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

**FROM THE  
STOP TUBERCULOSIS DEPARTMENT OF THE WORLD HEALTH ORGANIZATION**

**ON  
TUBERCULOSIS CONTROL IN THE RUSSIAN FEDERATION**

**PILOT PROGRAMME**



**December 2001 – May 2002**

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## GLOSSARY

CDC	Centers for Disease Control and Prevention
CTRI	Central Tuberculosis Research Institute
DOT	Directly Observed Treatment
DOTS	Directly Observed Therapy Short-course
DGSR	Special Representative of the Director-General of WHO in Russia
EIS	Epidemic Intelligence Service
HIV	Human Immunodeficiency Virus
HLWG	High Level Working Group
GHC	General Health Care
GUIN	Federal penitentiary system
IFRC	International Federation of Red Cross and Red Crescent Societies
KNCV	Royal Netherlands TB Association
MDRTB	Multi Drug Resistant Tuberculosis
MMA	I.M.Sechenov Moscow Medical Academy
MoH	Ministry of Health of the Russian Federation
MSF	Médecins sans Frontières
MDR	Multidrug-resistance
NIOSH	National Institute for Occupational Safety and Health
RAMS	Russian Academy of Medical Sciences
RIPP	Research Institute of Phthisiopulmonology
RRC	Russian Red Cross
SIZO	Pre-detention center
SRL	Supra National Laboratory
TB	Tuberculosis
TWG	Thematic Working Group
UIN	Tomsk Region Penitentiary system
USAID	United States Agency for International Development
WHO	World Health Organization

## EXECUTIVE SUMMARY

Since 1999 the WHO Special Representative of the Director-General of WHO in Russia (DGSR) in cooperation with the MoH and national TB services has been implementing TB demonstration projects, introducing the WHO TB Control approaches, (DOTS and DOTS Plus) in 4 selected regions of the Russian Federation (RF) (Ivanovo, Orel, Vladimir Oblasts and Chuvashia Republic) with the financial support of USAID. It has been expected that the pilot models, if successful, will form a basis for the revised National TB Control Strategy and will be replicated by the Russian Government with its own resources and the support of other donors

The revision of the USAID Grant in September 2001 allowed the WHO TB Programme in Russia to support the federal level component of the TB Control Programme in the Russian Federation in order to make the programme more comprehensive. Major attention has been paid to further capacity building, including institutional support for TB control at national level; information and education activities, advocacy for the TB Control Programme among policy makers and support for World Bank activities.

The experience and lessons learned from the TB demonstration projects have been incorporated in the working documents developed by the World Bank team during their negotiations with the Russian Government and in the Ministry of Health Five-year Plan on "Provision of guaranteed diagnostic and treatment procedure for TB patients and development of TB service in Russia", developed with WHO technical support in accordance with the recommendations of the DOTS Expansion Plan.

WHO and the Ministry of Justice organized the All-Russia Workshop on DOTS expansion in the prison system of the Russian Federation. Representatives of the Ministry of Health, the Ministry of Justice and the Ministry of the Interior, as well as the heads of penal health and TB services from all regions of the country discussed the expansion of the WHO-recommended strategy in the Russian penitentiary system.

The issue of programme sustainability was addressed through development of a "Regional TB Control Programme 2002-2004" for the 4 Russian regions involved in the WHO pilot projects. This document contains an exit plan, describing the perspectives of the project continuation beyond external donor funding. The document will be submitted for approval to the Ministry of Health.

The Research Institute of Phthisiopulmonology of the Moscow Medical Academy, the leading Russian TB Institute of the Russian Ministry of Health responsible for the National TB Policy, agreed to technically assist WHO in the implementation of the TB demonstration project in Chuvashia Republic.

A new Grant provided by USAID to the Central TB Research Institute of the Russian Academy of Medical Sciences will allow the strengthening at federal level of the capacity of the National TB Programme to provide supervision, training and laboratory service management with WHO technical support and supervision.

Although the average treatment success among new sputum smear positive cases in the WHO TB demonstration projects is clearly higher than in the Russian Federation as a whole, these are still sub-optimal. The major factors accountable for that are: a high death rate (due to

delayed TB diagnosis and advanced forms of the disease) and a high treatment failure rate (due to high multidrug-resistance (MDR) prevalence).

The high rate of multidrug resistant tuberculosis contributes to the complexity of the TB control problem in Russia and requires additional efforts to tackle it. A major pending constraint towards the development of a comprehensive TB demonstration project for the Russian Federation is the reluctance of the Russian Ministry of Health to approve the long-term use of second-line anti-TB drugs for the treatment of multidrug resistant TB patients in Orel Oblast. Such permission is necessary to start the DOTS Plus project in Orel.

The rapid spread of HIV in Russia (including sites of the WHO TB demonstration projects) and its dramatic implication on the TB epidemic (especially MDR TB), urgently require WHO/CDC assistance to the Russian health authorities in targeting the dual problem and development of a pilot model on TB/HIV Control, to be implemented within the WHO/CDC TB Control projects. Two missions of CDC experts on the preparation of this project were conducted so far to the TB and HIV services in Orel. The federal and regional authorities, very much concerned with the growing HIV/AIDS epidemic in the country, officially declared their support to this important activity.

# INTRODUCTION

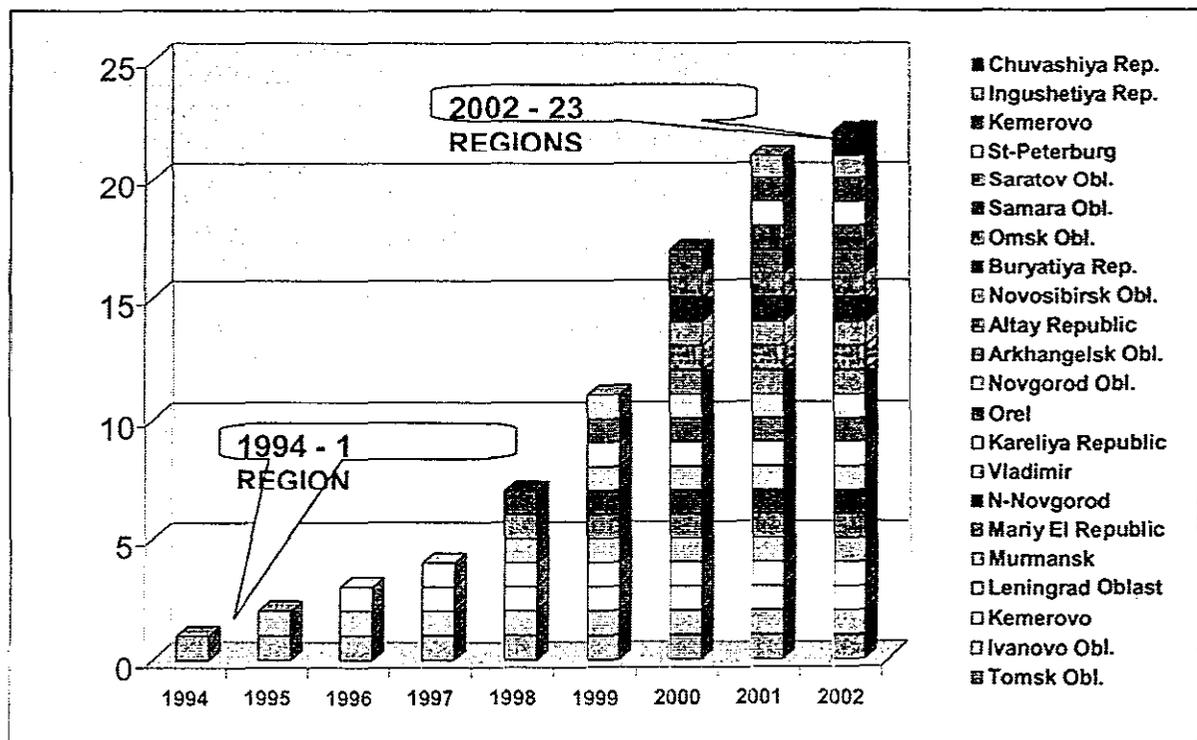
## 1. Epidemiological situation in Russia

There was a gradual decline in the TB incidence rate for a few decades before 1990. However, the trend has reversed and the TB incidence rate has more than doubled from 34.2 (in 1990) to 88.2 (in 2001) per 100,000 population or more than 130,000 new cases last year. There has been a major increase in the TB mortality rate, which has nearly tripled and reached 20.4 per 100,000 in 2000. At the present time the Russian Federation has one of the highest TB mortality rates in Europe. TB is the first cause of death from infectious diseases in Russia. The incidence rate of TB in children has also doubled in the past ten years, from 7.9 (in 1990) to 18.6 (in 2001) per 100,000 population or more than 4,500 children with TB in the last year.

The TB situation is even more complex in the correctional institutions where case and death rates among prisoners are ten times higher than in the civilian sector. In 2001 the case notification rate in correctional facilities was 2,783 per 100,000 convicts and 1,509 per 100,000 persons in detention centres. This will be a potential problem for TB control in the civilian sector as there is a growing number of prisoners with TB that are being released.

By the middle of 2002 DOTS pilot projects had begun or were earmarked to begin in Tomsk Oblast, Ivanovo Oblast, Kemerovo Oblast, Leningrad Oblast, St. Petersburg City, Murmansk Oblast, Vladimir Oblast, Republic of Marii El, Nizhny Novgorod Oblast, Republic of Karelia, Orel Oblast, Novgorod Oblast, Arkhangelsk Oblast, Altaj Krai, Altaj Oblast, Novosibirsk Oblast, Kaliningrad Oblast, Chuvashia Republic, Republic of Ingushetia, Republic of Buryatia, Tomsk Oblast, Saratov Oblast and Samara Oblast (figure 1). Some include the civilian sector, some the prison sector and the others include both of them. This corresponds to a population coverage of 15.6 %, although it is planned to increase this figure in future (attachment 1). DOTS-Plus is implemented in one prison in Tomsk.

**Figure 1. WHO strategy expansion in Russia, 1994-2002**



The annual report for 2000 specified that the treatment success rate was 67 %. This figure was calculated on the basis of the data obtained from 15 territories (Arkhangelsk Oblast, Buryatia Republic, Ivanovo Oblast, Leningrad Oblast, Mari –El Republic, Murmansk Oblast, Nizhniy Novgorod Oblast, Orel Oblast, Tomsk Oblast, Vladimir Oblast, Velikiy Novgorod, Karelia, Novosibirsk, Altay Kray and Kemerovo). Such a low rate could be explained by a high death rate (7%), failures (13.5%) and defaulters (7%).

## **2. Political situation**

The political commitment of the Russian authorities to the WHO-recommended TB control strategy and activities coordinated by the WHO TB office is quite strong at the federal level. Thus, the Russian Federation plans to allocate USD 58,2 million from the federal budget for TB control activities. The recommendations developed by the different Thematic Working Groups (TWG) consisting of Russian and international experts have been approved by the Ministry of Health and will be included in the new MoH Prikaz on TB, which is to be issued in November 2002.

Upon request the Ministry of Health provided the WHO TB Control Programme with information on the distribution of first-line TB drugs in the subjects of the Russian Federation as well as with a list of the main manufacturers and suppliers of TB drugs.

There has been a great improvement in cooperation with the medical authorities of Federal penitentiary system (GUIN) of the Ministry of Justice. An Agreement of Cooperation will be signed as soon as the text is agreed upon.

Development of the Five-Year Plan on “Provision of Guaranteed Diagnostic and Treatment Procedures for TB Patients and Development of TB Service in Russia” is a great step forward. Its development, structure and draft contents have been approved by the MoH, and it will become the main scheme for implementation of TB control activities in the country during the coming five years.

Negotiations on the World Bank Loan for implementation of the project on improvement of prevention, diagnostics and treatment for tuberculosis and AIDS in the Russian Federation were renewed and the WHO TB Programme took an active part in the negotiations providing the latest and essential epidemiological data and calculations, which are mainly based on the draft Five-year Plan.

At regional level, the Oblast Administrations in Orel and Ivanovo remain highly committed to the TB demonstration projects. The Interdepartmental TB Control Commissions are held with WHO and USAID participation on a quarterly basis in order to discuss the most relevant TB control issues at a high level. The President of Chuvashia Republic where the DOTS strategy will be implemented has expressed a strong commitment to the programme. In Vladimir Oblast an Interagency Support Plan was signed by the Deputy Governor, which is evidence of renewed commitment in this territory. All the regional health care and political authorities are eager to assist in the development of an exit plan on continuation of the programmes when donors discontinue support to the region.

A comprehensive “Regional TB Control Programme 2002-2004” document for all 4 TB demonstration sites has been finalized, describing the roles and responsibilities of all partners

involved. The document includes the framework for an exit strategy of the programme once external donor funding has stopped.

Representatives of the WHO TB Programme are constantly participating in various top-level TB-related events, such as collegiums of the Ministry of Health, conferences and workshops organized by the Central TB Research Institute of the Russian Academy of Medical Sciences and the Research Institute of Phthisiopulmonology of the Sechenov Moscow Medical Academy, which provide an update on programme activities and the latest achievements in the field. The WHO TB Programme also supports the organization of such events both within the country (the conference in Novosibirsk, June 2002, and the meeting of the chief TB Doctors in Moscow, June 2002) and outside its borders (Russian sessions at the IUATLD Conferences in Paris, November 2001, and in Bucharest, April 2002). A number of TB doctors and scientists sponsored by WHO and representing both civil and penitentiary TB services have an opportunity to be updated by participating in various TB-related events and to inform others about the TB situation in Russia.

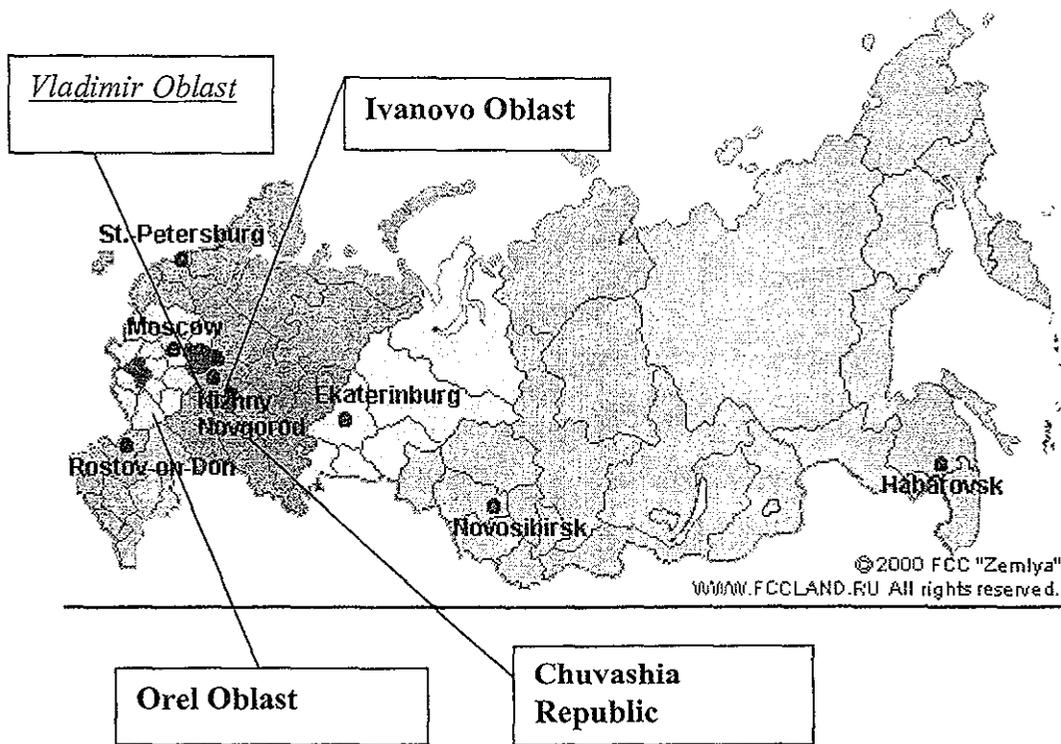
In June 2002, the Special Representative of the Director-General of WHO for Russia received an official request from the Ministries of Health and Justice to perform a joint evaluation of all existing international TB control projects in the country.

On 20 June 2002, the first meeting of the Working Group on "Lessons learned from implementation of TB control projects based on the WHO strategy" was held at the WHO DGSR Office in Moscow with representatives of national TB services at federal level and international organizations. The working group is to consolidate the statistical data and overall experience of all existing pilot projects to be included in the revision of the national TB policy.

On 25-27 September 2002, the CTRI in cooperation with the Russian Ministry of Health, the Russian Academy of Medical Sciences, the Russian Ministry of Justice and WHO is organizing a 3-day conference in Moscow, "New organizational forms of TB care for population under modern conditions. Outcomes and exchange of work experience in pilot regions".

As in previous years, various activities dedicated to World TB Day were organized in March 2002. The theme selected was "Stop TB. Fight Poverty". This year World TB Day activities attracted the attention of the mass media and society. High-level Russian officials from the Russian Ministry of Health, the Ministry of Justice, TB Research Institutes and the Moscow TB Centre, and representatives of the Russian Red Cross and international organizations involved in TB control in Russia, joined WHO in the press conference "Tuberculosis is a medical and social problem", demonstrating growing political and social commitment.

The activities described above can be considered a firm foundation for further progress in collaboration with high level Russian authorities and better recognition of WHO's coordinating role in developing and implementing a revised national TB control strategy.



## A. MANAGEMENT OF THE PROGRAMME

### 1. On-site monitoring and technical assistance

During the reporting period WHO continued to provide technical assistance to the regional TB services in all territories according to the programme objectives. Regular joint monitoring missions to the project sites and reviews of the regional TB Control Programmes' performance allowed the evaluation of the effectiveness of the activities undertaken and the strengthening of the capacity of the national TB services.

#### Ivanovo

##### *February 2002*

4-21 February, a joint WHO/CTRI/GUIN monitoring mission to the civilian and prison sector was carried out to evaluate the performance of the programme. As a result of an improved overall programme and with a view to building sustainability, WHO in agreement with the local and federal counterparts had decided to decrease the frequency of monitoring visits.

