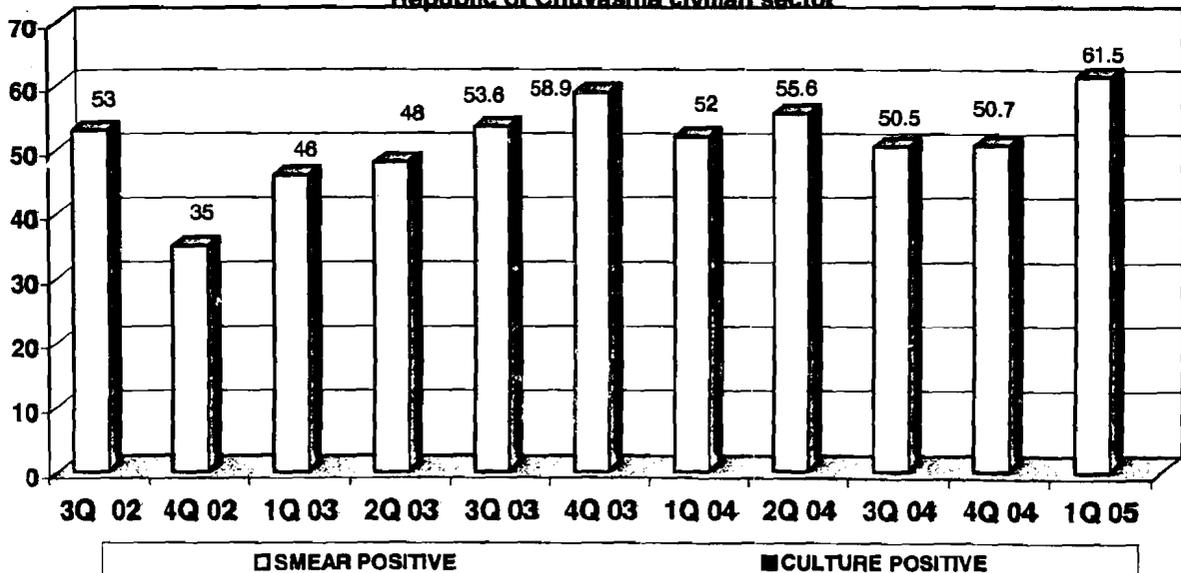
	3Q 02	4Q 02	1Q 03	2Q 03	3Q 03	4Q 03	1Q 04	2Q 04	3Q 04	4Q 04	1Q 05		
SMEAR POSITIVE	20	19.5	0	21.5	31.1	19.7	19	28.9	20.4	16	25		
CULTURE POSITIVE							30.8	42.2	28.6	30			

SMEAR POSITIVITY AND CULTURE POSITIVITY RATE AMONG NEW PULMONARY CASES
Republic of Chuvashia prison sector



	3Q 02	4Q 02	1Q 03	2Q 03	3Q 03	4Q 03	1Q 04	2Q 04	3Q 04	4Q 04	1Q 05		
SMEAR POSITIVE	53	35	46	48	53.6	58.9	52	55.6	50.5	50.7	61.5		
CULTURE POSITIVE													

SMEAR POSITIVITY AND CULTURE POSITIVITY RATE AMONG NEW PULMONARY CASES
Republic of Chuvashia civilian sector



Attachment 3. Sputum smear conversion rates among new cases in Ivanovo, Orel and Vladimir Oblasts and Republic of Chuvashia, civilian and prison sectors (tables)

Ivanovo Oblast – 2004 Smear conversion, Civilian sector

Quarter 1	Number of cases	Smear conversion						Smear not done	Remains smear-positive	Total
		2 months		3 months		4 months				
		Number	%	Number	%	Number	%			
New cases	52	29	55.8	43	82.7	-	-	5	4	52
Quarter 2										
New cases	45	21	46.7	36	80	-	-	3	6	45
Quarter 3										
New cases	61	34	55.7	45	73.8			7	9	61
Quarter 4										
New cases	73	31	42.5	52	71.2			8	13	73

Ivanovo Oblast – 2004 Smear conversion, Prison sector

Quarter 1	Number of cases	Smear conversion						Smear not done	Remains smear-positive	Total
		2 months		3 months		4 months				
		Number	%	Number	%	Number	%			
New cases	5	3	60	3	60	-	-	0	2	5
Quarter 2										
New cases	5	3	60	3	60	-	-	0	2	5
Quarter 3										
New cases	4	4	100	4	100					4
Quarter 4										
New cases	13	12	92.3	12	92.3				1	13

Attachment 3. Sputum smear conversion rates among new cases in Ivanovo, Orel and Vladimir Oblasts and Republic of Chuvashia, civilian and prison sectors (tables)

Orel Oblast – 2004 Smear conversion, Civilian sector

Quarter 1	Number of cases	Smear conversion						Smear not done	Remains smear-positive	Total
		2 months		3 months		4 months				
		Number	%	Number	%	Number	%			
New cases	77	36	46.7	51	66.2	-	-	10	16	77
Quarter 2										
New cases	68	41	60.3	52	76.5	-	-	5	11	68
Quarter 3										
New cases	44	18	40.9	28	63.6			3	13	44
Quarter 4										
New cases	63	31	49.2	42	66.7			8	13	

Orel Oblast – 2004 Smear conversion, Prison sector

Quarter 1	Number of cases	Smear conversion						Smear not done	Remains smear-positive	Total
		2 months		3 months		4 months				
		Number	%	Number	%	Number	%			
New cases	2	1	50	1	50	-	-	0	1	2
Quarter 2										
New cases	5	2	40	2	40	-	-	3	0	5
Quarter 3										
New cases	3	3	100	3	100					
Quarter 4										
New cases	0									0

Attachment 3. Sputum smear conversion rates among new cases in Ivanovo, Orel and Vladimir Oblasts and Republic of Chuvashia, civilian and prison sectors (tables)

Vladimir Oblast – 2004 Smear conversion, Civilian sector

Quarter 1	Number of cases	Smear conversion						Smear not done	Remains smear-positive	Total
		2 months		3 months		4 months				
		Number	%	Number	%	Number	%			
New cases	96	68	70.8	81	84.4	-	-	10	5	96
Quarter 2										
New cases	88	55	62.5	64	72.7	-	-	16	8	88
Quarter 3										
New cases	95	58	61.1	74	77.9			16	5	95
Quarter 4										
New cases	103	68	66	77	74.7			17	9	

Vladimir Oblast – 2004 Smear conversion, Prison sector

Quarter 1	Number of cases	Smear conversion						Smear not done	Remains smear-positive	Total
		2 months		3 months		4 months				
		Number	%	Number	%	Number	%			
New cases	11	5	45.5	7	63.6	-	-	2	2	11
Quarter 2										
New cases	24	13	54.2	19	79.2	-	-	3	2	24
Quarter 3										
New cases	7	7	100	7	100					7
Quarter 4										
New cases	9	6	100	6	100			2	1	9

Attachment 3. Sputum smear conversion rates among new cases in Ivanovo, Orel and Vladimir Oblasts and Republic of Chuvashia, civilian and prison sectors (tables)

Republic of Chuvashia – 2004 Smear conversion, Civilian sector

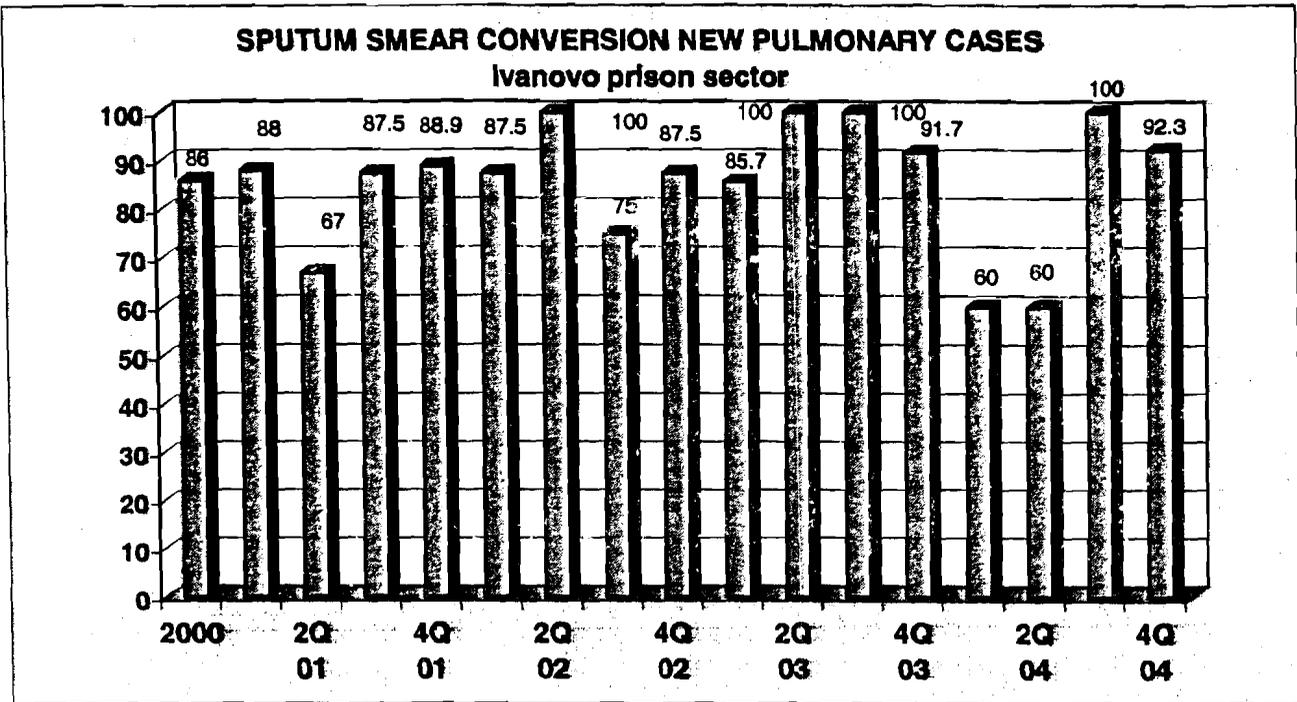
Quarter 1	Number of cases	Smear conversion						Smear not done	Remains smear-positive	Total
		2 months		3 months		4 months				
		Number	%	Number	%	Number	%			
New cases	119	89	74.8	108	90.8	-	-	6	5	119
Quarter 2										
New cases	109	76	69.7	92	84.4	-	-	10	7	109
Quarter 3										
New cases	102	60	58.8	79	77.5			13	10	102
Quarter 4										
New cases	111	64	57.7	83	74.8			12	16	111

