



International Federation of Red Cross and Red Crescent Societies  
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge  
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja  
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

# **FINAL REPORT**

## **FOR THE**

### **United States Agency for International Development**



Photo: Self-support group of TB patients, Khakassia

## **Strengthening Cross-Sectoral Collaboration for a More Effective National Response to MDR TB Spread**

Moscow, December 2012

Reporting period: September 2010 - October 2012

## **Abbreviations**

ACSM	Advocacy, communication, and social mobilization
AIDS	Acquired immune deficiency syndrome
CDC US	Centre for Disease Control and Prevention
CDR	Case detection rate
CTRI	Central Tuberculosis Research Institute
DOT	Directly observed treatment
DOTS	WHO-recommended TB-Control Strategy
DR	Drug resistance
DST	Drug susceptibility testing
EQA	External quality assurance
FLD	First line drugs
FSSE	Federal Service of Sentence Execution
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GLC	Green Light Committee
HIV	Human immunodeficiency virus
HLWG	High Level Working Group on tuberculosis in the RF
HRD	Human resource development
IFRC	International Federation of Red Cross and Red Crescent Societies
MARP	Most at risk population
MDR	Multi-drug resistance
MDR-TB	Multi-drug-resistant tuberculosis
NGO	Nongovernmental organization
MoH	Ministry of Health
PHC	Primary health care

PLHA	People living with HIV/AIDS
RAMS	Russian Academy of Medical Sciences
RF	Russian Federation
RHCF	Russian Health Care Foundation
RIPP	Research Institute of Phthisiology of Sechenov, Moscow Medical Academy
RCRC	Red Cross Red Crescent (Societies)
RRC	Russian Red Cross
SLD	Second-line drugs
TB	Tuberculosis
TB/HIV	Patients co-infected with HIV and TB
USAID	United States Agency for International Development
VCT	Voluntary counselling and testing for HIV
VNS	Visiting Nurses
WHO	World Health Organization
XDR	Extensively Resistant Tuberculosis

## **Acknowledgments<sup>1</sup>**

The International Federation of Red Cross and Red Crescent Societies expresses its high gratitude to the Russian Red Cross staff and volunteers, health professionals of civil and penitentiary TB institutions, local governments and health authorities of eleven regions of Russian Federation: Adigeya Republic, Belgorod Oblast, Buryatia Republic, Khabarovsk Kray, Khakassia Republic, Kaluga Oblast, Kostroma Oblast, Nizhni Novgorod Oblast, Pskov Oblast, Vologda Oblast and the Jewish Autonomous Oblast for their enthusiasm, strong commitments and close collaboration during the whole period of the implementation of the program.

The IFRC and the RRC acknowledge the excellent collaboration received from the staff of the Health Office of the United States Agency for International Development (USAID), the World Health Organization (WHO), the Centre for Disease Control and Prevention (CDC US), the Northern State Medical University and the national TB research institutions, as well as the Cooperation Department of Health Service of the Federal Service of Sentence Execution.

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## **I. EXECUTIVE SUMMARY**

### **General Information**

In September 2010, the United States Agency for International Development (USAID) allotted Grant No. 118-G-00-10-00064-00 “Strengthening Cross-Sectoral Collaboration for a More Effective National Response to MDR TB Spread” to the International Federation of Red Cross and Red Crescent Societies (IFRC) to support joint activities of IFRC and the Russian Red Cross (RRC) in the Russian Federation. This grant is contributed to the previous efforts of the USAID funded TB control program, that was successfully implemented by IFRC and RRC in the period of 2001-2010.

The Program aims to strengthen cross-sectoral collaboration with Russian national and regional authorities, civilian and penitentiary health services to provide more effective and sustainable national response to MDR TB spread, based on internationally recognized approaches integrated to the Russian national normative base.

The Program was implemented in the following 11 regions of the Russian Federation: Adygeya, Buryatia and Khakassia Republics, Khabarovsk Kray, and Belgorod, Kaluga, Kostroma, Nizhni Novgorod, Jewish Autonomous, Pskov, and Vologda Oblasts with replication of different elements of the program activities to additional regions.

Initial duration of the program was designed for the period 2010-2015, but upon decision of the Russian Government, the USAID–Russia Office terminated all types of its activities from 1<sup>st</sup> October 2012 with a closure of the programs until 31<sup>st</sup> December 2012, that became a subject of this final report, covering the period September 2010-December 2012.

### **Overview of the TB situation in Russia**

Despite all efforts of the Russian Government and international TB community since late nineties, TB-related epidemiological data remain alarming. These changes are mostly due to the decrease in the number of TB cases in 2009. At the same time an alarming 21.2% increase in MDR TB was experienced during the same period, meaning an increase from 3.3 to 4.0 per 100,000 people. This reflects the still modest achievements of the Russian TB service in most regions of the Russian Federation. Along with that, those provinces where the active involvement of IFRC/RRC and other non-governmental groups in TB control, and cooperation between health authorities and civil society is well-established, usually demonstrate visible

progress and better results of TB-related activities, including a decline in MDR/XDR TB rates and an increase of treatment success rates.

The official data provided by the Central Scientific Research Institute of Information and WHO demonstrates the dynamics of a reduced TB morbidity and mortality that can be considered as a positive indicator of the overall TB control situation. At the same the time situation with MDR TB is still alarming.

According to statistical data, in 2011 the TB morbidity rate in Russia was 73 per 100,000, and mortality – 14 per 100,000.

**Data new cases of TB morbidity and mortality (per 100,000),  
% of MDR TB from new cases**

Data	Year	
	2010	2011
<b>TB morbidity</b>	77,4	73,0
<b>Rates of gain</b>	- 6,3%	- 5,7%
<b>TB mortality</b>	15,4	14,2
<b>Rates of gain</b>	- 8,3%	- 7,8%
<b>MDR TB</b>	17,3%	19,4%

As shown in the table the tendency of registered sensitive tuberculosis is decreasing, while MDRTB % is growing. At the same time the number of MDR TB patients accrues and in 2011 made about 40,000 people (Data, officially presented by MoH, during the press-conference on the World TB Day). According to WHO, Russia is one of those 22 countries with the highest burden of tuberculosis in the world: in 2011 in Russia 104, 290 people fell ill with tuberculosis and 20,270 people died of this disease with a noted growth of prevalence of MDR TB forms and also cases of co- infection (TB +HIV) in Russia.

Above the mentioned data, fully coherent with data of external evaluation, provided in 2011 by IFRC upon request of GFATM: *“Resistance to TB drugs is a major problem. The proportion of multi-drug-resistant TB (MDR-TB) was estimated at 10% of new cases and 40% of previously*

*treated cases en the grant application; and according to the 2010 WHO Global Tuberculosis Report, 17 percent of new TB cases reported had MDR-TB. The 2009 Report on Tuberculosis in Russia indicates a prevalence of 15.4% MDR-TB in new cases and 33.5% in relapses)<sup>2</sup>. This is a substantial increase from the estimates in 2008, respectively 13.6 % and 28.8%. In the prison system the proportions were 20.2% in new cases and 34.9% in relapses in 2008 and 20.1% in new and 36.6% in relapses in 2009”<sup>3</sup>.*

During 2010, the IFRC closely collaborated with the Russian Health Care Foundation (RHCF), as a Principal Recipient (PR) of Global Fund grants in the Russian Federation, continued an implementation of Grant for Tuberculosis Round 4 aimed to assist the country to meet its main goals in reducing mortality and morbidity from TB in 26 regions of Russia that finished in November 2010.

Unfortunately, in 2010, the Ministry of Health and Social Development of the Russian Federation (MoHSD) as a member of the Country Coordination Mechanism (CCM) in its letter to the Head of Country Coordination Mechanism (CCM) of Global Fund (GFATM) expressed its official opinion regarding to the participation of the Russian Federation in the Application to the Global Fund as a recipient, where it refused receipt of funds for Round 10 of the GF for tuberculosis prevention in Russia. As it is indicated in the letter, Russian Federation as a state contributes to the GF 60 million USD and does not see the necessity to request external funds for TB control activities. According to the MOHSD, despite the current economic situation, the Government of Russia will continue to maintain a robust budget for TB-related efforts, including a subsidy for comprehensive TB control and has a full capacity to provide a full range of the effective TB and MDR-TB diagnosis, laboratory investigations, treatment and cover all needs of civil and penal TB institutions with first and second line drugs.

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<sup>2</sup> Tuberculosis in the Russian Federation, 2009

<sup>3</sup> GFATM Round 4 Grant for TB control to the Russian Federation, GFATM-RHCF End of Program Evaluation, IFRC, Moscow, 2011

**Key events:**

*During the reporting period, the following key events took place. IFRC and Russian Red Cross representatives participated in those events, or were organizing them, in the framework of the program activities.*

- A new program proposal: "Strengthening Cross-Sectoral Collaboration for a More Effective National Response to MDR TB Spread" successfully approved by USAID September 2010;
- Four new regions Kaluga, Kostroma, Nizhni Novgorod and Vologda regions were selected and included in the program;
- Evaluation visits with international TB experts to new regions were conducted to allow effective planning of activities.
- Russian Red Cross updated its agreement with the Russian Federal Service of Sentence Execution (FSSE). The capacities of TB penal institutions in the program territories were enhanced and FSSE were provided all necessary support in the program implementation;
- All new program territories: Kaluga, Kostroma, Nizhni Novgorod and Vologda signed Cooperation Agreements between State Authorities, the Russian Red Cross, regional TB services, and FSSE, other seven territories updated their existing agreements accordingly;
- IFRC/RRC representatives conducted 69 advocacy meetings with regional and federal governmental authorities to ensure their political commitment to and support for the implemented TB activities.
- Three joint IFRC and Russian Red Cross Centers of Best Practice (in Moscow, Belgorod and Khakassia regions) were established and started to function.
- Two TB conferences: for representatives of TB services and Russian RC branches of six North Caucasus regions in Adygeia, and for TB specialists of Belgorod region.
- The regional government (Adygeia, Buryatia, Belgorod, Kaluga, Kostroma, Khakassia and Khabarovsk Krai) allocated budget for financial and social support for TB patients. The total budget amounted to more than 430,000 USD for 2012-2013.

- Exchange visits of representatives of the Finnish Red Cross, the Karelian branch of the Russian Red Cross, the Karelian TB dispensary as well as Turkmenistan Red Crescent to Belgorod Training Center, December 2011 and January 2012.
- Participation of RRC and TB services representatives in international conferences: 41th Union World Conference in Berlin (November 2010), 42nd World Union Conference in Lille, France, (October 2011);
- In the framework of educational component of the program two small grants for medical students and young specialists from TB Department of Second Medical University named after Pirogov and two TB specialists – postgraduate students from Russia and Azerbaijan in Annual Conference on TB of Young Scientists of the Central TB Research Institute were supported.

**Achieved results:**

*1.DOTS plus program successfully implemented in eleven program sites; Adygeya, Buryatia and Khakassia Republics, Khabarovsk Kray, and Belgorod, Kaluga, Kostroma, Nizhni Novgorod, Jewish Autonomous, Pskov, and Vologda Oblasts with replication of different elements of the program activities to additional regions. A system of psychosocial support for TB and MDR-TB patients are established, institutionalized, operated and supported by governments;*

**1.1 Professional knowledge skills of TB specialists increased as a result of their participation in different seminars, training courses, workshops, in Russia, and abroad (MDR TB centers in Riga and Tartu). The total number of TB specialists from civil and penal TB institutions who attended professional training courses, trainings and workshops is 37 people;**

The total number of people attended in the conferences and meetings at international and regional level is **108**.

**1.2. Russian Red Cross jointly with TB health institutions ensured Direct Observed Treatment process through the network of DOTS centers, established at RRC branches level:**

- ❖ **21,543** home visits were conducted by Russian RC nurses: **10,661** visits to **1 375** patients with sensitive TB. **10,882** visits to the **743 MDR TB patients**;
- ❖ **425 prisoners** were accompanied by RRC and received necessary psychosocial support. As a result, out of **259** prisoners released from the prisons, **212 ( 87%)** timely registered in civil TB service and successfully continued it treatment and **47** ex-prisoners ( **18 %**) transferred out to other regions.

***2.100% of TB cases are registered in the program sites;***

**2.1. All TB laboratories of the program sites participate** in the system of the external quality control and minimum 95% of results of specimen are identical with the control culture;

Well functioning laboratory services including control systems established and functioning in seven regions that ensure carry out of timely and effective 1<sup>st</sup> line drugs sensitivity, in 6 regions in addition to 2<sup>nd</sup> drug sensitivity that allow using adequate treatment and MDR TB and XDR TB prevention. Laboratories of three new territories as well as four laboratories of FSSE request systematic assistance on establishment of effective bacteriological services. .

**2.2. Laboratory capacity of civil and penal TB institutions** in 11 regions enhanced: lab specialists received necessary trainings, labs equipped.

Express diagnosis of MDR TB introduced in 7 regions (Bactec), in 4 regions application of molecular and genetic methods established began that much more accelerates diagnosis of TB/MDR TB. Laboratory services of FSSE in four newly included program sides received basic equipment (cases of biological safety, thermostats and centrifuges).

