

Implementation of WHO TB Control Programs in Russian Pilot Regions – a Factor Improving Patients' Adherence to Treatment for TB

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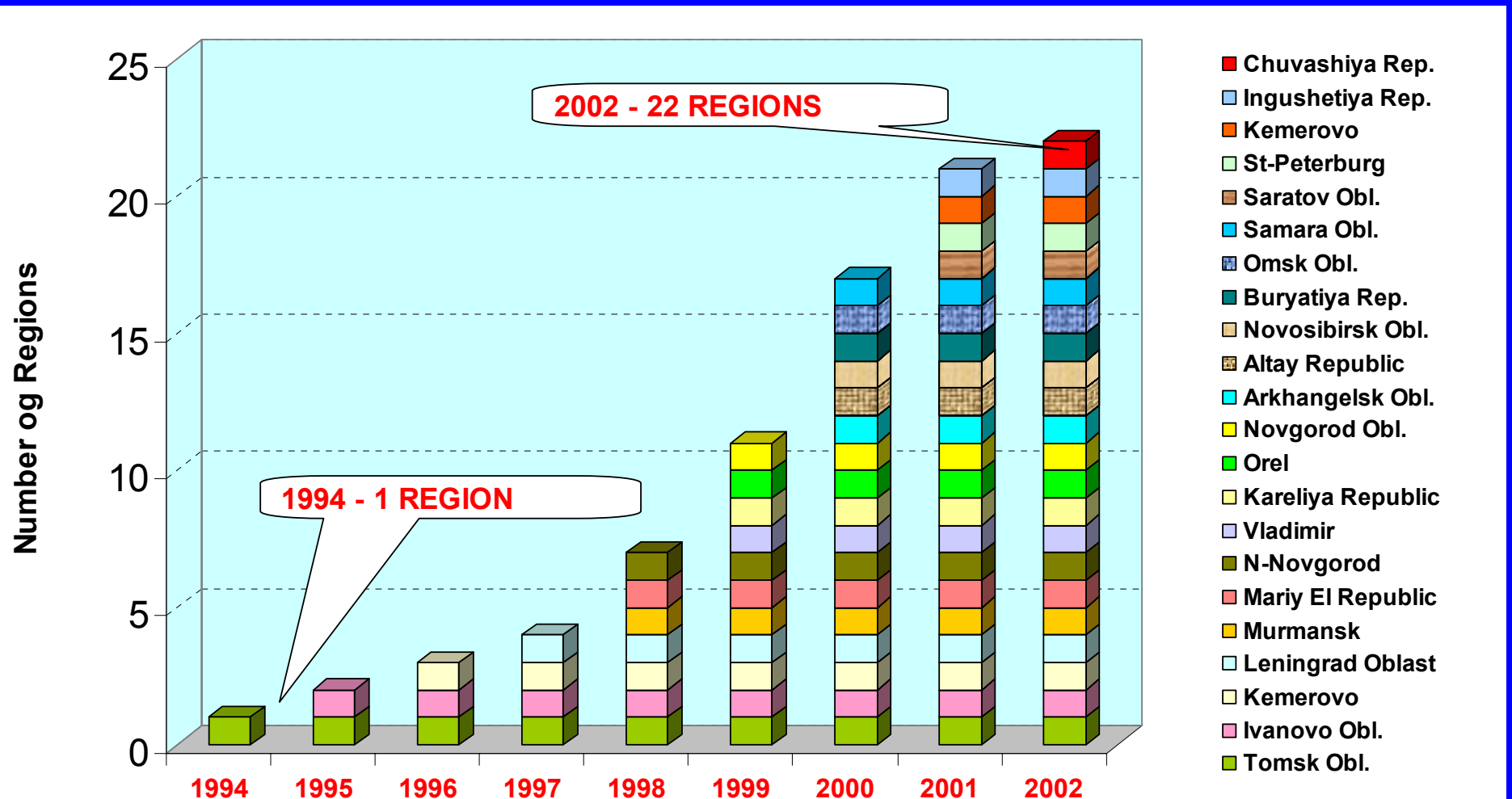
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Background