Republic of Chuvashia – 2003 Smear conversion, Prison sector

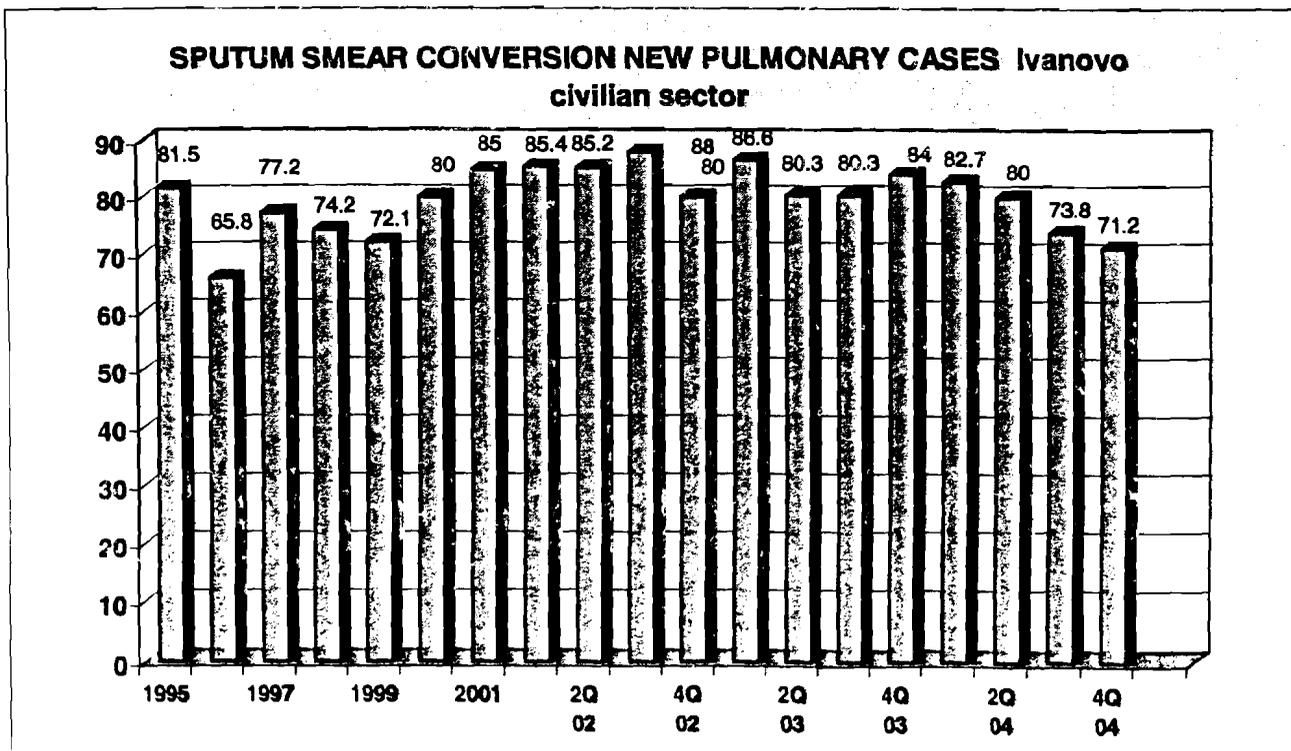
Quarter 1	Number of cases	Smear conversion						Smear not done	Remains smear-positive	Total
		2 months		3 months		4 months				
		Number	%	Number	%	Number	%			
New cases	5	4	80	5	100	-	-	0	0	5
Quarter 2										
New cases	13	10	76.9	11	84.5	-	-	1	1	13
Quarter 3										
New cases	10	8	80	9	90				1	
Quarter 4										
New cases	8	7	87.5	8	100					

ATTACHMENT 4. EPIDEMIOLOGICAL DATA ON SPUTUM SMEAR CONVERSION AMONG NEW CASES IN IVANOVO, OREL, VLADIMIR OBLASTS AND REPUBLIC OF CHUVASHIA, CIVILIAN AND PRISON SECTORS

	2000	10 01	20 01	30 01	40 01	10 02	20 02	30 02	40 02	10 03	20 03	30 03	40 03	10 04	20 04	30 04	40 04			
Ivanovo	86	88	67	87.5	88.9	87.5	100	75	87.5	85.7	100	100	91.7	60	60	100	92.3			

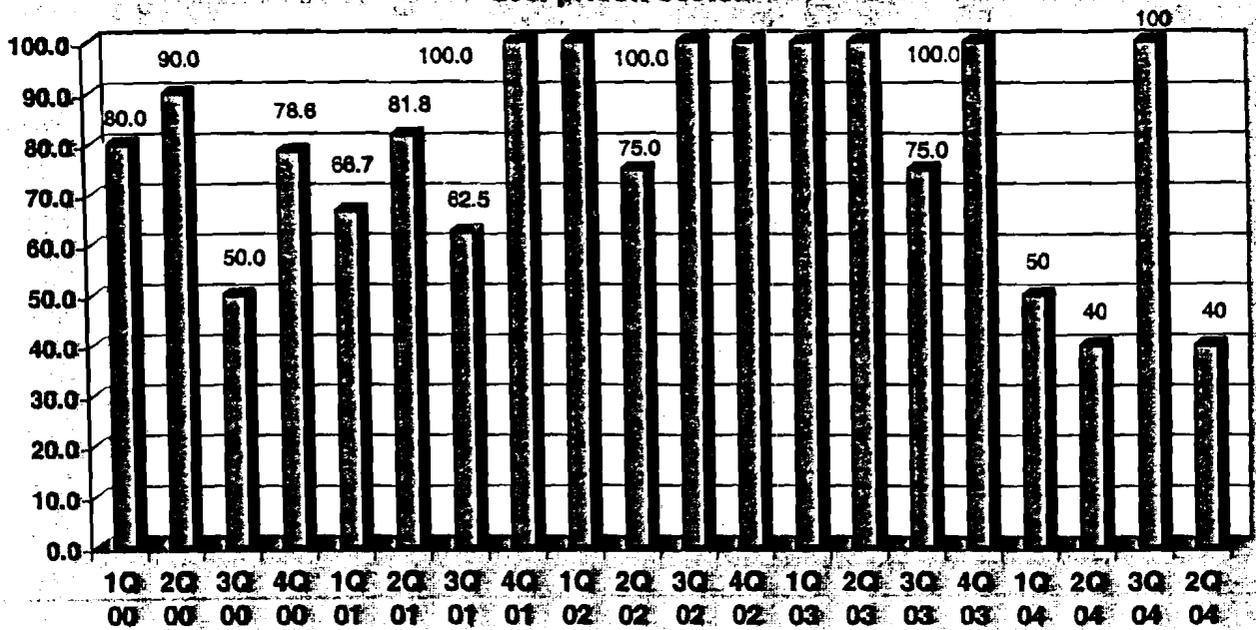


	1995	1996	1997	1998	1999	2000	2001	1Q 02	2Q 02	3Q 02	4Q 02	1Q 03	2Q 03	3Q 03	4Q 03	1Q 04	2Q 04	3Q 04	4Q 04
Ivanovo	81.5	65.8	77.2	74.2	72.1	80	85	85.4	85.2	88	80	88.8	80.3	80.3	84	82.7	80	73.8	71.2



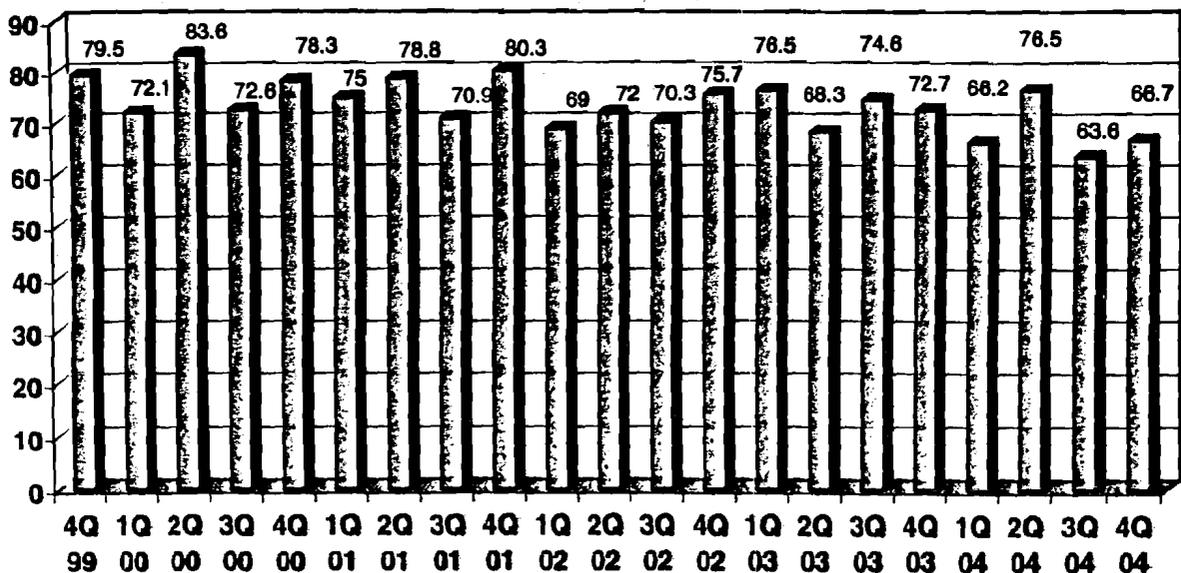
	1Q 00	2Q 00	3Q 00	4Q 00	1Q 01	2Q 01	3Q 01	4Q 01	1Q 02	2Q 02	3Q 02	4Q 02	1Q 03	2Q 03	3Q 03	4Q 03	1Q 04	2Q 04	3Q 04	4Q 04	
% of Sputum conversion (new cases) Orel, UIN	80.0	90.0	50.0	78.6	66.7	81.8	62.5	100.0	100.0	75.0	100.0	100.0	100.0	100.0	75.0	100.0	50	40	100	40	0