Cohort analysis was performed for quarter 4 2000 (treatment outcome), quarter 4 2001 (case finding) and quarter 3 2001 (sputum conversion). Patient treatment cards were checked in the TB departments of the Regional Dispensary and Hospital, 2 districts and several penitentiary establishments, including TB colony Nr 8 in Talitsa.

A decrease in treatment success (from 66% to 63.5%) was reported due to increased treatment failure (15%) and a high death rate (15%).

13 February, the Regional Administration held the quarterly Interdepartmental TB Control Commission chaired by the Governor, which demonstrates the local commitment and ownership of the programme. WHO and USAID representatives were present at the Commission. The Governor and the Regional Administration committed themselves further to strongly supporting the joint TB Control Programme. The most important outcome of the Resolution of the Commission was the agreement to develop an exit strategy in cooperation with WHO, describing how the region would continue TB Control activities, based on WHO recommendations, after discontinuation of external funding. To ensure the necessary financing of such local sustainable TB Control Programmes, it was decided to start with the centralization of the TB and laboratory services in the oblast

11-23 February, a WHO cost-effectiveness mission took place. The aim of the work was to identify the total and average costs of the new management strategy for TB patients in the 4<sup>th</sup> quarter of 2000 in order to be able to estimate the average cost per new smear positive case treated. The enhanced strategy was initiated in the 3<sup>rd</sup> quarter of 2000 (piloted in selected raions) and has been implemented oblast wide since the 4<sup>th</sup> quarter 2000. This strategy includes social support for TB patients to ensure their adherence to treatment and incentives for health care workers to strengthen motivation in supervision and general management.

21 May, at the next meeting of the Commission it was decided to close down one of the district in-patient facilities, in the context of building further on the centralization of the TB service and the strengthening of ambulatory TB treatment, as recommended by WHO.

The remaining problem is lack of isolation of chronic and MDR TB patients in the TB Colony in Talitsa.

## Orel

### *January 2002*

28-29 January, a joint WHO/IFRC/RRC mission was performed to the Orel region. The WHO grant to the IFRC on joint TB control activities, which finished in August 2001, was renewed up to September 2002.

The mission reviewed the status of the project and monitored the progress in implementation of the new components included in the prolonged grant (see *C. OUTREACH and FOLLOW-UP*).

### *March 2002*

4-5 March, a professional journalist visited the WHO TB project in the Orel region to develop case study on the social support organized to socially deprived TB patients (chronic alcoholics, the mentally ill, poor people living in remote areas, etc.) within the WHO TB Control Programme. Social support is provided through the regional branch of the Russian Red Cross and its Visiting Nurses Service in close cooperation with the regional TB service in the framework of the joint WHO-IFRC Programme. This initiative came from WHO HQ in the context of the "Poverty and Health Initiative", which studies the links between poverty and health and in particular how vulnerable groups of the population are provided with services that alleviate the impact of poverty on the health of individuals.

### *April 2002*

15-19 April, a joint WHO/CTRI/CDC monitoring mission to the civilian and prison sector was carried out to evaluate the performance of the programme.

Cohort analyses were performed for quarter 1 2001 (treatment outcome), quarter 1 2002 (case finding) and quarter 4 2001 (sputum conversion). Patient treatment cards were checked in the TB departments of the Regional Dispensary, one district and one establishment of a pre-detention centre (UIN SIZO-1) were visited.

There were limited deviations from treatment protocol and defining the proper treatment category for detected TB patients.

Among the drawbacks observed was the low rate of TB patients detected by ZN microscopy in the general health care system (0.6%), weak quality control procedures (less than 10% of all slides were reviewed by the OTBD laboratory) and a decrease in the number of supervisory visits to the districts.

The CDC consultant focused on the implementation of drug resistance surveillance.

The TB Demonstration Centre in Orel Oblast continued and expanded its activities. In February and April 2002, TB staff of the WHO TB project in Ukraine and the TB project in Buryatia visited the Orel TB demonstration project. The aim of the visit was to exchange practical experience and discuss steps for programme improvement and implementation between the WHO-supported oblasts.

A major pending constraint towards the development of a comprehensive TB demonstration project for the Russian Federation is the reluctance of the Russian Ministry of Health representative Pharmcomitet to approve the long-term use of second-line anti-TB drugs for the treatment of multidrug resistant TB patients in Orel Oblast. Such permission is necessary to start the DOTS Plus project in Orel.

WHO has been negotiating with the Ministry of Health and the Russian Pharmacopoeia on permission for the long-term use of second-line anti-TB drugs, which are necessary to apply the internationally recommended treatment regimens for MDR TB. The Ministry of Health suggested to WHO that they prepare the DOTS Plus project in Orel Oblast as a clinical trial under the umbrella of the CTRI, which would allow WHO to start the MDR TB management project until National MoH treatment recommendations are changed.

Unfortunately, due to different reasons and interests at different levels in the Russian establishment, permission to start has not been given so far. This pilot project is essential to acquire experience in managing MDR TB in order to formulate policy recommendations on how to tackle the emerging threat of MDR TB in the civilian and prison communities effectively.

22-26 April, there was a monitoring mission performed by the CTRI laboratory consultant, M. Shulgina. The main issues noted during the mission were as follows:

- there are slow dynamics in TB case detection in the General Health Care Service. In order to accelerate the positive trend it is necessary to invigorate the coordination of activities between the GHC service and the TB service;
- the quality of the bacteriological laboratory of the TB Dispensary is good and it works within the normal range of indicators;
- the rate of SS+ cases is lower for region penitentiary system (UIN) patients. Given that microscopy is done in the civilian laboratory, it is necessary to investigate the other steps of the diagnostic chain.

## Vladimir

### *December 2001*

24 December, the Interagency Social Support Plan for TB patients was signed between the Deputy Governor for Social Affairs, the Heads of the Health and Social Departments and the Chief of the Vladimir prison system. The implementation of the plan was foreseen to start on 1 April 2002.

### *January 2002*

14-18 January, a joint WHO/GUIN monitoring mission was performed to Vladimir's penitentiary prison system with the participation of the chief TB specialist of the Russian Ministry of Justice. The programme was evaluated during working visits to the medical department of the local administration of the penitentiary system and to peripheral and TB prison departments. The results of the visit were discussed with the chief of the UIN at an exit meeting.

In the organization of diagnostics and the treatment of TB in Vladimir UIN a considerable positive trend has been noted. All clinical laboratories of UIN perform smear microscopy for TB as a routine test. The rate of new SS+ cases among all registered new TB cases increased to 37.3% (4 Q 2001) compared to 8.3% (3 Q 2001). The rate of bacteriologically (culture) confirmed new TB cases reached 50% (for the first time in the last 5 years).

Adherence to the internationally recognized treatment protocol has increased and treatment interruptions are happening only in SIZO (pre-trial centre), when activities in the framework of criminal investigation take place. .

WHO started the procurement of a car (mini-bus) for the prison Medical Department to facilitate monitoring missions to the peripheral colonies and the transfer of sputum samples to the central laboratory.

The Medical Department of the Ministry of Justice is planning to start DOTS Plus for MDR TB in Vladimir for TB patient-prisoners for the central part of Russia. A MDR TB ward is being established and the necessary number of staff positions created. WHO/CDC is ready to provide assistance in this regard.

### ***February 2002***

28 February, a TB Commission meeting took place at the Vladimir Health Department, chaired by the Health Commissioner. During the meeting the TB control situation in Vladimir Oblast was discussed. WHO was represented by Dr H. Kluge, Medical Officer. The decisions of the Commission were as follows:

- To consider the problem of the transfer of the TB dispensary to a new building as a priority and to reach agreement on the transfer of the TB Dispensary with all parties involved by 1 March 2002;
- To recommend that the Health Commissioner mobilize the regional extra-budgetary funds for programme support in order to ensure the continuation of the programme in Vladimir Oblast;

### ***March 2002***

4-7 March, the quarterly joint WHO/CTRI monitoring mission to the civilian sector was carried out to evaluate the performance of the programme

Treatment success for patients registered in quarter 1 2001 remains high (72%) and the default rate is low (4%). Regular short treatment interruptions in the Oblast TB Dispensary are caused by lack of hot water in the TB dispensary (patients have to go home for a bath).

While the political commitment of the Regional Administration remains questionable, different district administrations are taking ownership of the TB Control Programme, demonstrating firm political support (through social support programmes and self-funded staff incentive programmes).

14 March 2002, a one-day WHO planning mission was performed to Vladimir to prepare the implementation of the Interagency Social Support Plan for TB patients. Discussions were organized at the Health, Social Support and Prison Departments. The programme document describing the implementation mechanism and the roles and responsibilities of all partners involved was finalized.

### ***April 2002***

1 April, the implementation of the Interagency Social Support plan started through the network of Social Support Departments in Vladimir City and districts.

A Prikaz (order) on the implementation of the programme was issued by the Head of the regional Social Support Department. The Regional TB Dispensary organized seminars for the heads and deputy heads of the district and city Social Support Departments on the basics of TB and how the TB service and social support services would collaborate together. (See C. *OUTREACH and FOLLOW-UP*).

26-27 April, there was a monitoring mission performed by the CTRI laboratory consultant, V. Puzanov. The goal of this mission was to assess a new building for the bacteriological laboratory of the Vladimir TB Dispensary and to plan the transfer of the laboratory to the new building. It was concluded that the new premises were suitable and convenient for the TB Dispensary bacteriological laboratory equipment, activities and personnel. It is necessary to develop further a detailed plan for each section of the laboratory.

### *May 2002*

13-17 May, the second quarterly monitoring mission to the prison TB control programme was performed. The WHO/CTRI supervisors were accompanied by the chief TB specialist of the Ministry of Justice of Russia.

The rate of new SS+ cases among all registered new TB cases increased to 54% (1 Q 2002) compared to 8,3% (3 Q 2001).

There are still some delays in treatment initiation after the patient is diagnosed with TB (especially SS+ patients). Because of the lack of transport there are difficulties with transportation of sputum and monitoring visits to UIN establishments. HIV+ TB patients are detained in punishment cells in order to be separated from non HIV- inmates. In several places treatment outcomes were evaluated only by means of low quality X-rays.

The findings and recommendations of the mission were communicated to the Chief of the Vladimir prison system in an exit meeting.

## Chuvashia

### *December 2001*

10 December 2002, during a 1-day mission of WHO to Cheboksari, the President of Chuvashia Republic was officially informed of the selection of the Republic as the fourth USAID-granted TB demonstration project.

### *March 2002*

4-7 March, the first WHO/CDC/RIPP laboratory assessment mission to the civilian and prison laboratory services was performed. The aim of the mission was to assess their preparedness for implementation of the DOTS programme. Different visits were conducted to the TB laboratories and the general health services and meetings were held with staff and health authorities. The training needs for the laboratory staff and a preliminary list of laboratory equipment and reactivities were identified.

The Minister of Health of Chuvashia Republic confirmed the political support of the Republican Administration to the TB Control Programme.

19-20 March 2002, a WHO/CDC/RIPP mission was conducted to Chuvashia to discuss the Technical Protocol with the core staff of the civilian and prison TB Services. WHO and CDC representatives presented the main elements of the Technical Programme Protocol and facilitated a debate on the similarities and differences of Russian and international TB control strategies.

The procurement of 2 cars (to facilitate monitoring missions to the districts and home treatment) and office equipment (to strengthen surveillance) was initiated.

The procurement of necessary recording and reporting forms for start-up of the programme was initiated.

#### *April 2002*

26-27 April, a WHO mission was conducted to Chuvashia. The aim of the visit was to continue planning the DOTS project implementation. WHO supervisors together with the TB counterparts in Chuvashia worked on the regulatory documents necessary for start-up of the programme and on the Interdepartmental Social Support Plan. A preliminary activity plan for the first year was put together.

#### **Interregional events**

#### *December 2001*

7-11 December, WHO and the Ministry of Justice organized the All-Russia Workshop on DOTS expansion in the prison system of the Russian Federation. Representatives of the Ministry of Health, the Ministry Justice and the Ministry of the Interior, the Council of Europe, USAID, leading TB Research Institutes, all regional prison systems in the country and many international organizations discussed the expansion of the DOTS strategy in Russian prisons. A Resolution on DOTS expansion and strengthened collaboration between the Ministries of Health and Justice in TB control was issued at the end of the conference.

#### *February 2002*

8 February, WHO held the first meeting for oblast programme directors from all pilot programmes at the WHO Office. This meeting was attended by chief TB doctors and the chiefs of the UIN medical departments from Orel, Ivanovo, Vladimir, Velikiy-Novgorod Oblasts, and the Republics of Chuvashia and Ingushetia.

WHO made a presentation on the sustainability of the programme. There was a consensus that there was a need to develop a long-term exit strategy, which would enable the programme to continue without external donor support. All Directors updated WHO and their colleagues on the main events and future activities.

The UIN representatives emphasized the necessity of developing a treaty between GUIN and WHO. This treaty is necessary to facilitate collaboration and financial transactions between Oblast UIN and WHO. It was a very active and productive meeting and it was decided to hold this meeting quarterly, in order to stimulate and facilitate collaboration and update between partners.

#### *May 2002*

24 May, the second quarterly meeting of the Directors of the Pilot Programmes was held. The main issues discussed during the meeting were:

- necessity to provide quarterly and accurate reports in a timely manner;
- necessity to standardize quarterly director reports and quarterly reports;
- update on implementation of programmes in the Ivanovo UIN and civilian sectors;
- suggestions on improvement of collaboration in the field of supply and procurement.

It was decided to hold the next meeting on 12 September 2002.

## 2. Training

### Ivanovo

#### *February 2002*

14 February, a training course for the chief doctors of the GHC system (1 day, 60 participants). Presentations were made by WHO, CTRI, Ivanovo TB Dispensary. The aim of the training was to educate health managers in TB detection and diagnostics and the role of GHC doctors in it. The training consisted of lectures, working groups and role plays.

#### *March 2002*

11-14 March, refresher training for nurses and feldshers of TB/GHC service "Principles of TB control at district level". During the five days nurses and feldshers were trained (45 trainees from GHC system, 30 trainees from UIN, 30 trainees from TB service). The aim of the training was to refresh basic principles of TB control for the nurses and feldshers.

#### *April 2002*

April 22-23, refresher training course for laboratory coordinators (2 days, 25 participants). The aim of the training was to refresh the basic principles of organization of laboratory services for chiefs of laboratories of Central Raion Hospitals. The necessity of centralizing the laboratory service was stressed and possible perspectives for its implementation were discussed. The training consisted of lectures and working groups.

25-26 April, refresher training for laboratory technicians (2 days, 25 participants). The aim of the training was to refresh the basic principles of organization of laboratory services, bacteriological issues and standard diagnostic laboratory procedures for laboratory technicians of GHC and TB services. The training consisted of lectures and working groups.

#### *May 2002*

29 May, Workshop for Heads of Raion Administration and UIN Officials (1 day, 30 participants). Representatives from WHO, USAID, CTRI, ITBD, Ivanovo UIN the Oblast Administration made presentations. The workshop aimed at stressing the importance of TB control support from Raion Administrations. The training consisted of lectures and working groups.

### Orel

#### *February 2002*

21 February, refresher training for laboratory coordinators and technicians (1 day, 41 participants) took place. The aim of the training was to refresh the basic principles of organization of laboratory services for chiefs of laboratories of Central Raion Hospitals. The necessity of centralizing the laboratory service was stressed and possible perspectives for its implementation were discussed.

#### *March 2002*

25-28 March, a refresher course for TB nurses/feldshers and nurses/feldshers of GHC/TB services (civilian and UIN), "Organization of TB control", (4 days, 106 trainees). The aim of the training was to refresh the basic principles of TB control for nurses and feldshers. The training consisted of lectures and working groups.

29 March, training for chief nurses of the GHC service (1 day, 20 participants). This newly introduced training aims to stress the importance and endorse the knowledge of senior administrative nurses of the GHC system on TB control in accordance with DOTS principles.

## Vladimir

### *March 2002*

18-21 March, refresher training for laboratory technicians (2 times, 2 days, 50 participants). The aim of the training was to refresh the basic principles of organization of laboratory services, bacteriological issues and standard diagnostic laboratory procedures for laboratory technicians of GHC and TB services.

25-28 March, refresher training for nurses and feldshers of TB/GHC services on the "Principles of TB control at district level". 105 nurses and feldshers were trained (43 trainees from the GHC system, 27 trainees from GHC UIN, 35 trainees from the TB service, UIN and civilian). The aim of the training was to refresh the basic principles of TB control for nurses and feldshers. The training consisted of lectures, working groups and role plays.

### *April 2002*

17-18 April, training on infection control (2 days, 76 participants, including 4 participants from the Tomsk TB Control Programme and Partners in Health. This course was funded jointly with CDC. Presentations were made by P.Cegielski (CDC) and P.Jensen (NIOSH). The course focused on the protection of TB staff from acquiring TB in the work place and described administrative, engineering and personnel protective measures. All the participants in the course were fit-tested with new respirators.

26-27 April 2002, refresher training for laboratory coordinators (2 days, 25 participants). The aim of the training was to refresh the basic principles of organization of laboratory services for chiefs of laboratories of Central Raion Hospitals. The necessity of centralizing laboratory services was stressed and possible perspectives for its implementation were discussed. The training consisted of lectures and working groups.

### *May 2002*

20 May, training for Deputy Heads of GHC services (1 day, 60 participants). The training was conducted by the Deputy Chief of Ivanovo TB Dispensary. The aim of the training was to educate health managers in TB detection and diagnostics and the role of GHC doctors. The training consisted of lectures, working groups and role plays.

## Chuvashia

### *May 2002*

27-31 May, the first WHO training course was organized for TB specialists in Chuvashia Republic.

It was an interregional training course for TB coordinators facilitated by WHO trainers from WHO/headquarters and WHO/RUS office for 66 senior TB doctors from Chuvashia, representatives of CTRI, RIPP, IFRC and other regions, which are implementing the WHO TB Control Strategy in the country. The trainees were introduced to the new WHO training modules on management of TB at district level.

