

Virtual Leadership Develop Program in Eastern Europe for TB HIV Co-infection Follow-up Report

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# Virtual Leadership Development Program

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## **FOLLOW UP INQUIRY:**

Virtual Leadership Development Program for  
TB/HIV co-infection  
October 20, 2007-February 8, 2008

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## Table of Contents

<b>Acronyms .....</b>	<b>ii</b>
<b>I. INTRODUCTION.....</b>	<b>1</b>
<b>II. TEAM CHALLENGES .....</b>	<b>1</b>
<b>III. INQUIRY METHODOLOGY AND OBJECTIVES.....</b>	<b>2</b>
<b>IV. RESULTS.....</b>	<b>3</b>
HIV/AIDS Team, Belarus.....	3
TB Team, Belarus .....	4
HIV/AIDS Team, Kazakhstan .....	6
TB Team, Kazakhstan .....	8
NGO Coalition, Ukraine .....	8
Dnepropetrovskiy Region, Ukraine .....	10
HIV/TB Team from Togliatti, Russia .....	11
HIV/TB Team from St. Petersburg, Russia.....	12
<b>V. Conclusions .....</b>	<b>13</b>

## Acronyms

<b>ARV</b>	Antiretroviral
<b>CLM</b>	Center for Leadership and Management
<b>HIV</b>	Human Immunodeficiency Virus
<b>LMS</b>	Leadership, Management, and Sustainability Program
<b>LPI</b>	Local Protocol of Interaction
<b>M&amp;E</b>	Monitoring and Evaluation
<b>M&amp;L</b>	Management and Leadership
<b>MOH</b>	Ministry of Health
<b>MSH</b>	Management Sciences for Health
<b>NGO</b>	Non-Governmental Organization
<b>MDR TB</b>	Multi-Drug Resistant Tuberculosis
<b>M&amp;E</b>	Monitoring and Evaluation
<b>TB</b>	Tuberculosis
<b>TWG</b>	The Working Group of experts in Kazakhstan
<b>USAID</b>	United States Agency for International Development
<b>VCT</b>	Voluntary Counseling and Testing
<b>VLDP</b>	Virtual Leadership Development Program
<b>WCA</b>	Workgroup Climate Assessment

# VIRTUAL LEADERSHIP DEVELOPMENT PROGRAM FOR TB/HIV CO-INFECTION

## FOLLOW UP INQUIRY

December 2008

### I. INTRODUCTION

The Virtual Leadership Development Program (VLDP) for teams working in the area of TB/HIV Co-infection was offered in Eastern Europe and Eurasia with funding from the United States Agency for International Development (USAID) Eastern Europe and Eurasia Bureau by the Leadership, Management, and Sustainability (LMS) Program from October 20, 2007 to February 8, 2008.

Sixty-six participants (**46 women and 20 men**) from the following ten teams representing four countries participated in the program.

Team Name	Total number of members	Number of Male (M)/Female (F)	Country
HIV/AIDS Belarus	4	2M,2F	Belarus
TB Belarus	3	2M,1F	Belarus
HIV/AIDS Kazakhstan	9	1M,8F	Kazakhstan
TB Kazakhstan	11	4M,7F	Kazakhstan
TB/HIV Team Saratov	6	6F	Russia
TB/HIV Team Togliatti	7	3M,4F	Russia
TB/HIV Team St. Petersburg	8	1M,7F	Russia
NGO Coalition Team	8	1M,7F	Ukraine
Dnepropetrovsk Region Team	7	4M,3F	Ukraine
Network of People Living with HIV/AIDS	3	2M,1F	Ukraine

All teams successfully completed the program with the exception of the TB/HIV Team (Saratov, Russia) and the Network of People Living with HIV/AIDS Team (Ukraine).

### II. TEAM CHALLENGES

As part of the VLDP, teams apply their leadership skills by identifying an organizational challenge and developing an action plan to address this challenge with feedback from program facilitators and monitoring and evaluation specialists.