SPUTUM SMEAR CONVERSION NEW PULMONARY CASES
Orel prison sector

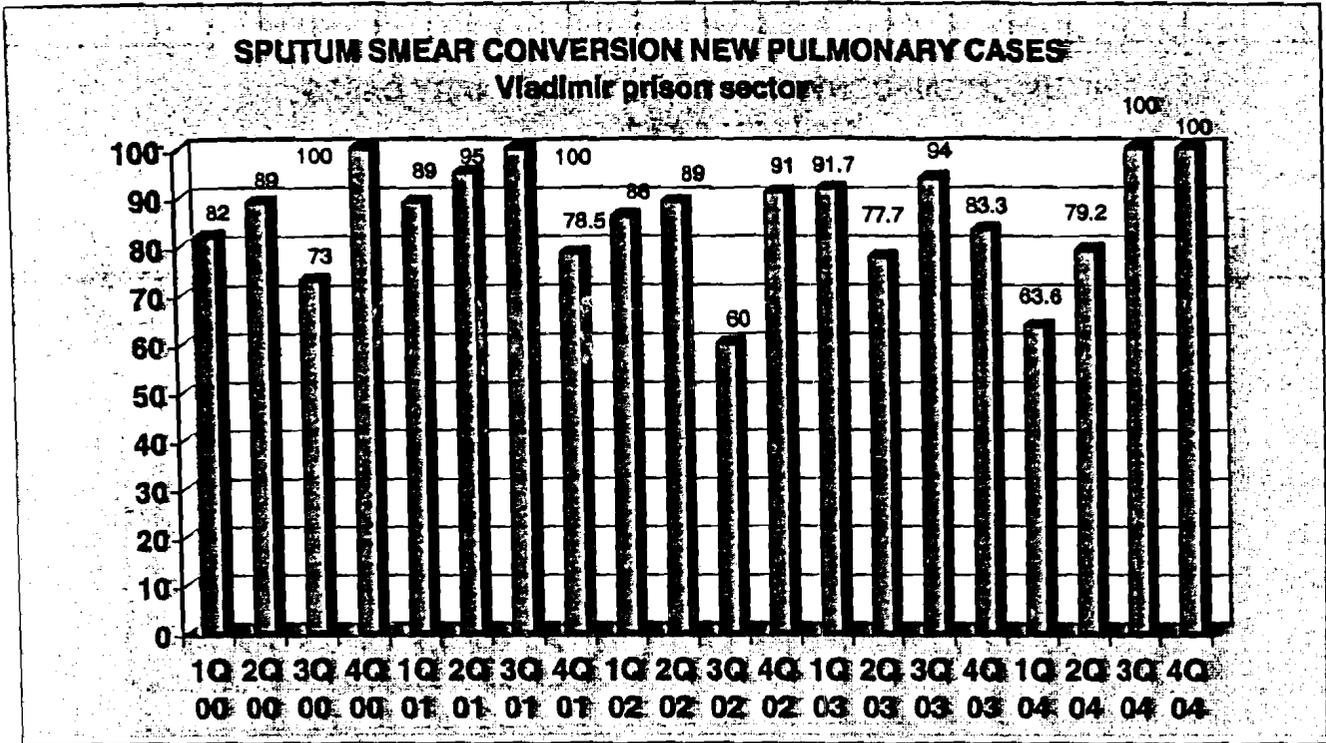


	4Q 99	1Q 00	2Q 00	3Q 00	4Q 00	1Q 01	2Q 01	3Q 01	4Q 01	1Q 02	2Q 02	3Q 02	4Q 02	1Q 03	2Q 03	3Q 03	4Q 03	1Q 04	2Q 04	3Q 04	4Q 04
% of Sputum Conversion	79.5	72.1	83.6	72.6	78.3	75	78.8	70.9	80.3	69	72	70.3	75.7	78.5	68.3	74.6	72.7	66.2	78.5	63.6	66.7

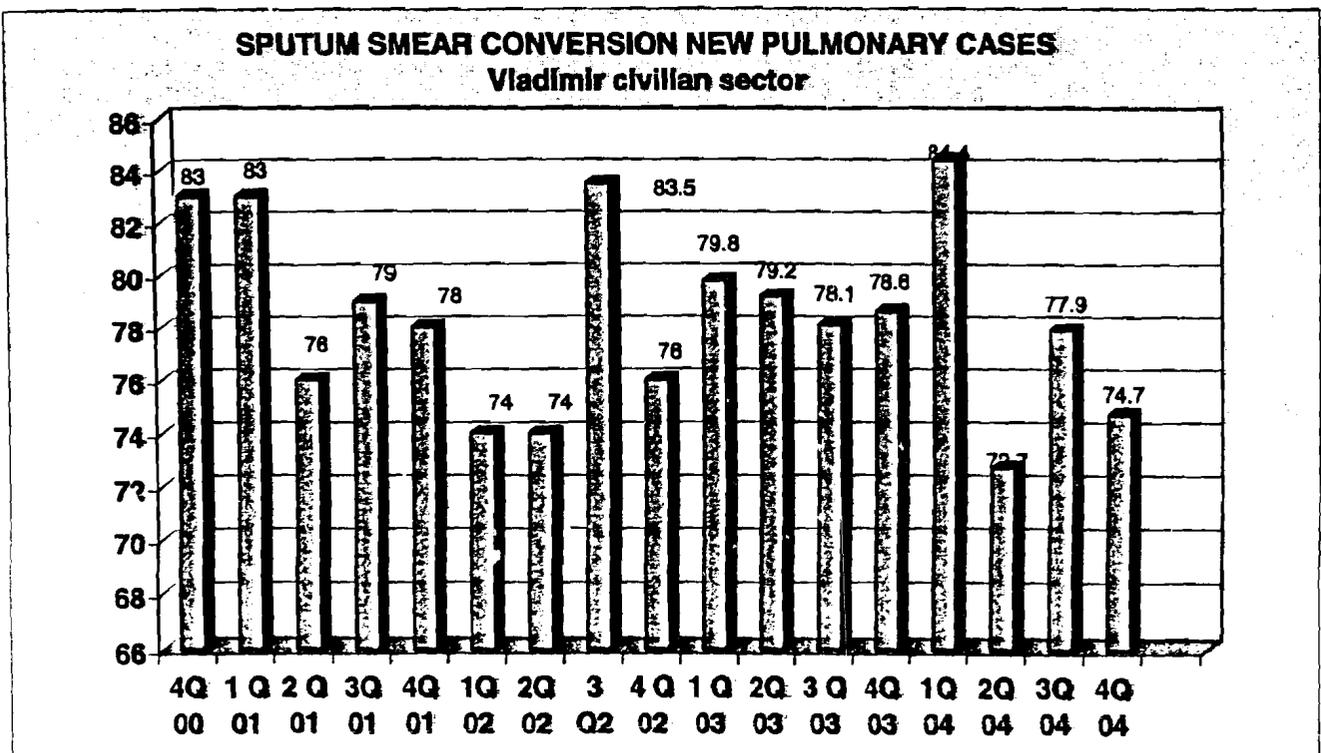
SPUTUM SMEAR CONVERSION NEW PULMONARY CASES
Orel civilian sector



	1Q 00	2Q 00	3Q 00	4Q 00	1Q 01	2Q 01	3Q 01	4Q 01	1Q 02	2Q 02	3Q 02	4Q 02	1Q 03	2Q 03	3Q 03	4Q 03	1Q 04	2Q 04	3Q 04	4Q 04
Vladimir	82	89	73	100	89	95	100	78.5	88	89	80	91	91.7	77.7	94	83.3	83.8	79.2	100	100

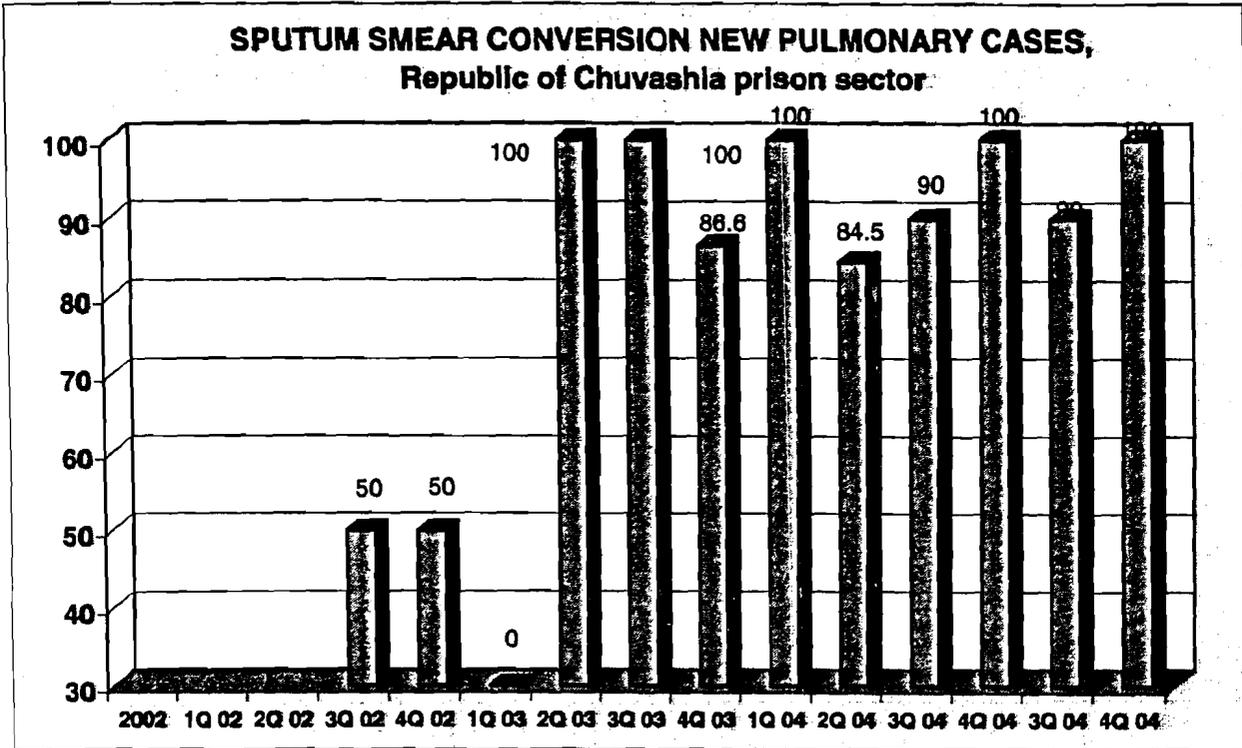


	4Q 03	1Q 04	2Q 04	3Q 04	4Q 04	1Q 05	2Q 05	3Q 05	4Q 05	1Q 06	2Q 06	3Q 06	4Q 06				
Vladimir	83	83	78	79	78	74	74	83.5	76	79.8	79.2	78	78.8	84.4	72.7	77.9	74.7

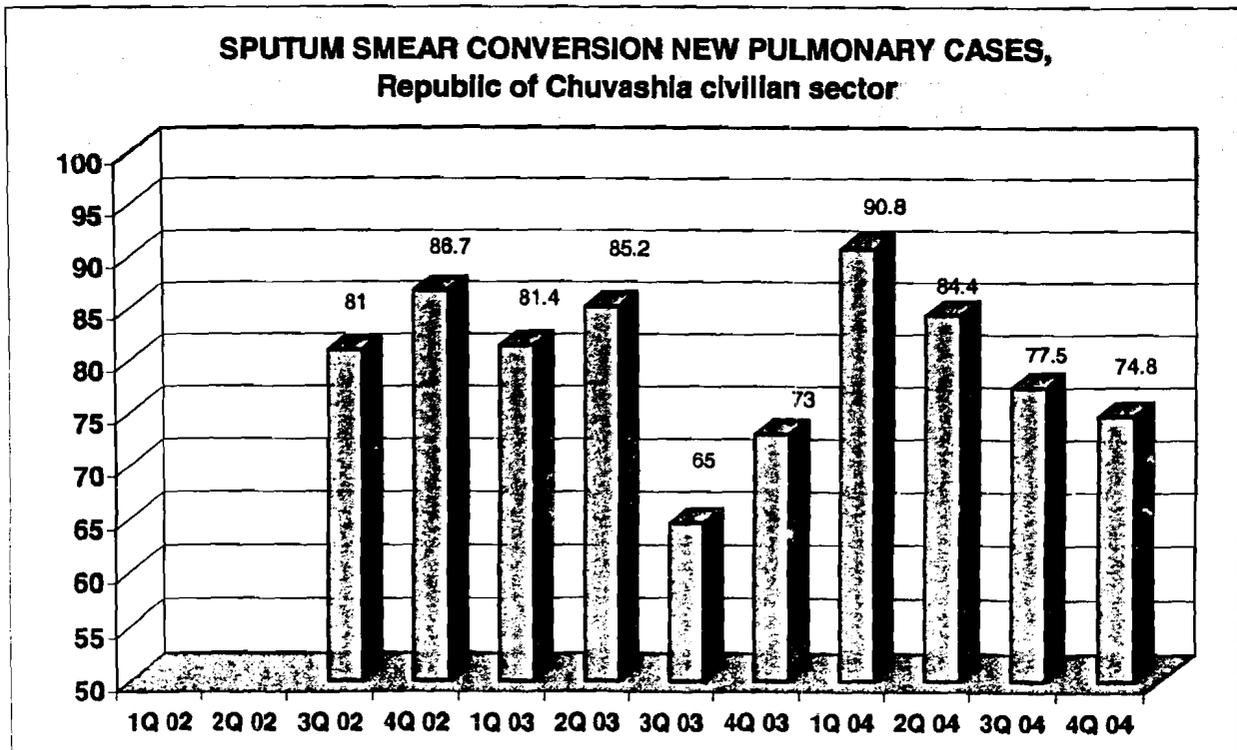


ATTACHMENT 4. EPIDEMIOLOGICAL DATA ON SPUTUM SMEAR CONVERSION AMONG NEW CASES IN CHUVASHIA REPUBLIC CIVILIAN AND PRISON SECTORS