### *June 2002*

3-7 June, follow-up training for 60 TB clinicians from civilian and prison TB services was organized, conducted by a group of Chuvashian TB control trainers.

### **Interregional Training**

#### *April 2002*

Interregional training, "The Prevention and Treatment of Alcohol Use Disorders in Persons with Infectious Diseases", was conducted in St. Petersburg, 23-25 April. The training course was organized by the University of Louisville (USA) and the Pavlov Medical University, St. Petersburg, and aimed at specifics of management of TB, HIV, AIDS and Hepatitis C in patients with alcohol addictions. Five participants from USAID funded regions participated in the course (Orel-1; Vladimir-1; Chuvashia-1; Ivanovo-2).

### **International Conferences and Workshops**

#### *December 2001*

MDR TB training in Riga, Latvia, was organized for 3 Orel TB doctors and 1 CTRI supervisor in order to prepare them for launching the DOTS Plus programme in Orel. The training was based on the practical experience of the Latvian Centre of Excellence for treatment of MDR TB patients, with the use of audio/video materials and practical work of trainees with documentation.

#### *April 2002*

17-20 April 2002, WHO supported the participation of senior TB staff from Ivanovo and Orel Oblasts, the Ministry of Justice, the Ministry of Health and three federal TB Research Institutes (Moscow, Novosibirsk and Ekaterineburg) in the European IUATLD TB Conference in Bucharest, Hungary. The chief TB doctor of Orel Oblast presented the experience of TB control in his region.

10-12 April 2002, four senior TB doctors from the Orel and Ivanovo regions participated in the Workshop on MDR TB, Tallinn, Estonia. The workshop focused on internationally recognized approaches to MDR TB diagnostics, treatment and prophylaxis.

#### *July 2002*

1-5 July 2002, the WHO DGSR Office in Russia provided technical support to the Novosibirsk TB Research Institute in organizing the International TB Conference "Tuberculosis: old problems in the new millennium".

### **3. CDC technical assistance in collaboration with WHO**

The WHO DGSR Office in Moscow coordinated joint WHO/CDC/CTRI monitoring missions and training courses in order to establish coherent policies and facilitate work in the oblasts. Separate reports of the CDC representatives are available at the WHODGSR Office in Russia. In addition, a few separate missions were carried out at the project sites.

### ***8 December 2001***

Dr Ch. Wells, Director, Division of International Activities, TB Elimination Department, CDC/Atlanta (USA) took part in the III National Conference for Chiefs of Medical Departments and Chief Phthisiatrists of the UIN in Nizhniy Novgorod. Dr Wells presented general data on the influence of HIV on tuberculosis, stressing the fact that HIV leads to an increase in tuberculosis infection and rate of disease. Dr Wells also presented the basic principles of joint TB/HIV infection management in the United States. He warned the audience that with the increase of HIV incidence in Russia, the problem of a great increase in TB would occur.

### ***6-7 February 2002***

A workshop on the recording/reporting system and the revision of protocol was conducted jointly by P. Cegielski (CDC) and I. Danilova (WHO) in Ivanovo (1 day, 5 participants). The workshop was attended by the Heads of Methodical Departments from WHO supported oblasts (Orel -1, Ivanovo -2, Vladimir -1, Novgorod-1). Several issues were discussed during the workshop, such as registration, proof of drug resistance and extension of treatment period.

A workshop on infection Control (1 day, 30 participants) was conducted by P. Cegielski (CDC) in Ivanovo. The workshop focused on following up the results of training in Ivanovo (October 2001) and future plans. I. Danilova made a presentation on the analysis of the work of Ivanovo Oblast in the WHO supported programme.

### ***3 February – 29 March 2002***

Programme consultant, Dan Ruggiero, worked in Ivanovo on data collection and interviewed patients to evaluate the Case Management Plan. Additionally, he collected information on patient education. In view of high inflation, patient incentives are losing value. It was decided to develop a joint WHO/CDC plan on improvement of the Case Management Plan.

### ***25 February -3 March 2002,***

EIS officer Puneet Dewan worked in Orel on data collection for a TB prevalence study in prison. The outcome of the study will allow an estimation of the true prevalence of TB among the prison population. Additionally, data on the cost-effectiveness of active screening have been collected, which allow a comparison of active case finding (screening) and passive case finding (sputum microscopy).

### ***22 March -4 April 2002***

Yvonne Hale, Section Head, Florida State Laboratory worked in Ivanovo to follow up the recommendations of her previous visit and conducted training on methods of drug resistance rapid diagnostics using "Bactec-460" (2 days' training, 6 participants: CTRI-2, Orel-1, Ivanovo-3). The training focused on a description of work of the device and main procedures and was conducted in a practical way, with actual processing of samples.

### ***3 April - 15 April 2002***

Dennis Noland, microbiology laboratory administrator, jointly with WHO TB assistant, A. Korobitsyn, and Ivanovo laboratory specialists, conducted an assessment mission on the Ivanovo laboratory network. The goal of the mission was to conduct a comprehensive inventory and assessment of needs, as well as to develop recommendations for strengthening and centralization of the Ivanovo district laboratory network.

#### *17-18 April 2002*

An infection control training course was conducted in Vladimir (as mentioned in sections A. Management of the programme; 2. Training). Additionally, an assessment on infection control engineering equipment in the Vladimir prison sector was conducted, as well as in the Ivanovo (19-23 April) and Orel (24-25 April) civilian and prison sectors. In Vladimir UIN Establishment # 3 attention was paid to the Biological Safety Cabinets filters, the system of ventilation and microscopy services. In Ivanovo and Orel, the previous activities in the field of infection control, which followed training at these sites in October 2001, were reviewed and discussed.

#### **4. Logistical support and procurement of goods and services**

For the implementation of the DOTS and DOTS Plus strategy WHO has continued providing the four participating oblasts (Orel, Vladimir, Ivanovo and Chuvashia), as well as the Russian Central TB Research Institute (CTRI) of the Russian Academy of Medical Sciences, with specified goods and services:

##### *Laboratory equipment and supplies:*

A Sealed Bid for the local purchase of laboratory equipment and supplies was carried out on 14 February 2002. During the Bid WHO faced a number of difficulties, such as the introduction of VAT for the greater part of laboratory equipment in Russia, consequent price deviation. A local supplier was chosen, but three items, i.e. centrifuges, balances and cryogenic vials, were approved only for offshore procurement through WHO HQ because of the comparatively high local price. An assessment of the project needs for laboratory chemicals and substances was conducted with the help of CTRI experts.

Biological Safety Cabinets were successfully fixed and launched in Orel and Ivanovo Projects.

##### *Anti-tuberculosis drugs:*

Ofloxacin for a total cost of 38,934 USD was delivered to Orel for DOTS Plus in December 2001.

WHO received permission from the Humanitarian Aid Commission to import capreomycin and cycloserine from MSF Transfer (Belgium) for DOTS Plus and Category II in Orel.

##### *Drug and Supply management:*

As a result of the analysis of the quarter 1 2002 drug stock report received from the projects it was decided not to effect full-scale drug procurement during 2002. Limited deliveries are possible, if shortages are threatened. This decision was unanimously approved during the Project Directors' Meeting dated 24 May 2002.

Remounting of one BSC was effected in Orel.

##### *Office Equipment*

The UIN sectors of Ivanovo and Vladimir were provided with office equipment (PCs, printers, copiers, faxes, etc). Shipment to Chuvashia of demonstration and some office equipment was carried out.

Some additional items of office equipment were procured for the TB Moscow Office.

### *Cars*

The procurement of 2 cars for the Chuvashia TB Programme and 1 for the Vladimir prison system has been initiated. The cars will facilitate monitoring missions to remote district facilities and organization of home treatment.

## **B. LOCAL COORDINATION**

One international TB project manager is responsible for project implementation and monitoring under the supervision of the TB programme coordinator. The TB project manager is assisted in project implementation and evaluation, procurement and customs clearance of imported goods by four TB project assistants and a part-time technical clerk. A financial assistant and a part-time office administrator support the project on financial and administrative issues.

Two TB project assistants participated as trainees in the interregional TB training course organized in Cheboksari, Chuvashia Republic, to strengthen the capacity of the WHO DGSR Office.

The international TB project manager and one TB project assistant participated in the IUATLD TB Conference in Bucharest, Hungary.

The project assistant for supply and procurement presented WHO's established drug management system in the TB demonstration projects at the yearly prestigious "Man and Drug" Conference in Moscow, 11 April, 2002.

Monthly meetings are held with CTRI to update and coordinate activities. CTRI forms the vital link between the project and the Ministry of Health. CTRI is the Russian federal counterpart that provides the necessary technical assistance (monitoring and training) and performs the proficiency testing of the oblast laboratories.

WHO DGSR Office in Moscow ensures close cooperation and coordination with the other international agencies and donors involved in TB control in Russia through the mechanism of bilateral cooperation and monthly TB coordination meetings held at the WHO Office.

## C. OUTREACH AND FOLLOW-UP

### Orel Oblast

The joint WHO/IFRC/RRC programme on social support and educational activities for TB patients has been continued. The continuation of the project was officially initiated in October 2001 in sixteen raions, including the city itself. The start date of the project was later amended to September 2001. Two new territories were included in the project in February 2002.

#### *The programme objectives are:*

- To raise public awareness about TB and HIV/AIDS through health education on TB/HIV/AIDS prevention and treatment and promotion of healthy lifestyles;
- To increase patient compliance to treatment by providing DOT, nutritional and social support;
- To influence public opinion in support of international approaches of the Orel health services/WHO fighting TB/HIV/AIDS;
- To strengthen the Russian Red Cross and Visiting Nurses service;

#### *Activities:*

- From 1 October 2001 to 28 February 2002, the social status of 154 TB patients was studied; all of them were included in the Red Cross programme;
- Out of the number of programme beneficiaries, 42% (65 patients) receive treatment under the control of the Red Cross (2 raions and Orel City); 52 % (85 patients) under the control of the TB Dispensary, FAPs and Central Raion Hospitals (13 raions);
- The Russian Red Cross Committee in Orel took part and organized a number of activities targeted to raise public awareness of TB/HIV/AIDS/Healthy lifestyle issues;
  - o Organizing World TB and AIDS Days;
  - o Participating in a roundtable for social organizations in Orel;
  - o Fundraising activities;
  - o Health education lectures and public actions in schools, prison for teenagers;
- Legal counselling for TB patients, Internally Displaced People (IDP) and other categories of people (old, disadvantaged). From October 2001 to February 2002 94 consultations were provided (61- in the Red Cross office, 21 - by telephone; 12 – during actions);
- Psychological support was provided to 132 TB patients included in the programme. In February 2002 agreement was achieved between the TB service and the Oblast UIN and the schedule of visits by psychologists to UIN facilities was approved;
- The Red Cross played an advocacy role with the regional authorities and the general public on internationally approved principles of TB/HIV control;
- In February 2002 two new raions were included in the programme;
- A new agreement was signed between the Oblast Red Cross Committee and the Oblast Administration on collaboration in the social sphere in 2001-2005 and 100,000 roubles for VNS development were contributed from the regional budget.

#### *The major achievements are as follows:*

- The programme continued to perform well on the basis of previous experience;
- The rate of defaulters is very low (for quarter 1 2002 the rate of defaulters in the civilian sector is 2.9%);
- New activities (legal and psychological counselling), which proved necessary, were introduced into the programme;
- Two new raions were included in the programme;

- The Oblast Administration continues to commit itself to collaboration with international partners (WHO, Red Cross).

*Difficulties and challenges:*

- Transport problems preventing expansion to remote raions;
- Insufficient number of patients involved in the RC programme due to delays in patient dismissal;
- Programme sustainability: difficulties with local fundraising, which would allow the programme to function without external support.

**Ivanovo Oblast**

A comprehensive Case Management Plan for Ivanovo Oblast has been continued. The default rate remains low: 3.9 % in quarter 4 2001 and 3.3% in quarter 1 2002. Altogether for this time period 1566 food parcels were distributed.

CDC Project Officer, Dan Ruggiero, worked in Ivanovo in February and March 2002 to collect data on the performance of the Case Management Plan (See *A. MANAGEMENT of the PROGRAMME; 3. CDC TECHNICAL ASSISTANCE*).

At the Interdepartmental TB Control Commissions chaired by the Governor in May 2002, an increase in funding for TB in-patients was declared (850,000 rubles are allocated). Additionally, funds for bus transportation for TB patients were strongly promised by the Regional Administration as their cost contribution to the Case Management Plan.

The current challenge is that the actual value of the food parcels has considerably decreased because of inflation and it is more difficult to keep TB patients motivated. Currently consultations are being held between WHO and CDC on the scale of increase of incentives for patients and other measures to improve the Social Support Plan.

**Vladimir Oblast**

On 1 April, 2002 the Department of Social Protection of the Oblast Administration started to provide social support for TB patients. Food parcels for TB patients were procured and distributed to all raions through the Raion Administrations. For one patient it is planned to provide one food parcel a month, which costs 200 rubles. By 10 May 2002 198 patients had received the first food parcels. In 5 raions and Vladimir City the problem of free transportation for TB patients going for treatment was solved.

**Chuvashia Republic**

The interdepartmental Social Support Plan (2002-2004) was developed in close cooperation with the former Health Commissioner of Ivanovo Oblast, Dr. A.S. Medvedev. The Plan was adapted for the Chuvashian setting by the Chief TB Doctor of the Republican TB Dispensary, Dr Mokhireva.

Dr. H. Kluge and Dr. Mitrofanov discussed the Plan during their visit to Chuvashia on 27-30 April 2002. The latest version was sent for approval to the Ministry of Health and the Ministry of Social Policy of Chuvashia Republic.

The major components of the Plan are as follows:

- 1) Invitation to cooperate for the Republican Committee of the Russian Red Cross, the Ministry of Social Protection and the local administration by sharing expenses to cover the free transportation of TB patients to treatment facilities, the provision of food and clothing as incentives for treatment compliance, and the involvement of volunteers and social workers in the treatment process;

- 2) Appointment of the Social Support Programme Manager with a description of his/her responsibilities and duties;
- 3) Emphasis on health education;

Partners in the implementation of the Plan are:

1. The Ministry of Health of Chuvashia Republic;
2. The Ministry of Social Protection of Chuvashia Republic;
3. The Chuvashia Republic Committee of the Russian Red Cross;
4. The local (Republican, city, district) administrations;
5. The Republican TB Dispensary;
6. WHO.

## **D. CHALLENGES and NEXT STEPS**

### **1. Remaining challenges**

1. Reluctance of the Russian Ministry of Health representative Pharmcomitet to approve the long-term use of second-line anti-TB drugs for the treatment of multidrug resistant TB patients in Orel Oblast. Such permission is necessary to start the DOTS Plus project in the region.
2. Alarming and rapid spread of HIV infection in Russia, including the demonstration project sites, which has dramatic implications for the TB situation, especially in the context of high levels of MDR TB.
3. There is still insufficient national ownership of the TB Control Programmes at federal level and in the regions, which would allow programme activities to continue without external support and ensure the sustainability of the programme.
4. Lack of federal capacity on monitoring, supervision and laboratory activities.

### **2. Next steps**

#### **1. Federal/National Level**

1. To organize a workshop for high-level policy makers from the Russian Government and Medical Institutions to discuss the most cost-effective methods of TB control, based on the results of WHO's project on cost-effectiveness. To provide technical support for the public health training of young physicians in the framework of capacity building for training, supervision and laboratories at federal level on the basis of CTRI;
2. To continue to advocate the role of WHO TB projects as training and demonstration sites in DOTS expansion in the Russian Federation supported by the World Bank loan on TB/HIV;
3. To develop an activity plan to evaluate the different DOTS projects in Russia together with the Ministries of Health and Justice;
4. To continue the difficult process of obtaining permission from the Ministry of Health to use second-line anti-TB drugs for the management of MDR TB, which is necessary to start up the delayed project on DOTS Plus for MDR TB in Orel Oblast.
5. To provide the necessary assistance to the CTRI and the Russian Ministry of Health in organizing a 3-day conference "New organizational forms of TB care for population

under modern conditions. Outcomes and exchange of work experience in pilot regions” to be held in Moscow on 25-27 September 2001.

## II. Regional Level

### Orel Oblast

- To finalize the Technical Protocol on prophylaxis and treatment of TB in HIV/AIDS patients;
- To strengthen the role of the TB Demonstration Centre;
- To revise the status of the IFRC/RRC programme and formulate WHO’s point of view on its (dis)continuation at the end of the second year of the project.

### Ivanovo Oblast

- To finalize the revision of the Case Management Plan, according to the recommendations of the CDC expert’s evaluation report;
- To continue providing technical support to the process of centralization of in-patient and laboratory TB services;
- To install the database for patient management in the Ivanovo prison system;

### Vladimir Oblast

- To review the data on very high drug resistance in prisons;
- To develop the prison component of the Interagency Social Support Plan;
- To start a systematic quality control system of laboratory performance in prisons.