***3. The RRC volunteers and community activists involved to TB control significantly increased;***

**3.1 Total number of people visited the photo exhibition "Your Health in Your Hands" in 7 regions:** Republic of Khakassia, Republic of Buryatia, Khabarovsk Kray and the Pskov Oblast, Jewish Autonomous Region, Vologda and Belgorod regions – **120,211 people**.

**3.2 The total amount of the newly issued printed materials** (educational and informational) for TB patients and their families **21,000 copies: a brochure “For TB patients in prisons”** –

**10,000 copies**; a booklet for TB patients “**Six answers to questions about prevention of TB and MDR-TB**”. -**11,000 copies**.

**3.3. The total number of reissued printed materials on TB and MDR-TB** for TB patients and their families, as well as for the general public printed at central and regional level **consisted 248,724 copies**. Total number of visibility materials on TB and MDR-TB for public events, produced by RRC is **1,261 pcs**.

**3.4. Total number of press publications** issued as a result of or in connection with activities undertaken under the project: **340**.

**3.5. Total number of people who received messages** on the prevention of tuberculosis directly during information sessions conducted by Russian RC trained staff and volunteers is **8,454 people**, through press publications issued as a result of or in connection with activities undertaken under the project - **more than 1,550,000 people**.

***4. Default rate in all program sites does not exceed 8% (less than 10% everywhere) in average;***

4.1 Complex psychosocial support for TB and MDR TB patients provided by Russian RC to ensure minimum default rate.

Total number of TB and MDR TB patients obtained social support is 2010-2012 , including:

- **4087** patients with sensitive TB: out of them **2596 people (64%)** successfully finished its treatment, **732 people (18%)**, continued its treatment under control of TB service, and only **64 people (2 %)** defaulted.

-**1639** MDR TB patients: out of them **716 people (69 %)** successfully finished their treatment, and only **46 people (4.4 %)** defaulted. **1639** MDR TB patients was covered by RRC social support.

5. Systems of collaboration and ensuring of treatment continuity and adequacy between civil and penitentiary sectors, TB and HIV services are established and legalised in all program sites.

During the reporting period the RRC branches of all regions of the program established and kept good coordination with TB services through systematic meetings.

Following issues were discussed and considered:

- Drafting new MoU or updating existing MoU;

- Joint planning of activities: DOTS and DOTS plus implementation: role of each party;
- Communication with penal system and detention facilities of the Ministry of Internal Affairs

As a result, the following MoUs in new territories were signed or updated in other regions, earlier involved to the program:

**Adygeya.**

New MoU between the Ministry of Health, RRC, TB service, FSSE and Police Department signed in 2010 and valid till end of 2013.

**Buryatia.**

New MoU between the Ministry of Health, RRC, TB service, FSSE signed in 2010 valid till 2012.

**Khakassia.**

Existing MoU on the program implementation between Ministry of Health, RRC, TB service, FSSE prolonged automatically for the period till end 2012.

**Khabarovsk kray.**

Existing MoU on the program implementation between Ministry of Health, RRC, TB service, FSSE prolonged automatically for the period till end 2012.

**JAO**

Existing MoU on the program implementation between Ministry of Health, RRC, TB service, FSSE prolonged automatically for the period till end 2012.

**Belgorod**

Existing MoU on the program implementation between Ministry of Health, RRC, TB service, FSSE prolonged automatically for the whole period of the program implementation.

**Pskov**

Existing MoU on the program implementation between Ministry of Health, RRC, TB service, FSSE prolonged automatically for the whole period of the program implementation.

**Centers of Stop TB Best practice are opened and functioning in RRC Headquarters, Belgorod, Khakassia and Khabarovsk**

Information Resource Center on TB control

During the reporting period, three joint IFRC/RRC Information Resource Centers was established.

The Center in Moscow was equipped with the necessary furniture, computer and multi-media equipment (LCD monitor, LCD projector). The Library of the Resource Centre is one of the important and integral parts of the Center's activity. The Library consists of 59 titles (45 in Russian and 14 in English) methodological guides, manuals, handbooks, leaflets, and other different information materials developed by IFRC, Russian Red Cross, WHO and other agencies on the different topics of TB and MDR TB diagnosis, prevention, standards of treatment as well as several sources on HIV/AIDS and TB/HIV co-infection.

***Educational Resource Center for Nurses in Belgorod established by*** Russian Red Cross with IFRC support. The Center has been established jointly with the Belgorod Regional TB dispensary and the Medical Department of the Belgorod State University. It is set up under the technical support of the IFRC Regional Representation in Moscow.

The main objective of the Center is to set up a horizontal educational platform for local TB facilities and the RRC branches. It will help in providing opportunities to share best practices and experience among TB professionals from different regions of the Russian Federation and possibly other Russian-speaking National Societies. The Center provides 2 - 3 certified extensive trainings per year for TB nurses and visiting nurses of the Russian RC according to the curriculum approved by the Medical Department of the Belgorod State University. Each participant will receive the official Certificate of the Training Course that ensure the development of their professional knowledge and skills. **In December 2011** the first cycle of the training at the Belgorod Center for 10 nurses from the TB dispensary of Belgorod region was held. In future, the RRC is planning to organize training courses for nurses of primary health and care services and RRC visiting nurses of other regions of Russia.

#### ***Information Resource Center in Khakassia***

In the period from October 2011 to March 2012, the Russian Red Cross under IFRC technical support carried out complex organizational actions in order to establish an Educational and Methodological Center for Psycho-Social Support for TB Patients in the Khakassia branch of the Russian RC. The Center is offering training courses for the Russian Red Cross branches, Red Cross & Red Crescent national societies of Russian speaking countries, as well as other NGOs and state health institutions by establishing a psycho-social support component for TB patients.

The course entitled “**The organization of psycho-social support for TB patients**” includes theoretical and practical parts. The training courses, based on more than ten years of experience of the Khakassia RRC branch, help with forming the adherence of TB patients to treatment through complex social support interventions. During that time more than five thousand patients have received social and psychological support that allowed for a reducing quantity of separations from treatment, which is merely around or below six per cent across Khakassia. Today the TB incidence in the Khakassia region is the lowest in the Siberian Federal District. The training course will be conducted by social workers of the Red Cross of Khakassia regional branch with the involvement of experts of a Republic level TB dispensary.

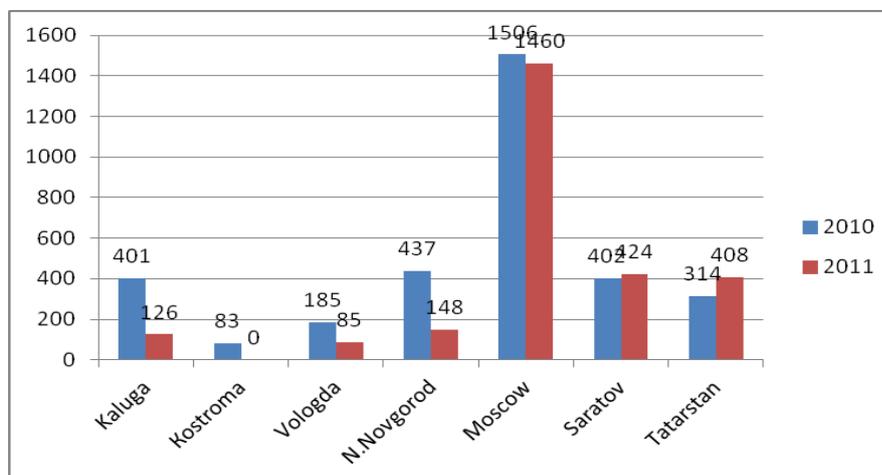
Total number of those trained: 40 people.

### **Adequate approaches to TB treatment.**

The comparative analysis of current approaches on selection of adequate TB treatment in different regions of Russia clearly demonstrates the positive dynamics of an adequate TB treatment in the regions involved in the IFRC/RRC program where internationally recognized approaches were successfully introduced. The main indicator of efficient approach is the reduction of the use of the 2<sup>nd</sup> regiment of treatment that is not compliance with internationally recognized methods.

**Diagram 1**

**Using “2<sup>nd</sup> B” regiment for TB treatment in regions  
(data of the MoH)**



As it shown in the diagram, the volume of the use of 2<sup>nd</sup> B regiment in the regions, involved to IFRC/RRC program significantly reduces: Kaluga from 401cases in 2010 to 126 cases in 2011, from 83 in 2010 in 2010 to zero in 2011, Vologda – from 185 in 2010 to 85 in 2011, N. Novgorod – 185 in 2010 to 85 in 2011. At the same time in the regions that were not involved to any international projects, level of 2<sup>nd</sup> B regiment implementation is very high and increases that evidence on insufficient treatment: in Saratov from 402 in 2010 to 424 in 2011, and in Tatarstan from 314 in 2010 to 408 in 2011.

## **II. Implemented activities:**

**Activities to achieve Objective 1. To support Russian national (federal) and regional authorities to develop an effective and sustainable TB control model with special focus on multi-drug resistant TB (MDR-TB).**

Activity 1.1. Facilitating the process of decision making by establishment and enhancement of the dialogue with the Federal authorities.

### **Federal Level**

In the reporting period Russian Red Cross with IFRC technical support made special focus on strengthening the collaboration with regional authorities and state institutions. In the period September 2010 – October 2012, RRC conducted a cycle of round tables with representatives of state authorities, health institutions, and mass media. For the purpose of increasing effectiveness of the outcomes of the round table events were conducted on the occasion to the following important RRC events: World TB Day, World Health Day, the 100-year anniversary of the start of the campaign in Russia, "White Chamomile", 145<sup>th</sup> anniversary of the Russian Red Cross. The round tables in the following regions: Republic of Adygeya, Republic of Buryatia, Khabarovski Krai, Jewish Autonomous Oblast, Pskov, Kaluga, Kostroma, Vologda, Belgorod regions were organized.

Representatives of regional and district authorities, chief physicians of TB dispensaries and Central District Hospitals participated from all the above listed nine regions in the round tables,

and discussed different issues related to effective partnership in TB control issues as well as attracting other interested partners and stakeholders to TB and MDR TB activities.

**Agenda of round tables included following topics:**

- Establish effective partnership between state authorities and non state public organizations on fighting TB and MDR TB;
- Dialogue with state authorities to increase funding of TB control measures from regional state budgets with special focus to social support component for TB patients;
- Collaboration with Primary Health and Care facilities to DOTS;
- Regional partnership on TB detection activity for at most risk population: homeless, drug and alcohol abusers etc.
- Discussion, advocacy, and adoption of necessary legislation acts at regional level supporting TB and MDR TB control.

The total number of meetings during reporting period on federal and regional level- **395, including 76 round tables.**

**In November 7, 2012**, due to termination of USAID funding and necessity to ensure sustainable continuation of TB control activity, following activities were carried out:

Russian Red Cross President Raisa Lukutsova had a meeting with the IFRC Secretary General, Bekele Geleta and the Director of the IFRC European zone office Anitta Underlin concerning the situation which has developed in connection with the termination of financing of USAID and handed over a request for search of new sources of financing for activity continuation on assistance to TB patients.

Upon results of these meeting, IFRC SG Bekele Geleta met with Permanent Representative of Russia in UN and other international organizations Alexey Borodavkin. Russian Ambassador indicated that when Government of Russia requested USAID to leave it is an expression of Russian Government strategy as being a donor and not a recipient of international aid. The Russian Government/Ministry of Health has overall budget of 1 billion roubles to provide grants to NGOs (approx 300 million USD) and ambassador suggested RRC enter into dialogue with MoH.

Head of IFRC Regional Representation in Moscow Dr Davron Mukhamadiev had a meeting in the Ministry of Foreign Affairs of the Russian Federation during which he underlined the

commitments of Russian State authorities on TB control issues after the termination of USAID funding: continuation of social support of TB patients, allocation of state funds through regional budgets. Copies of letters of appreciation from regions and requests for continuation of activity were handed over to the representatives of Russian MFA.

## **Regional level**

### **Adygeia**

**In September 2011**, IFRC jointly with Russian RC and TB service the workshop: *“Best practice and experience of Adygeya Republic on efficient partnership in TB control programs”* for North Caucasus republics of Russian Federation in Adygeia Republic was conducted.

**The main objective** of the workshop is to introduce the best practice and long –term experience of Adygeia RRC branch and TB service on effective TB and MDR TB measures to surrounding North Caucasus Republics and to discuss possible ways of the partnership between RRC branches and TB services in North Caucasus regions.

In conclusion of the workshop possible practical steps of the partnership between RRC and TB services in each region were discussed. Participants agreed that a Plan of Action of joint TB control measures will be developed and further discussed and submitted to IFRC and RRC.

### **Belgorod**

**On September 2012**, IFRC/RRC representative’s conduction visit to Belgorod region.

During the visit, IFRC TB manager and Head of RRC Health department participated in TB conference:” *New diagnostic methods and TB treatment*” for medical doctors.

The IFRC TB coordinator held several meetings with the Ministry of Health, Russian RC, Federal TB Institute, Central Statistic Institute, WHO and Regional TB dispensaries, where collaboration with IFRC and USAID in the implementation of TB and MDR TB control programs was discussed. In addition, he paid attention of Russian RC social mobilization activity and attraction of volunteers to TB control programs. Special attention was given to the further dissemination of the best experience and practices of Belgorod to other Russian territories.