	2002	1Q 02	2Q 02	3Q 02	4Q 02	1Q 03	2Q 03	3Q 03	4Q 03	1Q 04	2Q 04	3Q 04	4Q 04	3Q 04	4Q 04
Chuvashia				50	50	0	100	100	86.6	100	84.5	90	100	90	100



	1Q 02	2Q 02	3Q 02	4Q 02	1Q 03	2Q 03	3Q 03	4Q 03	1Q 04	2Q 04	3Q 04	4Q 04
Chuvashia			81	86.7	81.4	85.2	65	73	90.8	84.4	77.5	74.8



Attachment 5. Treatment outcomes for new sputum smear positive cases in Ivanovo, Orel and Vladimir Oblasts, Republic of Chuvashia, civilian and prison sectors (tables)

Orel Oblast – 2002 Treatment outcomes, Civilian sector

Treatment outcomes	Quarter 1 - 2002		Quarter 2 - 2002		Quarter 3 - 2002		Quarter 4 - 2002	
	Abs. number	%						
New sputum smear + cases								
Cured	47	81.0	68	73.1	44	68.8	55	78.6
Completed	0	0	1	1.1	0	0	2	2.8
Treatment success	47	81.0	69	74.2	44	68.8	57	81.4
Failure	5	8.6	7	7.5	7	10.9	4	5.7
Died	4	6.9	13	14	13	20.3	7	10
Defaulted	1	1.7	2	2.2	0	0	2	2.8
Transferred out	1	1.7	2	2.2	0	0	0	0
Total	58	100	93	100	64	100	70*	100
New sputum smear - cases								
Cured	-	-	-	-	-	-	-	-
Completed	50	92.6	54	91.5	45	91.8	37	88
Treatment success	50	92.6	54	91.5	45	91.8	37	88
Failure	0	0	1	1.7	1	2	1	2.3
Died	2	3.7	2	3.4	3	6.1	1	2.3
Defaulted	1	1.9	1	1.7	0	0	2	4.7
Transferred out	1	1.9	1	1.7	0	0	1	2.3
Total	54	100	59	100	49	100	42	100
Extra pulmonary cases								
Cured	-	-	-	-	-	-	-	-
Completed	9	100			5	100	9	100
Treatment success	9	100			5	100	9	100
Failure	0	0			0	0	0	
Died	0	0			0	0	0	
Defaulted	0	0			0	0	0	
Transferred out	0	0			0	0	0	
Total	9	100	0	0	5	100	9	100

* - 1 no TB

Orel Oblast - 2003

Treatment outcomes, Civilian sector

Treatment outcomes	Quarter 1 - 2003		Quarter 2 - 2003		Quarter 3 - 2003		Quarter 4 - 2003	
	Abs. number	%						
New sputum smear + cases								
Cured	51	75	62	75.6	50	79.4	34	77.2
Completed	2	2,9	4	4.9	2	3.2	3	6.8
Treatment success	53	77,9	66	80.5	52	82.6	37	84.1
Failure	7	10,3	5	6.1	5	7.9	3	6.8
Died	4	5,9	6	7.3	5	7.9	4	9.2
Defaulted	4	5,9	4	4.9	0	0	0	0
Transferred out	0	0	1	1.2	1	1.6	0	0
Total	68	100	82	100	63	100	44	100
New SS- -								
Cured								
Completed	42	93,3	41	93.2	34	87.2	34	82.9
Treatment success	42	93,3	41	93.2	34	87.2	34	82.9
Failure	1	2,2	1	2.3	1	2.5	0	0
Died	2	4,4	2	4.5	3	7.7	6	14.6
Defaulted	0	0	0	0	1	2.6	1	2.5
Transferred out	0	0	0	0	0	0	0	0
Total	45	100	44	100	39	100	41	100
Extra pulmonary cases								
Cured								
Completed	9	100	12	92.3	6	100	12	92.3
Treatment success	9	100	12	92.3	6	100		
Failure								
Died			1	7.7			1	7.7
Defaulted								
Transferred out								
Total	9		13	100	6	100	13	100

Orel Oblast – 2004 Treatment outcomes, Civilian sector

Treatment outcomes	Quarter 1 - 2004		Quarter 2 - 2004		Quarter 3 - 2004		Quarter 4 - 2004	
	Abs. number	%	Abs. number	%	Abs. number	%	Abs. number	%
New sputum smear + cases								
Cured	52	67.5						
Completed								
Treatment success	52	67.5						
Failure	10	13						
Died	8	10.4						
Defaulted	6	7.8						
Transferred out	1	1.3						
Total	77	100						
New SS- -								
Cured								
Completed	39	81.2						
Treatment success	39							
Failure	2	4.2						
Died	6	12.5						
Defaulted	1	2.1						
Transferred out								
Total	48	100						

Attachment 5. Treatment outcomes for new sputum smear positive cases in Ivanovo, Orel and Vladimir Oblasts, Republic of Chuvashia, civilian and prison sectors (tables)

Orel Oblast - 2003

Treatment outcomes, Prison sector

Treatment outcomes	Quarter 1 - 2003		Quarter 2 - 2003		Quarter 3 - 2003		Quarter 4 - 2003	
	Abs. number	%						
New sputum smear + cases								
Cured	2	100	2	100	3	75	2	66.7
Completed								
Treatment success	2	100	2	100	3	75	2	66.7
Failure					1	25	0	0
Died							0	0
Defaulted							0	0
Transferred out							1	33.3
Total	2	100	2	100	4	100	3	100
New SS -								
Cured								
Completed	9	81,8	9	75	10	90.9	4	100
Treatment success	9	81,8	9	75	10	90.9	4	
Failure								
Died								
Defaulted	1	9,1	2	16.7				
Transferred out	1	9,1	1	8.3	1	9.1		
Total	11	100	12	100	11	100	4	
Extra pulmonary cases								
Cured								
Completed	0		2	100	2	100	0	
Treatment success			2	100	2	100		
Failure								
Died								
Defaulted								
Transferred out								
Total	0		2	100	2	100	0	

Orel Oblast - 2004

Treatment outcomes, Prison sector

Treatment outcomes	Quarter 1 - 2004		Quarter 2 - 2004		Quarter 3 - 2004		Quarter 4 - 2004	
	Abs. number	%	Abs. number	%	Abs. number	%	Abs. number	%
New sputum smear + cases								
Cured	1	50						
Completed								
Treatment success	1	50						
Failure	1	50						
Died								
Defaulted								
Transferred out								
Total	2	100						
New SS -								
Cured								
Completed	8	80						
Treatment success	8	80						
Failure								
Died								
Defaulted								
Transferred out	2	20						
Total	10	100						

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Attachment 5. Treatment outcomes for new sputum smear positive cases in Ivanovo, Orel and Vladimir Oblasts, Republic of Chuvashia, civilian and prison sectors (tables)

Ivanovo Oblast – 2002 Treatment outcomes, Civilian sector

Treatment outcomes	Quarter 1 - 2002		Quarter 2 - 2002		Quarter 3 - 2002		Quarter 4 - 2002	
	Abs. number	%						
New sputum smear + cases								
Cured	39	71	47	77	45	78.9	41	63
Completed	0	0	0	0	0	0	0	
Treatment success	39	71	47	77	45	78.9	41	63
Failure	11	20	3	4.9	2	3.5	8	12,3
Died	3	5	4	6.5	7	12.3	12	18,5
Defaulted	0		3	4.9	1	1.7	4	6,1
Transferred out	2	4	4	6.5	2	3.5		
Total	55	100	61	100	57	100	65	100
New sputum smear - cases								
Cured								
Completed	117	91	72	93.5	63	96.9	30	90.9
Treatment success	117	91	72	93.5	63	96.9	30	90,9
Failure	4	3	0	0	0	0	0	
Died	0	0	2	2.5	1	1.5	1	3,0
Defaulted	3	2	3	3.8	0	0	1	3,0
Transferred out	5	4	0	0	1	1.5	1	3,0
Total	129*	100	77	100	65	100	33	100
Extra pulmonary cases								
Cured								
Completed	11	100	13	92.8	20	90.9	15	93.7
Treatment success	-						0	0
Failure	-						0	0
Died	-						0	0
Defaulted	-				1	4.5	1	6.3
Transferred out	-		1	7.5	1	4.5	0	0
Total	11**	100	14	100	22	100	16	100

* 3 persons had their diagnosis TB removed ** 1 patient had extra-pulmonary TB diagnosis removed

** - 1 no TB

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Ivanovo Oblast - 2003

Treatment outcomes, civilian sector

Treatment outcomes	Quarter 1 - 2003		Quarter 2 - 2003		Quarter 3 - 2003		Quarter 4 - 2003	
	Abs. number	%						
New sputum smear + cases								
Cured	60	78,9	36	64.3	47	71.2	58	70.7
Completed								
Treatment success	60	78,9	36	64.3	47	71.2	58	70.7
Failure	5	6,6	10	17.8	10	15.2	10	12.2
Died	5	6,6	5	8.9	5	7.6	6	7.3
Defaulted	4	5,3	3	5.4	2	3	6	7.3
Transferred out	2	2,6	2	3.6	2	3	2	2.4
Total	76	100	56	100	66	100	82	100
New SS -								
Cured								
Completed	92	100%	57	98.3	48	88.8	34	94.4
Treatment success	92	100%	57	98.3	48	88.8	34	94.4
Failure					1	1.9	0	
Died					3	5.5	1	2.8
Defaulted					1	1.9	1	2.8
Transferred out			1	1.7	1	1.9	0	
Total	92**	100	58	100	54	100	36	100
Extra pulmonary cases								
Cured								
Completed	13	100	27	100				
Treatment success	13	100	27	100				
Failure								
Died								
Defaulted								
Transferred out								
Total	12***	100	0	100	0		0	