### Chuvashia Republic

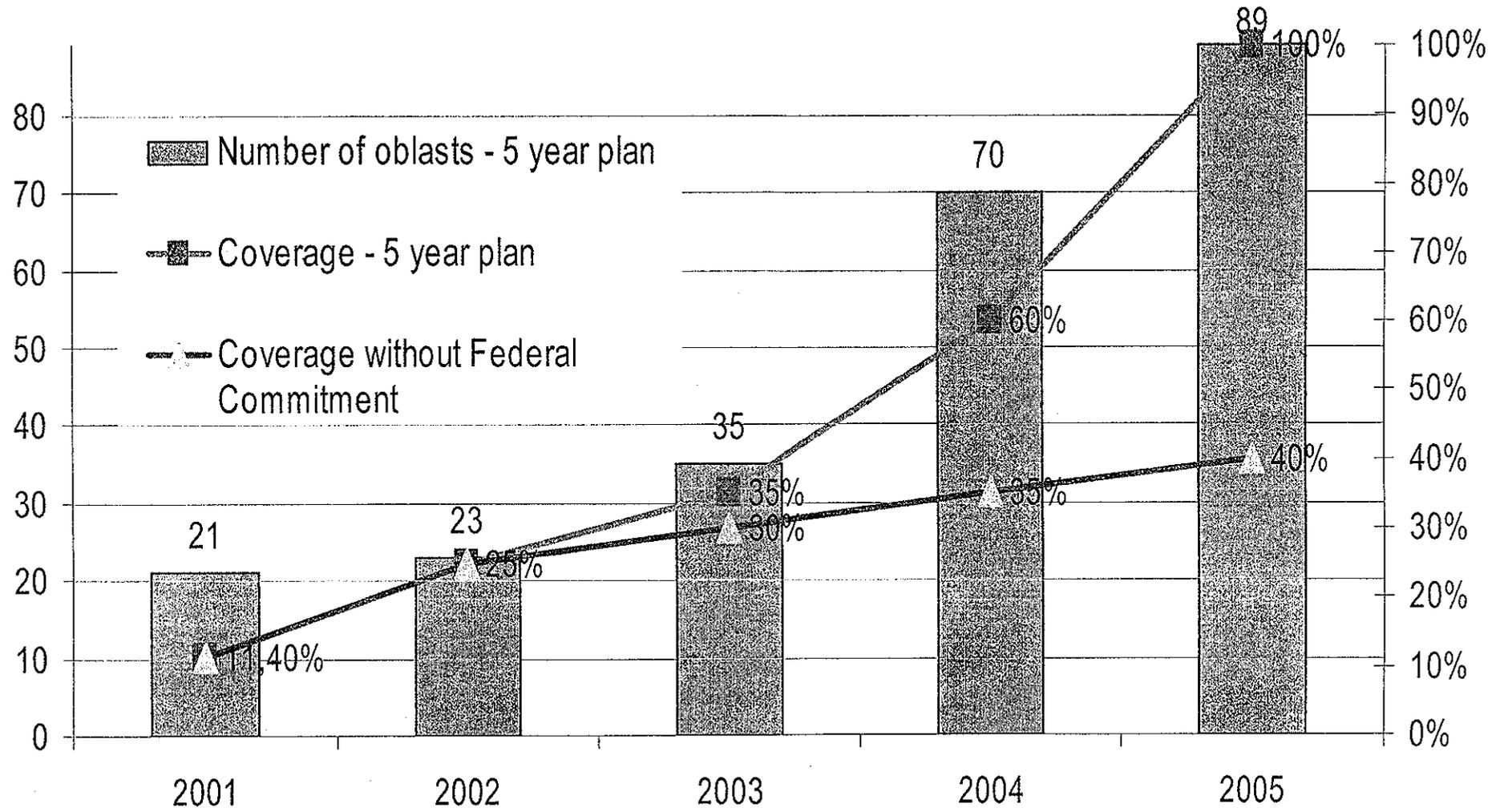
- To start the procurement of microscopes and stains for development of sputum smear microscopy;
- To plan the first training for laboratory coordinators of the TB service and the general health care system;
- To develop a system of ambulatory DOT;
- To ensure the requested amount of recording and reporting forms.

### All regions

- To investigate the reasons for the increased failure and death rates recorded in the latest 2 cohort analyses;

- To develop a contingency plan for the procurement and supply of consumable laboratory glassware and reactivities until the end of the project;
- To organize the cascade of training and refresher training courses for the TB service and the general health care system according to the 2002 activity plan.
- To organize the quarterly (third) Directors' meeting.

# Attachment 1. WHO strategy implementation in Russia (population coverage) - estimate



**Attachment 2. Epidemiology Data on TB Case Finding, Sputum Conversion and Treatment Outcomes of the USAID funded TB Pilot Projects in Russian Federation (Ivanovo, Orel and Vladimir Oblasts; Civilian and Prison sectors)**

**Ivanovo Oblast – 2000**

**TB Case Finding**

**Civilian sector**

	Quarter 1 - 2000		Quarter 2 - 2000		Quarter 3 – 2000		Quarter 4 – 2000	
	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
Number of registered patients (NEW)	223		127		157		93	
Number of smear positive	48	21.5%	56	44%	59	38%	53	57%
Number of registered patients (Relapses)	15		19		42		33	
Number of smear positive	15	100%	3	16%	19	45%	19	58%
Number of registered patients (Extra-pulmonary)	21		16		38		25	
Total cases registered	259		162		237		151	
<b>Total cases - 2000</b>	<b>809</b>							

1

**Ivanovo Oblast – 2001****TB Case Finding****Civilian sector**

	Quarter 1 – 2001		Quarter 2 – 2001		Quarter 3 – 2001		Quarter 4 – 2001	
	Abs. number	%						
Number of registered patients (NEW)	243		140		113		106	
Number of smear positive	60	<b>25%</b>	59	<b>42%</b>	51	<b>45%</b>	63	<b>59%</b>
Number of registered patients (Relapses)	33		37		22		24	
Number of smear positive	13	<b>40%</b>	23	<b>62%</b>	11	<b>50%</b>	8	<b>33%</b>
Number of registered patients (Extra-pulmonary)	24		21		22		19	
Total cases registered	<b>300</b>		<b>208</b>		<b>157</b>		<b>149</b>	
<b>Total cases - 2001</b>	<b>814</b>							

1

## Ivanovo Oblast – 2002

## TB Case Finding

## Civilian sector

	Quarter 1 – 2002		Quarter 2 – 2002		Quarter 3 – 2002		Quarter 4 – 2002	
	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
Number of registered patients (NEW)	187							
Number of smear positive	55	29.4%						
Number of registered patients (Relapses)	25							
Number of smear positive	12	48%						
Number of registered patients (Extra-pulmonary)	14							
Total cases registered	226							
<b>Total cases - 2002</b>								

## Ivanovo Oblast – 2001

## TB Case Finding

## Prison service

	Quarter 1 – 2001		Quarter 2 – 2001		Quarter 3 – 2001		Quarter 4 – 2001	
	Abs. number	%						
Number of registered patients (NEW)	71		55		64		58	
Number of smear positive	17	24%	6	11%	16	25%	9	15.5%
Number of registered patients (Relapses)	33		37		27		16	
Number of smear positive	12	36%	14	38%	7	26%	2	12.5%
Number of registered patients (Extra-pulmonary)	1		-	-	1		2	
Total cases registered	105		92		92		76	
<b>Total cases - 2001</b>	<b>365</b>							

## Ivanovo Oblast – 2002

## TB Case Finding

## Prison service

	Quarter 1 – 2002		Quarter 2 – 2002		Quarter 3 – 2002		Quarter 4 – 2002	
	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
Number of registered patients (NEW)	37							
Number of smear positive	8	21.6%						
Number of registered patients (Relapses)	16							
Number of smear positive	6	37.5%						
Number of registered patients (Extra-pulmonary)	1							
Total cases registered	54							
<b>Total cases - 2002</b>								

## Orel Oblast - 1999

## TB Case Finding

## Civilian sector

	Quarter 1 - 1999		Quarter 2 - 1999		Quarter 3 - 1999		Quarter 4 - 1999	
	Abs. number	%						
Number of registered patients (NEW)							121	
Number of smear positive							44	36.4%
Number of registered patients (Relapses)							-	
Number of smear positive							-	
Number of registered patients (Extra-pulmonary)							7	
Total cases registered							128	
Total cases 1999	<b>128</b>							

## Orel Oblast - 2000

## TB Case Finding

## Civilian sector

	Quarter 1 - 2000		Quarter 2 - 2000		Quarter 3 - 2000		Quarter 4 - 2000	
	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
Number of registered patients (NEW)	166		142		143		101	
Number of smear positive	68	41%	61	43%	62	43%	46	45,5%
Number of registered patients (Relapses)	4		7		15		8	
Number of smear positive	2	50%	2	28,5%	4	27%	5	62,5%
Number of registered patients (Extra-pulmonary)	11		6		7		9	
Total cases registered	181		155		165		118	
Total cases 2000	619							

## Orel Oblast – 2001

## TB Case Finding

## Civilian sector

	Quarter 1 - 2001		Quarter 2 – 2001		Quarter 3 – 2001		Quarter 4 – 2001	
	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
Number of registered patients (NEW)	163		126		126		108	
Number of smear positive	68	42%	66	52.4%	55	43.6%	51	47.2%
Number of registered patients (Relapses)	12		15		8		15	
Number of smear positive	5	42%	6	40%	4	50%	12	80%
Number of registered patients (Extra-pulmonary)	6		16		10		13	
Total cases registered	181		157		144		136	
Total cases 2001	<b>618</b>							

## Orel Oblast – 2002

## TB Case Finding

## Civilian sector

	Quarter 1 - 2002		Quarter 2 – 2002		Quarter 3 – 2002		Quarter 4 – 2002	
	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
Number of registered patients (NEW)	112							
Number of smear positive	58	51.8%						
Number of registered patients (Relapses)	6							
Number of smear positive	4	66.7%						
Number of registered patients (Extra-pulmonary)	8							
Total cases registered	126							
Total cases 2001								

## Orel Oblast - 2000

## TB Case Finding

## Prison service

	Quarter 1 - 2000		Quarter 2 - 2000		Quarter 3 - 2000		Quarter 4 - 2000	
	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
Number of registered patients (NEW)	33		75		32		31	
Number of smear positive	10	<b>30.3%</b>	20	<b>26.6%</b>	6	<b>18.7%</b>	14	<b>45%</b>
Number of registered patients (Relapses)	6		3		5		4	
Number of smear positive	5	<b>83.3%</b>	1	<b>33.3%</b>	3	<b>60%</b>	-	-
Number of registered patients (Extra-pulmonary)	-		-		1		-	
Total cases registered	<b>39</b>		<b>78</b>		<b>38</b>		<b>35</b>	
Total cases 2000	<b>190</b>							

## Orel Oblast – 2001

## TB Case Finding

## Prison service

	Quarter 1 - 2001		Quarter 2 – 2001		Quarter 3 – 2001		Quarter 4 – 2001	
	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
Number of registered patients (NEW)	35		24		37		22	
Number of smear positive	6	17.1%	11	45.8%	8	21.6%	4	18%
Number of registered patients (Relapses)	4		5		3		2	
Number of smear positive	3	75%	4	80.0%	-	-	-	-
Number of registered patients (Extra-pulmonary)	-		-		-		2	
Total cases registered	39		29		40		26	
Total cases 2001	134							

## Orel Oblast – 2002

## TB Case Finding

## Prison service

	Quarter 1 - 2002		Quarter 2 – 2002		Quarter 3 – 2002		Quarter 4 – 2002	
	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
Number of registered patients (NEW)	15							
Number of smear positive	7	46.6%						
Number of registered patients (Relapses)	1							
Number of smear positive	0	0%						
Number of registered patients (Extra-pulmonary)	0							
Total cases registered	16							
Total cases 2001								

## Vladimir oblast – 2000

## TB Case Finding

## Civilian service

	Quarter 1 - 2000		Quarter 2 - 2000		Quarter 3 – 2000		Quarter 4 – 2000	
	Abs. number	%						
Number of registered patients (NEW)							137	
Number of smear positive							74	54%
Number of registered patients (Relapses)								
Number of smear positive								
Number of registered patients (Extra-pulmonary)							15	
Total cases registered							152	
<b>Total cases 2000</b>	<b>152</b>							

## Vladimir oblast – 2001

## TB Case Finding

## Civilian service

	Quarter 1 – 2001		Quarter 2 – 2001		Quarter 3 – 2001		Quarter 4 – 2001	
	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
Number of registered patients (NEW)	193		194		168		188	
Number of smear positive	87	45%	95	49%	100	59.5%	99	53%
Number of registered patients (Relapses)	28		25		29		40	
Number of smear positive	13	46%	12	48%	16	55%	20	80%
Number of registered patients (Extra-pulmonary)	20		38		17		27	
Total cases registered	241		257		214		255	
<b>Total cases 2001</b>	<b>967</b>							

## Vladimir oblast – 2002

## TB Case Finding

## Civilian service

	Quarter 1 – 2002		Quarter 2 – 2002		Quarter 3 – 2002		Quarter 4 – 2002	
	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
Number of registered patients (NEW)	190							
Number of smear positive	93	49%						
Number of registered patients (Relapses)	41							
Number of smear positive	27	66%						
Number of registered patients (Extra-pulmonary)	13							
Total cases registered	244							
<b>Total cases 2002</b>								

## Vladimir oblast – 2001

## TB Case Finding

## Prison service

	Quarter 1 – 2001		Quarter 2 – 2001		Quarter 3 – 2001		Quarter 4 – 2001	
	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
Number of registered patients (NEW)	85		98		57		60	
Number of smear positive	9	<b>10.5%</b>	19	<b>19%</b>	5	<b>9%</b>	14	<b>23%</b>
Number of registered patients (Relapses)	50		36		12		14	
Number of smear positive	8	<b>16%</b>	3	<b>8%</b>	3	<b>25%</b>	5	<b>36 %</b>
Number of registered patients (Extra-pulmonary)	1		5		4		3	
Total cases registered	<b>136</b>		<b>139</b>		<b>73</b>		<b>77</b>	
<b>Total cases 2001</b>	<b>425</b>							

## Vladimir oblast – 2002

## TB Case Finding

## Prison service

	Quarter 1 – 2002		Quarter 2 – 2002		Quarter 3 – 2002		Quarter 4 – 2002	
	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
Number of registered patients (NEW)	76							
Number of smear positive	21	28%						
Number of registered patients (Relapses)	33							
Number of smear positive	15	45%						
Number of registered patients (Extra-pulmonary)	2							
Total cases registered	111							
<b>Total cases 2002</b>								

## Ivanovo Oblast – 2000

## Smear conversion

## Civilian service

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	48	28	58	36	75	-	-	4	8	48
Relapses	15	-	-	5	33	5	33	3	7	15
Other retreatment cases	18	-	-	2	11	6	33	7	5	18
<b>Quarter 2</b>										
New cases	56	36	64	46	82	-	-	7	3	56
Relapses	3	-	-	1	33	1	33	1	1	3
Other retreatment cases	14	-	-	5	36	6	43	1	7	14

Quarter 3	Number of cases	Smear conversion						Smear not done	Remains smear-positive	Total
		2 months		3 months		4 months				
		Number	%	Number	%	Number	%			
New cases	59	43	73	49	83	-	-	5	5	59
Relapses	19	-	-	9	47	9	47	6	4	19
Other retreatment cases	17	-	-	10	58	11	65	3	3	17
<b>Quarter 4</b>										
New cases	53	30	57	13	81	-	-	9	1	53
Relapses	19	-	-	9	47	12	63	3	4	19
Other retreatment cases	16	-	-	9	56	10	62,5	2	5	16
<b>Total 2000</b>										
New cases	216	137	63	174	81					
Relapses	56			24	43	27	48			
Other retreatment cases	65			26	40	33	51			

## Ivanovo Oblast– 2001

## Smear conversion

## Civilian service

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	60	39	65	47	78	-	-	7	6	60
Relapses	13	-		11	85	13	100	-	-	13
Other retreatment cases	20	-		8	40	13	65	3	4	20
<b>Quarter 2</b>										
New cases	59	35	59	53	90			-	6	59
Relapses	23			12	52	13	56,5	5	5	23
Other retreatment cases	16			5	31	8	50	1	7	16
<b>Quarter 3</b>										
New cases	51	36	70,5	10	90			4	1	51
Relapses	11	-	-	9	82	-	-	1	1	11
Other retreatment cases	5	-	-	3	60	-	-	1	1	5

<b>Quarter 4</b>										
New cases	63	45	71.4	6	80.9	-	-	8	4	63
Relapses	8	-	-	3	37.5	-	-	4	1	8
Other retreatment cases	4	-	-	2	50.0	-	-	1	1	4
<b>Total 2001</b>										
New cases	233	155	66.5	197	84.5	-	-	19	17	233
Relapses	55	-	-	35	63.6	38	69	10	7	55
Other retreatment cases	45	-	-	18	40	26	57.7	6	13	45

## Ivanovo Oblast – 2001

## Smear conversion

## Prison service

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	17	14	82	15	88	-	-	1	1	17
Relapses	12	-	-	7	58	7	58	2	3	12
Other retreatment cases	5	-	-	4	80	4	80	-	1	5
<b>Quarter 2</b>										
New cases	6	3	50	4	67	-	-	1	1	6
Relapses	14	-	-	7	50	8	57	2	4	14
Other retreatment cases	8	-	-	6	75	6	75	1	1	8
<b>Quarter 3</b>										
New cases	16	13	81	1	87.5	-	-	1	1	16
Relapses	7	-	-	6	86	-	-		1	7
Other retreatment cases	13	-	-	7	54	1	61.5	1	4	13

<b>Quarter 4</b>										
New cases	9	7	77.8	1	88.9	-	-	-	1	9
Relapses	2	-	-	2	100	-	-	-	-	2
Other retreatment cases	11	-	-	7	63.6	-	-	2	2	11
<b>Total 2001</b>										
New cases	48	37	77	41	85.4	-	-	3	4	48
Relapses	35	-	-	22	62.8	23	65.7	4	8	35
Other retreatment cases	37	-	-	24	64.8	25	67.5	4	8	37

Orel - 1999

Smear conversion

Civilian service

Quarter 4	Number of cases	Smear conversion						Smear not done	Remains smear-positive
		2 months		3 months		4 months			
		Number	%	Number	%	Number	%		
New cases	44	26	59%	9	79,5%				9
Relapses									
Other retreatment cases									

## Orel Oblast – 2000

## Smear conversion

## Civilian service

Quarter 1	Number of cases	Smear conversion						Smear not done	Remains smear-positive
		2 months		3 months		4 months			
		Number	%	Number	%	Number	%		
New cases	68	36	53%	13	72%			10	9
Relapses	2			1	50%	0	50%	1	
Other retreatment cases	-								
Quarter 2					83.6%				
New cases	61	38	62.3%	51				7	3
Relapses	2			2	100%				
Other retreatment cases	3			3	100%				