The teams that completed the program identified the following challenges:

Team	Challenge
HIV/AIDS Belarus	How can we organize testing of HIV infected patients so that all those who need antiretroviral treatment, receive it, despite limited diagnostic resources/means and patients' cautious attitude towards treatment?
TB Belarus	How can we improve care of patients treated for MDR TB despite current organizational, clinical and laboratory testing problems?
HIV/AIDS Kazakhstan	How can we strengthen/ enhance interaction between AIDS and TB services and coordinate program activities to better manage patients with TB/HIV co-infection despite the lack of a plan for collaborative activities and co-infection specialists?
TB Kazakhstan	How can we improve the current interaction between TB and HIV services/agencies so that each new case of TB registered after Jan 1, 2010 in the Republic of Kazakhstan receives voluntary counseling (both in inpatient and outpatient care), prior to taking an HIV test?
NGO Coalition, Ukraine	How can we establish, ensure, and support dialogue between different organizations and establishments that work in the area of HIV/AIDS and TB to increase political commitment to and ensure effectiveness of actions to address HIV/AIDS and TB epidemics in Ukraine?
Dnepro- petrovskiy Region, Ukraine	How can we create standards to develop local protocols of interaction (LPI) between HIV and TB services, develop M&E standards for the protocol, implement a pilot of the LPI in Dneprodzerzhinsk, and verify its effectiveness?
HIV/TB Togliatti, Russia	How can we overcome insufficient information among the population and lack of interaction between HIV/AIDS and TB services to increase the number of HIV-positive patients screened for TB in the city of Togliatti?
TB/HIV St. Petersburg, Russia	How can we overcome the lack of public knowledge regarding TB/HIV co-infection and low quality HIV/AIDS and TB services in polyclinics to increase the number of patients that receive annual fluorography and a TB test in the Krasnogvardeysky region of St. Petersburg?

### III. INQUIRY METHODOLOGY AND OBJECTIVES

MSH conducted a follow-up inquiry with VLDP TB/HIV teams in June and December 2008, five and ten months after the program completion. The objectives of the inquiry were to:

- Determine what progress the teams have made addressing the challenges they identified during the VLDP and implementing the action plans they created to address the selected challenges.
- Determine the impact the VLDP has had on participating teams and individuals.

MSH requested and received team action plans updated to include progress to date for specific actions and current indicators of measurable results. Teams were offered English-language versions of the *Managers Who Lead Handbook*<sup>1</sup> once they responded to the 10-month evaluation questions. MSH initiated phone interviews and email exchange with team participants.

#### **IV. RESULTS**

The following are the team results based on action plans completion, interviews and email exchange with participants.

##### **HIV/AIDS Team, Belarus**

Team representative: Svetlana Brytskaya

The HIV/AIDS Team from Belarus completed their work on their challenge identified during the VLDP. Their challenge was “How can we organize testing of HIV infected patients so that all those who need antiretroviral treatment, receive it, despite limited diagnostic resources/means and patients’ cautious attitude towards treatment?” Their measurable result was that by August 2008, ARV treatment in the Republic of Belarus would be provided to 900 patients (about 10% of all HIV infected people). Their current situation during the VLDP was that “700 patients with AIDS are currently under treatment with ARVs. The last 200 patients are very difficult to reach as they suffer from alcoholism, drug dependency or are avoiding the law.” They planned to address their challenge by improving diagnostic materials and test systems to more accurately identify patients that are in need of ARV treatment, and by reaching and educating vulnerable populations about HIV/AIDS.

Between February and December 2008 the team completed the following actions:

1. Evaluated total need of test systems, developed delivery schedules and defined responsible organizations. Developed and implementing software for processing HIV/AIDS related information at central server. Recognized that the material and human resources of the laboratories are sufficient but additional training of lab personnel is necessary. To address complaints about quality of the test system, an independent expert evaluation has been scheduled for the first half of 2009.
2. Provided help to public health organizations in optimization of transportation routes for vehicles delivering blood supply to HIV test laboratories. As of December 2008, the routes are synchronized on regional and local levels.
3. Developed information on HIV/AIDS diagnosis and treatment for inclusion in Medical Academy coursework for professional development of practicing doctors.

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<sup>1</sup> Management Sciences for Health. (2006). *Managers who lead: A Handbook for Improving Health Services*. Cambridge, MA.