Attachment 5. Treatment outcomes for new sputum smear positive cases in Ivanovo, Orel and Vladimir Oblasts, Republic of Chuvashia, civilian and prison sectors (tables)

Ivanovo Oblast – 2004

Treatment outcomes, civilian sector

Treatment outcomes	Quarter 1 - 2004		Quarter 2 - 2004		Quarter 3 - 2004		Quarter 4 - 2004	
	Abs. number	%	Abs. number	%	Abs. number	%	Abs. number	%
New sputum smear + cases								
Cured	37	71.2						
Completed	0							
Treatment success	37	71.2						
Failure	5	9.6						
Died	4	7.7						
Defaulted	6	11.5						
Transferred out								
Total	52	100						
New SS -								
Cured								
Completed	48	85.7						
Treatment success	48	85.7						
Failure	2	3.6						
Died	2	3.6						
Defaulted	3	5.4						
Transferred out	1	1.7						
Total	56	100						

Attachment 5. Treatment outcomes for new sputum smear positive cases in Ivanovo, Orel and Vladimir Oblasts, Republic of Chuvashia, civilian and prison sectors (tables)

Ivanovo Oblast – 2002 Treatment outcomes, Prison sector

Treatment outcomes	Quarter 1 - 2002		Quarter 2 - 2002		Quarter 3 - 2002		Quarter 4 - 2002	
	Abs. number	%						
New sputum smear + cases								
Cured	5	62.5	4	100	3	75	14	87.5
Completed	0	0			0	0		
Treatment success	5	62.5	4	100	3	75	14	87.5
Failure	2	25			0	0	0	
Died	0	0			0	0	0	
Defaulted	0	0			0	0	0	
Transferred out	1	12.5			1	25	2	12.5
Total	8	100	4	100	4	100	16	100
New sputum smear - cases								
Cured	-	-	-	-	-	-		
Completed	27	93	16	100	35	100	36	100
Treatment success	27	93						
Failure	1	3						
Died	0	0						
Defaulted	0	0						
Transferred out	1	3						
Total	29		16		35		36	
Extra pulmonary cases								
Cured								
Completed	1	100						
Treatment success								
Failure								
Died								
Defaulted								
Transferred out								
Total	1		0		0		0	

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Ivanovo Oblast - 2003

Treatment outcomes

Prison sector

Treatment outcomes	Quarter 1 - 2003		Quarter 2 - 2003		Quarter 3 - 2003		Quarter 4 - 2003	
	Abs. number	%	Abs. number	%	Abs. number	%	Abs. number	%
New sputum smear + cases								
Cured	6	85,7%	7	87.5	6	85,7%	10	83.3
Completed								
Treatment success	6	85,7%	7	87.5	6	85,7%	10	83.3
Failure					1	14.3	1	8.3
Died							0	0
Defaulted							0	0
Transferred out	1	14,3%	1	12.5			1	8.3
Total	7	100%	8	100	7	100%	12	100
New SS -								
Cured								
Completed	27	100	17	94.4	29	100	13	100
Treatment success	27	100	17	94.4	29	100	13	100
Failure								
Died								
Defaulted								
Transferred out			1	5.6				
Total	27	100%	18	100	29	100	13	100
Extra pulmonary cases								
Cured								
Completed	1	100	3	100	0	0		
Treatment success	1	100	3	100	0	0		
Failure								
Died								
Defaulted								
Transferred out								
Total	1	100	3	100	0	0	0	

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Ivanovo Oblast - 2004

Treatment outcomes, prison sector

Treatment outcomes	Quarter 1 - 2004		Quarter 2 - 2004		Quarter 3 - 2004		Quarter 4 - 2004	
	Abs. number	%	Abs. number	%	Abs. number	%	Abs. number	%
New sputum smear + cases								
Cured	4	80						
Completed								
Treatment success	4	80						
Failure	1	20						
Died								
Defaulted								
Transferred out								
Total	5	100						
New SS -								
Cured								
Completed	9	81.8						
Treatment success	9	81.8						
Failure								
Died								
Defaulted								
Transferred out	2	18.2						
Total	11	100						

Attachment 5. Treatment outcomes for new sputum smear positive cases in Ivanovo, Orel and Vladimir Oblasts, Republic of Chuvashia, civilian and prison sectors (tables)

Vladimir Oblast – 2002 Treatment outcomes, Civilian sector

Treatment outcomes	Quarter 1 - 2002		Quarter 2 - 2002		Quarter 3 - 2002		Quarter 4 - 2002	
	Abs. number	%						
New sputum smear + cases								
Cured	61	66	83	68.6	59	74.7	83	65.9
Completed	4	4	2	1.6	0	0	8	6.3
Treatment success	65	70	85	70.2	59	74.7	91	72.2
Failure	9	10	16	13.2	11	13.9	13	10.3
Died	12	13	12	9.9	5	6.3	16	12.7
Defaulted	5	5	6	4.9	3	3.8	4	3.2
Transferred out	2	2	2	1.6	1	1.3	2	1.6
Total	93	100	121	100	79	100	126	100
New sputum smear - cases								
Cured	-	-	-	-	-	-	-	-
Completed	82	85	79	90.8	62	84	99	82.5
Treatment success	82	85	79	90.8	62	84	99	82.5
Failure	0	0	0	0	3	4	0	0
Died	3	3	2	2.2	7	9.4	13	10.8
Defaulted	7	7	3	3.4	2	2.7	5	4.2
Transferred out	4	4	3	3.4	0	0	3	2.5
Total	96*	100	87**	100	74*	100	120	100
Extra pulmonary Cases								
Cured	-	-	-	-	-	-	-	-
Completed	13	100	33	100	13	87	28	90
Treatment success							0	
Failure							0	
Died							2	6.5
Defaulted					1	6.7	0	
Transferred out					1	6.7	1	3.2
Total	13		33		15***		31	

*** 1 –no TB

Attachment 5. Treatment outcomes for new sputum smear positive cases in Ivanovo, Orel and Vladimir Oblasts, Republic of Chuvashia, civilian and prison sectors (tables)

Vladimir Oblast - 2003

Treatment outcomes, civilian sector

Treatment outcomes	Quarter 1 - 2003		Quarter 2 - 2003		Quarter 3 - 2003		Quarter 4 - 2003	
	Abs. number	%						
New sputum smear + cases								
Cured	69	66,3	71	67	81	77.9	81	96.2
Completed	4	3,8	0	0	0	0	0	
Treatment success	73	70,1	71	67	81	77.9	81	69.2
Failure	12	11,5	10	9.4	9	8.6	12	10.3
Died	10	9,6	13	12.3	8	7.7	17	14.5
Defaulted	4	3,8	9	8.5	5	4.8	5	4.3
Transferred out	5	4,8	3	2.8	1	1	2	1.7
Total	104	100	104	100	104*	100	117	100
New SS -								
Cured								
Completed	99	89,2	94	92.1	74	85	86	81.1
Treatment success	99	89,2	94	92.1	74	85	86	81.1
Failure	2	1,8	1	1	3	3.4	1	1.0
Died	3	2,7	3	2.9	6	6.9	18	16.9
Defaulted	4	3,6	2	2	1	1.1		
Transferred out	3	2,7	2	2	3	3.4	1	1.0
Total	111	100	102	100	87	100	106 *	100

* 1 no TB

Attachment 5. Treatment outcomes for new sputum smear positive cases in Ivanovo, Orel and Vladimir Oblasts, Republic of Chuvashia, civilian and prison sectors (tables)

Vladimir oblast - 2004

Treatment outcomes,

civilian sector

Treatment outcomes	Quarter 1 - 2004		Quarter 2 - 2004		Quarter 3 - 2004		Quarter 4 - 2004	
	Abs. number	%	Abs. number	%	Abs. number	%	Abs. number	%
New sputum smear + cases								
Cured	72	75						
Completed								
Treatment success	72	75						
Failure	7	7.3						
Died	9	9.3						
Defaulted	6	6.3						
Transferred out	2	2.1						
Total	96	100						
New SS -								
Cured								
Completed	108	90.7						
Treatment success	108	90.7						
Failure	3	2.5						
Died	3	2.5						
Defaulted	4	3.4						
Transferred out	1	0.9						
Total	119	100						

Vladimir Oblast - 2002

Treatment outcomes, Prison sector

Treatment outcomes	Quarter 1 - 2002		Quarter 2 - 2002		Quarter 3 - 2002		Quarter 4 - 2002	
	Abs. number	%						
New sputum smear + cases								
Cured	13	62	10	55.5	3	30	9	81.8
Completed	0	0			0	0		
Treatment success	13	62	10	55.5	3	30	9	81.8
Failure	6	28.5	6	33.3	5	50	1	9.1
Died	1	5	1	5.5	1	10	0	
Defaulted	0	0			0	0	0	
Transferred out	1	5	1	5.5	1	10	1	9.1
Total	21		18		10		11	
New sputum smear - cases								
Cured	-	-	-	-	-	-	-	-
Completed	45	82	57	82.6	50	94.3	45	80.3
Treatment success	45	82	57	82.6	50	94.3		
Failure	4	7	2	2.8	0	0	7	12.5
Died	3	5	1	1.4	0	0		
Defaulted	0	0	1	1.4	0	0	1	1.8
Transferred out	3	5	8	11.5	3	5.7	3	5.4
Total	55		69		53		56	
Extra pulmonary cases								
Cured	-	-	-	-	-	-	-	-
Completed	2	100	3	100	1	100	2	100
Treatment success								
Failure								
Died								
Defaulted								
Transferred out								
Total	2		3		1		2	

- 1 patient has TB diagnosis removed

Attachment 5. Treatment outcomes for new sputum smear positive cases in Ivanovo, Orel and Vladimir Oblasts, Republic of Chuvashia, civilian and prison sectors (tables)

Vladimir Oblast - 2003

Treatment outcomes

Prison sector

Treatment outcomes	Quarter 1 - 2003		Quarter 2 - 2003		Quarter 3 - 2003		Quarter 4 - 2003	
	Abs. number	%						
New sputum smear + cases								
Cured	7	58.3	18	66.7	13	76.5	9	75
Completed								
Treatment success	7	58.3	18	66.7	13	76.5	9	75
Failure	3	25	4	14.8	3	17.6	2	16.7
Died					1	5.9	0	
Defaulted							0	
Transferred out	2	16.7	5	18.5			1	8.3
Total	12	100	27	100	17	100	12	100
New SS -								
Cured								
Completed	64	91.4	58	89.2	31	88.5	41	85.4
Treatment success	64	91.4	58	89.2	31	88.5	41	85.4
Failure	2	2.8	3	4.6	1	2.9	1	2.1
Died								
Defaulted			1	1.5	1	2.9	1	2.1
Transferred out	4	5.7	3	4.6	2	5.7	5	10.4
Total	70	100	65	100	35	100	48	100
Extra pulmonary cases								
Cured								
Completed	2	100	1	100	-	-		
Treatment success	2	100	1	100				
Failure								
Died								
Defaulted								
Transferred out								
Total	2	100	1	100	0	-	0	