Quarter 3	Number of cases	Smear conversion						Smear not done	Remains smear-positive
		2 months		3 months		4 months			
		Number	%	Number	%	Number	%		
New cases	62	37	59.6%	45	72.6%			4	13
Relapses	4			4	100%				
Other retreatment cases	4			4	100%				
<b>Quarter 4</b>									
New cases	46	27	59%	9	78%			7	3
Relapses	5			2	40%	0	40%	1	2
Other retreatment cases	11			7	64%	0	64%	3	1
<b>Total 2000</b>									
New cases	237	138	58%	181	76.4%			28	28
Relapses	13			9	69%	0	69%	2	2
Other retreatment cases	18			14	78%	0	78%	3	1

## Orel Oblast – 2001

## Smear conversion

## Civilian service

Quarter 1	Number of cases	Smear conversion						Smear not done	Remains smear-positive
		2 months		3 months		4 months			
		Number	%	Number	%	Number	%		
New cases	68	42	61.8%	51	75%			4	7
Relapses	5	0	0	3	60.0%	0	60.0%	1	1
Other retreatment cases	5	2	40.0%	4	80.0%	0	80.0%	0	1
<b>Quarter 2</b>									
New cases	66	43	65.6%	52	78.8%	-	-	5	6
Relapses	6	0	0%	6	100%				
Other retreatment cases	7	2	28.6%	7	100%				

2

Quarter 3	Number of cases	Smear conversion						Smear not done	Remains smear-positive
		2 months		3 months		4 months			
		Number	%	Number	%	Number	%		
New cases	55	31	56.4%	39	70.9%	-	-	8	4
Relapses	4	0	0	4	100%	4	100%	0	0
Other retreatment cases	6	0	0	3	50%	4	66.7%	1	1
<b>Quarter 4</b>									
New cases	51	30	58.8%	41	80.3%	2	84.3%	3	5
Relapses	12	-	-	9	75%	10	83.3%	0	2
Other retreatment cases	6	-	-	4	66.7%	4	66.7%	0	2
<b>Total 2001</b>									
New cases	240	146	60.8%	183	76.3%	-	-	20	22
Relapses	27	-	-	22	81.5%	23	85.2%	1	3
Other retreatment cases	24	-	-	18	75%	19	79.2%	1	4

## Orel Oblast – 2000

## Smear conversion

## Prison service

Quarter 1	Number of cases	Smear conversion						Smear not done	Remains smear-positive
		2 months		3 months		4 months			
		Number	%	Number	%	Number	%		
New cases	10	8	80%	8	80%	-	-	0	2
Relapses	5	-	-	5	100%	5	100%	0	0
Other retreatment cases	22	-	-	22	100%	22	100%	0	0
<b>Quarter 2</b>									
New cases	20	17	85%	18	90%	-	-	2	0
Relapses	1	-	-	1	100%	1	100%	0	0
Other retreatment cases	5	-	-	4	80%	4	80%	1	0

Quarter 3	Number of cases	Smear conversion						Smear not done	Remains smear-positive
		2 months		3 months		4 months			
		Number	%	Number	%	Number	%		
New cases	6	2	33%	3	50%	-	-	0	3
Relapses	3	-	-	2	67%	2	67%	1	0
Other retreatment cases	1	-	-	0	0%	0	0%	0	1
<b>Quarter 4</b>									
New cases	14	10	71%	11	78,5%	-	-	2	1
Relapses	0	-	-	0	0	0	0	0	0
Other retreatment cases	4	-	-	3	75%	3	75%	0	1
<b>Total 2000</b>									
New cases	50	37	74%	40	80%	-	-	4	6
Relapses	9	-	-	8	89%	8	89%	1	0
Other retreatment cases	32	-	-	29	91%	29	91%	1	2

## Orel Oblast

## Smear conversion – 2001

## Prison service

Quarter 1	Number of cases	Smear conversion						Smear not done	Remains smear-positive
		2 months		3 months		4 months			
		Number	%	Number	%	Number	%		
New cases	6	3	50.0%	4	66.7%	-	-	1	1
Relapses	3	-	-	0	0%	0	0%	2	1
Other retreatment cases	3	-	-	2	66.7%	3	100%	0	0
<b>Quarter 2</b>									
New cases	11	8	72.7%	9	81.8%	-	-	2	0
Relapses	4	-	-	2	50%	2	50%	0	2
Other retreatment cases	6	-	-	4	66.7%	5	83.3%	0	1

Quarter 3	Number of cases	Smear conversion						Smear not done	Remains smear-positive
		2 months		3 months		4 months			
		Number	%	Number	%	Number	%		
New cases	8	5	62.5%	5	62.5%	-	-	1	0
Relapses	0	0	0	0	0	0	0	0	0
Other retreatment cases	1	-	-	1	100%	1	100%	0	0
<b>Quarter 4</b>									
New cases	4	4	100%	4	100%	-	-	0	0
Relapses	0	-	-	0	0	0	0	0	0
Other retreatment cases	3	-	-	3	100%	3	100%	0	0
<b>Total 2001</b>									
New cases	29	20	68.9%	22	75.9%	-	-	4	1
Relapses	7	-	-	2	28.6%	2	28.6%	2	3
Other retreatment cases	13	-	-	10	76.9%	12	92.3%	0	1

## Vladimir Oblast - 2000

## Smear conversion

## Civilian service

Quarter 4	Number of cases	Smear conversion						Smear not done	Remains smear-positive
		2 months		3 months		4 months			
		Number	%	Number	%	Number	%		
New cases	74	57	77	62	84	-		8	4
Relapses	-								
Other retreatment cases	-								

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## Vladimir Oblast - 2001

## Smear conversion

## Civilian service

Quarter 1	Number of cases	Smear conversion						Smear not done	Remains smear-positive
		2 months		3 months		4 months			
		Number	%	Number	%	Number	%		
New cases	87	57	65,5	72	83			11	4
Relapses	13			7	54	8	61,5	3	2
Other retreatment cases	2			1	50	1	50	1	
<b>Quarter 2</b>									
New cases	95	59	62	72	76	-	-	15	8
Relapses	12	-	-	5	42	6	50	5	1
Other retreatment cases	7	-	-	1	14	1	14	3	3
<b>Quarter 3</b>									
New cases	100	63	63	79	79			9	12
Relapses	16	-	-	12	75	13	81	2	1
Other retreatment cases	11	-	-	8	73	9	82	-	2

62

Quarter 4									
New cases	99	69	70	77	78			10	12
Relapses	20	-	-	8	40	11	55	5	4
Other retreatment cases	17	-	-	6	35	7	41	6	4

## Vladimir Oblast - 2001

## Smear conversion

## Prison service

Quarter 1	Number of cases	Smear conversion						Smear not done	Remains smear-positive
		2 months		3 months		4 months			
		Number	%	Number	%	Number	%		
New cases	9	8	89	8	89			1	
Relapses	8			4	50	4	50	1	3
Other retreatment cases	8			5	62.5	5	62.5		3
<b>Quarter 2</b>									
New cases	19	18	95	18	95				1
Relapses	3			3	100	3	100		3
Other retreatment cases	15			9	60	9	60	3	3
<b>Quarter 3</b>									
New cases	5	4	80	1	100				
Relapses	3			1	33	2	67		1
Other retreatment cases	17			10	59	12	70.5	1	4

<b>Quarter 4</b>									
New cases	14	8	57	3	78.5				
Relapses	5			1	20	3	60	1	1
Other retreatment cases	15			13	87				

## Orel Oblast - 1999

## Treatment outcomes

## Civilian sector

Treatment outcomes	Quarter 1 -1999		Quarter 2 - 1999		Quarter 3 - 1999		Quarter 4 - 1999	
	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
<i>New sputum smear + cases</i>								
CURED							31	70
COMPLETED							3	7
TREATMENT SUCCESS							34	77
FAILURE							1	2
DIED							7	16
DEFAULTED							2	4,5
TRANSFERRED OUT							-	-
<b>TOTAL</b>							<b>44</b>	

<i>New sputum smear - cases</i>	Abs. number		Abs. Number		Abs. Number		Abs. number	
		%		%		%		%
CURED							-	
COMPLETED							75	97
TREATMENT SUCCESS							75	97
FAILURE							-	
DIED							-	
DEFAULTED							1	
TRANSFERRED OUT							1	
<b>TOTAL</b>							<b>77</b>	

<i>Extra pulmonary cases</i>	Abs. number	%						
CURED							-	
COMPLETED							7	100
TREATMENT SUCCESS							7	100
FAILURE							-	
DIED							-	
DEFAULTED							-	1
TRANSFERRED OUT							-	1
<b>TOTAL</b>							<b>7</b>	<b>100</b>

## Orel Oblast - 2000

## Treatment outcomes

## Civilian sector

Treatment outcomes	Quarter 1 - 2000		Quarter 2 - 2000		Quarter 3 - 2000		Quarter 4 - 2000	
	Abs. number	%						
<i>New sputum smear + cases</i>								
CURED	49	72.0%	46	77.9%	45	73.8%	29	63.0%
COMPLETED	3	4.4%	1	1.6%	1	1.6%	1	2.2%
TREATMENT SUCCESS	52	76.4%	47	79.6%	46	75.4%	30	65.2%
FAILURE	6	8.8%	7	11.8%	8	13.1%	6	13.0%
DIED	6	8.8%	3	5.0%	6	9.8%	9	19.6%
DEFAULTED	4	5.8%	1	1.6%	1	1.6%	1	2.2%
TRANSFERRED OUT	-		1	1.6%	1	1.6%	0	0%
<b>TOTAL</b>	<b>68</b>		<b>59*</b>		<b>62</b>		<b>46</b>	

\* 2 patients were excluded from TB diagnosis

<i>New sputum smear - cases</i>	Quarter 1 - 2000		Quarter 2 - 2000		Quarter 3 - 2000		Quarter 4 - 2000	
	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
CURED	-							
COMPLETED	74	88.1%	65	94.2%	64	82%	48	87.3%
TREATMENT SUCCESS	74	88.1%	65	94.2%	64	82%	48	87.3%
FAILURE	-		1	1.4%	6	7.7%	0	0%
DIED	3	3.5%	--	-	5	6.4%	6	10.9%
DEFAULTED	7	8.3%	3	4.3%	1	1.3%	0	0%
TRANSFERRED OUT	-		-		2	2.6%	1	1.8%
<b>TOTAL</b>	<b>84</b>		<b>69*</b>		<b>78**</b>		<b>55</b>	

\* 7 patients were excluded from TB diagnosis, 5 patients were diagnosed with not active TB

\*\* 1 patient was excluded from TB diagnosis, 2 patients were diagnosed with not active TB

<i>Extra pulmonary cases</i>	Abs. number	%						
CURED								
COMPLETED	10	100%	4	100%	6	100%	8	88.9%
TREATMENT SUCCESS	10	100%	4	100%	6	100%	8	88.9%
FAILURE								
DIED							1	11.1%
DEFAULTED								
TRANSFERRED OUT								
<b>TOTAL</b>	<b>10*</b>		<b>4**</b>		<b>6***</b>		<b>9</b>	

\* 1 patient was excluded from TB diagnosis.

\*\* 2 patients were excluded from TB diagnosis.

\*\*\* 1 patient was excluded from TB diagnosis.

## Orel Oblast - 2001

## Treatment outcomes

## Civilian sector

Treatment outcomes	Quarter 1 - 2001		Quarter 2 - 2001		Quarter 3 - 2001		Quarter 4 - 2001	
	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
<i>New sputum smear + cases</i>								
CURED	49	72.1%						
COMPLETED	1	1.47%						
TREATMENT SUCCESS	50	73.5%						
FAILURE	10	14.7%						
DIED	5	7.4%						
DEFAULTED	2	2.9%						
TRANSFERRED OUT	1	1.47%						
<b>TOTAL</b>	<b>68</b>							

<i>New sputum smear - cases</i>	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
CURED	-							
COMPLETED	88	92.6%						
TREATMENT SUCCESS	88	92.6%						
FAILURE	2	2.1%						
DIED	3	3.16%						
DEFAULTED	0	0%						
TRANSFERRED OUT	2	2.1%						
<b>TOTAL</b>	<b>95</b>							

<i>Extra pulmonary cases</i>	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
CURED								
COMPLETED	6	100%						
TREATMENT SUCCESS	6	<b>100%</b>						
FAILURE	0	0%						
DIED	0	0%						
DEFAULTED	0	0%						
TRANSFERRED OUT	0	0%						
<b>TOTAL</b>	<b>6</b>							

## Orel Oblast - 2000

## Treatment outcomes

## Prison sector

Treatment outcomes	Quarter 1 - 2000		Quarter 2 - 2000		Quarter 3 - 2000		Quarter 4 - 2000	
	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
<i>New sputum smear + cases</i>								
CURED	9	90%	8	40%	2	33.3%	10	71.4%
COMPLETED	-		11	55%	1	16.6%	-	
TREATMENT SUCCESS	9	90%	19	95%	3	50%	10	71.4%
FAILURE	-		-		3	50%	4	28.6%
DIED	1	10%	-		-		-	
DEFAULTED	-		1	5%	-		-	
TRANSFERRED OUT	-		-		-		-	
<b>TOTAL</b>	<b>10</b>		<b>20</b>		<b>6</b>		<b>14</b>	

<i>New sputum smear - cases</i>	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
	CURED	-		-		-		-
COMPLETED	18	100%	38	76%	21	80.8%	17	100%
TREATMENT SUCCESS	-		-		21	80.8%	17	100%
FAILURE	-		-		3	11.5%	-	
DIED	-		-		-		-	
DEFAULTED	-		12	24%	1	3.8%	-	
TRANSFERRED OUT	-		-		1	3.8%	-	
<b>TOTAL</b>	<b>18*</b>		<b>50**</b>		<b>26</b>		<b>17</b>	

\* 1 patient SS-, C- currently continues treatment after release, 4 patients diagnosed with not active TB.

\*\* 5 patients were diagnosed with not active TB

<i>Extra pulmonary cases</i>	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
CURED	-		-				-	
COMPLETED	-		-		1	100%	-	
TREATMENT SUCCESS	-		-		1	100%	-	
FAILURE	-		-				-	
DIED	-		-				-	
DEFAULTED	-		-				-	
TRANSFERRED OUT	-		-				-	
<b>TOTAL</b>	-		-		<b>1</b>		-	

## Orel Oblast - 2001

## Treatment outcomes

## Prison sector

Treatment outcomes	Quarter 1 - 2001		Quarter 2 - 2001		Quarter 3 - 2001		Quarter 4 - 2001	
	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
<i>New sputum smear + cases</i>								
CURED	4	66.7%						
COMPLETED	0	0						
TREATMENT SUCCESS	4	66.7%						
FAILURE	1	16.6%						
DIED	0	0%						
DEFAULTED	0	0%						
TRANSFERRED OUT	1	16.6%						
<b>TOTAL</b>	<b>6</b>							

<i>New sputum smear - cases</i>	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
CURED	-		-		-		-	
COMPLETED	26	89.7%						
TREATMENT SUCCESS	26	89.7%						
FAILURE	1	3.5%						
DIED	0	0%						
DEFAULTED	1	3.5%						
TRANSFERRED OUT	1	3.5%						
<b>TOTAL</b>	<b>29</b>							

\* 1 patient SS-, C- currently continues treatment after release, 4 patients diagnosed with not active TB.

