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Progress Report to the United States Agency for International Development

from the Communicable Diseases Cluster of the World Health Organization

On Tuberculosis Control in the Russian Federation Pilot Programme

May 2000 – November 2000

Introduction

Further progress has been achieved by the oblasts, with joint assistance from the World Health Organisation (WHO) and the Centres for Disease Control and Prevention (CDC). DOTS performance improved in the Ivanovo oblast thanks to intensive supervision and the implementation of patients' enablers. After one year's execution, the project in Orel has achieved high treatment success rates (over 80%). Activities finally started in the Vladimir oblast where the third project was launched on 2 October 2000

A. Management of the Programme

1. On site monitoring, training and technical assistance

Supervision and monitoring.

Ivanovo

May 2000

A Joint WHO/CTRI monitoring mission was performed in order to identify obstacles in the current DOTS programme performance and to formulate and discuss recommendations with the Ivanovo staff. The mission met with Dr Medvedev, Chief of Oblast Health Administration, to discuss the findings and recommendations, and more specifically, to focus on the need for strengthened management of the TB control programme.

Specific matters discussed encompassed the following issues:

- The need for a local TB Project manager, responsible for overall management of the DOTS programme, including the revision of roles and responsibilities of the existing DOTS team at the Oblast TB Dispensary;
- The need to develop a comprehensive plan of the patient enablers and staff incentives (specifically for free transportation of the patients to be provided from the local budget);
- The need to adhere to standard treatment regimens;

- The need for strengthened collaboration with the Ivanovo Administration of Penalty Execution, Ministry of Justice;
- The plan of the Oblast Administration for establishing shelter for homeless TB patients.

June 2000

A joint WHO/CDC monitoring mission was held with the following outcomes:

- Determination of outcomes of recent treatment cohorts (3rd and 4th quarters of 1999)

	1999 Quarters III + IV			
OUTCOME	New Smear Positives		New Smear Neg. & EP	
CATEGORY	N	%	N	%
Total	127	100	154	100
Continuing treatment	40	31	38	25
Cure documented	21	17	11	7
Completed treatment	35	28	58	38
Subtotal "Good Outcomes"	**96**	**76**	**107**	**70**
Treatment failed	7	6	8	5
Died	15	12	15	10
Defaulted	7	6	20	13
Subtotal "Bad Outcomes"	**29**	**23**	**43**	**28**
Transferred out	2	2	3	2

- Retrieval and collation of Drug Susceptibility Testing (DST) from Ivanovo (specimens were sent to CDC for quality control testing);
- Established plan for further drug resistance surveillance (DRS) and quality assurance of DST;
- TB situation in prisons was assessed and possibilities for integrated civilian and prison programmes were discussed;
- Plan for surveillance system, renovation of the ward for treatment of patients with multi-drug resistant TB(MDR), and the homeless shelter were reviewed.

A joint WHO/IFRC/CDC assessment mission was performed in the Ivanovo Oblast to explore the possibilities of future cooperation with the Red Cross in the field of educational and social support to the most vulnerable TB patients in the DOTS programme.

[1] 1) Per cents may not add to 100 due to rounding off. 2) assumes patients still on treatment will complete.

July 2000

The joint WHO/USAID/CDC mission visited the Ivanovo Oblast in order to participate in the second meeting of the Commission on TB control of the Ivanovo Oblast Administration, headed by the Governor. The meeting took place at the regional division of Correctional Facilities.

The following conclusions were reached at the meeting:

1. The administration of the Correctional Facilities will apply to WHO for the provision of additional goods and training for TB-service staff of the correctional system. In the meantime, WHO will include prison staff in the training courses.
2. WHO requested that the resolution of the Commission Meeting should report on the implementation of the adapted decisions of the previous Commission Meeting.

Other accomplishments of the mission included:

- Evaluation of the DOTS Programme implementation and treatment outcome monitoring:
  - ✓ It was found that the local TB project manager has been appointed;
  - ✓ Ivanovo Administration provided free transport for TB patients from the Ivanovo city and is planning to enlarge this budget to all TB patients in the Oblast. The Oblast Administration also increased food supply from 11 up to 21 RuR/TB patient/day;
- Review of the patient incentives programme results for June 2000;
  - ✓ A comprehensive patient incentive/enabler plan was introduced mid June in 4 pilot sites and a system of home DOT was successfully introduced by an outreach team of Ivanovo TB Dispensary;
- Monitoring of the staff compliance to administer the standard short-course chemotherapy regimens for new TB case treatment and relapses;
  - ✓ Standard treatment regimens are adhered too in the large majority of the TB patients
- Visits to districts (Kineshma, Vitchuga) and the Ivanovo TB Hospital.