Vladimir oblast - - 2004

Treatment outcomes,

prison sector

Treatment outcomes	Quarter 1 - 2004		Quarter 2 - 2004		Quarter 3 - 2004		Quarter 4 - 2004	
	Abs. number	%	Abs. number	%	Abs. number	%	Abs. number	%
New sputum smear + cases								
Cured	5							
Completed								
Treatment success	5							
Failure	4							
Died								
Defaulted								
Transferred out	2							
Total	11							
New SS -								
Cured								
Completed	16	84.2						
Treatment success	16	84.2						
Failure								
Died								
Defaulted								
Transferred out	3	15.8						
Total	19	100						

Attachment 5. Treatment outcomes for new sputum smear positive cases in Ivanovo, Orel and Vladimir Oblasts, Republic of Chuvashia, civilian and prison sectors (tables)

Chuvashian Republic – 2002 Treatment outcomes, Civilian sector

Treatment outcomes	Quarter 1 - 2002		Quarter 2 - 2002		Quarter 3 - 2002		Quarter 4 - 2002	
	Abs. number	%	Abs. number	%	Abs. number	%	Abs. number	%
New sputum smear + cases								
Cured					47	70.1	46	76.7
Completed								
Treatment success					47	70.1	46	76.7
Failure					8	12	5	8.2
Died					6	9	6	9.8
Defaulted					5	7.5	3	4.9
Transferred out					1	1.5	1	1.6
Total					67		61	
New sputum smear - cases	Abs. number	%	Abs. number	%	Abs. number	%	Abs. number	%
Cured							1	0.9
Completed					52	88.1	101	92.7
Treatment success					52	88.1	102	93.6
Failure							1	0.9
Died					2	3.4	2	1.8
Defaulted					4	6.8	3	2.9
Transferred out					1	1.7	1	0.9
Total					59	100	109	100
Extra pulmonary cases	Abs. number	%	Abs. number	%	Abs. number	%	Abs. number	%
Cured							1	9.1
Completed							10	90.9
Treatment success							11	100
Failure							0	0
Died							0	0
Defaulted							0	0
Transferred out							0	0
Total							11	

Attachment 5. Treatment outcomes for new sputum smear positive cases in Ivanovo, Orel and Vladimir Oblasts, Republic of Chuvashia, civilian and prison sectors (tables)

Chuvashian Republic - 2003

Treatment outcomes, Civilian sector

Treatment outcomes	Quarter 1 - 2003		Quarter 2 - 2003		Quarter 3 - 2003		Quarter 4 - 2003	
	Abs. number	%						
New sputum smear + cases								
Cured	79	77,4	68	77.3	59	72	73	73.7
Completed								
Treatment success	79	77,4	68	77.3	59	72	73	73.7
Failure	12	11,8	9	10.2	11	13.4	16	16.2
Died	4	3,9	2	2.3	6	7.3	5	5.1
Defaulted	3	2,9	7	7.9	4	4.9	4	4.0
Transferred out	4	3,9	2	2.3	2	2.4	1	1.0
Total	102	100	88	100	82	100	99	100
New SS -								
Cured								
Completed	87	86,1	87	83.7	67	94.4	64	92.8
Treatment success	87	86,1	87	83.7	67	94.4	64	92.8
Failure	2	2	7	6.7	2	2.8	1	1.4
Died	4	4	2	1.9	1	1.4	2	2.9
Defaulted	5	4,9	5	4.8	1	1.4	2	2.9
Transferred out	3	3	3	2.9	0	0		
Total	101	100	104	100	71	100	69	100

Attachment 5. Treatment outcomes for new sputum smear positive cases in Ivanovo, Orel and Vladimir Oblasts, Republic of Chuvashia, civilian and prison sectors (tables)

Chuvashia Republic - 2004

Treatment outcomes,

Civilian sector

Treatment outcomes	Quarter 1 - 2004		Quarter 2 - 2004		Quarter 3 - 2004		Quarter 4 - 2004	
	Abs. number	%	Abs. number	%	Abs. number	%	Abs. number	%
New sputum smear + cases								
Cured	94	79.0						
Completed								
Treatment success	94	79.0						
Failure	11	9.2						
Died	7	5.9						
Defaulted	7	5.9						
Transferred out								
Total	119	100						
New SS -								
Cured								
Completed	95	88.8						
Treatment success	95	88.8						
Failure	3	2.8						
Died	6	5.6						
Defaulted	3	2.8						
Transferred out								
Total	107*	100						

* 1 no TB

Chuvashian Republic - 2002

Treatment outcomes

Prison sector

Treatment outcomes	Quarter 1 - 2002		Quarter 2 - 2002		Quarter 3 - 2002		Quarter 4 - 2002	
	Abs. number	%						
New sputum smear + cases								
Cured							7	87.5
Completed							0	0
Treatment success							7	87.5
Failure							1	12.5
Died							0	0
Defaulted							0	0
Transferred out							0	0
Total							8	100
New SS -								
Cured								
Completed							24	72.7
Treatment success							24	72.7
Failure							2	6
Died							0	0
Defaulted							2	6
Transferred out							5	15.2
Total							33	100
Extra pulmonary cases								
Cured								
Completed							2	100
Treatment success								
Failure								
Died								
Defaulted								
Transferred out								
Total			0		0		2	

Chuvashian Republic - 2003
Treatment outcomes, Prison sector

Treatment outcomes	Quarter 1 - 2003		Quarter 2 - 2003		Quarter 3 - 2003		Quarter 4 - 2003	
	Abs. number	%	Abs. number	%	Abs. number	%	Abs. number	%
New sputum smear + cases								
Cured			14	100	2	40	11	73.3
Completed								
Treatment success	0	0	14	100	2	40	11	73.3
Failure			-		3	60	4	26.7
Died			-					
Defaulted			-					
Transferred out			-					
Total	0	0	14	100	5	100	15	
New SS -								
Cured								
Completed	26	83,8	47	92.2	10	90.9	56	91.8
Treatment success	26	83,8	47	92.2	10	90.9	56	91.8
Failure	1	3,2			1	9.1	5	8.2
Died	1	3,2						
Defaulted	1	3,2						
Transferred out	2	6,4	4	7.8				
Total	31	100	51	100	11	100	61	

