



Draft 2.0

Minutes of the 2nd meeting of the Barents TB Programme Steering Committee

Date: 19 October 2011, 13:15 - 17:30

Venue: St-Petersburg, hotel "Park Inn Pribaltiyskaya"

1. Opening of the meeting

The meeting was opened by Ms. Alevtina Grishko, DM, advisor to the director of St-Petersburg TB Research Institute, who greeted the participants, and reminded the audience of the key decisions made at the previous meeting of the Steering Committee.

2. Introduction of participants

After the welcoming speech the participants of the meeting introduced themselves.

3. Adoption of the agenda

The agenda was adopted with the exception that Dr. Masoud Dara from WHO/EURO, unfortunately, was unable to come and give his presentation

4. Adoption of the report from the previous meeting

The report was adopted.

5. Endorsement of a candidature of the SC's vice-chairperson - *Mr. Zaza Tsereteli, ITA for NDPHS Expert Group on Primary Health and Prison Health Systems and Expert Group on Alcohol and Substance Abuse*

Mr. Zaza Tsereteli informed that the candidature of prof. Sven Hoffner, chief microbiologist from the Swedish Institute for Communicable Disease Control and a member of the Barents TB Programme's SC, was proposed for the position of the vice-chairperson. Unfortunately, Mr. Sven Hoffner was unable to attend this meeting. Thus, Mr. Zaza Tsereteli will collect decisions/approvals from three ministries (Sweden, Norway, Finland) and then the official decision about the endorsement should be sent to the Chair of Steering Committee.

6. Current TB control challenges and response in the WHO European Region - Mr. Richard Zaleskis, WHO Regional Office for Europe, Regional advisor

Mr. Richard Zaleskis started his presentation with some data about TB notification rate in Europe and former USSR in the last 20 years, and also displayed statistics on detection rate and successful treatment rate by WHO region. In the European Region, in 2010 the incidence of TB has slowly declined compared to past years, reaching about 34 per 100 000 population in 2010. However there is a big discrepancy between east and west. The case detection rates increased in recent years, achieving 74%, which is the highest case detection rate worldwide. However, the Region has the poorest treatment outcomes in the world, with 68% among new TB cases which is much lower than the 85% global target. This is mainly due to drug resistant TB but also due to poor practices which lead to patients not finishing their treatment (poor adherence, long hospitalization, lack of patient-centered approaches and lack of community support) and also due to non evidence based treatment protocols in some settings. Most cases occur in Eastern Europe and in the former USSR where TB is increasing dramatically. Most countries in the former USSR have rates that are 10 times higher than those in Western Europe. Then the speaker outlined the key reasons for TB treatment default. The key problems in combating with TB come down to poor socio-economic situation, ineffective healthcare systems, high MDR/XDR-TB rates, high prevalence of TB in the penitentiary system, high migration. Few slides were dedicated to the alarming situation with HIV-associated TB.

Mr. Richard Zaleskis then informed about the response measures being undertaken by the EURO WHO, in the first place about the Consolidated Action Plan to Prevent and Combat MDR/XDR TB in the WHO European Region 2011-2015, which had been adopted by the Regional Committee for Europe. He also told about key areas of TB control in the European Region in a wider context. The TB control work, according to the speaker, should be done with countries, especially 18 high priority countries, and without country action plans no implementation will take place. This, of course, will require resources, but the payback will be larger.

Answering numerous questions from the audience, Mr. Richard Zaleskis added that totally 8 million TB patients had been recorded worldwide, of whom 440,000 diagnosed with drug/resistant forms, and 150,000 with HIV-associated TB. More cases are detected in larger cities, like Moscow, St-Petersburg, Paris, London, etc.

The overall principles of TB care management, according to Mr. Zaleskis, should be based on: 1) finding common language with authorities, 2) not to forget good things from the past and keep pace with the time, 3) change in attitudes towards the patient, 4) strengthening of the healthcare system in general.

7. Review of programme document "Barents Tuberculosis Programme" - Prof. Andrey Maryandyshev, Northern State Medical University / Archangelsk; Mr. Zaza Tsereteli, ITA for NDPHS Expert Group on Primary Health and Prison Health Systems and Expert Group on Alcohol and Substance Abuse

Prof. Andrey Maryandyshev started his speech with pointing out that the Barents Region is a unique political and economic formation. The TB control established in the Barents Region, including its Russian territories, is more advanced than in many other areas. Yet, problems persist, for example, with MDR/TB. The Barents Region's TB prevalence is highest in Russia, which in many ways accounted by high concentration of penitentiary institutions in the Russian North-West and better diagnostics than in other Russian regions. The speaker expressed gratitude to all counterparts and claimed that the Russian territories are committed to reduce their TB figure down to the Nordic Countries' level. And much had been achieved over the last decade in TB control. After this prof. Maryandyshev made an overview of the Barents TB Programme and underlined the absence of indicators in the Programme. He proposed to add the indicators of the EUR WHO to the Programme's logframe matrix.