A debriefing meeting was held at the completion of the mission with Dr Medvedev, Health Committee Chairman to discuss findings and recommendations.

September 2000

The joint WHO/CTRI/CDC/USAID monitoring mission was conducted and the findings were as follows:

- Patients' incentive/enablers plan and transport programme are working well. As a result, the percentage of treatment interrupters in Ivanovo city have decreased already from 20% to 4%;
- Modifications to the standard treatment regimens became exceptional and justified;
- Substantial progress was made on the remodelling of the MDR ward in the TB Hospital;
- The administration completed, with its own resources, the repair of the heating system in the new shelter for homeless TB patients;
- Treatment outcomes of Quarter II 1999 were very successful and the treatment success (cure +completion) has reached 73.5%; while treatment default substantially decreased from about 15% to 5.9%.

Orel

Four joint WHO/CTRI/CDC monitoring missions were performed in May, June, August and November 2000.

The staff of the Orel oblast are highly committed to DOTS. As a result, the DOTS programme in the oblast has achieved successful outcomes, proving that it can effectively work in Russia. The Orel oblast can be used as a model for other oblasts.

Specific accomplishments:
- High commitment to DOTS implementation;
- Organization of ambulatory treatment started;
- Revised treatment protocol (with the enhanced regimen for category II patients – failures of previous treatment) was finalised;
- Drug resistance surveillance according to WHO/IUATLD protocol was implemented (CDC is a supranational laboratory supporting the oblast);
- The application to the Green Light Committee for procurement of ofloxacin and capreomycin was completed.

Discussions were held with the Oblast TB and HIV staff on the increasing problem of HIV in Orel (see data below).

Cumulative Cases of HIV seropositivity
Orel Oblast, Russia, 1 April 2000
[oblast population ~950,000; prison population ~6,000]

Date	Civilian Sector	Prison Sector	Total
1/97	2		2
1/98	7		7
1/99	7		7
1/00	118	30	148
4/00	138	65	203

September 2000
A WHO/USAID delegation accompanied the American Ambassador, on a one-day visit to the Orel TB Dispensary. The US Embassy delegation committed itself to a continued donor contribution to the oblast TB programme.

Vladimir

May 2000
A joint WHO/CTRI/USAID assessment mission to the Vladimir oblast to explore the possibilities of launching a third USAID-funded DOTS project was conducted. The Oblast Administration and the TB dispensary expressed their high commitment towards the implementation of the WHO TB Control Strategy. Upon completion of the mission, the

Governor was officially informed about the activities of primary importance to be fulfilled by the Vladimir Administration at the setting up stage of the project.

June 2000
A joint WHO/CTRI/CDC assessment mission was performed to the laboratory services of the TB and general health care system of Vladimir.
The purpose of this mission was to:
- Determine the training needs of the Vladimir Oblast Tuberculosis Dispensary bacteriology laboratory staff and those of other laboratories throughout the oblast;
- Determine the laboratory equipment and supply needs for those laboratories;
- Assist the WHO, Moscow staff in preparing laboratory equipment and supply procurement lists for the Central Tuberculosis Research Institute and the three oblasts that are the pilot sites for implementing DOTS tuberculosis control programs.

July 2000
A joint WHO/CTRI/CDC mission conducted a general assessment mission of the TB services in the Vladimir Oblast.

August 2000
The joint WHO/CDC/USAID mission was held in Vladimir to gain political commitment for the planned WHO-supported TB control project.

October 2000
On 2 October, the Governor of Vladimir, in the presence of the joint WHO/CTRI/CDC/USAID delegation, launched the third USAID-funded TB Control Project in Russia. The mission assisted the Vladimir TB and laboratory coordinators in the start-up of the program implementation.

November 2000
The joint (WHO/CTRI) mission was held in Vladimir in order to assist in launching the DOTS programme. During the mission, the meeting with the deputy governor of the Vladimir oblast was held to follow-up on the commitment of the Oblast administration to the WHO-supported TB Control Project. An agreement was reached on the following issues:
- Need to strengthen the drug management system;
- The allocation of funds from the municipal budget on incentives for the general health care staff to enhance early case finding;
- The first meeting of Interdepartmental TB Control Commission;
- Free diagnosis of TB suspects.

The issues of new premises for TB dispensary and the laboratory were discussed, but the decision was not yet made.

A joint WHO/CDC/CTRI monitoring mission to evaluate early results of the programme implementation was conducted. The purpose of the mission was to:
- Evaluate patients enrolment in the Programme;
- Make supervisory visits to selected raions and hospitals;
- Assess the TB situation in the penitentiary system and in the psychiatric hospital;
- Elaborate the plan for patients' incentives and enablers.