## **Kostroma**

In the period 2010-2012 IFRC/RRC representatives had a cycle of meeting with Deputy Head of Kostroma Government A. Anokhin, representatives of MoH and FSSE. During the meeting, they are discus about IFRC/RRC technical support to TB control programs in Kostroma and the ways of improvements in the TB situation in region.

## **Nizhni Novgorod**

**In the reporting period** IFRC/RRC and Central TB Institute representatives had a cycle of meetings with the Ministry of Health. During the visits, the following objectives have been met: official meetings with representatives of the local health authorities; discussing practical steps of the program implementation in the civilian sectors of TB services.

Activity 1.2. Close cooperation with different players: USAID, WHO, High Level Working Group on TB and other interagency coordinating mechanisms, MoHSD, Federal TB research Institutes.

During the reporting period IFRC/RRC continued the coordination of its activity with the main actors through participation in different meetings with the Office of Health, USAID-Russia, the WHO Office in Moscow, as well as MoHSD.

## **Ministry of Health and Social Development**

**In October 2010**, during All –Russian TB conference in Saint Petersburg, IFRC representatives met with Chief Phtysiatrist of the Ministry of Health and Social Welfare Professor Peter Yablonski and introduced him to the joint IFRC/RRC MDR-TB control program. IFRC/RRC expressed wishes to have mutual coordination and support on TB control activity in Russia and invited him to visit MDR TB program sites.

**In April 2012**, the TB Program Coordinator participated in TB conference in Moscow and had a meeting with Professor Peter Yablonsky, Chief TB Specialist of the Ministry of Health and Social Development. During the meeting, the main achievements and challenges of IFRC/RRC MDR-TB program were presented. The IFRC representatives expressed their desire of mutual

coordination and support of anti tuberculosis actions in Russia and invited Professor Peter Yablonsky to visit some IFRC/RRC project sites.

In reporting period, IFRC established close contacts with Chief TB specialist of Russian MoH Professor Peter Yablonsky. In July 2012, during the meeting of IFRC Head of the Regional Representation and TB coordinator with Professor Peter Yablonsky the main issues of cooperation were discussed, Prof. Yablonsky proposed to the IFRC to participate in the working group on revision of MoH Order 109 .

### **United States Agency for International Development**

In the period from September 2010 to October 2012, representatives of the Office of Health of USAID conducted a cycle of monitoring visits to the IFRC/Russian RC project sites. The last visits are:

**In April 2012**, Dr. Willem Slatter, Head of Office of Health and Dr. Nikita Afanasiev, Senior Staff in charge of infectious diseases at the Office of Health, USAID - Russia, conducted a monitoring visit to Khakassia and participated in the opening ceremony of the Training & Resource Center on Psychosocial Support to TB patients in Khakassia.

**In September 2012**, IFRC/RRC Resource center and Belgorod TB dispensary organized a TB conference:” New diagnostic methods and TB treatment” for medical doctor in Belgorod. Representatives from 8 new regions of Russia, M. Kulikova, Senior officer, Office of Health, USAID – Russia and D. Craige, communication specialist, USAID –Russia participation in TB conference in Belgorod.

### **WHO**

During the reporting period, the IFRC continued its working contacts with WHO by conducting different bilateral regular meetings, participation in the TB High Level Working Group, monthly interagency meetings, and joint operational activities that allowed keeping up the common strategic approaches of IFRC and WHO on TB control programs.

In addition, IFRC and Russian Red Cross representatives traditionally participated in monthly inter-agency meetings, organized by the WHO, where different topics of TB control activities were discussed.

**In February 2012**, IFRC/RRC jointly with WHO - Russia and the Central TB Research Institute organized a five-day training for 20 TB specialists of 11 regions of Russia on “TB Infection Control” in Vladimir region of Russia.

**Also** IFRC/RRC jointly with WHO - Russia and the Central TB Research Institute organized three five-day training for TB specialists of 11 regions of Russia on “TB diagnostics and treatment” in Khabarovsk region of Russia.

Total number of participants: 87 people.

#### **Country Coordination Mechanism of Global Fund for AIDS, Tuberculosis, and Malaria**

In the period IFRC continued its working relationships with CCM of GFATM in Russia as observer/ advisor.

In June 2011 in CCM meeting, Head of IFRC Regional Representation made a presentation in CCM meeting: “IFRC experience and best practice of assistance to TB patients with unidentified legal status”.

In April 2011 International Federation of Red Cross and Red Crescent Societies was invited by the Country Coordination Mechanism of Global Fund in Russia to conduct End of program External Evaluation for GF project – Tuberculosis Round 4, implemented by Russian Health and Care Foundation. Evaluation team implemented its work according to the above indicated timetable, and provided Final External Evaluation Report. Report was highly estimated by CCM and was taken into consideration for further development of TB control activity in Russia.

#### **Coordination with the Eli Lilly Co & Foundation**

During the reporting period, IFRC and RRC successfully finished the project” “**Enhancing of social mobilization and community empowerment on MDR–TB prevention in Russian Federation**” funded by the Eli Lilly office in Russia in the framework of the Global IFRC and Eli Lilly MDR TB partnership. This program became an integral part of comprehensive MDR TB response programs: all advocacy and social mobilization activities described in the current report was implemented in the framework of an Eli Lilly partnership. IFRC/RRC systematically participated in the partnership meetings, organized by Eli Lilly, shared its plans with Eli Lilly

partners and discussed practical implementation of the regional exhibitions "appropriate to talk about TB" and round tables with the authorities.

### **Center Diseases Control, USA**

**In the reporting period** IFRC organized a visit for CDC USA expert, Garry Blackwelder, to Kostroma region. The main aim the visit was to evaluate the engineering component of IC activities at the regional TB facility. During the meeting with the Ministry of Health, the health authorities assured their full support to the regional TB service to develop this direction of activity. The Chief Physician of TB Dispensary will use the recommendation of experts for further improvement of infection control.

### **Contacts with other partners**

**During the reporting period,** IFRC Senior Health officer participated in the round table, "Business for healthy society", dedicated to the prevention of tuberculosis at workplaces, organized by the Global Business Coalition. During the round table IFRC representative made a presentation on the role of the Red Cross and Red Crescent Societies in the involvement of civil society in the programme for the TB control. Following the round table, representatives of the business community, decided to write a letter to the Ministry of Health of the RF on the quick implementation of existing diagnostic tests system for TB prevention.

**On 26 September, 2012.** Head of RR in Moscow Dr Davron Mukhamadiev and Senior Health Officer Dr Takhir Mirzoev took part in a working meeting with international agencies who work with USAID financial support in AIHA (Russia office). Inna Urkevich during a meeting presented the new online training programs for medical doctors.

### **TB scientific research institutes**

In the reporting period IFRC enhanced its coordination with TB scientific research institutes that allowed it to provide effective technical support to TB institutions in the project territories.

IFRC/RRC conducted cycle of meetings with Heads of Federal TB scientific research institutes such as the Central TB Research Institute (Correspondent member of the Russian Academy of Medical Science, Professor Vladislav Erokhin, Research Institute of Phthysiopulmonology (Professor Sergey Smerdin), Novosibirsk Tuberculosis Research Institute (Professor V. Krasnov)

and Archangelsk Northern State Medical University (Correspondent member of the Russian Academy of Medical Science Professor Andrey Maryandishev).

The main aim of the meetings were joint consideration of the activities in the territories, newly involved to the program, and expanding the program activities to other territories.

Due to the start of the activity in Nizhni Novgorod, Director of Central TB research institute Professor Vladislav Erokhin sent an official letter to the Chief TB specialist of Nizjegorodskaya region with strong recommendations on active participation of TB service of the region in IFRC/RRC MDR TB control program.

Chief TB specialist of the Volga Federal District, Prof. T.I. Morozova participated in the regional TB conference in Nizhni Novgorod, organized with IFRC technical support, and introduced to TB specialists the international standards of TB care.

Activity 1.3 Continuing collaboration with the Federal Service for Sentence Execution for further improvement of TB and MDR TB related medical care in penitentiary health facilities.

During the reporting period IFRC and Russian Red Cross enhanced existing collaboration with Department of Health of the Federal Service for Sentence Execution as well as regional divisions of FSSE in the program sites, based on the Agreement signed between FSSE and RRC.

**Federal level:**

**In the period,** Chief Bacteriologist of the FSSE Svetlana Safonova and Chief Medical Doctors from 11 territories (1 person from each region) actively participated in the different actions and events, organized by IFRC/RRC:

- MDR-TB treatment Program training course in Tartu organized by FILHA. During the training course she made a presentation and showed results about joint project activities;
- TB MDR training course in Riga for medical specialists.

Cycle of monitoring visits to Kostroma, Kaluga, Vologda, N. Novgorod, Pskov, Khabarovsk, Buryatia, Khakassia, outcomes, problems, difficulties and challenges of the coordination

between civil and penal TB services and necessary measures to improve situation carried out were discussed.

**On July 2012**, the Chief Bacteriologist of FSSE and Chief Medical Doctors from Moscow FSSE office actively took part in the various actions organized by IFRC/RRC: in a training in Arkhangelsk, where the results of treatment were discussed, along with problems and difficulties of coordination between anti-tuberculosis services of civilian and penitentiary sectors, and also the implementation of necessary measures for situation improvement; MDR-TB Program Induction Conference organised in November 2010, cycle of monitoring visits to Vologda, Kaluga, Nizhni Novgorod (January-March 2011), were outcomes, problems, difficulties and challenges of the coordination between civil and penal TB services discussed and necessary measures to improve situation carried out.

### **Regional level**

During the reporting period IFRC and Russian RC conducted several meetings with FSSE in a number of regions to discuss inter-agency coordination with this state body.

### **Kostroma region**

**In April 2012**, IFRC/RRC representatives had a meeting of the FSSE of Kostroma region, was held to summarize the common achievements and further perspectives of cooperation.

In the reporting period, Russian Red Cross regional branches strengthened collaboration with regional divisions of FSSE to provide more sufficient psychosocial support to the released ex-prisoners.

**From September 2010 to October 2012**, 425 TB patients, prisoners preparing to be released, obtained complex psycho-social support, carried out by Russian Red Cross multi-disciplinary teams (psychologists, nurses, and trained volunteers) in the following regions:

**Table 2**

**Total number of ex-prisoner TB patients  
covered by Russian Red Cross psychosocial support**

(September 2010 – March 2012)

#	Region	Number of ex-prisoner TB patients
1.	Buryatia	46
2.	Kostroma	46
3.	Khakassia	39
4.	Pskov	35
5.	Khabarovsk Kray	105
6.	Belgorod	109
7.	Jewish Autonomous Oblast	45
	<b>Total</b>	<b>425</b>

As a result of the collaboration between RRC, penitentiary and civilian TB services timely registered out of 425 people, released from the prisons, 388 (91%) in the civilian TB service where they successfully continued treatment and 37 ex-prisoners (9%) were transferred to other regions.

Concluding the above mentioned facts, it is important to indicate that IFRC/RRC traditional collaboration with FSSE is developing in the right direction and it is further improving medical care for TB and MDR TB patients in penal health facilities, gradually strengthening the technical capacity of penitentiary TB facilities.

In the framework of the celebration of World TB Day and the 145<sup>th</sup> Anniversary of the Russian Red Cross, a competition among prisoners was organized for the nicest hand-made object or literary composition with the motto: «**There are no places in Russia without a strong Red Cross presence**».

Detailed results of cooperation between the Russian Red Cross and FSSE regional divisions on social patronage of ex-prisoner TB patients are reflected in Annex 2.

Activity 1.4 Providing access to TB specialists and RRC staff, involved partners and counterparts to international experience and best practice by supporting their participation in national and international TB-related conferences, congresses, publishing articles in professional magazines and other activities.

**During reporting period,** Russian RC under IFRC technical support conducted:

1. A one-day workshop for representatives of 11 regional branches involved to IFRC/USAID funded MDR TB response project and additional 7 territories (Saratov, Smolensk, Kaliningrad, Orel, Volgograd, Samara, Tula) aimed to develop new and innovative ways and sharing experience and best practice on rendering complex community and social mobilization activity and social support to TB and MDR TB patients.

Total number of participants -18

2. IFRC jointly with FSSE and Northern Medical Institute organized scientific conference "**Nanotechnologies in the diagnosis of drug-resistant tuberculosis**". The Conference was organized in partnership with Charity Fund "Easy breathing"(Arkhangelsk), the Organization of patients "Lungs and heart" (Oslo, Norway), FSSE with the financial assistance of IFRC.

During the conference new methods of rapid TB diagnostics, including MDR TB and best practice of use were presented.

Total number of participants – 11.

3. Chief medical doctors of the FSSE from Buriatia, Nizhni Novgorod and Khakassia, Tb specialists from Buryatia, Nizhni Novgorod and Khabarovsk regions actively participated in the MDR-TB treatment Program training course in Tartu, organised by FILHA. During training course representative of TB dispensary from Buryatia made a presentation and showed the results about joint project activities.

Total number of participants – 7 people (FSSE -3).