\*\* 5 patients were diagnosed with not active TB

<i>Extra pulmonary cases</i>	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
CURED	-		-				-	
COMPLETED	0	0%						
TREATMENT SUCCESS	0	0%						
FAILURE	0	0%						
DIED	0	0%						
DEFAULTED	0	0%						
TRANSFERRED OUT	0	0%						
<b>TOTAL</b>	<b>0</b>	<b>0%</b>						

## Ivanovo Oblast - 2000

## Treatment outcomes

## Civilian sector

Treatment outcomes	Quarter 1 - 2000		Quarter 2 - 2000		Quarter 3 - 2000		Quarter 4 - 2000	
	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
<i>New sputum smear + cases</i>								
CURED	32	67	36	64	42	71	35	66
COMPLETED								
TREATMENT SUCCESS	32	67	36	64	42	71	35	66
FAILURE	5	10	9	16	8	13,5	7	13
DIED	4	8	5	9	5	8	6	11
DEFAULTED	3	6	3	5	2	3	1	2
TRANSFERRED OUT	4	8	3	5	2	3	4	8
<b>TOTAL</b>	<b>48</b>		<b>56</b>		<b>59</b>		<b>53</b>	

<i>New sputum smear - cases</i>	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
	CURED							
COMPLETED	132	76	57	80	78	80	38	95
TREATMENT SUCCESS	132	76	57	80	78	80	38	95
FAILURE	9	5	7	10	7	7	0	
DIED	8	5	1	1	6	6	2	5
DEFAULTED	11	6	3	4	3	3	0	
TRANSFERRED OUT	13	7.5	3	4	4	4	0	
<b>TOTAL</b>	<b>173(2 no TB)</b>		<b>71</b>		<b>98</b>		<b>40</b>	

<i>Extra pulmonary cases</i>	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
CURED							-	
COMPLETED	21	100	15	100	28	90	23	96
TREATMENT SUCCESS								
FAILURE								
DIED					2	6	1	4
DEFAULTED								
TRANSFERRED OUT					1	3		
<b>TOTAL</b>	<b>21</b>		<b>15</b>		<b>31(1 no TB)</b>		<b>24(1 no TB)</b>	

### Ivanovo Oblast - 2001

#### Treatment outcomes

##### Civilian sector

Treatment outcomes	Quarter 1 - 2001		Quarter 2 - 2001		Quarter 3 - 2001		Quarter 4 - 2001	
	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
<i>New sputum smear + cases</i>								
CURED	38							
COMPLETED								
TREATMENT SUCCESS	38	63.3%						
FAILURE	9	15%						
DIED	9	15%						
DEFAULTED	2	3.3%						
TRANSFERRED OUT	2	3.3%						
<b>TOTAL</b>	<b>60</b>							

<i>New sputum smear - cases</i>	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
CURED								
COMPLETED	159							
TREATMENT SUCCESS	159	<b>87.8%</b>						
FAILURE	4	<b>2.2%</b>						
DIED	2	<b>1.1%</b>						
DEFAULTED	7	<b>3.8%</b>						
TRANSFERRED OUT	9	<b>4.9%</b>						
<b>TOTAL</b>	<b>181*</b>							
<i>Extra pulmonary cases</i>	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
CURED								
COMPLETED	21	<b>100%</b>						
TREATMENT SUCCESS	-							
FAILURE	-							
DIED	-							
DEFAULTED	-							
TRANSFERRED OUT	-							
<b>TOTAL</b>	<b>21</b>							

\* 2 persons had their diagnosis TB removed (C-r pulmonum)

## Ivanovo Oblast - 2000

## Treatment outcomes

## Prison sector

Treatment outcomes	Quarter 1 - 2000		Quarter 2 - 2000		Quarter 3 - 2000		Quarter 4 - 2000	
	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
<i>New sputum smear + cases</i>								
CURED	20	64,5	21	84	24	73	7	
COMPLETED			1	4	-			
TREATMENT SUCCESS	20	64,5	22	88	24	73	7	64
FAILURE	6	19	1	4	4	12	4	36
DIED					-			
DEFAULTED								
TRANSFERRED OUT	5	16	2	8	5	15		
<b>TOTAL</b>	<b>31</b>		<b>25</b>		<b>33</b>		<b>11</b>	

<i>New sputum smear - cases</i>	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
CURED								
COMPLETED	55	89	48	86	78	92	108	95.5
TREATMENT SUCCESS								
FAILURE	1	1.5	1	2	1	1	1	0.9
DIED	1	1.5	1	2			1	0.9
DEFAULTED								
TRANSFERRED OUT	5	8	6	11	6	7	3	2.7
<b>TOTAL</b>	<b>62(1 no TB)</b>		<b>56</b>		<b>85</b>		<b>113</b>	

<i>Extra pulmonary cases</i>	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
CURED							-	
COMPLETED	3	75	1	100	9	100	5	100
TREATMENT SUCCESS								
FAILURE								
DIED								
DEFAULTED								
TRANSFERRED OUT	1	25						
<b>TOTAL</b>	<b>4</b>		<b>1</b>		<b>9</b>		<b>5</b>	

#### Ivanovo Oblast - 2001

#### Treatment outcomes

#### Prison sector

<b>Treatment outcomes</b>	Quarter 1 - 2000		Quarter 2 - 2000		Quarter 3 - 2000		Quarter 4 - 2000	
<i>New sputum smear + cases</i>	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
CURED	14							
COMPLETED	-							
TREATMENT SUCCESS	14	82.3%						
FAILURE	2	11.7%						
DIED	-	-						
DEFAULTED	-	-						
TRANSFERRED OUT	1	5.8%						
<b>TOTAL</b>	<b>17</b>							

<i>New sputum smear - cases</i>	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
CURED	-	-						
COMPLETED	47	88%						
TREATMENT SUCCESS	47	88%						
FAILURE	2	4%						
DIED	1	2%						
DEFAULTED	-	-						
TRANSFERRED OUT	3	6%						
<b>TOTAL</b>	<b>53*</b>							
<i>Extra pulmonary cases</i>	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
CURED								
COMPLETED	1	100%						
TREATMENT SUCCESS	-							
FAILURE	-							
DIED	-							
DEFAULTED	-							
TRANSFERRED OUT	-							
<b>TOTAL</b>	<b>1</b>							

\* 1 patient has TB diagnosis removed

## Vladimir Oblast - 2000

## Treatment outcomes

## Civilian sector

Treatment outcomes	Quarter 1 - 2000		Quarter 2 - 2000		Quarter 3 - 2000		Quarter 4 - 2000	
	Abs. number	%						
<i>New sputum smear + cases</i>								
CURED							51	69
COMPLETED							2	3
TREATMENT SUCCESS							53	72
FAILURE							7	9
DIED							5	7
DEFAULTED							6	8
TRANSFERRED OUT							3	4
<b>TOTAL</b>							<b>74</b>	

<i>New sputum smear - cases</i>	Abs. number	%						
CURED	-							
COMPLETED							53	84
TREATMENT SUCCESS								
FAILURE							1	1.5
DIED							3	5
DEFAULTED							3	5
TRANSFERRED OUT							3	5
<b>TOTAL</b>							<b>63</b>	

<i>Extra pulmonary cases</i>	Abs. number	%						
CURED							-	
COMPLETED							14	93
TREATMENT SUCCESS								
FAILURE								
DIED								
DEFAULTED							1	7
TRANSFERRED OUT								
<b>TOTAL</b>	<b>0</b>		<b>0</b>		<b>0</b>		<b>15</b>	

## Vladimir Oblast - 2001

## Treatment outcomes

## Civilian sector

Treatment outcomes	Quarter 1 - 2001		Quarter 2 - 2001		Quarter 3 - 2001		Quarter 4 - 2001	
	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
<i>New sputum smear + cases</i>								
CURED	61	70						
COMPLETED	2	2						
TREATMENT SUCCESS	63	72						
FAILURE	10	11						
DIED	5	6						
DEFAULTED	6	7						
TRANSFERRED OUT	3	3						
<b>TOTAL</b>	<b>87</b>							

<i>New sputum smear - cases</i>	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
CURED	-							
COMPLETED	94	91						
TREATMENT SUCCESS								
FAILURE	1	0,9						
DIED	5	5						
DEFAULTED	3	3						
TRANSFERRED OUT	0							
<b>TOTAL</b>	<b>103</b>							
<i>Extra pulmonary cases</i>	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%

CURED	-							
COMPLETED	19	100						
TREATMENT SUCCESS								
FAILURE								
DIED								
DEFAULTED								
TRANSFERRED OUT								
TOTAL	19							

85

## Vladimir Oblast - 2000

## Treatment outcomes

## Prison sector

Treatment outcomes	Quarter 1 - 2000		Quarter 2 - 2000		Quarter 3 - 2000		Quarter 4 - 2000	
	Abs. number	%						
<i>New sputum smear + cases</i>								
CURED	31	62	21	48	7	64	5	62.5
COMPLETED								
TREATMENT SUCCESS	31	62	21	48	7	64	5	62.5
FAILURE	10	20	10	23	2	18	2	25
DIED	1	2	1	2				
DEFAULTED	2	4	2	4				
TRANSFERRED OUT	6	12	10	23	2	18	1	12.5
<b>TOTAL</b>	<b>50</b>		<b>44</b>		<b>11</b>		<b>8</b>	

<i>New sputum smear - cases</i>	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
	CURED	-						
COMPLETED	104	64	107	57	50	71	86	72
TREATMENT SUCCESS								
FAILURE	3	2	5	3	3	4	10	8
DIED					1	1	2	2
DEFAULTED	8	5	3	1	3	4	1	1
TRANSFERRED OUT	47	29	74	39	13	19	21	17.5
<b>TOTAL</b>	<b>162(1no TB)</b>		<b>189</b>		<b>70(1 no TB)</b>		<b>120</b>	

<i>Extra pulmonary cases</i>	Abs. number	%						
CURED							-	
COMPLETED								
TREATMENT SUCCESS								
FAILURE								
DIED								
DEFAULTED								
TRANSFERRED OUT								
<b>TOTAL</b>	<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>	

### Vladimir Oblast - 2001

#### Treatment outcomes

##### Prison sector

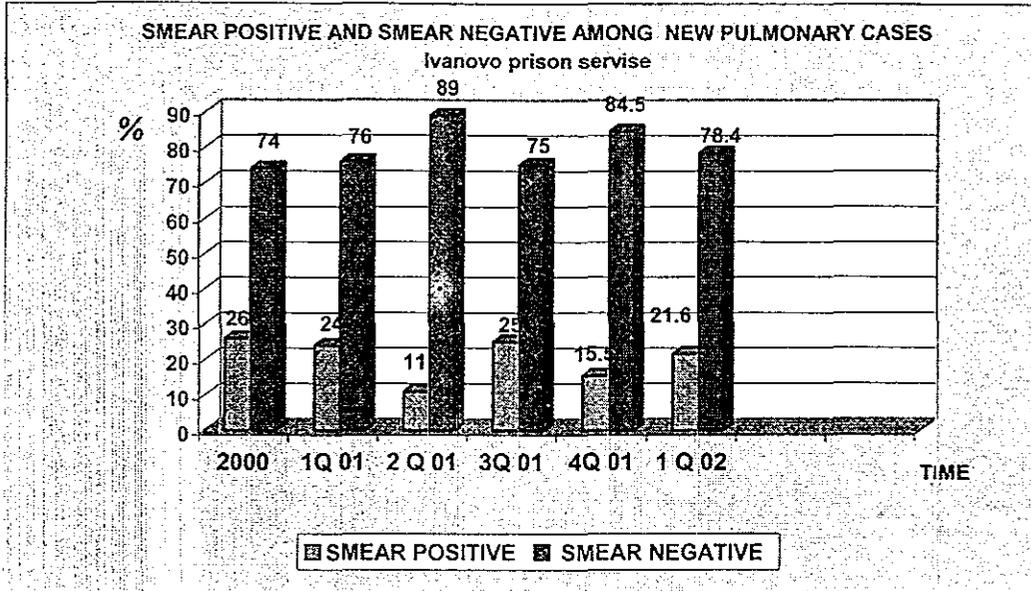
Treatment outcomes	Quarter 1 - 2001		Quarter 2 - 2001		Quarter 3 - 2001		Quarter 4 - 2001	
	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
<i>New sputum smear + cases</i>								
CURED	6	67						
COMPLETED								
TREATMENT SUCCESS	6	67						
FAILURE	2	22						
DIED								
DEFAULTED								
TRANSFERRED OUT	1	11						
<b>TOTAL</b>	<b>9</b>							

<i>New sputum smear - cases</i>	Abs. number	%	Abs. Number	%				
CURED	-							
COMPLETED	61	80						
TREATMENT SUCCESS								
FAILURE	4	5						
DIED								
DEFAULTED								
TRANSFERRED OUT	11	14						
<b>TOTAL</b>	<b>76</b>							

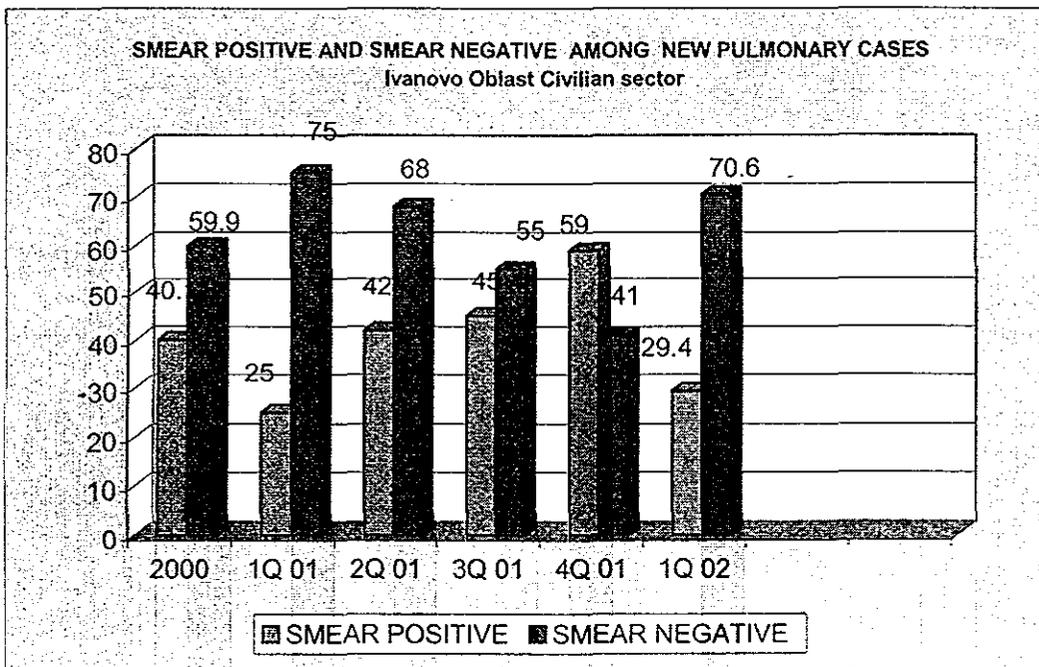
<i>Extra pulmonary cases</i>	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
CURED	-						-	
COMPLETED	1	100						
TREATMENT SUCCESS								
FAILURE								
DIED								
DEFAULTED								
TRANSFERRED OUT								
<b>TOTAL</b>	<b>1</b>							

Attachment 3.1. Smear positive and smear negative cases in civilian and prison sector, Ivanovo region.

	2000	1Q 01	2Q 01	3Q 01	4Q 01	1Q 02
SMEAR POSITIVE	26	24	11	25	15.5	21.6
SMEAR NEGATIVE	74	76	89	75	84.5	78.4

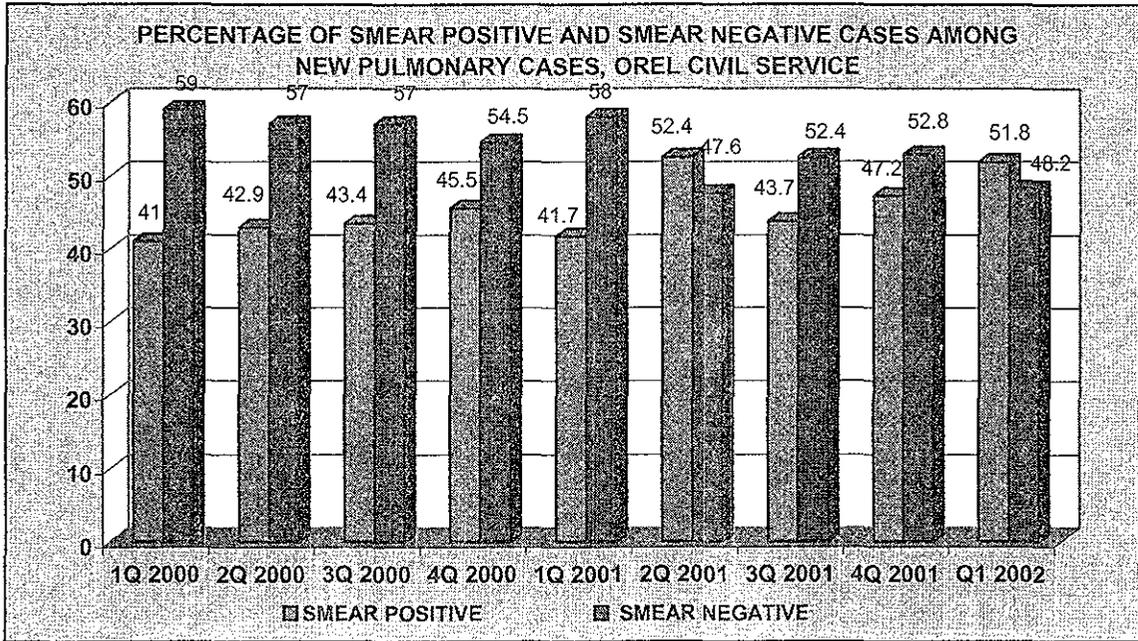


	2000	1Q 01	2Q 01	3Q 01	4Q 01	1Q 02
SMEAR POSITIVE	40.1	25	42	45	59	29.4
SMEAR NEGATIVE	59.9	75	68	55	41	70.6

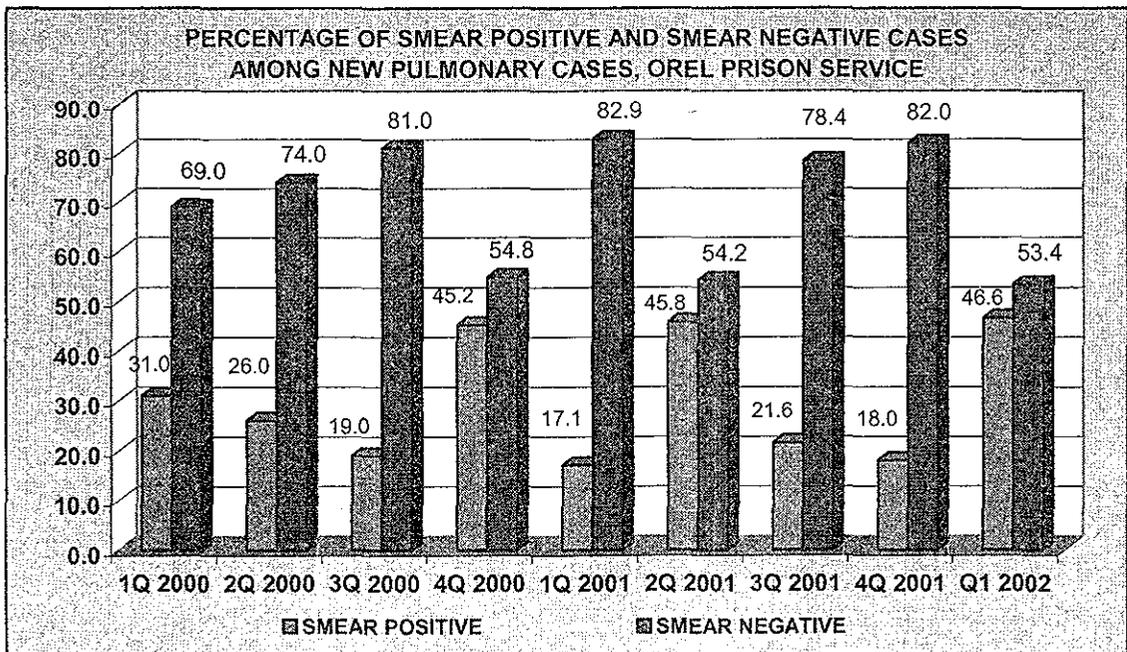


Attachment 3.2. Smear positive and smear negative cases in civilian and prison sector, Orel region.