During the mission, the first Interagency TB Control Commission meeting was called by the Deputy Governor to review the TB situation in the oblast and status of DOTS implementation. The following conclusions were reached at the meeting:

- The need for constructing a new building for a TB ward;
- Tthe necessity to strengthen the Epidemiology Unit of the oblast TB Dispensary;
- The need to establish a centralized drug management system;
- The need to motivate primary health care workers within the oblast in order to improve early case detection;
- The requirement for provision of transportation free of charge for TB patients in order to enhance their adherence to treatment;
- The necessity to establish close coordination between the civilian and prison TB programmes.

Training

Ivanovo

The following training courses were held in Ivanovo:

- A DOTS refresher course for all Ivanovo TB Coordinators (45), including prison staff, was held in May 2000. All participants presented reports on the DOTS programme since its implementation in 1995. Obstacles in achieving high cure rates were discussed and the proposed solutions reviewed.
- A seminar on bacteriology was organized by WHO and held by CDC/CTRI for senior lab specialists. Representatives from Vladimir were also participating.
- A training course was held for heads of general health care system on early case finding and public awareness.
- A training course on the new Technical Protocol for 80 TB coordinators and clinical TB specialists was conducted.
- A training course for senior and clinical nurses involved in theTB control project was organized in by the oblast TB Dispensary staff.
- A training course in management of alcohol abuse in TB patients was organized by WHO and held by Professor Krupitsky (Pavlov Medical University, St Petersburg) and the chief narcologist of Ivanovo.

Orel

The following training activities were conducted in Orel:

- A training course on new Technical Protocol for all TB coordinators was held by WHO and CTRI (October 2000);
- A training course in basic mycobacteriology for senior staff from CTRI and the oblast dispensaries of Orel, Ivanovo and Vladimir was held in September 2000. Follow-up training in Orel for the Regional laboratory staff facilitated by the previously trained oblast level staff from Orel.;
- A laboratory refresher training course for laboratory coordinators and technicians was held by CTRI (October 2000).

Vladimir

Several training events were held in September 2000 in Vladimir:

- Training course in TB control on District level for TB coordinators and oblast TB staff - by WHO/CTRI/CDC;
- Training course on bacteriology and organizational aspects of laboratory network - by WHO/CTRI;
- A Study tour to Orel TB Project for the representatives of non-DOTS oblasts, to demonstrate practical aspects of DOTS implementation.

WHO/KNCV Regional Training in TB Control Programme Management October 2-13, 2000

The Chief TB Doctor of Orel and the TB Project Manager of Ivanovo attended the Regional European Workshop on TB control where they had an opportunity to meet colleagues from 25 Central and Eastern European countries, exchange their views and experience in DOTS implementation, and visit the DOTS programme in Poland.

2. Logistical support and procurement of goods and services

WHO has developed a mechanism to provide specified goods and services to the Russian Central TB Research Institute (CTRI) of the Russian Academy of Medical Sciences and the three participating oblasts (Orel, Vladimir and Ivanovo) to support the implementation of the DOTS strategy.

Laboratory equipment:
Support was provided to enhance the capacity of the TB laboratories in each of the oblasts through the procurement of necessary equipment (such as autoclaves, centrifuges, balances, coagulators, incubators, etc., overall about 90 items for each site), supplies and chemicals. This included microscopes (30 for each site), chemical reagents, glasswear (sputum containers, test tubes, slides, etc.).
The capacity of the Referral Laboratory in CTRI was also enhanced through the procurement of necessary equipment and supplies.

Anti-tuberculosis drugs:
Six months' stock of basic anti-TB drugs, provided by the Federal Government, was ensured in the project areas prior to DOTS implementation. An additional supply of first-line anti-tuberculosis drugs was purchased for Orel and Vladimir oblasts. Second-line anti-tuberculosis drugs' procurement is currently being prepared.

Office Supplies:
Computers and printers, fax machines, and photocopiers for each of the three oblasts as well as for CTRI.were procured to facilitate reporting, data collection and daily communication within and outside the project sites. In addition, overhead and slide projectors, TV-VCR and other accessories were procured for CTRI and the Oblasts to be used for the training activities.

Office supplies:
Adequate supply of reporting and recording forms, and basic office supplies, including photocopy paper, chart folders, etc., was provided to the project sites.

Communications:
In order to facilitate communication, support was provided for telephone, fax and E-mail services.

Vehicles:
Two vehicles were provided to CTRI for their monitoring and supervisory activities to the oblasts. Additionally, vehicles were provided to the oblasts (two for Ivanovo, two for Vladimir and three for Orel) to allow them to conduct regular supervisory visits to the raions.

