



4 November 2009

Meeting of JWGHS on 12 November 2009

Agenda Item 4b): Possible activities in order to promote co-operation on tuberculosis

The Prime Ministers' Declaration in Kirkenes of 11 January 2003 on the occasion of the BEAC 10th anniversary made some specific commitments to advance co-operation. Among other things the health and social authorities were urged to gain full control of the spread of tuberculosis in the Barents Region within 10 years (i.e. 2013).

The JWGHS meeting of November 2008 made an assessment of the present situation. TB expert and WHO-representative Mr. Andrei Maryandyshev, Northern State Medical University, reported that the results from the efforts in North West Russia on reducing new cases and using modern methods of the diagnostics and cure of the TB patients are positive. As an example, the number of new cases per 100 000 inhabitants in Archangelsk dropped from 73 in 2006 to 59 in 2007 compared to 82 and 83 in Russia as a whole.

A serious problem is the increasing cases world wide of multi resistant strains of TB bacteria. It is also at the very center of the attention of international cooperation and a reason for continued focus on TB in the Barents Cooperation, Maryandyshev explained. He listed four emergent needs of this work:

1. The threat of extensively-drug resistant (XDR) TB
2. The need of Molecular-genetic research
3. The need for a database on multi drug resistant TB in the Barents Region
4. The strengthening of cooperation between and civilian and penitentiary TB services

Professor Maryandyshev suggested that the goals on TB within the framework of the Barents Cooperation 2003-2013 should be:

1. Cure no less than 85% of the new TB cases including MDR TB patients
2. Identifying no less than 70% of cases of infection by methods using smear microscopy samples from patients
3. Preventive measures against spread of TB, especially MDR and XDR TB, across borders

TB control co-operation should continue on the international level. The question rises concerning the establishing a Working group on TB issues. The JWGHs noted that important progress had been achieved, but at the same time much more needed to be done and that continued co-operation was necessary. It was decided to discuss this at the meeting of the Joint Working Group on Health and Socially Related Issues in Umea, Sweden on the 5 May 2009. Up to that meeting the co-chairs, together with Professor Maryandyshev are to elaborate proposals based on his recommendations and proposals made in the discussion. Relevant bodies were to be consulted.

Proposal by the Co-Chairs

As was noted by the JWGHs at its last meeting there is already ongoing co-operation within this field, mostly on a bilateral basis. The four emergent needs proposed for additional efforts by the Russian side should be included in the forthcoming work.

There is an increasing recognition that TB is a leading cause of HIV-related morbidity and that HIV is fuelling tuberculosis in high HIV prevalence populations. The risk of contracting TB-infection and developing active disease is much higher in HIV-infected populations than in those without HIV. At the same time, the presence of *M.tuberculosis* in HIV-infected patients creates more rapid replication of HIV that accelerates the progression of nonsymptomatic HIV infection to AIDS.

There is a perilous synergy between HIV and tuberculosis in correctional facilities. Prisoners, who have long been known to have disproportionately high rates of diagnosed TB disease and TB infection also have more than 5 times the general population's rate of AIDS and between 4 and 10 times the general population's rate of HIV infection. For this reason we propose that priority target groups should be prisoners and vulnerable groups of society who are at risk of becoming HIV infected or who are already infected with the virus. Health and social measures should as far as possible be integrated.

As was proposed by Professor Maryandyshev, it is essential that there is adequate linking of civilian and prison TB control programmes, so that follow-up of persons at risk of or having TB while entering or released from prisons is not only available but is actively supported and that care from institution to community is uninterrupted. In addition to that, mechanisms of coordination and co-operation between TB and HIV services with regard to prevention and care of co-infection needs to be strengthened.

As regards possible structures for the deepening of this co-operation, co-operation should be sought with the Northern Dimension Partnership in Public Health and Social Well-being (NDPHS), whose Expert Groups for Prison Health and HIV/AIDS have started to strengthen their co-operation with North West Russia in this field. Both Expert Groups have a TB expert at their disposal. Also the expertise of the Primary Health Care Expert Group should be used. In this environment, the link with the Barents region needs to be strengthened.

The Partnership poses the best opportunity to improve co-operation on TB. This strengthening of the co-operation could also be supported by the ongoing activities (including Penitentiary system) which are implemented by the Finnish Lung Health Association (FILHA) and the Norwegian Heart and Lung Patient Organisation (LHL) as well as by Swedish actors and of present work in other geographical areas in the Northern Dimension Area. Fields such as mitigating antibiotic resistance and infection control should be included into the collaboration.