4. IFRC organized TB MDR training course in Riga for medical specialists from Buryatia, Ingushetia, Kaluga, Kostroma, Nizhni Novgorod and Khabarovsk.

Total number of participants: 7 people.

5. IFRC jointly with Russian RC and TB service conducted the working meeting “Best practice and experience of Adygeya Republic on effective partnership in TB control programs” for North Caucasus republics of Russian Federation in Adygeya Republic .

As a conclusion of the workshop, possible practical steps of the partnership between RRC and TB services in each region were discussed. Participants agreed that Plan of Action of joint TB control measures will be developed and further discussed and submitted to IFRC and RRC.

Total number of participants: 30.

6. RRC project coordinator V. Agapova took part in the 14<sup>th</sup>, 15<sup>th</sup> and 16<sup>th</sup> meetings of ERNA aimed to discuss Humanitarian diplomacy in HIV and TB. The main purpose of the conference was to strengthen the ties of the National societies of the RCRC with a variety of partners to identify practical actions and decision of the main problems in the field of combating the spread of tuberculosis and HIV through the use of and enhance the capabilities of Humanitarian Diplomacy.

7. In the framework of cooperation with IFRC/RRC, the representatives of penitentiary TB institutions, IFRC and RRC representatives participated in the **World TB Conference organized by the Saint-Petersburg TB University.**

Total number of participants: 5 people.

8. IFRC/RRC representatives: RRC Chairperson of Khakassia branch, IFRC TB Program Coordinator, TB Program Manager and Health Program Officer participated in the 41<sup>st</sup> and 42<sup>nd</sup> Union World Conference of Lung Diseases. In addition, IFRC in the framework of cooperation with TB institutions supported the participation of 14 representatives of the regional TB dispensaries/hospitals.

**Table 3**

**Data on TB and IFRC/RRC staff who  
participated in conferences and workshops (September 2010-October 2012)  
(Distribution by gender<sup>4</sup>)**

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<sup>4</sup> During the training process special attention was paid to gender equality.

Region	Number of participants		
	Male	Female	Total
Headquarters level	0	1	1
Buryatia	1	5	6
Ingushetia	0	1	1
Kaluga	1	7	8
Kostroma	1	9	10
Nizhni Novgorod	1	9	10
Khabarovsk Kray	1	9	10
Khakassia	1	9	10
IFRC, FSSE, etc	23	29	52
<b>Total</b>	<b>29</b>	<b>79</b>	<b>108</b>

As it is indicated in the table, some 108 representatives (73 per cent female and 27 per cent male) of regional civilian and penitentiary TB services as well as Russian Red Cross and IFRC staff took part in several national, regional and international conferences and workshops during the reporting period.

Activity 1.5 Arranging observation tours for Russian health officials to other countries to learn how effective collaborative TB control programs may be established and implemented.

During the reporting period representatives from regional RRC branch and TB dispensaries from Buryatia, Kostroma, Khabarovsk participated in study tour in USA organized by US Embassy in Russia.

Total number of participants: 7 people.

Study tours for health officials were planned for the next project period but were not implemented due to the termination of the program.

Activity 1.6 Setting up the network of the Centers of Best Practice (information and coordination centers) on various TB topics like horizontal educational platform for local TB facilities and RRC branches.

Joint IFRC/RRC Information Resource Center on TB control in Moscow

During the reporting period the IFRC/RRC Information Resource Center on TB Control in Moscow carried out the following activities.

**In April 2011**, IFRC jointly with Russian Red Cross conducted a “round table” meeting with Dr. Stephan Sebacher, Head of Health & Care department of the IFRC Secretariat in Geneva. During the round table, the RRC TB program coordinator made a presentation on the current progress of the TB program activity, funded by USAID and GFATM Round 4.

**In May –June 2011**, IFRC organized a cycle of working meetings for expert teams, with different partners: TB research institutes, CCM of Global Fund, Partners in Health (USA), in the framework of external evaluation of GFATM Round 4 TB.

**In September 2011**, IFRC jointly with Russian RC organized a one–day information session “Health and care aspects of labor migration” for different stakeholders working in migration sphere: International Organization for Migration (IOM), International Labor organization (ILO), Public Foundation “Tajikistan” with different health and social aspects of migration discussed. During the session, IFRC Senior Health officer made presentation on TB/HIV and migrants.

**24-28 December, 2011**, four representatives of Turkmenistan Red Crescent came on an exchange visit to the Russian Red Cross and learned about Russian Red Cross TB control activities. The Russian Red Cross organized a one–day round table discussion for the Turkmenistan Red Crescent. Turkmenistan RC representatives received a package of informative and educational materials in Russian on different fields of RCRC activities, which can be useful for their further work. During the round table event, the RRC TB program coordinator made a presentation on the current progress of the TB program activities, funded by USAID. Head of IFRC Regional Representation took part in that round table meeting. **In March 2012**, the IFRC/RRC jointly organized a one–day information session “Health and care for TB patients” for the Finnish Red Cross and the Karelian regional branch of the Russian RC. The Head of IFRC Regional Representation and the IFRC Senior Health officer took part.

The meeting of National Societies took place on 16<sup>th</sup> of October, 2012. NSs from following countries participated: Armenian RC, Belarus RC, Kazakhstan RC, Kyrgyzstan RC, Russian RC, Tajikistan RC, Ukraine RC, Uzbekistan RC.

The main goal of the meeting was to discuss of possible ways of cooperation between Russian RC and other NSs of CIS countries in the main directions of activity: HIV, TB.

The total number of participants was 41 people.

During the reporting period the IFRC and the Russian Red Cross continued its activities to establish two Centers of Best Practices in Belgorod and Khakassia, respectively.

#### Information Resource Center on TB control

During the reporting period, joint IFRC/RRC Information Resource Center was established.

The Center was equipped with the necessary furniture, computer and multi-media equipment (LCD monitor, LCD projector).

The Library of the Resource Centre is one of the important and integral parts of the Center's activities.

The Library consist of 59 titles (45 in Russian and 14 in English) methodological guides, manuals, handbooks, leaflets, and other different information materials developed by IFRC, Russian Red Cross, WHO and other agencies on the different topics of TB and MDR TB diagnosis, prevention, standards of treatment as well as several sources on HIV/AIDS and TB/HIV co-infection.

#### *Educational Resource Center for Nurses in Belgorod*

**In December 2011** Russian Red Cross Training & Resource Center for Nurses on Tuberculosis was held in Belgorod city. The Center has been established by the Russian RC jointly with the Belgorod Regional TB dispensary and the Medical Department of the Belgorod State University. It is set up under the technical support of the IFRC Regional Representation in Moscow.

#### **Curriculum of the training courses**

#	Topic of curriculum	Number of academic hours
1	Epidemiology of TB	2
2	TB microscopy. Interpretation of results	4
3	Side effects of treatment. Maintaining patients	8
4	Co-infection. Diagnosis	4
5	Infection control	4
6	Adherence to treatment and psycho-social support for TB patients	8
7	TB case detection	4
8	Registration of TB cases	4
9	Motivation of nurses	4
	<b>Total number of hours</b>	42

The main objective of the Center is to set up a horizontal educational platform for local TB facilities and the RRC branches. It helps in providing opportunities to share best practices and experience among TB professionals from different regions of the Russian Federation and possibly other Russian-speaking National Societies. The Center provides 2 -3 certified extensive trainings per year for TB nurses and visiting nurses of the Russian RC according to the curriculum approved by the Medical Department of the Belgorod State University. Each participant will receive the official Certificate of the Training Course that in turn will ensure the development of their professional knowledge and skills. **In December 2011** the first cycle of the training at the Belgorod Center for 10 nurses from the TB dispensary of Belgorod region was held. In the future, the RRC is planning to organize training courses for nurses of primary health and care services and RRC visiting nurses of other regions of Russia.

#### ***Information Resource Center in Khakassia***

In the period from October 2011 to March 2012, the Russian Red Cross, under IFRC technical Support, carried out complex organizational actions in order to establish an Educational and

Methodological Center for Psycho-Social Support for TB Patients in the Khakassia branch of the Russian RC.

The Center is offering training courses for the Russian Red Cross branches, Red Cross & Red Crescent national societies of Russian speaking countries, as well as other NGOs and state health institutions by establishing a psycho-social support component for TB patients. The course entitled “**The organization of psycho-social support for TB patients**” includes theoretical and practical parts. The training courses, based on more than ten years of experience of the Khakassia RRC branch, help with forming the adherence of TB patients to treatment through complex social support interventions. During that time more than five thousand patients have received social and psychological support that allowed for a reducing quantity of separations from treatment, which is merely around or below six per cent across Khakassia. Today the TB incidence in the Khakassia region is the lowest in the Siberian Federal District.

The training course will be conducted by social workers of the Red Cross of Khakassia regional branch with the involvement of experts of a Republic level TB dispensary.

Activity 1.7 Supporting innovative initiatives of the students and facilitate their professional development in the TB control field.

Second State Medical University

In the reporting period, IFRC continued collaboration with Physiatrist Department of the Second State Medical University led by Professor Vladimir Stakhanov so as to draw the interest of medical students to the TB related topics. In the framework of the program of small grants for medical students and young specialists announced by the IFRC, two post-graduates of the TB Department of The Second State Medical University were awarded the mentioned grants.

- **Dr. Maria Komarova** with the topic «Differential diagnostics of diseases of lungs with residual tubercular changes or without them in the conditions of a city versatile hospital».
  
- **Dr. Alexey Shibanov** with the topic «Opportunistic infections at patients with tuberculosis of lungs».

The decision on the awards was made by a joint panel under the scientific supervision of Professor Andrey Maryandishev, based on the review of the submitted scientific works corresponding to the criteria of the grants.

**On March 2012**, during the Annual TB Conference of Young Scientists diplomas were handed over to winners by the IFRC Head of Regional Representation in Russia at the Central TB Research Institute.

#### Moscow State Medical Dentistry University

**During the reporting period** the IFRC Regional Health Coordinator and TB Program Manager participated in the round table, organised by Department of Penitentiary Medicine (Head of Department Professor Alexandr Kononets). During the round table, representatives of partner's organizations: Russian Health and Care Foundation, "Partners in Health" (USA), etc., several ways of collaboration were discussed.

IFRC presented its Program initiatives for students and young scientists and expressed readiness to participate in the joint educational TB control programs.

Upon request of the Department of Penitentiary Medicine, IFRC actively participated in the drafting of training curricula for students and provided necessary education materials on different TB control topics.

**On March 23, 2012** the annual conference of young scientists was held on «**New technologies in epidemiology, diagnostics and treatment of tuberculosis of adults and children**» at the Central TB Research Institute of Tuberculosis of the Russian Academy of Medical Science. Upon request of the steering committee of the Conference, IFRC provided financial support for the participation of three young scientists, from the Russian Federation and the CIS, who had submitted the most interesting theses, and who had been recommended by the scientific council of the institute.

1. **Amir Aliyev:** «Complex broncho-lingual research of stenoses of large bronchial tubes at chronic, obstructive lung diseases»; Department of Pulmonary Diseases, Central District Hospital, Cuba, Azerbaijan.

2. **Bolat Kabirov:** «Virus defeats of liver of TB patients in modern epidemiological situation»; Sterlitamak, Bashkir State Medical University, Ufa, Russian Federation.

**3. Anna Kaluzhenina:** «Possibilities of medical rehabilitation of MDR-TB patients at the inpatient stage»; Volgograd State Medical University, Volgograd, Russian Federation.

*Activities to achieve Objective 2. To develop a modern and effective TB case management system to ensure commitment of TB and MDR-TB patients to the treatment in close collaboration with health and social welfare system, state and non state organizations, with the leading role of the Russian Red Cross.*

Activity 2.1 Developing a pool of local medical and non-medical TB experts and opinion leaders to achieve development and effective dissemination of professional knowledge and skills, monitoring and technical assistance in Russian regions and CIS countries on international standards of TB care through the proper access to different training opportunities at regional, federal, and international levels.

**During the reporting period,** representatives of TB services of Khakassia, Belgorod Khabarovsk, Belgorod, Nizhni Novgorod, and Adygeya participated in different training activities: for PHC system as well as for TB services under IFRC technical support.

In Belgorod region, the training course for nurses was conducted by local medical experts:

- Svetlana Nemtseva, Deputy Head of Belgorod TB Dispensary,
- Alexey Amelchenko, M&E Specialist, Belgorod TB Dispensary,
- Tatyana Afanaseva, Belgorod TB Institute,
- Ludmila Malykhina, Belgorod TB Institute,
- Lubov Savitskaya, Psychologist, Belgorod TB Dispensary.

Activity 2.2 Supporting on a permanent basis hands-on training and observation tours for TB professionals from the current 11 programme sites; exchange visits and monitoring (technical assistance) trips of the best professionals from the current program sites to the newly included ones.

In the reporting period, IFRC conducted the following trainings and workshops aimed at strengthening the professional skills and knowledge of TB specialists of the regions newly involved in the program to achieve a better response to MDR-TB spread.

1. Two-day trainings “**Coordination between TB service and Primary Health & Care System**” organised and facilitated by IFRC Tb coordinator and Senior Health officer. In Adygeia, Buryatia, Jewish AO, Kostroma, Kaluga, Nizhni Novgorod (2 trainings), Pskov and Khabarovsk regions. During the training participants received basic information on early diagnosis of TB at primary health and care level.