Vehicle Maintenance/Fuel:
To assure the possibility of monitoring visits and patient follow-up activities in the field, support was provided to periodic vehicle maintenance and purchase of fuel.

3. CDC technical assistance in collaboration with WHO

As described above, WHO Moscow coordinated joint monitoring missions (WHO/CDC/CTRI/USAID) and training courses to formulate coherent policies and facilitate work in the oblasts. In addition, a few separate mission of CDC staff were carried out at the project sites.

Ivanovo

May 8- July 18
Dan Ruggiero, Public Health Advisor, resided 2 months in Ivanovo in order to assist the local TB officials to identify and address adequately the existing difficulties in the DOTS programme implementation. Mr Ruggiero, together with WHO and the Ivanovo TB staff, developed a case management plan to increase treatment completion and staff motivation.

Vladimir

July 18-October 12
Gustavo Aquino, CDC Public Health Advisor, came to Russia to assist the Vladimir TB staff in starting up the DOTS programme.

CDC reports are available upon request.

B. Local Coordination

The contract of Hans Kluge, TB Project Manager responsible for the project implementation and monitoring, was extended for 11 months. Dr Kluge is assisted by

Dr Irina Danilova, TB Project Assistant for Ivanovo and Vladimir, and Dr Dmitri Pashkevich, TB Project Assistant for Orel and responsible for procurement and supply.

In order to streamline procurement activities of the Moscow office, additional staff (technical clerk) was recruited for a 3 month to work on customs clearance of imported supplies.

Monthly meetings are held with the Central TB Research Institute (CTRI) of the Russian Academy of Medical Science, the WHO Collaborating Centre for TB Control with the objective to update and coordinate activities. CTRI provides technical assistance (monitoring and training courses) and performs proficiency testing of the Oblast laboratories.

C. Outreach and Follow-up

The project agreement between WHO and the International Federation of Red Cross and Red Crescent Societies was signed on 26 July 2000. The objective of this project is to provide outreach and follow-up activities, and social support to TB patients in the Orel oblast.

Consequently, the Governor of the Orel Oblast signed a Protocol of Agreement with the IFRC/RRC to start a socio-educational component of the WHO-supported TB Control Program.

The socio-educational activities consist of:

- Information and education of patients, families, staff and the community about basics of TB. Health educational materials were developed jointly by WHO/IFRC/RRC and distributed in the 3 USAID-funded Oblasts;
- Defaulter tracing, home nursing care and administration of drug intake at home for treatment defaulters;
- Hygiene kits, clothing, food packages and hot meals to selected vulnerable TB patients to increase their adherence to treatment. Hot meals are distributed at canteens and a medico-social room was established.

On 2-15 October, a workshop on "Basics of Homecare" was held by the Russian Red Cross to train the visiting nurses.

A comprehensive Case Management Plan was developed jointly by WHO/CDC and the Ivanovo TB staff for the oblast. The plan includes social support for patients (hygiene kits and food packages), home DOT performed by an outreach team of the TB dispensary, and a plan of education for both TB patients, family and the general public. A shelter for homeless TB patients was established on the initiative of the Oblast Administration

A large amount of DOTS posters and leaflets was printed and distributed among the 3 territories.

NEXT STEPS

Supervision and monitoring

- Strengthen the WHO team with more local staff for the projects supervision and monitoring;
- Continue joint WHO/CTRI/CDC (USAID) monitoring missions on a quarterly basis.

Training

- Continue training and retraining of all levels of staff involved;
- Organise an interregional Workshop for all WHO supported TB Control Projects in Russia to exchange experience and formulate solutions to common obstacles;
- Organise training on TB Control in Prisons for the prison (and key civilian) staff of the WHO-supported TB Projects in Russia;
- Continue involvement of the Oblast representatives into the WHO/MOH Thematic Working Groups revising the National TB Control Strategy.

Technical assistance

- Involve the penitentiary system in Ivanovo and Vladimir to integrate both civilian and prison TB Control;
- Distribute and pilot test revised recording/reporting forms which correspond to both Russian and WHO surveillance requirements. The computerized system for data management needs to be selected and installed in all Oblasts;
- Prepare Orel Oblast to introduce the modified retreatment regimen with second line anti-TB drugs;
- Complete DRS and develop a DOTS+ protocol according to the results of DRS;
- Develop a plan to strengthen infection control in all Oblasts;
- Revise and expand case management plan in Ivanovo and Orel;
- Select the appropriate counterpart in Vladimir to introduce a system of social and educational support;
- Assist oblasts in publishing papers on DOTS results in international journals.

Procurement

- Complete ongoing procurement and supplies (anti-TB drugs, laboratory equipment and supplies).