It is proposed that a meeting be organised in the beginning of 2010 to plan activities and discuss the opportunity for a project which can tackle TB-HIV co-infection that will benefit both people living with HIV/AIDS, and those with TB in Prisons and in general population, and also discuss a common application for financing in order to get resources for the co-operation.

Mr. Zaza Tsereteli, International Technical Advisor to the NDPHS Prison Health Expert Group, has outlined an idea for the procedure to take this project forward during next spring, as a basis for discussion by the JWGHS:

”Due to the fact, that we would like to develop a project which I would rather call “Programme” (which can later include several projects), which covers both Penitentiary and Civil Health Care services and aims improvement both inside and outside prison Health care services, it can be proposed the following: the aim of this possible Programme is to implement a model TB-HIV continuum of care while institutionalizing quality assurance functions in above mentioned facilities through professional and organizational development.

Close cooperation between national health and prison health services is important in producing effective TB and HIV control in prisons. It is essential that prison TB and HIV control programmes include adequate linking with community services, so that community follow-up is not only available but is actively supported.

TB and HIV/AIDS treatment efforts must connect to reduce the burden on patients of having to deal with two separate health-care systems and to reduce the morbidity and mortality of both diseases. In general, gaps between TB and HIV detection, care and prevention efforts are more common than program linkages.

What we can try during the implementation of this programme is to support in building TB/HIV linkages into NW Russia Regional program design. That can be achieved by supporting the Health Institutions in NW Russia to develop a system which ensures that all HIV/AIDS patients receive TB services, including preventive treatment and that all TB patients who are HIV-positive get referred for ART and receive it, if appropriate. In parallel to that we can promote provider compliance with established federal and international clinical practices, promote patient adherence with treatment regimens and promote linkages between Penitentiary and Civil healthcare delivery organizations, social protection services, and NGOs organizations.

The key to the success of possible Programme is to get the sense of ownership amongst the Russian officials and participants of this programme, which will lead to the sustainability of the Programme and implemented activities. Developing that ownership amongst project beneficiaries and partners and a commitment to continuous performance measurement needs to be start from the very beginning. It will pay dividends in terms of improved implementation later in the project cycle. That is why I would like to propose to use the LFA methodology, while developing this Programme, as it can help establish a common ground for discussion and shared understanding which will form the basis of shared responsibility for achieving results.

We can propose to hold 1,5 day meeting where we will invite all main stakeholders; providers from TB dispensaries, AIDS centres, polyclinics, drug clinics, the prison system, social support services, and community organizations, representatives from International organizations working

in this region and experts from PH and HIV/AIDS group. Bringing practitioners from different health and non-health organizations to work in a structured way on improving certain aspects of services seems to be the only viable solution for problems such as TB and HIV/AIDS. This can be organized prior to the PH EG meeting in Arkhangelsk, which is planned to be held in March 2010.

Prior to that 1,5 day LFA exercise, will be good if some consultant or institution will be hired in order to prepare basis for the discussions in Arkhangelsk. The aim of this consultant can be :

1. Identify the existing federal and regional regulatory frameworks that identify coordination between TB and HIV/AIDS services;
2. Identify existing TB and HIV/AIDS system practices in each region and mechanisms of coordination between TB and HIV services with regard to co-infection.

It can be mentioned that organizations like FILHA and LHL are already working in this field in the NW Russian Region, so their experience and knowledge can be used for these purposes.

The LFA exercise itself needs to be facilitated by LFA expert, Russian professional (Mariandishev or the person whom he will nominate), and one representative from PH and HIV/AIDS EG.

During this meeting of Stakeholder we will try by using of the logical framework approach (LFA) to develop and reach level of understanding and (whenever possible) consensus to:

- set strategic objectives;
- define a chain of expected results;
- identify underlying assumptions and risks; and
- select appropriate performance indicators.

One more positive thing with such an approach is that although producing a logical framework that all stakeholders understand and agree with is the initial objective, it gives us also flexibility, as the LFA will not remain static throughout the life of the project and can and should be updated when necessary.

Based on all above-mentioned items, a Programme proposal will be developed, with the goal, objectives, outcomes and indicators, and it can be then submitted for the possible financial support.”