Pre - training assessment of level of participant’s knowledge and skills showed that 62% of representatives of Primary Health and Care facilities of regions do not have basic awareness on TB situation in the region and not clear understanding and vision of their role and responsibilities in TB control measures. The post-training assessment results demonstrated the fact that 83% of participants increased their awareness on their role and functions in the TB control actions and around 80% participants define an importance of coordination between PHC and TB service.

In Kaluga region “Coordination between TB service departments” was organised. The participants define that coordination is important for same approach for treatment of patient’s adherence and psychosocial support. Responses from training in attached (Annex 8).

Total number of participants: - 139 (PHC system -89, TB service- 14, FSSE- 16).

2. A workshop jointly with North State Medical University, Latvian Tuberculosis Foundation, and Norwegian TB Patients Association: "Modern approaches on MDR TB diagnostic and treatment” that took place in Arkhangelsk. The training was organized for three TB specialists of the newly involved territory of Vologda. During the workshop, participants received comprehensive information about modern approaches on MDR TB diagnosis and treatment and also increased their theoretical knowledge and professional skills.

Total number of participants from three regions – 3

3. Senior program consultant Professor Andrei Maryandyshev provided consultative & monitoring visit to Nizhni Novgorod to assess MDR TB treatment. The visit revealed a small increase in the incidence of MDR TB in recent years. The training course on MDR TB control was organized for TB specialists of N. Novgorod TB dispensary.

The total number of participants: 12 people.

4. The IFRC TB Programme Coordinator and IFRC TB Manager paid seven joint monitoring visits with WHO GLC experts to Vologda, Nizhni Novgorod, Kostroma and Kaluga regions and provided the following recommendations for the local TB specialists: Further improvement of the diagnosis of MDR-TB with the use of the newest methods; further improvement of examination and management of cases with MDR-TB. At the same time, some improvements since the previous visit such as the setting up of a proper system of infection control, and sufficient progress on registration and recording of MDR TB patients have been reflected.

5. Four-day workshops with the title «Management of MDR TB» were organized in Khabarovsk by WHO and IFRC for FSSE specialists. The total number of participants was 49 people (TB service with 5, and FSSE with 42 participants).

During the meeting, the participants received basic information on early diagnosis of TB at primary health and care level as well as had consultations on the mechanisms of coordination on joint TB control activity. The results of testing demonstrated that the participants had increased their awareness on their role and functions in the TB control actions and more than 70% participants realized the importance of coordination between FSSE and TB service.

The total number of participants was 49 people.

6. The training: “Chemotherapy of MDR -TB” that took place in Nizhni Novgorod, Kaluga, Kostroma and Vologda. During the training, participants received comprehensive information about modern approaches on MDR - TB diagnosis and treatment and also increased their theoretical knowledge and professional skills. Key TB staff and TB practitioners of civilian and penal TB services took part in the training.

Total number of participants from regions – 109

### **Exchange visits**

In the reporting period one exchange visit of Vologda and Buryatia RC staff (2 people) to the Republic of Khakassia was organized. The main aim of the visit was to familiarize with the experience of Khakassian branch activity on social support, community mobilization, and advocacy.

In March 2012, seven specialists – TB specialists from Kaluga and Kostroma Regions, including one person from FSSE, Kaluga Region, visited the Arkhangelsk TB dispensary. Getting

acquainted with DOTS and DOTS PLUS actions in Arkhangelsk, and also with the basic principles and the best practicing of organization of events of fight against TB was the main goal of the visit. The practical implementation of the results of the visit includes the introduction of best practices into the continuous practice in the regions along with the definition of effective measures of infectious control, DOTS and DOTS and also including a component of social support at work.

Consolidated data on the number of trained TB specialists are reflected in the table below.

**Table 4**

**Data on of trained TB staff (distribution by gender)**

Institution	Civilian		Penitentiary		Staff total	
	TB service staff		TB service staff			
Region	male	female	male	female	male	female
HQ level	1	-	-	-	1	-
Belgorod	9	18	1	3	10	21
Pskov	11	16	2	2	13	18
Adigeya	4	16	-	1	4	17
Khabarovsk	8	38	2	3	10	41
Jewish AO	1	13	2	3	3	16
Khakassia	2	16	3	4	5	20
Buryatia	7	34	3	1	10	34
Nizhni Novgorod	2	12	3	1	4	13
Kaluga	8	28	3	1	4	15
Kostroma	2	12	3	1	4	13
Vologda	2	9	2	1	3	10
<b>Sub-total</b>	<b>57</b>	<b>212</b>	<b>24</b>	<b>25</b>	<b>71</b>	<b>223</b>
<b>Total</b>	<b>269</b>		<b>49</b>		<b>298</b>	

As it is indicated in the table, some 125 representatives (82 per cent female and 18 per cent male) of the regional civilian and penal TB services as well as Russian Red Cross and IFRC staff took part in several trainings and workshops in the reporting period.

Activity 2.3 Continuing collaboration with the Green Light Committee and provision of necessary technical support to TB institutions on effective treatment of DR TB patients, access to, and use of, second-line drugs.

During the reporting period in the framework of this cooperation, WHO and IFRC organized supervisory visits to the Republic of Ingushetia.

In the framework of collaboration with WHO and GLC, IFRC TB Program Manager as a WHO consultant conducted a monitoring visit and provided the following recommendations to health authorities of Ingushetia and the WHO:

- To provide policy dialogue with the Ministry of Health to ensure adequate and timely procurement of anti-TB medications for TB management.
- To provide continuous technical assistance and financial support to improve laboratory diagnostics,
- To conduct in-site training on infection control and maintenance of equipment;
- To continue providing psychological support to TB patients on treatment.

Activity 2.4 Forming an appropriate system of adherence of TB patients to treatment by providing adequate DOTS plus - based treatment for MDR-TB patients.

In the reporting period, the Russian Red Cross continued its support to TB services of 11 regions on providing an appropriate DOTS plus - based treatment for MDR TB patients, combined with social and nutritional support as incentives to improve treatment compliance. Based on previous experience, the Russian Red Cross continued to provide social support at TB out-patient facilities, Red Cross medico-social rooms and, if needed, directly at the patients` homes.

As it is shown in the table below, the total number of patients covered by RRC social support was **5,726** people.

**Table 5**

**Data on total number of TB patients covered by Russian Red Cross**

<b>Category of</b>	<b>Total</b>	<b>Continue treatment</b>	<b>finished treatment</b>	<b>(including):</b>
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<b>patients</b>				successfully completed their treatment,	defaulted	transferred to other region	died
<b>TB</b>	<b>4,087</b>	<b>1491</b>	<b>2596</b>	<b>1837</b>	<b>64</b>	<b>660</b>	<b>35</b>
<b>MDR-TB</b>	<b>1639</b>	<b>607</b>	<b>1032</b>	<b>716</b>	<b>46</b>	<b>224</b>	<b>46</b>
<b>Total</b>	<b>5,726</b>	<b>2098</b>	<b>3628</b>	<b>2553</b>	<b>110</b>	<b>884</b>	<b>81</b>

As it is indicated in the table **2,596 people finished treatment:** successfully completed their treatment, **1,837 people (71.0%)**, continued their treatment under control of the TB service, and only **64 people (2.5%)** defaulted and transferred to other region – **660 people – (25.4%)**, **35 people died (1,3%)**.

**Out of 245 MDR TB patient 716 people (69.0%)** successfully finished treatment, and only **46 people (4.5 %)** defaulted, **46 people died (4,5%)** and transferred to other region – **224 people – (22.0%)**.

In the reporting period, the total number of RRC visiting nurses was 51. Out of them 40 nurses were supported by the IFRC/USAID funded program, 11 nurses were funded from the funds of the regional branches, furthermore in the Jewish AO 9 nurses, in Belgorod 2 nurses.

In the reporting period RRC nurses provided the following types of social support for TB patients: social accompaniment of DOTS, home care for the most vulnerable TB patients as well as search of defaulting TB patients. Clubs of TB patients were actively supported by the RRC nurses on the above indicated activities.

**21,543** home visits were conducted by RRC nurses:

- **10,661** visits to **1,375** patients with sensitive TB. During the visits, special attention was paid to the direct control of timely taking TB drugs and necessary home care.
- **10,882** visits to the **743 MDR TB patients**, including 96 patients in serious health conditions, 83 patients with failures of regimen of treatment. The main purpose of these visits is the control of administering the daily dose of TB drugs, and attracting patients with failures of regimen to the controlled therapy.

In the reporting period, MDR-TB patients were getting food parcels on a daily basis six days per week as an incentive after receiving daily MDR-TB treatment. In addition, each MDR-TB patient who was released from the penitentiary institution and timely registered and continued DOT plus in the civilian TB service received food parcels.

The following number of TB patients was covered by food/nutrition support from USAID funds:

**Table 6**

**Data on total number of TB patients  
covered by food incentives of the Russian Red Cross from USAID funds**

Category of patients	October 2010-October 2011
<b>TB</b>	<b>667</b>
<b>Total</b>	<b>667</b>

In total **148,799** food sets were distributed. Reimbursement of travel costs to the place of treatment was realized in the reporting period to 107 patients with TB.

During the reporting period **1,002** people received incentive kits for screening for TB.

**Psycho-social support to MDR TB patients and their family members**

In the reporting period, the Russian Red Cross continued its psycho-social support to MDR TB patients and their relatives, family members and socially important micro-social environments as well as staff of TB facilities working with MDR TB patients.

Psycho-social support as an important component of social assistance was provided by RRC psychologists in seven regions involved in the program activity. In four regions newly involved in the program, this activity will start in the next reporting period, when treatment process of new cohort of MDR TB patients is put in place.

The main results of psycho-social activity in the reporting period are reflected in the table below.

**Table 7**

**Data on delivered psycho-social support service**

<b>Category</b>	<b>Total</b>
TB patients	2,382
Patients without TB	959
<b>Total</b>	<b>3,341</b>

Also psychologists from the RRC held, together with the staff of the TB services, lectures entitled "The emotional burnout syndrome prevention" and "Psychological aspects in the work with terminally ill people" for the employees of MDR department TB service and staff of the nursing home care unit of the RRC. For the RRC employees working on the project, there was a lecture entitled "Methods of informational work with the relatives of the patient".

All psychologists took active part in organizing and conducting informational and educational activities of the RRC in the framework of the project.

*Activities to achieve Objective 3. To increase awareness of the general population by advocacy, community and social mobilization (ACSM) activities<sup>5</sup>.*

Activity 3.1 Enlarging the Russian Red Cross`s involvement on advocacy, community, and social mobilization activities to ensure a strengthened response to the spreading of TB and MDR TB.

Reporting period was marked by significant strengthening of RRC work on social mobilization, expansion of cooperation with mass media and activation in direction of health awareness of population on TB issues and healthy life style on central and regional level.

Implementation of social mobilization project, supported by Eli Lilly had a significant impact in this work – implementation of the several advocacy actions on strengthening of cooperation with authority and mass media representatives, expansion and development of RRC social photo project «Your health in your hands», formed in 2009, and also realization and creative development of the project «Speak correctly about TB!», in which 10 programme regions

(besides Nizhni Novgorod), and also 6 regions of RF (Kemerovo region, Karelia Republic, Sankt-Petersburg, Moscow, Moscow region, Voronezh oblast).

In 2011 RRC jointly with the Committee on Youth Issues with the support of the Committee on Health Protection of the State Duma of RF and Partnership Eli Lilli on MDR TB control organized the exhibition «Your health in your hands! Be informed! », and not less than 1,000 people visited it.

The conduction of an all-Russia children`s drawing competition «On the 145<sup>th</sup> anniversary the world is lighter without TB» was the important event in promotion of RRC ideas and programme, in which 71 persons from 23 RF regions took participation. And also RRC representatives participated (Bykova Ekaterina from Pskov in 2011. and Ylia Baigildina from Khakassia in 2012) in the final press-conference, devoted to the World TB Day in RIA «News».

Implementation of the programme during the reporting period was marked by increasing the fundraising activity in the regions. For example, all activities of TB control week were carried out under the financial support of the Ministry of Social Policy in Kaluga to the amount of 80 thousand roubles. The RC regional branch received from donors about 100 thousand roubles for the purchasing of clothes, shoes, medical drugs, TV sets, washing machines and irons for people in need in Nizhni Novgorod. The total amount of donations, collected during the action was 927,262 roubles in 2011, and 871,802 roubles in 2012 in Belgorod. These funds will be used next year for the realization of the regional project «TB control on the territory of Belgorod region».

Activity 3.2 Conducting a cycle of trainings for journalists and media professionals to formulate the right messages to the general public in order to decrease the stigma and discrimination related to TB, increase TB vigilance and increase TB detection rate, and in turn, to improve the image of RRC as an important player in TB control field.

In the reporting period, the RRC organized a cycle of various actions so as to increase the level of awareness of the population. The general coverage of the population by those actions was 90,126 people.

Data on the number of conversations and the lectures presented by employees and volunteers of RRC information campaigns are provided in Table 8.