Prof. Maryandyshev said he had collected epidemiological information needed for the programme document and promised to add it. All in all, the programme document was close to finalization. Besides, prof. Maryandyshev suggested developing a regional plan of concrete actions on MDR/XDR TB.

Ms. Outi Karvonen, Coordinator of Barents HIV/AIDS Programme and ITA for HIV/AIDS and AI EG NDPHS, proposed a LFA workshop to complete indicators to the Barents TB Programme.

Ms. Goar Balasanyants, Chief of Science and Methods Department at St-Petersburg TB Research Institute, underlined the TB Programme's section of adherence development and commented that a pilot project might be launched at TB clinics to test effectiveness of multi-professional teams. If such experiences are available, they should be replicated to other sites.

Mr. Zaza Tsereteli, ITA for NDPHS EG on Primary Health and Prison Health Systems and EG on Alcohol and Substance Abuse, added his comments. He reminded that in 2013 a meeting of Prime Ministers of the Barents Region will be held, which will look at how the 2003 Kirkenes Declaration was implemented, and among other things, how the TB situation was taken under control by the year 2013. To this end, a report should be prepared about TB control measures and TB situation changes starting from 2003.

Mr. Zaza Tsereteli's other concern was that he had not yet seen the Barents TB Programme as a well-structured and ready-to-go document. He urged the document to be finalized as soon as possible.

His following concern was that representatives of Russia's Prison Authority were not brought to this meeting. It is difficult to get the Prison Authority to meetings, but a must; otherwise no concerted actions would be agreed. Mr. Zaza Tsereteli suggested he take responsibility to invite representatives of the Prison Authority through Russia's Ministry of Justice.

Mr. Zaza Tsereteli informed that WHO has established an Expert group on Prison Health Stewardship. He is nominated to this EG and will represent NDPHS there. The aim of the group to provide Member States with unbiased and evidence based information on experiences and best practices regarding the stewardship for prison health throughout the European Region, addressing issues such as minimum standards in prison health, continuity of care, suitable working conditions and motivation for staff, and which Ministry is responsible for prison health. The establishment of such an Expert Group at WHO, once again emphasized the importance of collaboration between the Prison and Public Health authorities, that is why it is very important to follow this trend within the Barents TB Programme.

Mr. Richard Zaleskis asked about expectations from the WHO. Mr. Zaza Tsereteli replied that when the Barents TB Programme is documented, it will be sent to the EURO WHO to ensure that it is in line with the WHO policy and priorities. This will also allow avoiding the duplication of efforts and more efficient use of financial and human resources.

Ms. Tatiana Smolskaya, director of the Russian North-West AIDS Centre, remarked her hopes that the issue of HIV/TB will be reflected, and hopefully by a TB specialist. Dr. Panteleev from St-Petersburg, according to her, might be a proper expert for this task.

8. Epidemiological situation in the Archangelsk Region and concept of laboratory service and treatment standards development - Prof. Andrey Maryandyshev, Northern State Medical University / Archangelsk

After the coffee-break prof. Andrey Maryandyshev reported about the TB situation in the Archangelsk Region and development of lab services and treatment standards. In the first half of the presentation the speaker reported the TB-related figures for the Archangelsk Region, including MDR/XDR TB and HIV/TB dual infection. The overall TB incidence has been going down in the Archangelsk Region in the recent years. The share of MDR-TB cases among the newly recorded TB patients grew from 26,1% in 2009 up to 34,9% in

2010. The detection rate in the civil sector and prison sector is practically the same. Only few cases of the HIV/TB dual infection are registered (18 in 2010). As of 1 October 2010, 400 MDR and 24 XDR patients were on the records in the Archangelsk Region. In the second half of the presentation the speaker told about the key measures of DOTS and management of MDR-TB patients in the region - infectious patients are diagnosed with smear microscopy; drug sensitivity is express-tested on liquid cultures; therapies to drug-sensitive TB and drug-resistant TB are prescribed in line with international guidelines; all estimated drug-sensitive and drug-resistant patients are supplied with medicines; infectious control measures are in place - hospital units for XDR-TB patients are being established; patients are provided social and psychological support; surveillance is strengthened - a remotely accessible computer-aided database is created.