4. In cooperation with the NGO "Positive Movement," the team developed a distribution plan for educational materials for patients and volunteers. Published several brochures, calendars and a booklet on the importance of timely treatment of HIV/AIDS.
5. Conducted seminars to prepare specialists and volunteers to participate in an HIV awareness campaign.
6. As result of monthly monitoring of ARV treatment, the following actions were included in the 2009 work plan:
  - a. Training of laboratory personnel
  - b. Expert evaluation of test systems
  - c. Updates to MOH standards for lab diagnosis of HIV/AIDS

The team exceeded its desired measurable result: by December 1, 2008, ARV treatment in the Republic of Belarus was provided to 1,200 patients – 300 more than expected. Among their additional achievements, the team reported that now, across the regions and medical establishments, access to laboratory diagnostics for HIV detection is available and meets demand. The team participated in the development and approval of new country-wide standards for HIV/AIDS treatment.

The team will develop a final report on their action plan completion in the first quarter of 2009.

As barriers to further improvement of the country situation in fighting HIV/AIDS, the team mentioned changing priorities on a governmental level that delayed funding of an HIV/AIDS Center – there were no funds available in 2008.

The team representative noted that participation in the VLDP helped them to apply a systematic approach to arising issues, clearly formulate challenges, and to develop measurable results and action plans. The team has shared the VLDP materials with their colleagues who did not participate in the program.

### **TB Team, Belarus**

Team representative: Alexander Skriagin

The TB Team from Belarus chose the challenge, "How can we improve care of patients treated for MDR TB despite current organizational, clinical and laboratory testing problems?" They have continued to work on their challenge since the VLDP concluded in February 2008. The team completed implementation of its action plan in June 2008 and wrote a final report, which was presented at the staff meeting of their Research Institute on June 26, 2008. They are using the indicators in their action plan to measure their progress in implementing their team's action plan. As of December 2008, the team has achieved and exceeded their measurable results.

Their measurable results identified in their VLDP action plan include:

<b>Measurable Result</b>  <b>By June 2008:</b>	<b>Achievements Completed</b>  <b>(From February-December 2008)</b>
The number of tests conducted to determine sensitivity of patients to all anti-TB medicines available to the clinic will increase by 10%	The number of tests increased by 38% (number of patients that received the tests increased from 61% to 84%).
The lapse time between diagnosis of lung TB in new TB patients and the diagnosis of MDR TB, will decrease by 10%	The lapse time decreased by 44% (number of days before diagnosis of MDR TB decreased from 68 days to 38 days).
The number of patients receiving adequate individualized treatment of MDR TB will increase by 10%.	The number of patients receiving adequate individualized treatment increased by 21% (from 76% to 92%).

Between February and December 2008, the team completed the following actions:

1. Conducted meetings with laboratory personnel to resolve and clarify multiple issues. As result, the institute:
  - a. Purchased additional “clean” substances for sensitivity tests
  - b. Sent two microbiologists to Stockholm for training in test systems and equipment. Invited a consultant from Stockholm.
  - c. Eliminated errors in diagnosis of sensitivity to certain medicines.
  - d. Approved quotas for “BACTEC” laboratory test systems.
  - e. Sped up the diagnosis process for patients who were suspected of having MDR TB.
  - f. Established regular physician conferences to discuss patient cases.
  
2. Conducted meetings with clinical personnel to establish best practices. As result the institute:
  - a. Developed a national protocol of treatment for MDR TB, based on the WHO protocol (2006), and implemented this protocol across the institute.
  - b. Sent six clinicians to Latvia and Poland for training in MDR TB.

- c. Established protocol for changing the treatment regimen of a patient as a result of side effects to require discussion and approval by a group of physicians (determining first if side effects could be reduced without changing medication, which would help reduce the incidence of MDR TB).
  - d. Conducted consultations on addiction and other behavioral abnormalities. Introduced mandatory treatment.
3. Conducted multiple meetings with patients and their relatives to educate them about TB, MDR TB, and the role of patient in treatment success.

Additional successes include the preparation of a Round 9 Global Fund Application. Additionally, the team is actively seeking opportunities to conduct research on interleukin-7 use in MDR TB treatment.

The team noted that their current barriers include work overload and that their organization does not have sufficient funds to send them to trainings and conferences. Nevertheless, the team has continued to use their VLDP workbooks, and they approach challenges in an orderly and thoughtful manner.

The team representative commented that there have been changes in performance and attitude amongst team members. Specifically, he reported that his teammates have become more thoughtful about each other and how they approach their challenges. The team has shared the VLDP materials with their colleagues as well.