Chuvashian Republic – 2004

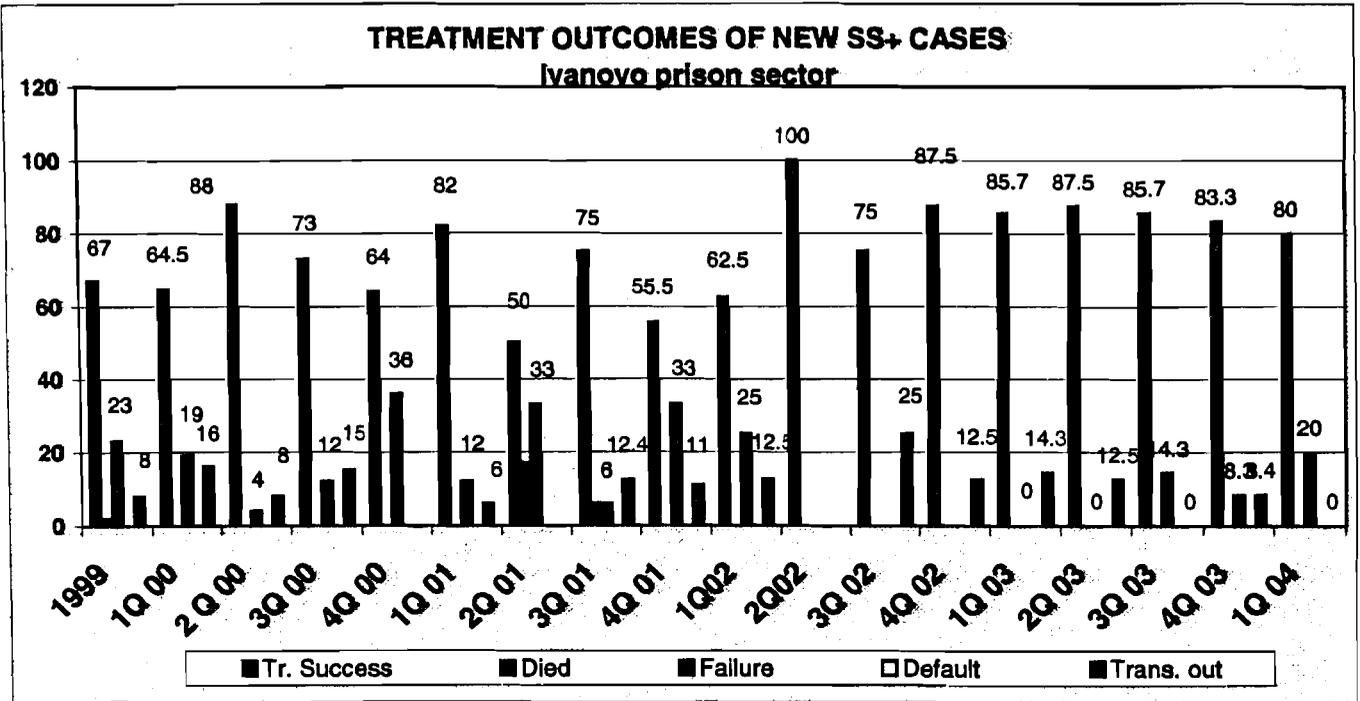
Treatment outcomes

Prison sector

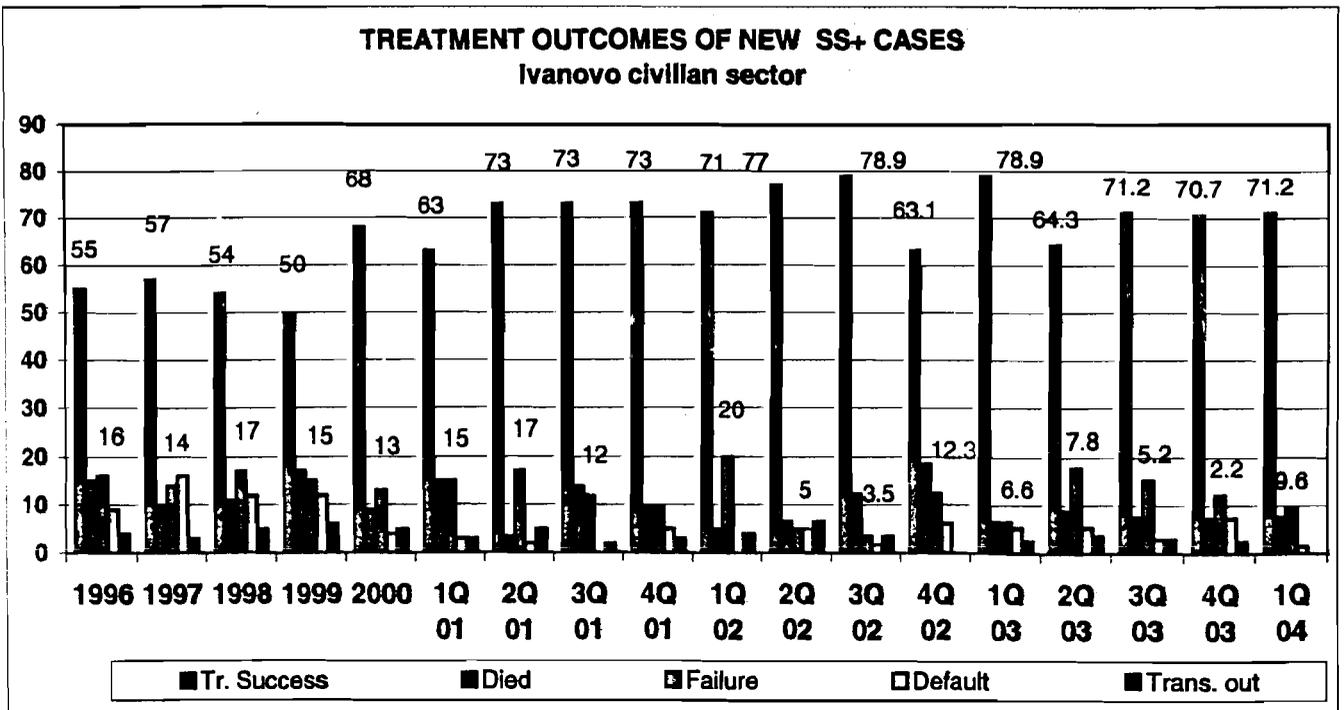
Treatment outcomes	Quarter 1 - 2004		Quarter 2 - 2004		Quarter 3 - 2004		Quarter 4 - 2004	
	Abs. number	%	Abs. number	%	Abs. number	%	Abs. number	%
New sputum smear + cases								
Cured	4	80						
Completed								
Treatment success	4	80						
Failure	1	20						
Died								
Defaulted								
Transferred out								
Total	5							
New SS -								
Cured								
Completed	21	100						
Treatment success	21	100						
Failure								
Died								
Defaulted								
Transferred out								
Total	21							

ATTACHMENT 8. EPIDEMIOLOGICAL DATA ON TREATMENT OUTCOMES FOR THE NEW SPUTUM SMEAR-POSITIVE CASES IN IVANOVO, OREL, VLADIMIR OBLASTS AND REPUBLIC OF CHUVASHIA, CIVILIAN AND PRISON SECTORS

	1999	10 00	2 0 00	30 00	40 00	10 01	20 01	30 01	40 01	10 02	20 02	30 02	40 02	10 03	20 03	30 03	40 03	10 04
Tr. Suc	67	64.5	88	73	64	82	50	75	55.5	62.5	100	75	87.5	85.7	87.5	85.7	83.3	80
Died	2	0	0	0	0	0	17	6		0	0	0	0	0	0	0	0	0
Failure	23	19	4	12	38	12	33	6	33	25	0	0	0	0	0	14.3	8.3	20
Default	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0
Trans.	8	16	8	15	0	6	0	12.4	11	12.5	0	25	12.5	14.3	12.5	0	8.4	0



	1996	1997	1998	1999	2000	1Q 01	2Q 01	3Q 01	4Q 01	1Q 02	2Q 02	3Q 02	4Q 02	1Q 03	2Q 03	3Q 03	4Q 03	1Q 04
Tr. Suc	55	57	54	50	68	63	73	73	73	71	77	78.9	63.1	78.9	64.3	71.2	70.7	71.2
Died	15	10	11	17	9	15	3	14	10	5	7	12.3	18.5	6.6	8.9	7.6	7.3	7.7
Failure	16	14	17	15	13	15	17	12	9.5	20	5	3.5	12.3	6.6	17.8	15.2	12.2	9.6
Default	9	16	12	12	4	3	2	0	5	0	5	1.7	6.1	5.3	5.4	3	7.3	1.5
Trans.	4	3	5	6	5	3	5	2	3	4	7	3.5	0	2.6	3.6	3	2.5	0

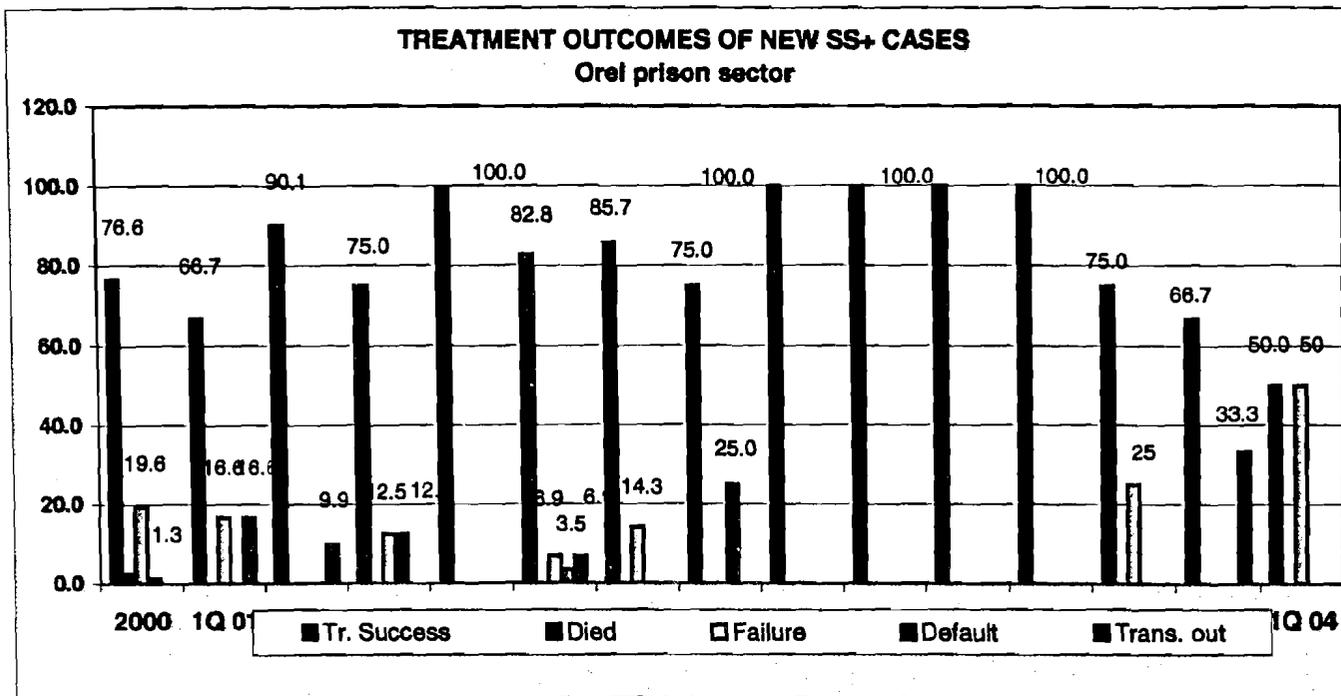


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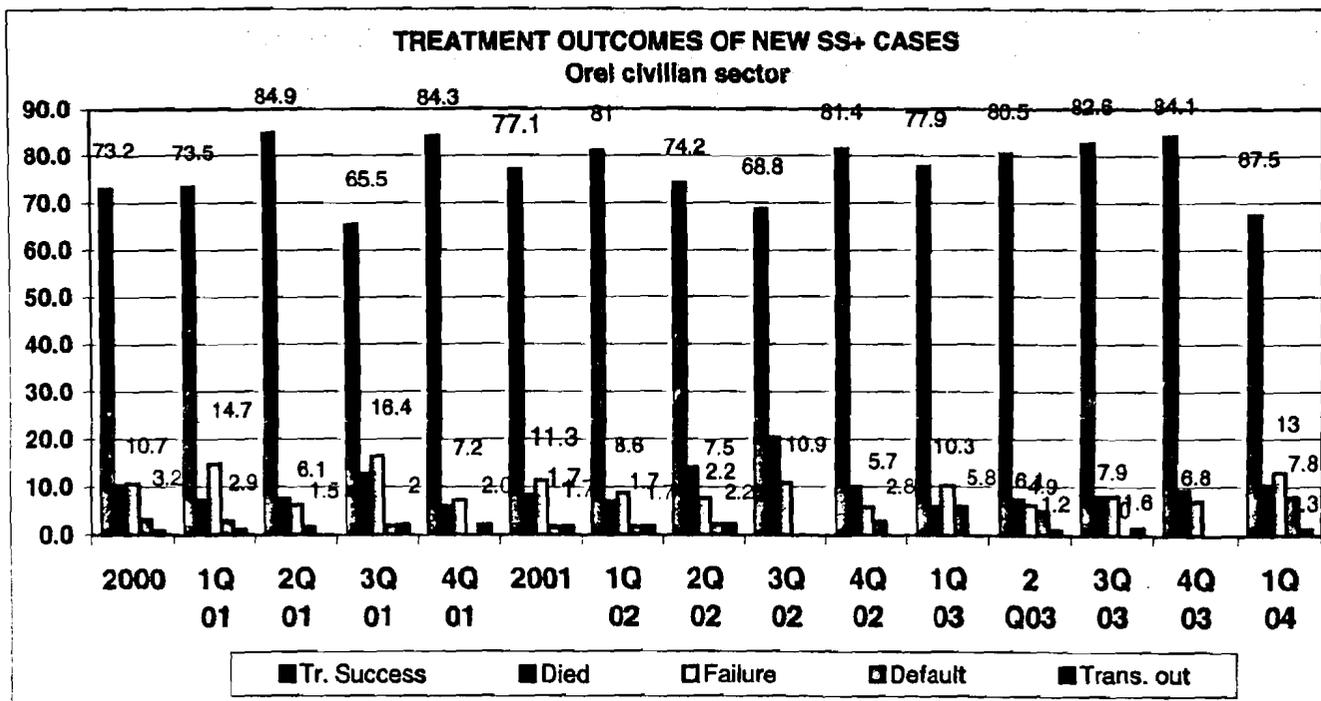
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	2000	1Q 01	2Q 01	3Q 01	4Q 01	2001	1Q 02	2Q 02	3Q 02	4Q 02	1Q 03	2Q 03	3Q 03	4Q 03	1Q 04
Tr. Success	78.6	66.7	90.1	75.0	100.0	82.8	85.7	75.0	100.0	100.0	100.0	100.0	75.0	66.7	50.0
Died	2.5	0.0	0.0	0.0	0.0	0.0	0	0.0	0	0	0	0	0	0	0
Failure	19.6	16.6	0.0	12.5	0.0	6.9	14.3	0.0	0	0	0	0	25	0	50
Default	1.3	0.0	0.0	12.5	0.0	3.5	0	25.0	0	0	0	0	0	0	0
Trans. out	0.0	16.6	9.9	0.0	0.0	6.9	0	0.0	0	0	0	0	0	33.3	0