**Table 8**

**Data on mass media representatives  
participating in the workshops and round-tables organized by RRC**

<b>№</b>	<b>Region</b>	<b>Number of participants</b>	<b>Status of participants</b>
1	Buryatia	30	12 Journalists
2	Khabarovsk Kray	29	7 chief editors, 22 journalists.
3	Khakassia	32	7 chief editors, 25 journalists and TV reporters
4	Jewish AO	48	9 directors, 2 chief editor, 1 chief of the Journalists` Association, 36 journalists
5	Belgorod	43	7 deputies of chief editors, 36 journalists
	<b>Total</b>	<b>182</b>	

Activity 3.3 Press-conferences, competitions “for the best article on TB problem”, production and broadcasting of the documentary/educational films will be organized as well as wide discussion of TB control issues on TV / radio broadcasts.

In the reporting period, the IFRC/Russian Red Cross attracted public attention to the problem of tuberculosis in Russia and to the need to improve the level of public awareness about tuberculosis among the population, using the programs on TV and radio, as well as publications on the internet.

A summary of publications in the mass media on the project is presented in the table below.

**Table 9****Data on TB related publications in the mass media**

#	Type of information	Number of appearances
1.	Articles on local and regional levels	190
2.	Publications in the internet	693
3.	Broadcasts on regional radio channels	19
4.	Broadcasts on regional TV channels	94
	<b>Total</b>	<b>996</b>

Quantitative data about the campaigns on dissemination of information on TB and health education in the framework of the project for the reporting period are presented in a table under Annex 11.

The photo exhibitions entitled «Your Health in Your Hands» were continued this year in four regions: Republic of Buryatia, Belgorod, Republic of Khakassia and Khabarovsk Kray, Jewish AO, Pskov, Vologda and Moscow (State Duma). Total number of participants:

	Region	Number of participants
1	Buryatia	3,800
2	Belgorod	7,806
3	Khabarovsk	180,224
4	Khakassia	7,759
5	Jewish AO	2,725
6	Vologda	53,789
7	Pskov	9,126
8	State Duma, Moscow	1,000
	<b>Total</b>	<b>266,229</b>

Activity 3.4 Development of the model of NGO involvement in prevention and control activities such as formation of TB activists and former TB patients` groups at the regional RRC branches. Such groups will be established at all program sites and at least 30 additional sites.

During the reporting period, the Russian RC continued its focus on the further establishment of self-supported groups of TB patients.

The patients` club in the Republic of Buryatiya facilitated by Russian RC branch specialists attracted many new patients to its activities. In Khabarovsk Kray the second club named "Rostock" in Komsomolsk-on-Amur was created at the initiative of the psychologist of the Russian RC regional branch.

In the reporting period, the self-supported groups of TB patients continued their activities in six regions: "Nadezhda" in the Belgorod Region, "Romashka" in the Pskov Region, two clubs of "White Chamomile" in the Republic of Khakassia, the "Lekhaym" club in the Jewish AO and "Rostok" in Khabarovsk region. The total number of TB patients at the end of the reporting period organized in clubs was 120 (86 permanent members and 34 temporary ones).

Former and current TB patients were actively involved in the program activities especially on social mobilization components, where they demonstrated, through their own example, how to build up adherence to treatment and achieve positive results on TB and MDR TB treatment (For example - Yulia Baygyildina, activist of the self-support club from Khakassia, participated in the joint press conference at RIA Novosti News Agency in Moscow organized by WHO and the Russian Ministry of Health and Social Development, devoted to the World Day of Fight against TB).

*The main directions of the self-supported groups of TB patients of activities look like the following.*

1. Assistance at carrying out actions within the project;
2. Search for TB patients with default of treatment;
3. Participation at press conferences with success stories about the illness and treatment and positive examples of other TB patients;
4. Distribution of reliable information about TB.

Activity 3.5 Increasing public awareness on MDR-TB among the wider population, TB patients, their family members, and reducing vulnerability of local communities to MDR-TB by means of increasing community participation and personal responsibility.

During the reporting period, the RRC with IFRC technical assistance produced 35 types of informational-educational materials and 24 types of visibility materials, manufactured as incentives for TB patients and volunteers.

More than 82,220 copies were developed and printed by Russian Red Cross regional branches that expressed their wish to use them during public events and information campaigns. The following materials were produced at regional level.

**Table 10**

**List of informational-educational materials (IEM) printed by RRC branches:**

<b>##</b>	<b>Type of IEM/ region</b>	<b>Number of copies</b>
<b>I</b>	<b>Belgorod</b>	
1	Leaflet for World TB Day	50,000
	<b>Sub –total</b>	<b>50,000</b>
<b>II</b>	<b>Buryatia</b>	
2	" Early identification of TB"	850
3	“Rights and duties of patients with TB”	300
4	“Attention! TB! - ” children`s book	2,000
	<b>Sub –total</b>	<b>3,150</b>
<b>III</b>	<b>Jewish AO</b>	
5	« Stop TB!»,	8,000
6	«Attention! TB!»	8,000
	<b>Sub –total</b>	<b>16,000</b>
<b>IV</b>	<b>Kaluga</b>	
7	Leaflet for World TB Day	10,000

	<b>Sub –total</b>	<b>10,000</b>
<b>V</b>	<b>Khabarovsk</b>	
14	“Bases of the Red Cross”	11,070
	<b>Sub –total</b>	<b>11,070</b>
	<b>Total</b>	<b>82,220</b>

Also RRC regional branches use different types of visibility materials.

**Table 11**

**List of produced visibility materials**

<b>#</b>	<b>Item</b>	<b>Number of copies</b>
1.	Visibility banner 2x 1.5 m	9
2.	Pens with the slogan «TB is curable»	1,000
3.	Covers for train tickets with information on TB	150,000
4.	Calendars	18,100
5.	Leaflets on X-ray diagnosis of TB	13,000
6.	Cups	1,100
7.	Tags	1,730
8.	Caps	1,181
9.	Notebooks with logo	1,500
10.	Bookmarks	15,604
	<b>Total</b>	<b>203,224</b>

**Table 12**

**Data on information, dissemination and education campaigns organized by the Russian Red Cross October 2010–October 2012**

<i>Region</i>	<i># of participants</i>	<i># of conversations</i>	<i># of lectures</i>
	<b>Total</b>	<b>Total</b>	<b>Total</b>
Adygeia	<b>7038</b>	<b>2578</b>	<b>27</b>
Buryatiya	<b>2736</b>	<b>951</b>	<b>40</b>
Khakassia	<b>8189</b>	<b>3820</b>	<b>82</b>
Khabarovsk	<b>3607</b>	<b>2180</b>	<b>126</b>
Belgorod	<b>24442</b>	<b>5421</b>	<b>4986</b>
Pskov	3424	<b>887</b>	<b>166</b>
Jewish AO	<b>7735</b>	<b>1520</b>	<b>206</b>
Vologda	<b>1034</b>	<b>182</b>	<b>3</b>
Kaluga	<b>976</b>	<b>7</b>	<b>8</b>
Kostroma	<b>28243</b>	<b>2114</b>	<b>26</b>
Nizhni Novgorod	<b>2720</b>	<b>66</b>	<b>12</b>
<b>Total</b>	<b>90126</b>	<b>19726</b>	<b>5682</b>

Activity 3.6 Providing necessary assistance to TB service in new TB cases; detection and treatment completion by means of properly trained RC nurses and RC volunteers.

In the reporting period, the Russian RC carried out the following assistance to TB services in new TB case detection through three types of activities:

1. *X-ray examination (fluorography) of the general population during “White Chamomile” public awareness campaigns.*

The total number of people covered by X-ray examination was 18,398 people, whereby 37 new TB cases and 426 other non-tuberculosis lung diseases were detected.

2. *TB case detection among most-at-risk population (MARP)*

In the reporting period, RRC staff and volunteers (Adygeia, Belgorod, Khakasia, Kostroma and Khabarovsk, Jewish AO and Pskov Regions) organized several visits to the places where MARPs are living (railway stations, markets, shelters for homeless, etc.). The total number of people visited was **14,042 people, with 29 new TB cases and 152 other non-tuberculosis lung diseases detected.**

*Activities to achieve Objective 4. To enhance the institutional capacity of the Russian Red Cross, particularly its visiting nurses, staff and volunteers, involved in the psycho-social support activities for TB patients.*

Activity 4.1 Conducting regular meetings between the RRC, civilian and penitentiary TB services in order to improve the daily coordination of TB and MDR-TB activities and to increase the effectiveness of treatment of TB and MDR-TB patients in civilian and penitentiary TB health institutions.

During the reporting period the RRC branches of all regions of the program were able to establish and keep up good coordination with TB services through systematic meetings.

All RRC regional offices hold regular meetings with the TB dispensaries staff to discuss daily program tasks like; formation of the target groups, the elaboration of a joint plan of reduction of defaults of treatment, exchange and monitoring visits to the regions. Representatives of the RRC regularly report the results of its work for TB services.

*The following issues were discussed and considered:*

- Drafting a new MoU or updating the existing one;
- Joint planning of activities: DOTS and DOTS plus implementation: role of each party;
- Communication with penal system and detention facilities of the Ministry of Internal Affairs.

As a result, the following MoUs and other normative documents were signed in the new territories, and updated in other regions earlier involved to the program.

#### **Adygeia**

New MoU between the Ministry of Health, RRC, TB service, FSSE and Police Department signed in 2010 and valid till end of 2013.

#### **Buryatiya**

New MoU between the Ministry of Health, RRC, TB service, FSSE signed in 2010 valid till 2012.

**Khakassia**

Existing MoU on the program implementation between Ministry of Health, RRC, TB service, FSSE prolonged automatically for the period till end 2012.

**Khabarovsk krai.**

Existing MoU on the program implementation between Ministry of Health, RRC, TB service, FSSE prolonged automatically for the period till end 2012.

**JAO**

Existing MoU on the program implementation between Ministry of Health, RRC, TB service, FSSE prolonged automatically for the period till end 2012.

**Belgorod**

Existing MoU on the program implementation between Ministry of Health, RRC, TB service, FSSE prolonged automatically for the whole period of the program implementation.

**Pskov**

Existing MoU on the program implementation between Ministry of Health, RRC, TB service, FSSE prolonged automatically for the whole period of the program implementation.

**Kostroma**

Existing MoU on the program implementation between Ministry of Health, RRC, TB service, FSSE prolonged automatically for the whole period of the program implementation.

**Vologda**

Existing MoU on the program implementation between Ministry of Health, RRC, TB service, FSSE prolonged automatically for the whole period of the program implementation.

**Nizhni Novgorod**

Existing MoU on the program implementation between Ministry of Health, RRC, TB service, FSSE prolonged automatically for the whole period of the program implementation.

During the reporting period all regional RRC branches regularly organized meetings with TB Dispensary employees on solution of issues of target group formation, development of joint plan on treatment management of TB patients, who often default from treatment, joint conduction of actions and monitoring visits to Rayons. RRC representatives regularly reported about the

results of their work on the meeting of TB Dispensary doctors and for the participants of interaction.

Also regular meetings were organized with representatives of FSSE Departments for solution of issues regarding treatment management for TB patients, releasing from prison. The result of such work was the development of practical system of RRC volunteers' participation in accompaniment of TB patients, releasing from the prison in Kostroma oblast. Regional RRC branches received interesting experience during the competition entitled *«There is no place in Russia where the Red Cross is weak!»*.

Presentations were made about RRC activities and the RRC Kray level branch with mini-lectures about the TB problem, acquaintance with TB symptoms and prevention measures and 1 workshop-training on TB prevention and education on healthy life-style **in Khabarovsk Kray** before the competition held in correctional facilities.

In the competition six correctional facilities took part; 36 creative works of different directions were presented. As for the competition's results, the first place was unanimously given for a poster with the same title as the title of the competition. The second place was given for an abstract about Russian Red Cross activity in the aspect of TB problems. The third place went to a story about TB prevention.

**In the Republic of Buryatiya**, the first place and the prize, a music centre, DVD-karaoke with two microphones were unanimously given to the theatre studio of prisoners of Correctional Facility No. 7 for their preparedness and the stage performance «Stand up, judgment is on!». The second place was granted for a painting and the third place for a poster.

**In Belgorod** two isolation wards and three colonies took participation in competition. There are three isolation wards and five colonies in total in the region. The winners received prizes in the categories «Best Poster», «Best Craftwork», «Best Composition» in a ceremonial and friendly atmosphere.

**In Pskov** the prisoners from almost all correctional facilities of FSSE Departments of Russia in Pskov region took participation in competition. Correctional Facility No.4 (Seredka) became the winner: for many years this facility has had a TB hospital. A TV set was presented, and Pskov Red Cross regional branch paid special attention that the Red Cross objective is not to organize the leisure time for the prisoners, but the TV set is first of all an information-educational

resource, which helps to see all terrible consequences, when people refuse to receive TB treatment, which actually happens in many cases.

**In Vologda** 17 out of 19 facilities of FSSE Departments took part in the competition. The first place was given for the poem entitled «Red Cross», the second place was granted to a poster about TB prevention, and the third prize was a soft toy animal.