### **HIV/AIDS Team, Kazakhstan**

Team representative: Maya Kulsharova

The HIV/AIDS Team from Kazakhstan chose a pre-existing challenge for the VLDP: “How can we strengthen/ enhance the interaction between AIDS and TB services and coordinate program activities to better manage patients with TB/HIV co-infection despite the lack of a plan for collaborative activities and co-infection specialists?” They mentioned that the VLDP helped to better orient them to address the challenge. Since completing the VLDP, the team has continued to work on their challenge.

Their measurable results included:

By December 2008:

1. A functioning TB and HIV/AIDS services interaction model will be in place that includes a monitoring and evaluating system.
2. A training program for TB/HIV co-infection specialists will be developed and 40 physicians will be trained using this program.

They have faced a few barriers in implementing their action plan and making progress to achieve their desired measurable results. For example, the training program (#2) has been delayed as both the trainers and the trainees have not been able to settle on dates for which they are all available. The

team is still using the indicators developed for their action plan to measure their performance, but they have been adjusting activity levels in response to available funding.

Between February and December 2008, the team completed the following actions:

1. Developed a model of interaction between HIV/AIDS and TB services in a pilot region.
  - a. Created the working group of experts (TWG) and appointed coordinators from both services.
  - b. Developed complete manuals for TB/HIV: identification, treatment and prophylaxis of TB in HIV+ patients; ARV treatment of TB/HIV co-infection.
  - c. Developed an M&E protocol, defined indicators, principles of model evaluation, and registration forms.
  - d. Initiated and received approval of the city council of Almaty, the pilot region, to test the model.
2. Developed a training program for TB/HIV co-infection specialists.
  - a. Developed a program curriculum and identified three national trainers.
  - b. Conducted five trainings to educate 80 specialists: four trainings on clinical issues and one on monitoring and evaluation. Training was completed in July 2008.
3. Implemented a new model in a pilot region: specialists in both TB and HIV/AIDS services apply the model in day to day work. Quarterly monitoring was established in July 2008. Results will be evaluated and presented in May 2009.

Currently, there is an improved level of interaction between the two services in the city of Almaty as a result of the implementation of their action plan. Specialists contact and consult with each other to identify every case of TB/HIV co-infection in a timely manner. Data is being recorded in the database.

They have also begun to better systematize their collective knowledge, they respect the importance of each team member's opinion, and they actively understand work climate and are committed to improving it.

The team representative reported that the team shared their VLDP documents with other members of their organization and produced reports on various VLDP topics to maintain in their database. They have had the opportunity to use their improved leadership and management skills by working together to write a Global Fund proposal. The representative commented that it is now easier to interact with other team members as they have worked on this new challenge.

## **TB Team, Kazakhstan**

Team representatives: Bekzat Toksanbayeva and Aigul Tursinbaeva

The TB Kazakhstan Team has continued to work on its challenge identified during the VLDP. In continuing with this work, the team representative commented that she has observed that their team meetings and communication skills have improved. Team performance also improved as result of participation in VLDP. They still use a root cause analysis tool (Fishbone Diagram) and other tools introduced to them during the VLDP. Most importantly they learned how to work together effectively.

This team works in close cooperation with Kazakhstan HIV/AIDS team. They participate in TWG, and develop and promote new country standards for monitoring and treatment of TB/HIV co-infection. Their measurable results included:

<b>Measurable Result</b>	<b>Achievements Completed As of December 2008</b>
By August 2008, 15 doctors and nurses in Almaty will be trained in VCT for TB patients. A selected group will also undergo a training of trainers.	15 doctors and nurses in pilot region were trained in VCT.
By the end of 2008, 100% of TB patients registered after August 1st in the National TB Center and TB Dispensary of Almaty who test positive for TB will receive VCT for HIV.	Since August 1 <sup>st</sup> all new TB patients in the pilot region received VCT for HIV.
By the end of 2008, six national trainers will train 44 TB specialists in Kazakhstan in VCT.	Forty-four medical professionals are prepared to provide TB patients with VCT.
By the end of 2009, six national trainers will train 176 TB specialists in Kazakhstan in VCT.	Training in the country continues.

The team continues work on its challenge with the goal of providing every newly registered TB patient in Kazakhstan with VCT for HIV by January 1<sup>st</sup> 2010.

Although the team has not used the VLDP methodology to address any additional challenges, they have discussed developing an internally organized leadership program for their own staff with a particular emphasis on the Fishbone Diagram.

