

Barents TB Programme planning



Repino 100610

Improved demographic situation

The economic burden on the society is decreased

**Barents TB Programme planning
Draft from Repino 9-11.6.2010**

Reduced amount of preventable deaths

Tolerant relationship to people with TB and HIV+TB

Spread of MDR /XDR TB stopped

The burden of TB/HIV reduced

**Strengthening the fight against TB and TB+HIV
in the Barents Region through Barents Cooperation**

1. Increased exchange of experiences and collaboration between the countries of Barents Region

2. Strengthened prevention of TB and TB/HIV / co-infection cases

3. Effective Infection control measures up to the minimum acceptable level

4. Early / timely and accurate diagnosis of TB and MDR-TB

5. Effectiveness of TB and TB/HIV treatment

6. Improved capacity of service providers

7. Active involvement of the society and governments in stopping TB

8. Functioning TB policies and collaboration between TB and HIV/AIDS programmes, including penitentiary system

- 1.1. Further development of links between Russia and Nordic countries in the field of TB
 - 1.1.1. Establishment of Barents TB Programme Steering Committee
 - 1.1.2. Establishment of professional TB societies
- 1.2. Improvement of the multilateral information system for TB and TB/HIV in Barents region
 - 1.2.1. Improve the system of recording and analysis of statistics
 - 1.2.2. Improve the exchange of information
- 1.3. Develop independent high level research

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8. Functioning TB policies and collaboration between TB and HIV/AIDS programmes, including penitentiary system

2.1. Increased access to medical services for vulnerable groups
2.1.1. Develop low threshold services (social, medical etc.) for different vulnerable groups, including immigrants
2.1.2. Involve charity organisations to provide help for vulnerable groups
2.1.3. Establish and implement good outreach services for TB patients

2.2. Improve coverage of ARV treatment
2.2.1. Ensure sufficient amount of ARV drugs for treating HIV
2.2.2. ARV treatment is organised in remote areas
2.2.3. Improve adherence of IDUs to ARV treatment

2.3. TB preventive treatment among HIV positives
2.3.1. Development and implementation of methodological recommendations on prophylactic treatment of TB among HIV-infected
2.4. Increase the use of WHO guidelines on TB among HIV +
2.5. Improve preventive TB treatment among contacts
2.6. Provide information on TB, HIV for general population

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- 3.1. Improve the implementation of the existing infection control plans
- 3.2. Separate different patient groups according to their infectivity (sm+ and sm-)
- 3.3. Isolate infectious TB patients
 - 3.3.1. Develop common standards for organization of MDR TB treatment units
 - 3.3.2. Establish isolation units for infectious MDR TB
 - 3.3.3. Isolate XDR patients (hospice)
 - 3.3.4. Develop recommendations for TB/HIV co-infection patients treatment units
- 3.4. Establish effective referral mechanism between different HIV and TB treatment delivery sides
- 3.5. Create effective mechanisms for providing TB control services for HIV-infected
- 3.6. Improve the infection control norms on the basis of experiences of Nordic countries

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4.1. Improve the existing diagnostic mechanisms

4.1.1. Organize free-of-charge accessible medical examinations in case of suspicion of TB

4.1.2. Introduce external quality control

4.1.3. Centralize smear microscopy services

4.2. Early (timely) diagnosis of MDR TB

4.2.1. Increase the use of advanced rapid TB diagnostics techniques in Barents Region

4.2.2. Implement rapid drug sensitivity testing of TB

4.2.3. Provide cost-effectiveness analysis of new rapid diagnostic methods

4.3. Inform people about important symptoms and the availability of medical services

4.4. Improved access of vulnerable groups to diagnostic services

4.4.1. Make use of the best Nordic models of working with risk groups in Barents Region

4.4.2. Establish mobile centres for examining risk groups in coordination with social services

4.4.3. Involvement of risk groups using peer & peer approach into diagnostics

4.4.4. Expand low threshold services for vulnerable groups

4.5. Creation of a uniform basis for molecular diagnostics in Barents region

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8. Functioning TB policies and collaboration between TB and HIV/AIDS programmes, including penitentiary system