**In Jewish AO** six facilities of FSSE Departments out of 11 in the region took part in the competition.

**In Khakassia Republic** 8 works out of six correctional facilities of FSSE Departments of RF in Khakassia Republic were presented at the competition. Prizes were given for creative craftworks, compositions and poems. During the awarding ceremony held at Correctional Facility No. 33, the employees of the Russian Red Cross and also IFRC representatives participated.

**In Kaluga region** a competition was organized for creative works with nine nominations: theatre, dance, singing, music, painting, decoration, poetry, prose, photography (photo posters) and video recording.

**In Kostroma** during the competition, the prize for the first place was not awarded because all the presented works were of a modest standard. Nevertheless the competition became an important reason for attracting attention to TB problem not only in the FSSE system, but also in mass media, in health facilities and in the administration of the regions.

For instance, in the **Jewish AO**, the deputy of head of department of internal policy from the Governor`s Office and the JAO Government took part in the awarding ceremony. It is planned to conduct preventive work on TB and motivation for healthy life style for young prisoners after the competition.

**In Pskov** during the competition the question was raised about the joint action of Pskov RC regional branch and FSSE Department of Russia in Pskov region on educating and training the

lecturers among the prisoners and prisoners with successful TB treatment, and also about meetings with the prisoners, who are receiving treatment now.

**In Kaluga region** the RRC regional branch together with the administration of the correctional facility for women concluded a frame agreement about cooperation, and they are planning to conduct joint activities in future for social support of MDR TB patients: sewing of clothes for patients and their family members from material, provided by Red Cross, distribution of information literature and etc.

Activity 4.2 Conducting a cycle of trainings on program and finance management, advocacy, community and social mobilization for representatives of the RRC branches.

During the reporting period five very important workshops, working meetings and round tables for successful programme implementation were organized.

The total number of participants was more than **45**.

Exchange visits of RRC specialists to other territories with large experience of TB projects implementation played a big role in increasing the professional competence of programme employees. The visits of representatives of Pskov regional RRC branch (3 persons) to Belgorod, Khakassia regional RRC branch to Belgorod (2 persons), Buryatiya and Vologda regional RRC branches to Khakassia Republic were organized during reporting period.

The establishment of RRC resource centers in Moscow, Belgorod and Khakassia allowed for the enhancement of professional education of RRC specialists working under the project.

For the reporting period the visits and education on the base of these centers for **20** representatives of five **National Societies** (Armenian RC, Finnish RC, Kyrgyzstan RC, Tajikistan RC, Turkmenistan RC) and RRC representatives and the TB service of Karelia Republic were organized.

RRC representatives presented the activities of these centers several times on different international meetings and conferences, where representatives of Red Cross National Societies of different countries took part. The RRC received several requests to organize education on the base of the mentioned centers. However, it was not realized because the programme was stopped due to the well-known circumstances.

Activity 4.3 Conducting of a cycle of trainings for RRC staff: nurses, social managers, psychologists and volunteers on modern approaches of psycho-social support and home care for TB and MDR-TB patients.

During the reporting period all project regional branches of RRC strengthened the work on education for RRC volunteers, which were attracted into the participation in the project. The workshops and round tables were carried out for volunteers, which constantly were participating in the project (feldshers = paramedical staff of FAPs and Primary Health Care System, members of mutual aid group of TB patients), and also special training workshops for volunteers among young people, taking participation in RRC information-educational activities under the programme. All in all, in 10 regions (besides Nizhni Novgorod) 18 workshops were carried out for RRC volunteers, in which more than 230 persons were trained.

It was planned to conduct a comprehensive training workshop for all visiting nurses working in the project in October 2012 in Belgorod, but the workshop was not carried out because the programme was stopped.

Activity 4.4 Purchasing vehicles, office and computer equipment for RRC branches and TB and FSSE institutions newly involved to the program for further effective implementation of the program and providing high quality psycho-social and care support for TB and MDR-TB patients.

**In the reporting period, the following equipment was purchased:**

**Table 13**

**Data about equipment, procured for civil and penal TB institutions.**

Title/region	Car	Laptop	Lab equipment for bacteriology laboratories		Equipment for IC	
			Lumix for microscope	Cupboard biosafety, incubators	TION- medical air cleaning equipment	respirators

<b>Adygeia</b>	<b>Civil</b>	-	<b>3</b>	<b>1</b>	-	-	<b>1500</b>
	<b>TB</b>	-					
	<b>RRC</b>						
	<b>FSSE</b>	-	-	-	-	-	-
<b>Khakassia</b>	<b>Civil</b>	-	-	<b>2</b>	-	-	-
	<b>TB</b>	-					
	<b>RRC</b>						
	<b>FSSE</b>	-	-	<b>1</b>	-	-	-
<b>Buryatia</b>	<b>Civil</b>	-	-	<b>2</b>	<b>2</b>	-	<b>1500</b>
	<b>TB</b>	-			-		
	<b>RRC</b>						
	<b>FSSE</b>	-	-	<b>1</b>	-	-	<b>1000</b>
<b>Khabarovsk</b>	<b>Civil</b>	-	-	<b>2</b>	-	-	-
	<b>TB</b>	-					
	<b>RRC</b>						
	<b>FSSE</b>	-	-	<b>1</b>	-	-	-
<b>Belgorod</b>	<b>Civil</b>	-	<b>1</b>	<b>2</b>	-	-	-
	<b>TB</b>	<b>1</b>					
	<b>RRC</b>						
	<b>FSSE</b>	-	-	<b>1</b>	-	-	-
<b>Vologda</b>	<b>Civil</b>	-	-	<b>2</b>	-	-	-
	<b>TB</b>	-					
	<b>RRC</b>						
	<b>FSSE</b>	-	-	<b>1</b>	-	-	-
<b>Kaluga</b>	<b>Civil</b>	-	-	<b>2</b>	-	-	-
	<b>TB</b>						
	<b>RRC</b>						
	<b>FSSE</b>	-	-	<b>1</b>	<b>2</b>	-	-
<b>Kostroma</b>	<b>Civil</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>6</b>	40	<b>4500</b>
	<b>TB</b>	<b>1</b>					
	<b>RRC</b>						
	<b>FSSE</b>	-	-	<b>1</b>	<b>2</b>	9	<b>1500</b>

<b>N.Novgorod</b>	<b>Civil TB RRC</b>	<b>1</b>	-	<b>2</b>	-		-
	<b>FSSE</b>	<b>1</b>	-	<b>1</b>	-		-
<b>Pskov</b>	<b>Civil TB RRC</b>	-	-	<b>1</b>	-		-
	<b>FSSE</b>	-	-	<b>1</b>	-		-
<b>North Institute</b>	<b>Civil TB</b>	-	-	<b>2</b>	-		-
	<b>FSSE</b>	-	-	-	-		-
<b>Vladimir</b>	<b>Civil TB</b>	-	-	-	-		-
	<b>FSSE</b>	-	-	<b>1</b>	-		-
<b>Ivanovo</b>	<b>Civil TB</b>	-	-	-	-		-
	<b>FSSE</b>	-	-	<b>1</b>	-		-
<b>Kirov</b>	<b>Civil TB</b>	-	-	-	-		-
	<b>FSSE</b>	-	-	<b>1</b>	-		-
<b>Krasnodar</b>	<b>Civil TB</b>	-	-	-	-		-
	<b>FSSE</b>	-	-	<b>1</b>	-		-
<b>Lipetsk</b>	<b>Civil TB</b>	-	-	-	-		-
	<b>FSSE</b>	-	-	<b>1</b>	-		-
<b>Tver</b>	<b>Civil TB</b>	-	-	-	-		-
	<b>FSSE</b>	-	-	<b>1</b>	-		-
<b>Ingushetia</b>	<b>Civil TB</b>	-	-	-	-	-	<b>2500</b>

<b>Total</b>		<b>5</b>	<b>7</b>	<b>35</b>	<b>12</b>	<b>49</b>	<b>12,500</b>
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Activity 4.5 Ensuring the proper functioning of the medical–social centers (offices) of the RRC branches at the program sites by providing necessary facilities and small equipment: nurses’ kits, tonometers, etc.

During the reporting period the RRC provided the necessary equipment for medical–social rooms/centers.

**Table 14**

**Data about equipment, procured for medical–social rooms/centers.**

<b>Title/region</b>	<b>Air conditioner (Split system)</b>	<b>Laptop</b>	<b>Equipment for medical rooms</b>
			Table, door, case, chairs, tonometers, rack, couches, medical sets for VN, copier.
<b>Adygeia, Buryatiya, Belgorod, Vologda Kaluga Kostroma N. Novgorod Pskov Khakassia Khabarovsk</b>	<b>2(Adygeia, Belgorod)</b>	<b>All territories</b>	<b>All territories</b>

Activity 4.6 Facilitating activities aimed at the involvement of the RRC in TB activities to ensure their wide participation in TB control and ACSM activities at branch level. RRC branches will increase the total number of volunteers at least to 3,500 people.

In the reporting period, the priority direction of activity of the RRC regional branches was the recruitment of volunteers for RRC program activities.

The number of volunteers during the reporting period was 8,454 (1,059 permanent and 7,395 temporary volunteers).

**Total number of RRC volunteers attracted to the program activity**

**Table 15**

Region	# of volunteers		
	temporary	permanent	Total
Buryatiya	302	57	359
Pskov	395	33	428
Khakassia	190	44	234
Belgorod	2882	762	3644
Khabarovsk	1503	7	1510
Adygeia	402	25	427
Jewish AO	502	32	534
Kostroma	210	13	223
Vologda	205	6	211
Nizhni Novgorod	334	15	349
Kaluga	470	67	537
<b>Total:</b>	<b>7,395</b>	<b>1,059</b>	<b>8,454</b>
<b>male:</b>	<b>2557</b>	<b>309</b>	<b>2,866</b>
<b>female:</b>	<b>4,838</b>	<b>749</b>	<b>5,587</b>

*The main achievements:*

**Achieved results:**

*1.DOTS plus program successfully implemented in eleven program sites; Adygeia, Buryatiya and Khakassia Republics, Khabarovsk Kray, and Belgorod, Kaluga, Kostroma, Nizhni Novgorod, Jewish Autonomous, Pskov and Vologda Oblasts with replication of different elements of the program activities to additional regions. A system of psycho-social support for TB and MDR-TB patients is established, institutionalized, functioned and supported by governments;*

**1.1 Professional knowledge and skills of TB specialists increased as a result of their participation in different seminars, training courses, workshops, in Russia, and abroad (MDR TB centers in Riga, Latvia, and Tartu, Estonia).** The total number of TB specialists from civil and penal TB institutions who attended professional training courses, trainings and workshops was 37 people; the number of people attending the conferences and meetings at international and regional level is 108.

**1.2. Russian Red Cross jointly with TB health institutions ensured Direct Observation Treatment process through the network of DOTS centers, established at RRC branches level:**

- ❖ **21,543** home visits were conducted by Russian RC nurses: **10,661** visits to **1,375** patients with sensitive TB and **10,882** visits to the **743 MDR TB patients**;
- ❖ **425 prisoners** were accompanied by RRC and received necessary psychosocial support. As a result, out of **259** prisoners released from the prisons, **212 ( 87%)** timely registered in the civil TB service and successfully continued treatment, whereas **47** ex-prisoners ( **18 %**) relocated to other regions.

**2. 100% of TB cases are registered in the program sites;**

**2.1. All TB laboratories of the program sites participate** in the system of external quality control and minimum 95% of results of the samples are identical with the control culture;

Well functioning laboratory services including control systems have been established and are functioning in seven regions that ensure the timely and effective 1<sup>st</sup> line drugs sensitivity detection, in 6 regions in addition to 2<sup>nd</sup> drug sensitivity that allow using adequate treatment and MDR TB and XDR TB prevention. Laboratories of three new territories as well as four laboratories of FSSE request systematic assistance on the establishment of effective bacteriological services.

**2.2. Laboratory capacity of civil and penal TB institutions** in 11 regions enhanced: lab specialists received necessary trainings, labs equipped.

Express diagnosis of MDR TB introduces in seven regions (Bactec). In four regions, the application of molecular and genetic methods was started that greatly accelerates the diagnosis of

TB/MDR TB. Laboratory services of FSSE in four newly included program sites received basic equipment (cases of biological safety, thermostats and centrifuges).

***3. The number of RRC volunteers and community activists involved in TB control significantly increased;***

**3.1 Total number of people visited the photo exhibition "Your Health in Your Hands" in seven regions:** Republic of Khakassia, Republic of Buryatia, Khabarovsk Krai and the Pskov Oblast, Jewish Autonomous Region, Vologda and Belgorod regions – **120,211 people.**

**3.2 Total amount of the newly issued printed materials** (educational and informational) for TB patients and their families **21,000 copies: a brochure "For TB patients in prisons" – 10 000 copies; a booklet for TB patients "Six answers to questions about prevention of TB and MDR-TB" in 11 000 copies.**

**3.3. Total number of reissues printed materials on TB and MDR-TB** for TB patients and their families, as well as for the general public printed at central and regional level **consisted of 248,724 copies.** Total number of visibility materials on TB and MDR-TB for public events, produced by RRC is **1,261 pcs.**

**3.4. Total number of press publications** issued as a result of or in connection with activities undertaken under the project: **340.**

**3.5. Total number of people who received messages** on the prevention of tuberculosis directly during information sessions conducted by Russian RC trained staff and volunteers: **8,454 people,** through press publications issued as a result of or in connection with activities undertaken under the project: **more than 1,550,000 people.**

***4. Default rate in all program sites does not exceed 8% (less than 10% everywhere) in average;***

4.1 Complex psychosocial support for TB and MDR TB patients provided by Russian RC to ensure minimum default rate.

Total number of TB and MDR TB patients obtained social support is 2010-2012, including: **4,087** patients with sensitive TB: out of them **2,596 people (64%)** successfully finished treatment, **732 people (18%),** continued its treatment under control of TB service, and only **64 people (2 %)** defaulted.