## **NGO Coalition, Ukraine**

Team representatives: Anastasiya Nitsoy, Yelena Davis, and Elena Zaglada

The NGO Coalition Team from Ukraine chose a challenge that was pre-identified by their organization: “How can we establish, ensure, and support dialogue between different organizations and establishments that work in the area of HIV/AIDS and TB to increase political commitment to and ensure

effectiveness of actions to address HIV/AIDS and TB epidemics in Ukraine?” Despite an overwhelming level of work including new activities and tasks, they have continued to make progress on their challenge. They have done so because they have been impressed by the VLDP Challenge Model approach and improvements that their team has made in team dynamics and recognizing each other’s strengths. The effectiveness of each participant also improved.

Their measurable results and achievements completed included:

By August of 2008, the NGO Coalition Team from the Ukraine:

<b>Measurable Result</b>  <b>By August 2008:</b>	<b>Achievements Completed</b>  <b>(As of November 2008)</b>
Will increase the number of partners that have signed the resolution from 2nd Ukrainian Conference on the National Response to the TB Epidemic (five public sector organizations, 10 NGOs)	The resolution was signed by 60 NGOs and 10 public sector organizations.
Will increase the total number of working meetings as a result of signing the resolution	The first meeting was conducted and TB related discussions are included in all relevant events.
Will increase the number of organizations included in the conference’s electronic mailing list by 30.	The number of active Coalition members increased to 79 and the number of subscribers to the electronic mailing list increased from 40 to 166.
Will post the resolution on the NGO Coalition website and will increase the number of site visits	The resolution was posted on the Coalition website.
Will increase the number of hard copies of the resolution printed and distributed (baseline: they had not yet developed a draft, done the layout, or printed any copies of the resolution)	100 hard copies of the resolution were printed and distributed.

During 2008, the team members faced additional challenges, such as employment changes, including team members who moved to different countries. However, the leadership skills developed during the VLDP kept the team working together toward completion of their action plan. All members of the team but the one (who is living abroad) have met to discuss results of their work. They titled this meeting “Conference of Leaders.” The team proudly reports that their action plan is fully completed.

Since end of VLDP the team has taken on several additional challenges:

1. The team participated in the development and the discussion of a new standard for providing quality social services to patients with TB/HIV co-infection. A draft of this standard was approved in December 2008 and now will be tested during six months by four designated public service organizations.
2. The team initiated and participated in the discussion of national strategy for preparation of Round 9 Global Fund application. The team initiated the process that lead to the decision by the Ukrainian MOH and other government departments to submit an application for TB funding. The strategy will be signed by February 1<sup>st</sup> 2009.
3. The team participated in the development and submission of Ukraine’s Round 9 Global Fund application. This work will be conducted from January to June 2009.
4. The team developed recommendations for implementing changes to countrywide TB protection program for years 2007-2011. They will officially submit suggestions to the Ukrainian MOH by February 2009.

Participants expressed gratitude to the facilitation team of the VLDP, attributing their success to the close collaboration and follow-up coaching by VLDP facilitators.

### **Dnepropetrovskiy Region, Ukraine**

Team representative: Oleg Yatsenko:

The team from the Dnepropetrovskiy Region of Ukraine chose a challenge that emerged from their discussions during the VLDP: “How can we create standards to develop local protocols of interaction (LPI) between HIV and TB services, develop M&E standards for the protocol, implement a pilot of the LPI in Dneprodzerzhinsk, and verify its effectiveness?” They commented that the structured approach of the VLDP, moving from an idea to a plan was well-received at their organizations and that the Challenge Model has been widely applied. Their measurable results and achievements completed included:

<b>Measurable Result</b> <b>By August 2008:</b>	<b>Achievements Completed</b> <b>(The end of December 2008)</b>
The number of HIV-positive patients tested for TB will increase from 20% to 30%.	The number of HIV-positive patients tested for TB doubled (from 20% to 40%).
The number of HIV/TB patients receiving non-medical assistance will increase from 20% to 35%.	The number of HIV/TB patients receiving non-medical assistance tripled (from 20% to 60%).
The number of available HIV test systems will increase to guarantee 100% test availability for TB patients. (Baseline data not available for this indicator).	The number of TB patients tested for HIV reached 99%.