	1Q 2000	2Q 2000	3Q 2000	4Q 2000	1Q 2001	2Q 2001	3Q 2001	4Q 2001	Q1 2002
SMEAR POSITIVE	41	42.9	43.4	45.5	41.7	52.4	43.7	47.2	51.8
SMEAR NEGATIVE	59	57	57	54.5	58	47.6	52.4	52.8	48.2

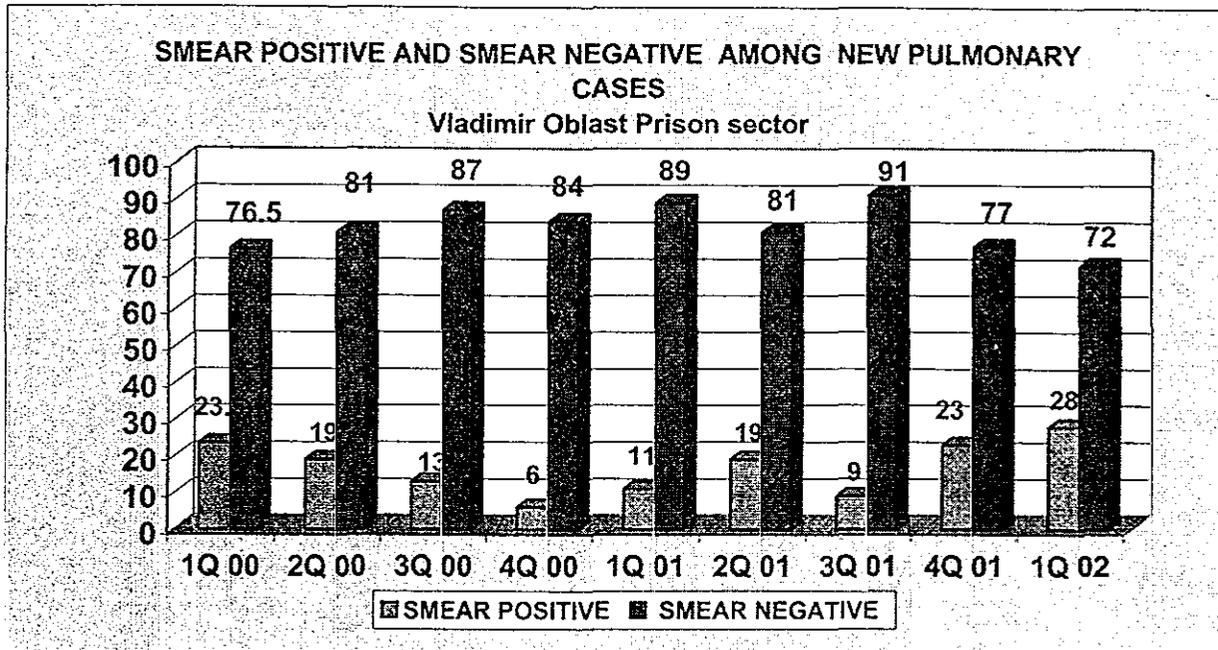


	1Q 2000	2Q 2000	3Q 2000	4Q 2000	1Q 2001	2Q 2001	3Q 2001	4Q 2001	Q1 2002
SMEAR POSITIVE	31.0	26.0	19.0	45.2	17.1	45.8	21.6	18.0	46.6
SMEAR NEGATIVE	69.0	74.0	81.0	54.8	82.9	54.2	78.4	82.0	53.4

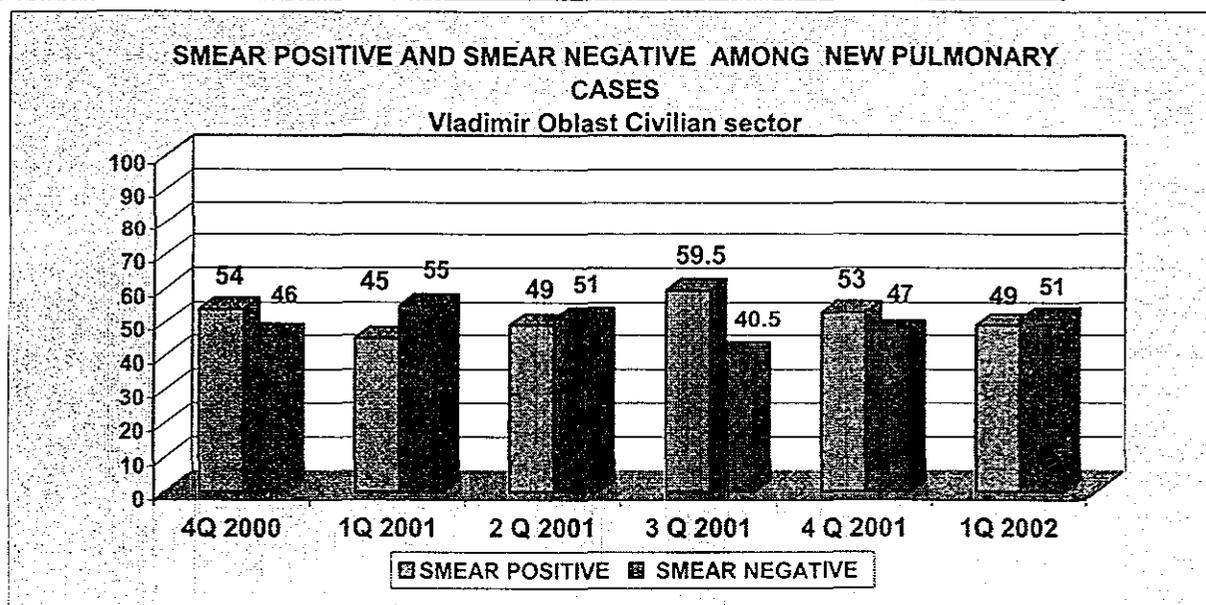


Attachment 3.3. Smear positive and smear negative cases in civilian and prison sector, Vladimir region.

	1Q 00	2Q 00	3Q 00	4Q 00	1Q 01	2Q 01	3Q 01	4Q 01	1Q 02
SMEAR POSITIVE	23.5	19	13	6	11	19	9	23	28
SMEAR NEGATIVE	76.5	81	87	84	89	81	91	77	72

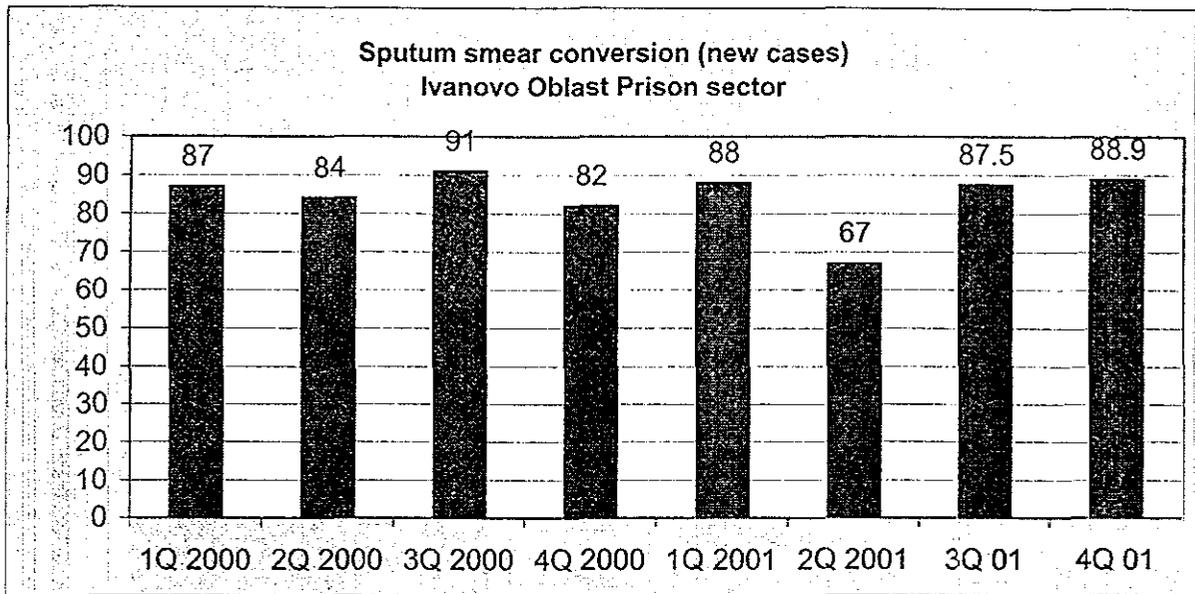


	4Q 2000	1Q 2001	2 Q 2001	3 Q 2001	4 Q 2001	1Q 2002
SMEAR POSITIVE	54	45	49	59.5	53	49
SMEAR NEGATIVE	46	55	51	40.5	47	51

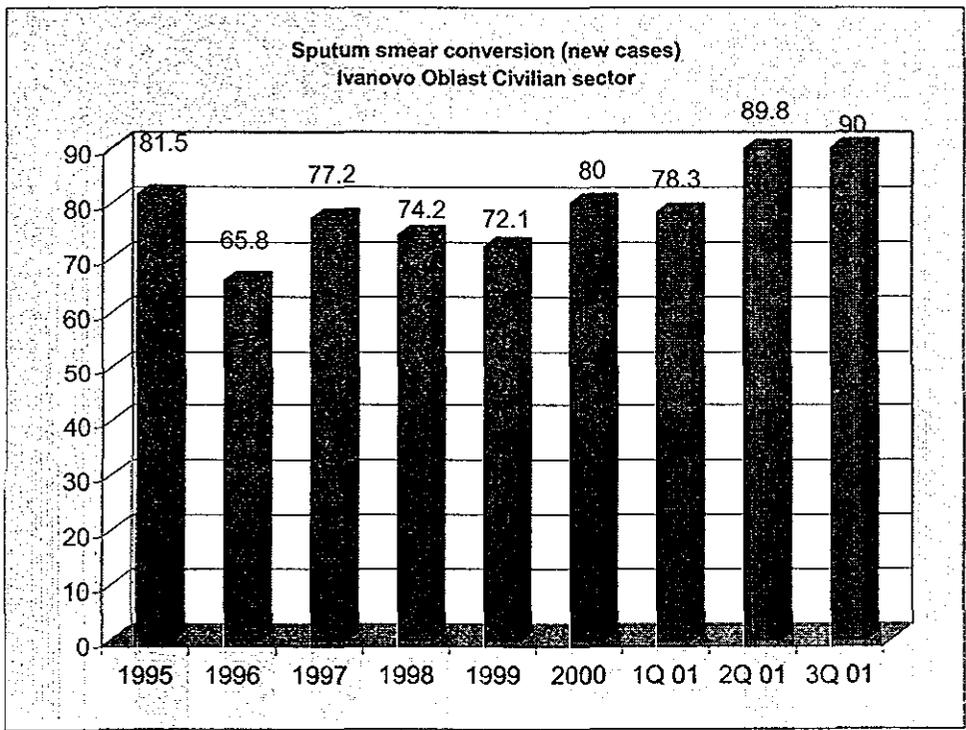


**Attachment 4.1. Sputum smear conversion among new cases, civilian and prison sector, Ivanovo oblast.**

	1Q 2000	2Q 2000	3Q 2000	4Q 2000	1Q 2001	2Q 2001	3Q 01	4Q 01
Sputum conversion	87	84	91	82	88	67	87.5	88.9

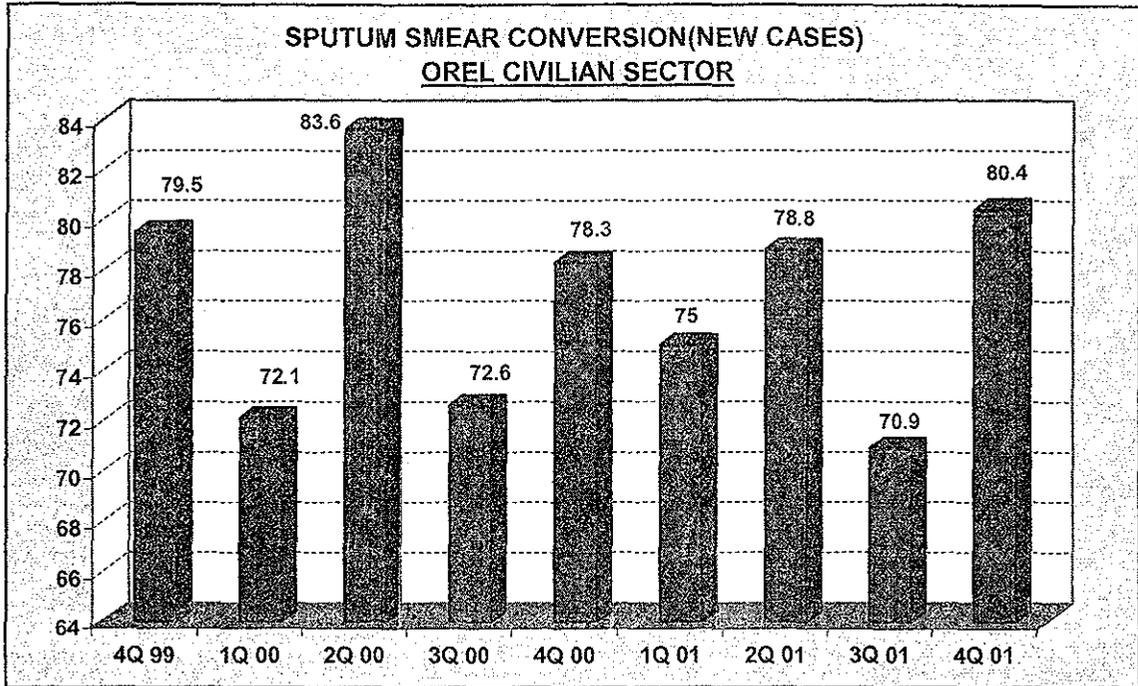


	1995	1996	1997	1998	1999	2000	1Q 01	2Q 01	3Q 01	4Q 01
Ivanovo	81.5	65.8	77.2	74.2	72.1	80	78.3	89.8	90	81

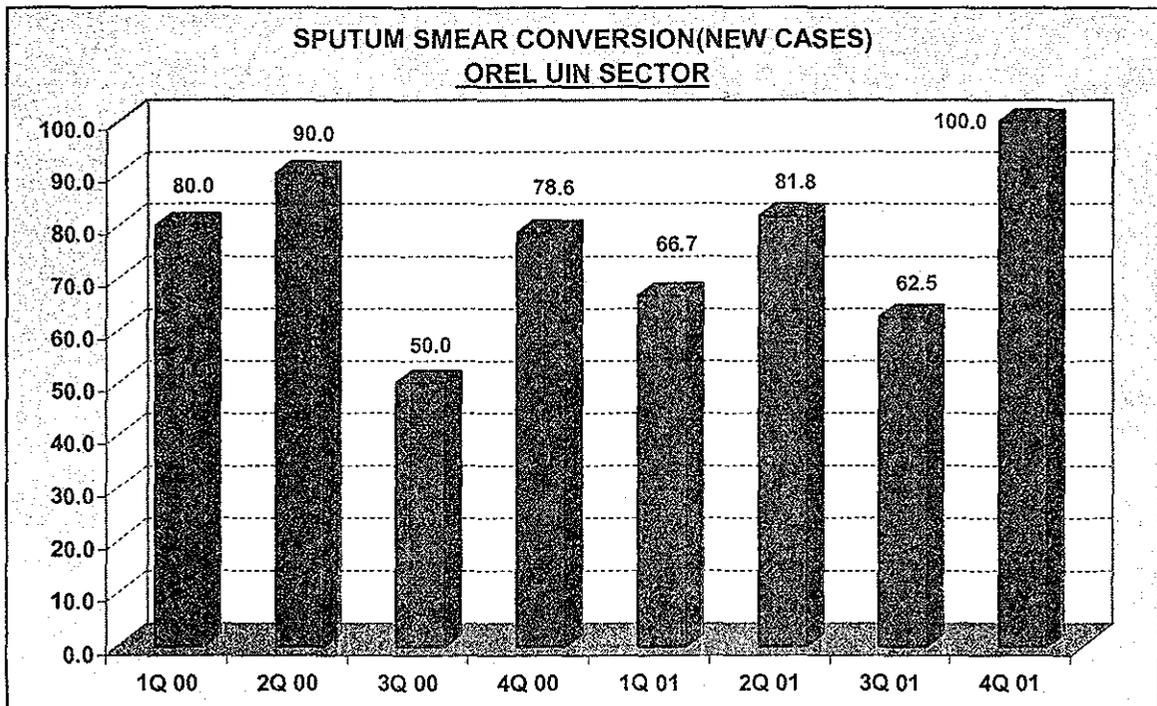


Attachment 4.2. Sputum smear conversion among new cases, civilian and prison sector, Orel oblast.