- **During the recent decade the number of TB cases has increased more than twice in Russia**
- **The socio-economic crisis stimulated revision of the TB control strategy, adaptation and implementation of the internationally recognized cost-effective diagnosis and treatment methods, recommended by WHO**
- **Health care reform in the Russian Federation is based on the strategic planning principles, cost-effective and evidence-based approaches to ensure the adequate level of health services**

WHO strategy expansion in Russia, 1994-2002



Documents of USAID-Funded TB Control Projects in Russia

- **Protocol for Tuberculosis Demonstration Projects in Russia developed jointly by WHO, CDC, CTRI, USAID and local health professionals and approved by Scientific Counsel at CTRI**
- **Decrees of Oblast Governors established a legal and managerial basis for programs implementation in the oblasts**
- **Orders / Prikazes of the Ministry of Health:**
 - ✓ **for Ivanovo Oblast**
 - ✓ **on establishing of WHO Collaborating Center at CTRI**

Essential Components of Effective Pilot Projects Implementation

- Ivanovo Oblast
- Orel Oblast
- Vladimir Oblast



Initial stage:

- Pskov Oblast
- Republic of Chuvashia

- Political commitment at regional level (interdepartmental regional commissions for TB)
- Development of regional model programs in conjunction with different partners (donors' support)
- Complex approach, integration with prisons
- Supply of TB drugs
- Social support and incentives to TB patients
- Priority detection of infectious cases
- Ensuring directly-observed chemotherapy, monitoring and supervision

Main Activities 2000-2002

Federal Level

- **Growing political commitment to TB control activities**
- **The federal target program “Urgent measures of TB control in Russia for the years 1998-2004”**
- **The Russian Federal Law of 18 June 2001 No 77 “About TB prevention in the Russian Federation” and the Russian Federation Government Resolution**
- **Development of 5-year plan “Provision of Guaranteed Diagnostic and Treatment Procedures for TB Patients and Development of TB Service in Russia” (in compliance with the Amsterdam Declaration)**
- **International conference on the WHO strategy implementation in prisons, organized by the Russian Ministry of Justice and WHO**

High Level Working Group on Tuberculosis (HLWG)