**1,639** MDR TB patients: out of them **716 people (69 %)** successfully finished treatment, and only **46 people (4,4 %)** defaulted. The aforementioned **1,639** MDR TB patients were also covered by RRC social support.

5. Systems of collaboration and ensuring of treatment continuity and adequacy between civil and penitentiary sectors, TB and HIV services are established and legalised in all program sites.

During the reporting period the RRC branches of all regions of the program established and kept good coordination with TB services through systematic meetings.

Following issues were discussed and considered:

- Drafting new, or updating existing, MoUs;
- Joint planning of activities: DOTS and DOTS plus implementation: role of each party;
- Communication with penal system and detention facilities of the Ministry of Internal Affairs

As a result, the following MoUs were signed or updated in new territories and in other regions, earlier involved in the program:

#### **Adygeia**

New MoU between the Ministry of Health, RRC, TB service, FSSE and Police Department signed in 2010 and valid till end of 2013.

#### **Buryatiya**

New MoU between the Ministry of Health, RRC, TB service, FSSE signed in 2010 valid till 2012.

#### **Khakassia**

Existing MoU on the program implementation between Ministry of Health, RRC, TB service, FSSE prolonged automatically for the period till end 2012.

#### **Khabarovsk Kray.**

Existing MoU on the program implementation between Ministry of Health, RRC, TB service, FSSE prolonged automatically for the period till end 2012.

#### **Jewish AO**

Existing MoU on the program implementation between Ministry of Health, RRC, TB service, FSSE prolonged automatically for the period till end 2012.

#### **Belgorod**

Existing MoU on the program implementation between Ministry of Health, RRC, TB service, FSSE prolonged automatically for the whole period of the program implementation.

### **Pskov**

Existing MoU on the program implementation between Ministry of Health, RRC, TB service, FSSE prolonged automatically for the whole period of the program implementation.

### **Centers of “Stop TB Best Practice” were opened and are functioning in RRC Headquarters, Belgorod, Khakassia and Khabarovsk**

#### Information Resource Center on TB control

During the reporting period, three joint IFRC/RRC Information Resource Centers were established.

The Center in Moscow was equipped with the necessary furniture, computer and multi-media equipment (LCD monitor, LCD projector). The Library of the Resource Centre is one of the important and integral elements of the Center’s activities. The Library consists of 59 titles (45 in Russian and 14 in English) in terms of methodological guides, manuals, handbooks, leaflets, and other different information materials developed by IFRC, Russian Red Cross, WHO and other agencies on different topics of TB and MDR TB diagnosis, prevention, standards of treatment as well as several sources on HIV/AIDS and TB/HIV co-infection.

***Educational Resource Center for Nurses in Belgorod established by*** Russian Red Cross with IFRC support. The Center has been established jointly with the Belgorod Regional TB Dispensary and the Medical Department of the Belgorod State University. It is set up under the technical support of the IFRC Regional Representation in Moscow.

The main objective of the Center is to set up a horizontal educational platform for local TB facilities and the RRC branches. It will help in providing opportunities to share best practices and experience among TB professionals from different regions of the Russian Federation and possibly other Russian-speaking National Societies. The Center provides 2 - 3 certified extensive trainings per year for TB nurses and visiting nurses of the Russian RC according to the curriculum approved by the Medical Department of the Belgorod State University. Each participant will receive the official Certificate of the Training Course that ensures the development of their professional knowledge and skills. **In December 2011** the first cycle of the training at the Belgorod Center for 10 nurses from the TB dispensary of Belgorod region was

held. In the future, the RRC is planning to organize training courses for nurses of primary health and care services and RRC visiting nurses of other regions of Russia.

### ***Information Resource Center in Khakassia***

In the period from October 2011 to March 2012, the Russian Red Cross, under IFRC technical support, carried out complex organizational actions in order to establish an Educational and Methodological Center for Psycho-Social Support for TB Patients in the Khakassia branch of the Russian RC. The Center is offering training courses for the Russian Red Cross branches, Red Cross & Red Crescent national societies of Russian-speaking countries, as well as other NGOs and state health institutions by establishing a psycho-social support component for TB patients.

The course entitled **“The organization of psycho-social support for TB patients”** includes theoretical and practical parts. The training courses, based on more than ten years of experience of the Khakassia RRC branch, help with forming the adherence of TB patients to treatment through complex social support interventions. During that time more than five thousand patients received social and psychological support that allowed for a reduced quantity of separations from treatment, which is merely around or below six per cent across Khakassia. Today the TB incidence in the Khakassia region is the lowest in the Siberian Federal District. The training course will be conducted by social workers of the Red Cross of Khakassia regional branch with the involvement of experts of a Republic level TB dispensary.

Total number of trained: 40 people.

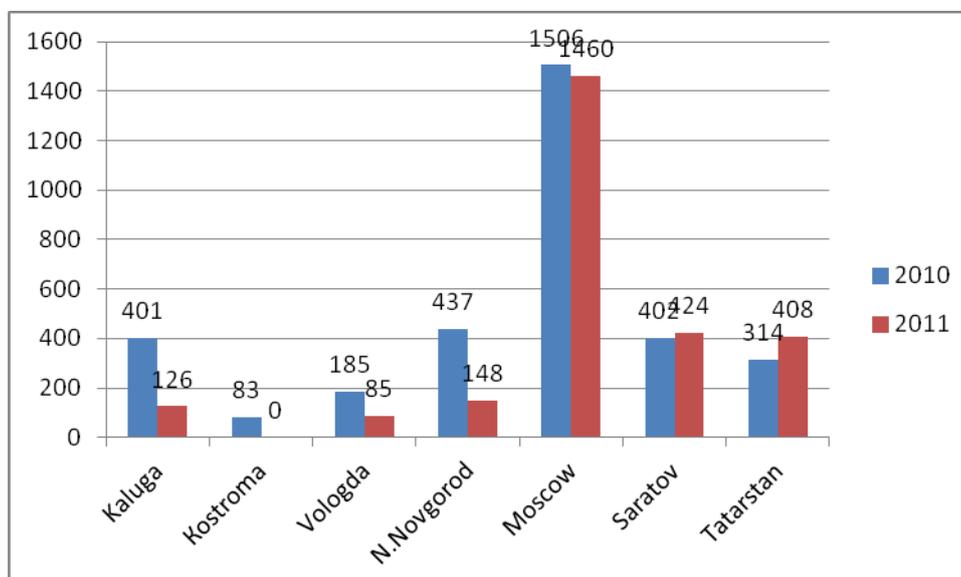
### **Adequate approaches to TB treatment.**

The comparative analysis of current approaches to the selection of adequate TB treatment in different regions of Russia clearly demonstrates the positive dynamics of an adequate TB treatment in the regions involved in the IFRC/RRC program where internationally recognized approaches were successfully introduced. The main indicator of efficient approach is the reduction of volume of the use of the 2<sup>nd</sup> regiment of treatment that is not compliance with internationally recognized methods.

**Diagram 1**

**Using “2<sup>nd</sup> B” regiment for TB treatment in regions**

(data of the MoH)



As it shown in the diagram, the volume of the use of 2<sup>nd</sup> B regiment in the regions, involved in the IFRC/RRC program has significantly dropped: Kaluga from 401 cases in 2010 to 126 cases in 2011, from 83 in 2010 in 2010 to zero in 2011, Vologda – from 185 in 2010 to 85 in 2011, N. Novgorod – 437 in 2010 to 148 in 2011. At the same time in the regions that were not involved to any international projects, the level of 2<sup>nd</sup> B regiment implementation is very high and increases the evidence of insufficient treatment: in Saratov from 402 in 2010 to 424 in 2011, and in Tatarstan from 314 in 2010 to 408 in 2011.

## CONCLUSION

In the period of the program implementation (2010-2012), the IFRC jointly with the Russian Red Cross established an efficient cross-sectoral interaction with the Russian public authorities, the sentence execution system and civil society institutions both on the federal level and in all program sites. Social, legal and psychological support provided to civilians and inmates through the local RRC branches has earned the trust and respect of the local authorities and communities

as well as the Russian Federal Government authorities. The Federation's technical assistance in TB control has been officially requested by a number of Russian regional TB institutions.

The IFRC and the Russian Red Cross established a close working relationship and regularly shared information with the following federal and regional state bodies and health institutions: Ministry of Health, Federal Service of Sentence Execution; local authorities, TB dispensaries, penitentiary institutions of 11 project sites, federal TB scientific research institutes such as the Central TB Research Institute (CTRI), the Research Institute of Phthisiopulmonology (RIPP), St. Petersburg Phthisiopulmonology Research Institute, Novosibirsk Tuberculosis Research Institute and Medical Universities. The Ministry of Health of Russia defined, in its Decrees No. 50 and No. 109, the role of the federal TB institutes in monitoring the implementation of TB projects in the respective regions. The IFRC, jointly with above mentioned partners, ensured a well-coordinated methodological and professional approach during the programme implementation at regional level.

The IFRC, in cooperation with the Russian Red Cross, promoted the deeper community involvement in TB control activities countrywide and strengthened public awareness on TB. In interaction with TB services, such involvement amplified national and international efforts to combat TB in Russia.

The IFRC provided complex support to the local health authorities and Russian Red Cross branches by promoting basic skills in using techniques of proven efficacy to tackle TB and MDR TB.

In the reporting period, the access to TB services of people from under-served communities (e.g. homeless, unemployed, ex-prisoners) expanded at all levels, primary and specialized.

The IFRC supported the healthcare services and the Russian Red Cross to enhance the adherence to treatment of the most vulnerable people through nutritional, educational and other complementary social inputs, with special focus on psycho-social support. This includes an integrated health service with better accessibility, better connections at both primary and specialized (hospital) level in order to meet the health needs of the communities they serve.

The IFRC coordinates with other agencies engaged in TB intervention through interagency meetings with the WHO office in Moscow, the Country Coordination Mechanism of Global Fund (CCM), the Russian Health Care Foundation, the Green Light Committee as well as other USAID partners such as Partners in Health (PIH), University Research Company (URS), American International Health Alliance (AIHA) etc.

### **Lessons learned**

The program was being implemented in a very complex and challenging external environment that can be defined by the following factors.

1. The external environment was influenced by the emphatic statements of the Chief TB Specialist and other representatives of the Russian Ministry of Health referring to *positive dynamics of the TB situation in the country*, based on some comparative data on TB mortality and morbidity. At the same time, international TB experts arrived at clear conclusions that MDR-TB in Russia has a tendency to grow due to the absence of a national MDR-TB Strategy. The existing norms and regulations that have not changed over the last 10 years, are insufficient, outdated and cannot provide effective practical guidelines for an MDR-TB chemotherapy.

2. In the absence of a national MDR-TB strategy, the recommendations and advice given by TB research institutes to the regional TB institutions are very often not adequate and differ from WHO recommendations. The Russian MoH is not following TB related WHO recommendations that are either openly discarded or at least not welcome.

3. The frequent turnover of chief physicians of TB dispensaries continues. In the period 2010-2012 the Chief Physicians of Belgorod and Khabarovsk Regional TB Dispensaries, **JAO**, were replaced by the MoH, and the change brought about additional challenges in the program implementation.

4. Due to the fact that the Russian Government officially rejected the grant of the Global Fund for TB and HIV, official representatives of the Russian health authorities reinforced their

criticism addressed to the Global Fund on TB, AIDS and Malaria and to other international organizations, underlining that *“the international projects contributed negatively to the TB situation in Russia”*.

5. Insufficient integration of TB control into the health care system and weaknesses in early diagnosis and sufficient treatment of TB patients.

6. Despite of some improvement of the situation in most of the program regions, insufficient recording and reporting can still be considered as a challenge. According to WHO, electronic recording and reporting is under approval procedure in the Ministry of Health, currently in some pilot projects; there is a Federal government budget for software modules but not for training of TB specialists;

7. Deficit of human resource capacity and insufficient salary support of TB specialists for effective MDR-TB response: most of TB staff is at retirement age that leads to the lack of modern ideas.

8. There is no social support system for TB patients during treatment period for adherence provided at federal level.

9. The TB control system in Russia is still facing the challenges of a transition period: WHO recommendations are not yet fully introduced to the Russian national TB control system.

10. It is important to involve the TB patients in the process of decision making to ensure adequate support for the most vulnerable people.

#### **Annexes**

- Statistical data on RRC psychosocial activity: number of covered beneficiaries, food kits, psycho-social support;
- List of publications: articles, TV and radio broadcasts, internet publications;
- Photos of the project activities;
- Scanned copies of Letters of Gratitude.