	4Q 99	1Q 00	2Q 00	3Q 00	4Q 00	1Q 01	2Q 01	3Q 01	4Q 01
% of Sputum Conversion	79.5	72.1	83.6	72.6	78.3	75	78.8	70.9	80.4

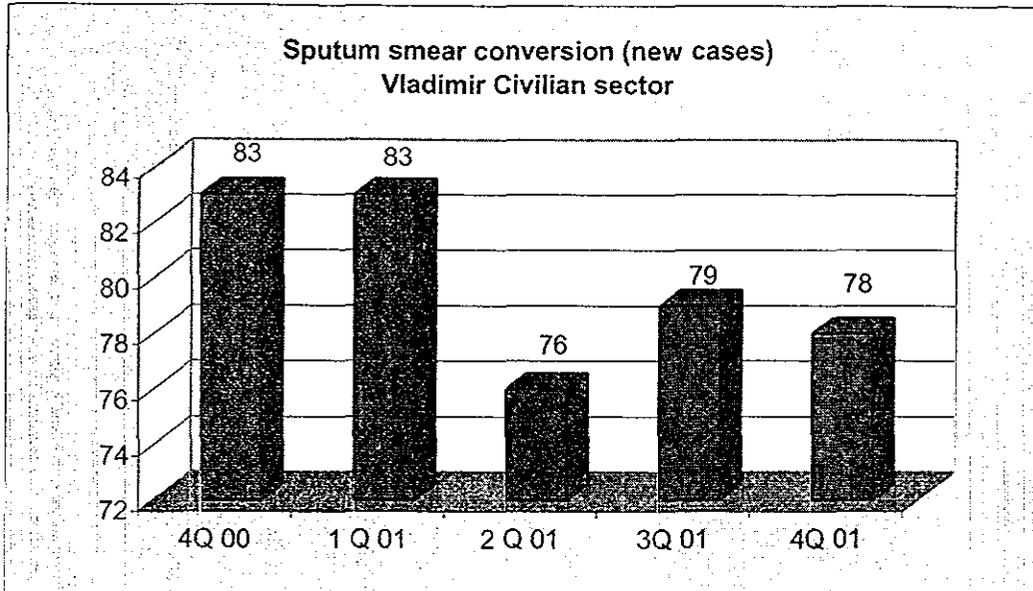


	1Q 00	2Q 00	3Q 00	4Q 00	1Q 01	2Q 01	3Q 01	4Q 01
% of Sputum conversion (new cases) Orel UIN	80.0	90.0	50.0	78.6	66.7	81.8	62.5	100.0

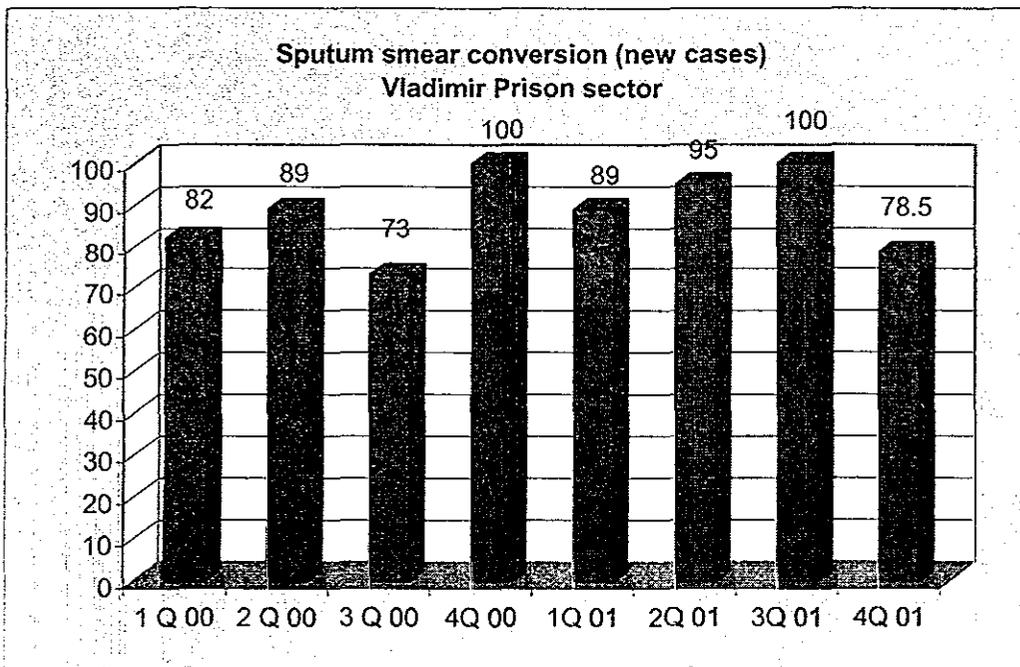


Attachment 4.3. Sputum smear conversion among new cases, civilian and prison sector, Vladimir oblast.

	4Q 00	1Q 01	2Q 01	3Q 01	4Q 01
Vladimir	83	83	76	79	78

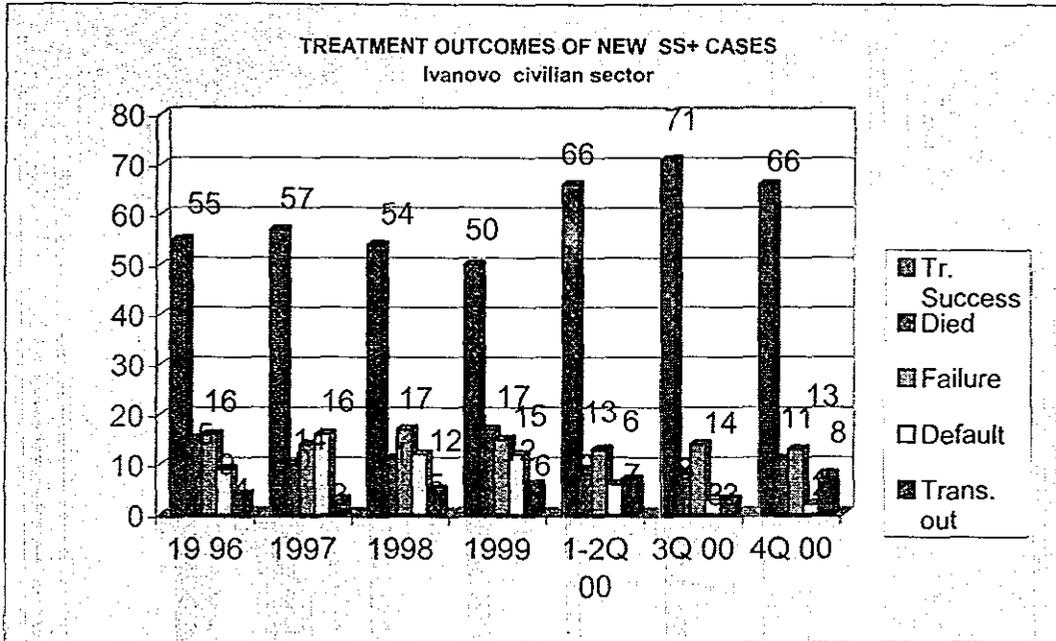


	1Q 00	2Q 00	3Q 00	4Q 00	1Q 01	2Q 01	3Q 01	4Q 01
Sputum c	82	89	73	100	89	95	100	78.5



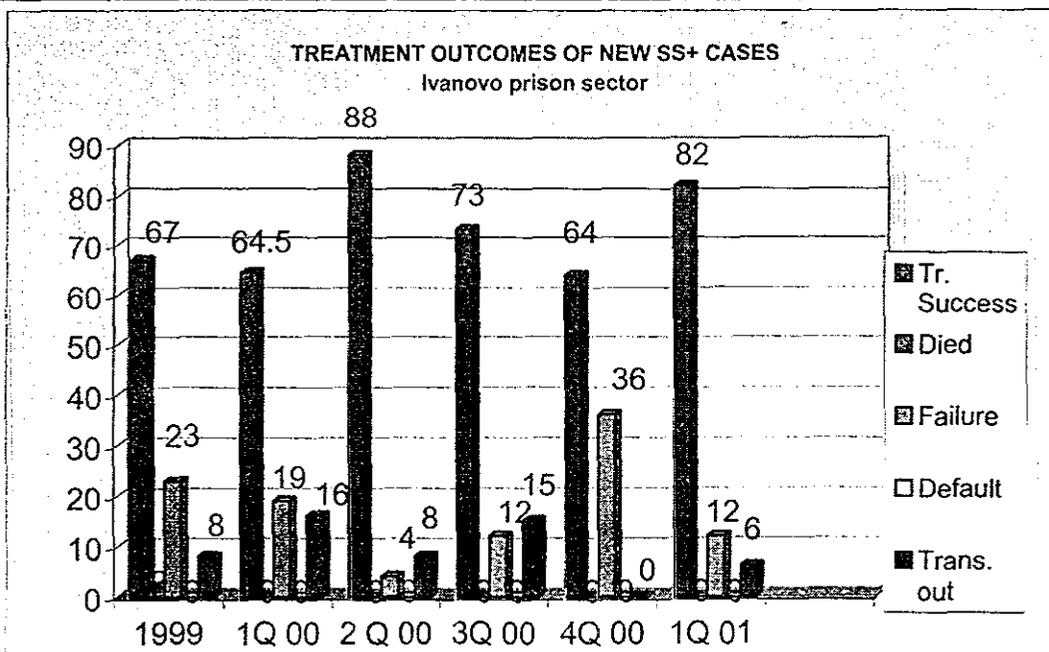
Attachment 5.1. Treatment outcomes for the new sputum smear positive cases, civilian and prison sector, Ivanovo oblast

	19 96	1997	1998	1999	20 00	3Q 00	4Q 00
Tr. Success	55	57	54	50	66	71	66
Died	15	10	11	17	9	8	11
Failure	16	14	17	15	13	14	13
Default	9	16	12	12	6	3	2
Trans. out	4	3	5	6	7	3	8



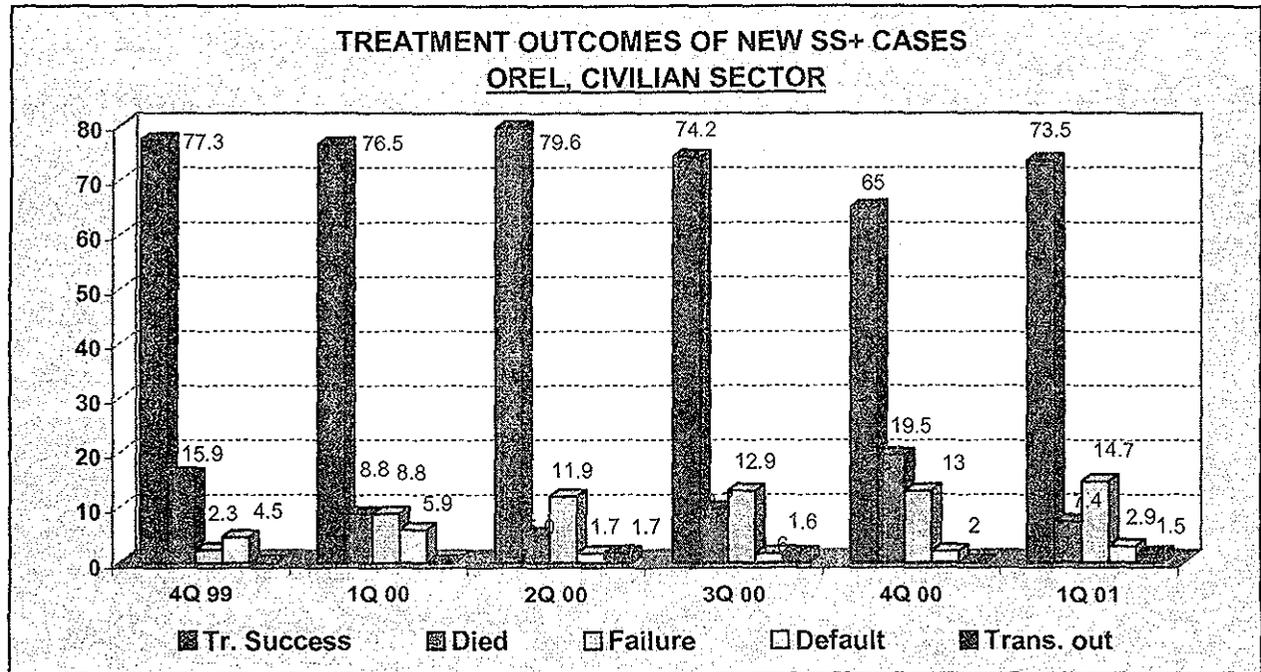
...ar positive) treatment in Ivanovo

	1999	1Q 00	2Q 00	3Q 00	4Q 00	1Q 01
Tr. Success	67	64.5	88	73	64	82
Died	2	0	0	0	0	0
Failure	23	19	4	12	36	12
Default	0	0	0	0	0	0
Trans. out	8	16	8	15	0	6

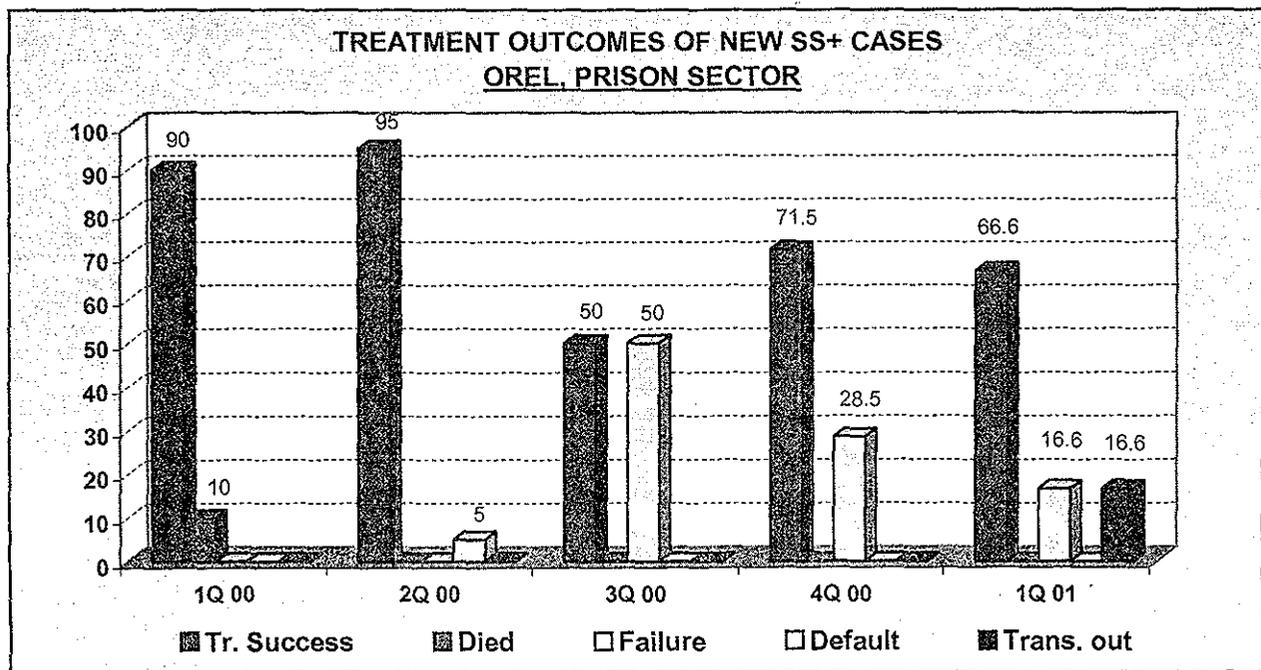


Attachment 5.2. Treatment outcomes for the new sputum smear positive cases, civilian and prison sector, Orel oblast

	4Q 99	1Q 00	2Q 00	3Q 00	4Q 00	1Q 01
Tr. Success	77.3	76.5	79.6	74.2	65	73.5
Died	15.9	8.8	5.0	9.7	19.5	7.4
Failure	2.3	8.8	11.9	12.9	13	14.7
Default	4.5	5.9	1.7	1.6	2	2.9
Trans. out	0	0	1.7	1.6	0	1.5

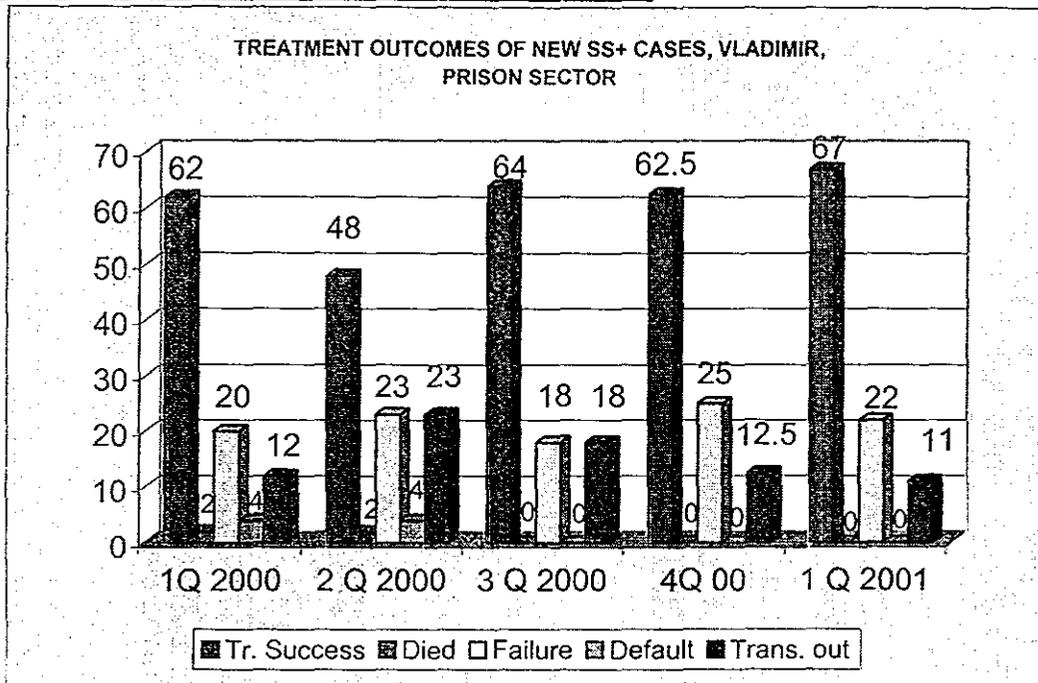


	1Q 00	2Q 00	3Q 00	4Q 00	1Q 01
Tr. Success	90	95	50	71.5	66.6
Died	10	0	0	0	0
Failure	0	0	50	28.5	16.6
Default	0	5	0	0	0
Trans. out	0	0	0	0	16.6



Attachment 5.3. Treatment outcomes for the new sputum smear positive cases, civilian and prison sector, Vladimir oblast

	1Q 2000	2Q 2000	3Q 2000	4Q 00	1Q 2001
Tr. Success	62	48	64	62.5	67
Died	2	2	0	0	0
Failure	20	23	18	25	22
Default	4	4	0	0	0
Trans. out	12	23	18	12.5	11



	4Q 00	1Q 01
Tr. Success	72	72
Died	7	6
Failure	9	11
Default	8	7
Trans. out	4	3