Established in 1999 on the initiative of the Russian Ministry of Health and WHO

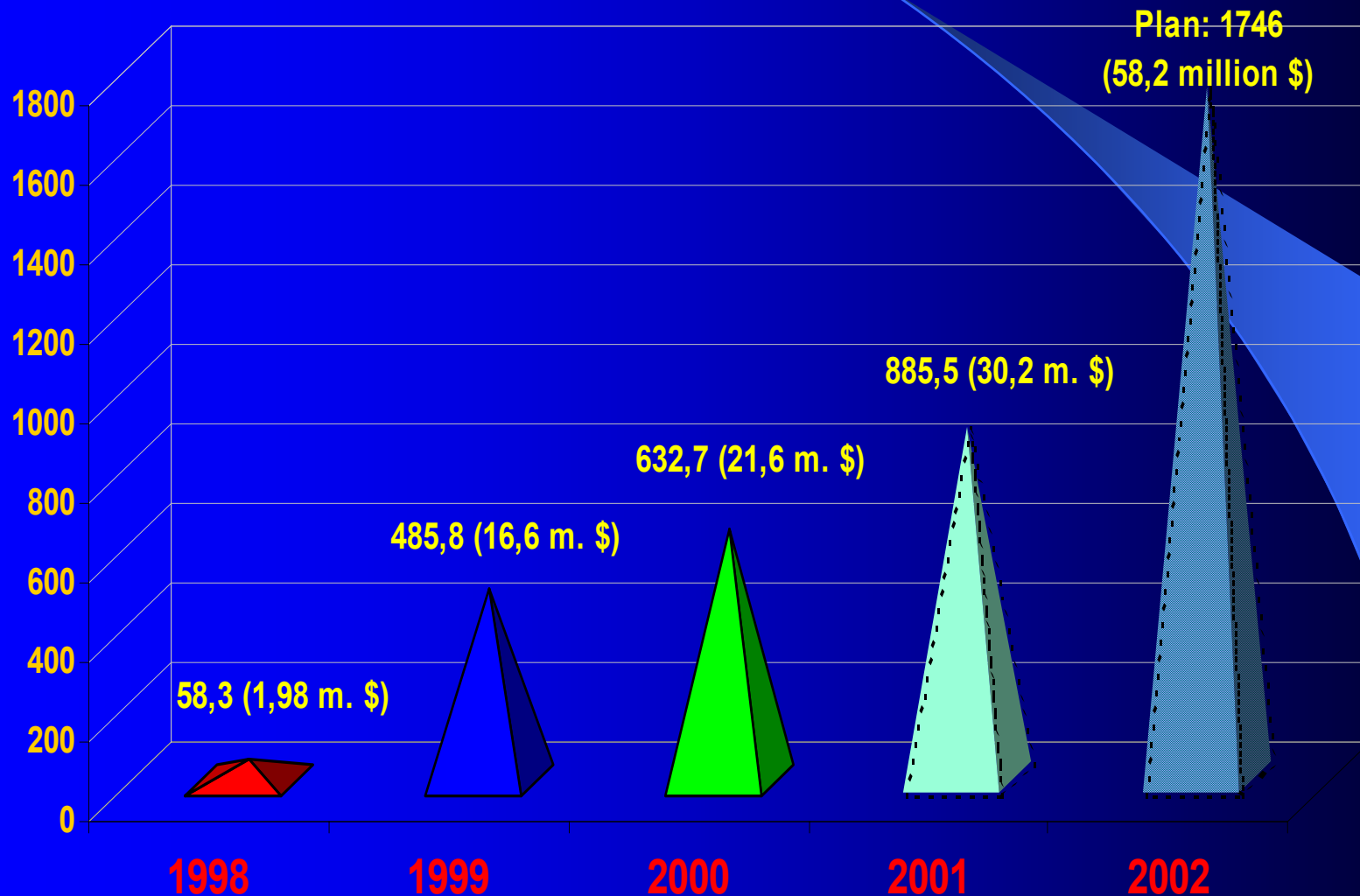
Goal: to revise the national TB control policy, integrate the Russian and international TB control strategies

Objectives: to develop recommendations on the TB control strategy and tactics by the Thematic Working Groups to be included in the Orders/Prikazes of the Russian Ministry of Health

Composition:

- ✓ The Russian Ministry of Health
- ✓ The Russian Ministry of Justice
- ✓ The Russian Academy of Medical Sciences/Central TB Research Institute
- ✓ The Research Institute for Phthisiopulmonology of I.M. Sechenov Moscow Medical Academy
- ✓ The Council of Europe
- ✓ The World Health Organization

Federal Level Support Federal Budget for TB Control Activities in Russia



Findings and Conclusions (1)

- **The WHO recommended strategy is the factor improving TB patients' adherence to treatment, since its components are oriented to continuity of diagnostic and treatment services**
- **The pilot projects demonstrated good results**
- **Early detection of infectious TB cases due to improved microbiological diagnosis in the pilot regions up to 52-70% vs. 38.5% in Russia allowed timely commencement of directly-observed chemotherapy and decrease source of infection**
- **Social support programs, adapted to local conditions, improved treatment monitoring, ensured uninterrupted supply of first- and second-line drugs that resulted in decrease of the number of defaults (4 times decrease in Ivanovo Oblast) or treatment interruption (from 50% down to 6% in Orel Oblast)**

Findings and Conclusions (2)

- **Programs integrating health services to civilians and prisoners improved adherence and registration of TB patients (after release) by civilian health care institutions (Ivanovo, Vladimir, Orel Oblasts)**
- **Quarterly cohort monitoring of all program components among civilians and prisoners significantly improved TB patients' adherence to treatment**
- **Federal level support is required**
- **The program should start from considering the strategy of sustained development already at early stages of its implementation to improve TB service delivery**
- **HLWG is an effective mechanism of collaboration and coordination of efforts for development of TB control strategy based on WHO recommendations and international standards**

TB Incidence Rate in Russia (per 100,000 population)