Despite making much progress on their action plan, the team continues to grapple with an unresolved issue concerning the confidentiality of information for patients traveling between TB and HIV service centers. Another challenge is lack of funding for non-medical assistance as central and local authorities consider it low priority. Since completing the VLDP, the team lost two of its members: one to maternity leave, and the other changed jobs.

The team representative noted that the team is now operating in an environment with an improved work climate; that colleagues have become friends, and for these reasons, challenges are resolved much more quickly than they were before.

The team has also continued their root cause analyses and refined their previous description of their current situation, resulting in the identification of new challenges. As they move forward, the team plans to educate primary care physicians in TB prevention and find ways to involve them more in treatment.

Finally, the team has found an additional application for VLDP tools. They have requested that they use the Challenge Model when doing yearly budget planning.

**HIV/TB Team from Togliatti, Russia**

Viktor Karavashkin and Irina Nikitina:

The HIV/TB team from Togliatti, Russia had identified their challenge before enrolling in the VLDP, but they had not been able to address it previously. Their challenge was: “How can we overcome insufficient information among the population and lack of interaction between HIV/AIDS and TB services to increase the number of HIV-positive patients screened for TB in the city of Togliatti?” The team representative commented that the VLDP clarified their challenge for them and sped up their process to address it. As a result of participation in VLDP, the team developed close connections that contributed to their effectiveness in completing the challenge.

Their measurable results and achievements completed included:

By the end of 2008, the percentage of patients screened for TB will increase by 10%.

<b>Measurable Result</b>  <b>By the end of 2008:</b>	<b>Achievements Completed</b>  <b>(As of the end of November 2008)</b>
Fluoroscopy will increase from 25% to 35%.	The percentage of patients screened for TB: Fluoroscopy testing for HIV+ patients registered with the city AIDS Center increased from 25% to 35.2%. 357 HIV+ patients received fluoroscopy in local polyclinics

<b>Measurable Result</b>  <b>By the end of 2008:</b>	<b>Achievements Completed</b>  <b>(As of the end of November 2008)</b>
Microscopy will increase to 60%.	The percentage of patients screened for TB: Microscopy screening was conducted for 13 patients (everyone who needed it), or 100%.
At least 100 patients per year will be selected for TB prophylaxis treatment.	As a result of the screenings, five new TB cases were identified and 249 patients were selected for TB prophylaxis treatment.
Organize and provide social support services for HIV+ patients	Social support services were provided in collaboration with NGO RPN: 53 patients were enrolled in the program, 22 completed, 21 interrupted, 3 patients died.

The team has not replicated the program for other participants within their organization, but they have identified additional challenges and are using the VLDP methodology to address them. They are currently working on an action plan designed to increase the number of patients treated and are working to develop individual treatment plans.

### **HIV/TB Team from St. Petersburg, Russia**

Team representative: Larisa Solovyeva

The HIV/TB team from St. Petersburg, Russia commented that they gained many new skills from their participation in the VLDP. Specifically, they mentioned that they learned to use new methodologies such as the Challenge Model and Kotter's 8 Steps (change management). The representative also commented that the team frequently uses and refers to their VLDP participant workbook and conducts root cause analysis using fish-bone diagram and method of Five Whys. The team continues to implement the action plan it developed during the VLDP. Their challenge was one that had been identified before enrolling in the VLDP, but which was clarified during the program.

Their measurable results included:

By March 2008,

1. Ads published in local newspapers encouraging people to go for testing will have increased.

By August of 2008,

1. The number of HIV infected patients that receive fluorography will increase to 90%;

2. Staffing in the Infectious Diseases Cabinet will increase to 80%;
3. Computerized evaluation of 50 random patient records will be conducted for HIV+ in local polyclinic #107 to identify quality of medical services.

By December 2008, the team completed all planned activities and is compiling results. Their final meeting will be conducted in January 2009.

## **V. Conclusions**

The VLDP for teams working on TB/HIV challenges in the Eastern Europe region, offered from October 20, 2007 to February 8, 2008, had an important impact on participating teams. The program introduced teams to a new methodology for team building, developing management and leadership skills, and effectively addressing challenges in the integration of two vertical programs and/or in providing better services for TB and HIV/AIDS patients. As a result of the program, participating teams were able to achieve significant results in implementing their action plans. Participants also report being better equipped to see the bigger picture in their work, take on new challenges and establish support for each other and their teamwork through better communication. Future offerings of the VLDP in Russian in the region should be considered.