9. Epidemiological situation in the Republic of Karelia and current problems in the TB service - Dr. Yuri Markelov, chief TB specialist of the Ministry of Health of Republic of Karelia

Mr. Markelov presented the TB situation for the Republic of Karelia - the incidence and mortality rates dropped in the last two years. The dynamics of primary and especially secondary drug-resistant TB is much higher than in Russia on average. Then the speaker told about the situation with the MDR-TB in the Republic of Karelia and effectiveness of chemotherapy, which showed to be low, with a high default rate. Then Mr. Markelov mentioned the reasons for low chemotherapy effectiveness. According to him, they are late diagnosis of MDR-TB, high prevalence of complicated forms, late diagnosis of drug-resistance and its range, abundant defaults and interruptions in treatment.

10. Epidemiological situation in the Murmansk Region - Dr. Svetlana Presnova, chief doctor of Murmansk Regional TB Clinic

The first part of the presentation Ms. Svetlana Presnova dedicated to the TB situation in the Murmansk region - the incidence, prevalence and mortality rates is moving down. Practically 80% of the newly detected cases are men aged 18 to 55. The share of drug-resistant forms among all smear-positive cases is over 60%. The number of HIV/TB dual infections in the last three years was 14-15 per year. In 2009, a reference laboratory was established and a TB doctor trained to coordinate treatment of HIV/TB patients. HIV/TB patients get treatment at the TB clinic, thus a patient gets all needed interventions in one place.

Afterwards Mr. Presnova described in detail how infectious control is exercised at the Murmansk TB clinic at the administrative, technical and individual level.

After the presentation Mr. Andrey Maryandyshev asked Ms. Svetlana Presnova to make an analysis of TB chemotherapy being done to HIV patients by the next meeting of the SC. Ms. Svetlana Presnova agreed to do this assignment together with Ms. Rauni Ruohonen.

11. Areas and activities of the Programme in 2012

Ms. Christina Johannesson, Consul from the Swedish Consulate General in St Petersburg, asked the floor to advice the request of the Barents Joint Working Group on Health and Related Social Issues (JWGHS).

With relation to the 2003 Kirkenes Declaration of Prime Ministers and its statement about stabilization of the TB situation in the Barents Region by the year 2013, a question had been raised at the latest meeting of the JWGHS about writing a special report for the 2013 meeting of Prime Ministers about the TB situation, response measures undertaken and achievements made in the Barents Region in the last decade (2003-up to now). Besides, it is important to outline needs and recommendations for future in terms of controlling the TB situation. Such report should have impact both from specialists and politicians. Thus, the Barents TB Programme's Steering Committee is asked to draft a report about the TB situation in the Barents Region in 2003 through now. The report must not be long.

Ms. Rauni Ruohonen added that the report may include references to new strategies and new measures taken into use.

Mr. Dmitry Titkov remarked that as the document is to be prepared for politicians, there is no need to present detailed information about the situation development in the last decade in every territory of the Barents Region. It would be advisable to give summaries for two parts of the Barents Region - Russian part and European part. The tendencies would be briefly summed up by key indicator - incidence, prevalence, mortality, etc. followed by crucial problems - MDR/XDR TB, HIV/TB dual infection, late diagnosis, improper treatment regimes, infectious control, adherence, etc. The paper may be continued by enlisted strategies and measures undertaken and concluded by recommendations and lessons learnt for a future period. It would be reasonable to have the paper covering the period from 2003 to 2011, as the reliable data would be available for this period in 2012 when the document must be ready.

It was agreed that by the next meeting of the JWGHS in spring 2012 a table of content of the document will be prepared. The draft document will be submitted to the JWGHS in due time before the autumn meeting of the JWGHS. It should be noted that also the JWGHS would revise the document.

Since Finland and Komi Republic's Chairmanship in the Barents Cooperation in Health and Related Social Issues comes to end in December 2011 and Norway takes in for 2012-2013 together with Karelia Republic. Further on, Ms. Karin Rønning, senior medical officer from the Norwegian institute of Public Health proposed that she will discuss with the Ministry of Care and Health Services in Norway, if she is the contact person for the Norwegian during the preparation of report for Prime Ministers (Karin.Ronning@fhi.no).

12. Next meeting

Ms. Tatiana Smolskaya proposed the theme of the HIV/TB dual infection for the next meeting of the Steering Committee of the Barents TB Programme.

Besides, representatives of the Russian Prison Authority should be invited to the next meeting.

The place and time of the next meeting of the Steering Committee of the Barents TB Programme will be communicated separately.

13. Closure of the meeting

Ms. Grishko thanked the participants for the active work and declared the meeting closed.