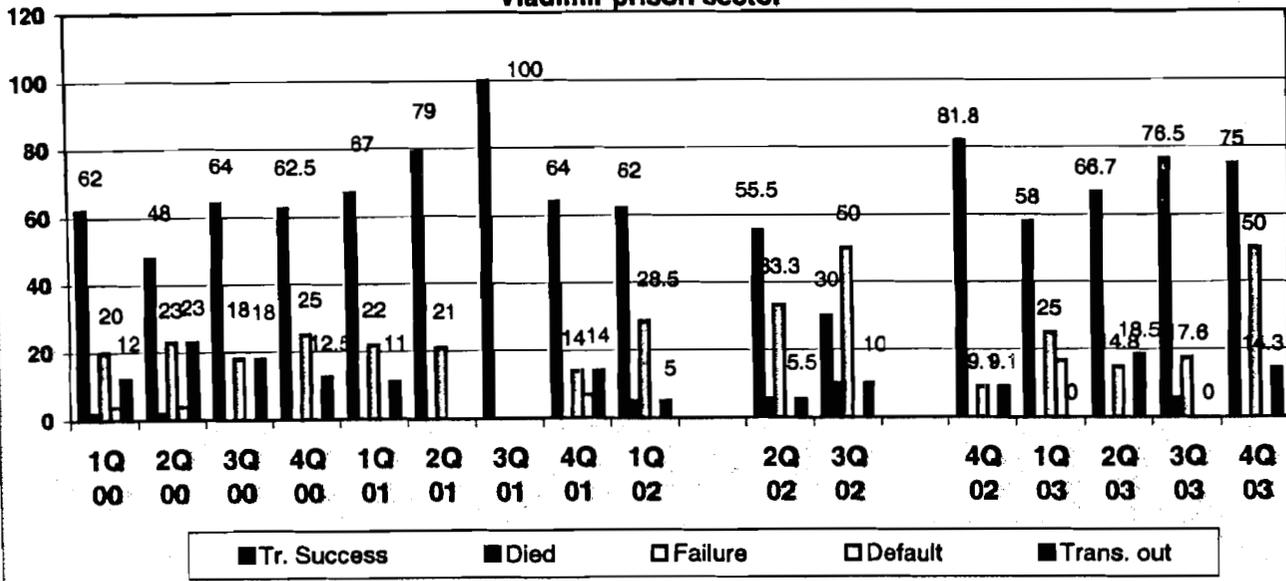


	2000	1Q 01	2Q 01	3Q 01	4Q 01	2001	1Q 02	2Q 02	3Q 02	4Q 02	1Q 03	2Q 03	3Q 03	4Q 03	1Q 04
Tr. Success	73.2	73.5	84.9	65.5	84.3	77.1	81	74.2	68.8	81.4	77.9	80.5	82.6	84.1	67.5
Died	10.3	7.4	7.6	12.7	5.9	8.3	8.9	14	20.3	10	5.8	7.3	7.9	9.2	10.4
Failure	10.7	14.7	6.1	16.4	7.2	11.3	8.8	7.5	10.9	5.7	10.3	6.1	7.9	6.8	13
Default	3.2	2.9	1.5	1.8	0.0	1.7	1.7	2.2	0	2.8	5.8	4.9	0	0	7.8
Trans. out	0.8	1.0	0.0	2	2.0	1.7	1.7	2.2	0	0	0	1.2	1.6	0	1.3



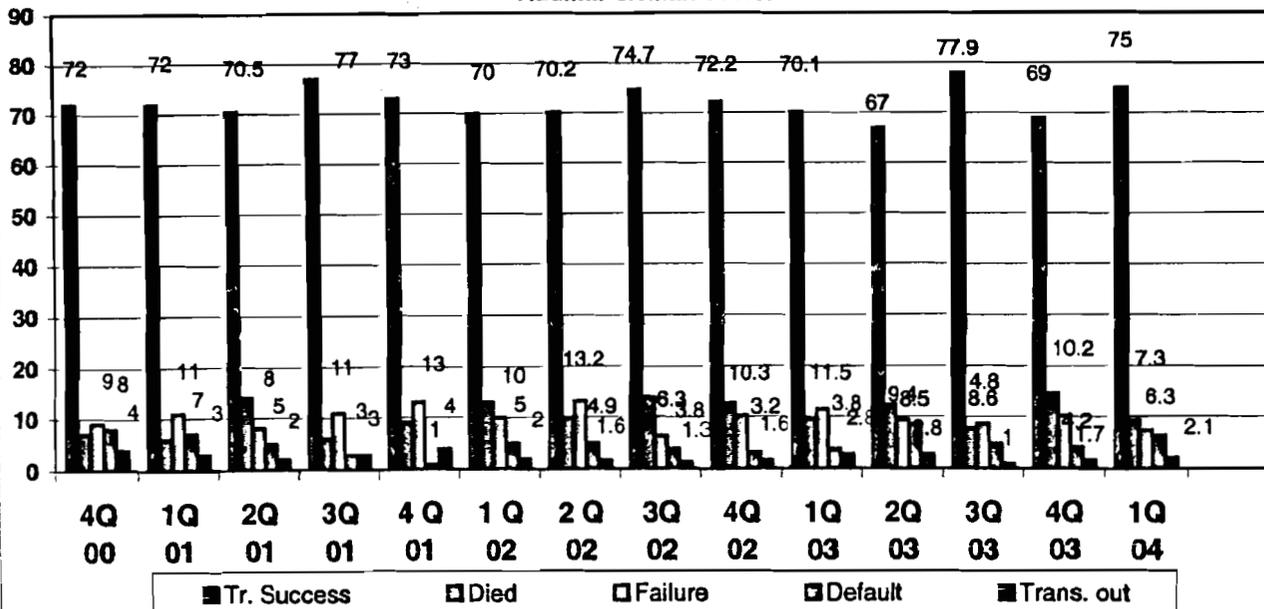
	1Q 00	2Q 00	3Q 00	4Q 00	1Q 01	2Q 01	3Q 01	4Q 01	1Q 02		2Q 02	3Q 02		4Q 02	1Q 03	2Q 03	3Q 03	4Q 03
Tr. Success	62	48	64	62.5	67	79	100	64	62		55.5	30		81.8	58	66.7	76.5	75
Died	2	2	0	0	0	0	0	0	5		5.5	10		0	0	0	5.9	0
Failure	20	23	18	25	22	21	0	14	28.5		33.3	50		9.1	25	14.8	17.6	50
Default	4	4	0	0	0	0	0	7	0		0	0		0	16.7	0	0	0
Trans. out	12	23	18	12.5	11	0	0	14	5		5.5	10		9.1	0	18.5	0	14.3

TREATMENT OUTCOMES OF NEW SS+ CASES
Vladimir prison sector



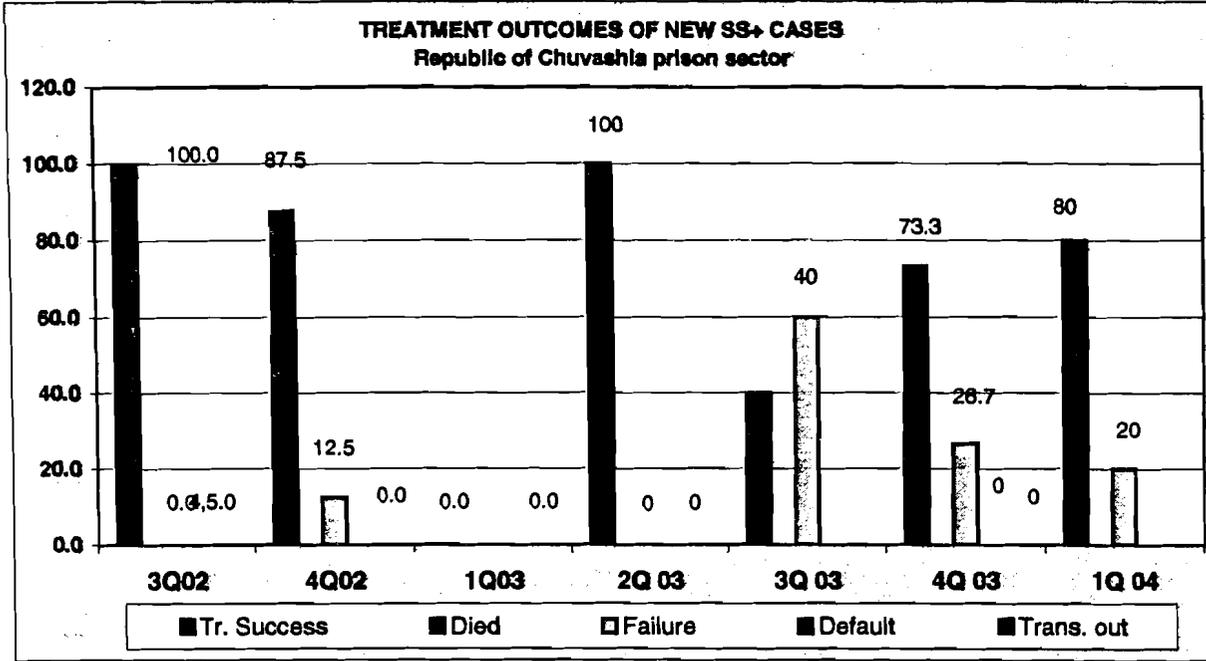
	4Q 00	1Q 01	2Q 01	3Q 01	4Q 01	1Q 02	2Q 02	3Q 02	4Q 02	1Q 03	2Q 03	3Q 03	4Q 03	1Q 04
Tr. Success	72	72	70.5	77	73	70	70.2	74.7	72.2	70.1	67	77.9	69	75
Died	7	6	14	6	9	13	9.9	13.9	12.7	9.8	12.3	7.7	14.6	9.3
Failure	9	11	8	11	13	10	13.2	6.3	10.3	11.5	9.4	8.6	10.2	7.3
Default	8	7	5	3	1	5	4.9	3.8	3.2	3.8	8.5	4.8	4.2	6.3
Trans. out	4	3	2	3	4	2	1.6	1.3	1.6	2.8	2.8	1	1.7	2.1

TREATMENT OUTCOMES OF NEW SS+ CASES
Vladimir civilian sector



10 patients 8 patients 0 patient

	3Q02	4Q02	1Q03	2Q 03	3Q 03	4Q 03	1Q 04
Tr. Success	100.0	87.5	0.0	100	40	73.3	80
Died	0.0	0.0	0.0	0	0	0	0
Failure	0.0	12.5	0.0	0	60	26.7	20
Default	0.0	0.0	0.0	0	0	0	0
Trans. out	0.0	0.0	0.0	0	0	0	0



	3Q02	4Q02	1Q03	2Q 03	3Q 03	4Q 03	1Q 04
Tr. Success	71.0	76.7	77.4	77.3	72	73.7	78.2
Died	9.0	10.0	3.9	2.3	7.3	5.1	5.9
Failure	12.0	8.3	11.5	10.2	13.4	16.2	10
Default	6.0	5.0	2.9	7.9	4.9	4	5.9
Trans. out	2.0	1.7	3.9	2.3	2.4	1	0