5.1. Improved adherence to TB treatment
5.1.1. Joint training of health care workers in communication with patients and mass media
5.1.2. Common training seminars for specialists in civilian sector and prison system
5.1.3. Development of outpatient treatment and day care

5.2. Improve drug management
5.2.1. Training of personnel on treatment standards and filling applications for drugs
5.2.2. Establishment of a mechanism for supplying drugs to Barents region (centralised supply)
5.2.3. Adequate procurement and distribution of drugs
5.2.4. Good management of adverse drug reactions

5.3. Develop effective mechanisms for providing TB services for HIV-infected
5.3.1. Develop measures to decrease the stigma connected with HIV and TB
5.3.2. Implementation of early serology of TB and HIV

5.4. Increase different out-patient treatment options

5.5. Develop patient-oriented services

5.6. Improve treatment measures of HIV +

5.7. Improve of continuity of treatment after release from prison

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7. Active involvement of the society and governments in stopping TB

8. Functioning TB policies and collaboration between TB and HIV/AIDS programmes, including penitentiary system

- 6.1. Training of medical personnel on accurate and timely diagnosis on TB, HIV and MDR-TB
- 6.2. Training seminars on infection control for medical personnel and TB patients
- 6.3. Organise peer work training in TB+HIV related questions
- 6.4. Training of specialists on drug management
- 6.5. Provide training on the role of the primary health care in successful treatment of TB patients

- 6.6. Training seminars on management of patients with co-morbidities
- 6.7. Training of primary health care specialists on good care of TB patients
- 6.8. Ensure the adequate quality and quantity of human resources in both civilian and penitentiary TB care
- 6.9. Improve the knowledge on TB in Norway, Sweden and Finland

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8. Functioning TB policies and collaboration between TB and HIV/AIDS programmes, including penitentiary system

- 7.1. Improve involvement of the society
 - 7.1.1. Organize patient associations
 - 7.1.2. Involve patient representatives to coordination bodies
 - 7.1.3. Involve NGOs in Barents TB Programme activities
 - 7.1.4. Organize regional "Stop TB Partnership"
- 7.2. Improve government commitment
 - 7.2.1. Provide credible information to authorities on Barents Region countries about the TB and TB/HIV situation
 - 7.2.2. Organize Inter-sectoral Coordination Councils for PHC and TB services

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2. Strengthened prevention of TB and TB/HIV / co-infection cases

3. Effective Infection control measures up to the minimum acceptable level

4. Early / timely and accurate diagnosis of TB and MDR-TB

5. Effectiveness of TB and TB/HIV treatment

6. Improved capacity of service providers

7. Active involvement of the society and governments in stopping TB

8. Functioning TB policies and collaboration between TB and HIV/AIDS programmes, including penitentiary system

- 8.1. Improve collaboration between health service institutions in civil and prison sectors, social services, narcological services and NGOs
 - 8.1.1. Develop an inter-sectoral agreement (penitentiary, civil and NGOs)
- 8.2. Enhancement of social programmes
- 8.3. Develop interactive mechanisms with migration services on treatment of migrants
- 8.4. Provision of credible information for authorities on TB and HIV in order enhance the interaction of the programmes on local level

Proposals 100610 of the Repino working groups for

Overall objectives

- Improved demographic indicators
- the burden of TB/HIV reduced
- Spread of MDR /XDR TB stopped
- Reduced amount of preventable deaths among TB patients and HIV+TB patients
- The economic burden on the society is decreased
- Tolerant relationship to people with TB and HIV+TB

PURPOSE:

- Strengthening the fight against TB and TB+HIV in the Barents Region through Barents Cooperation
- Effective TB control
- An effective TB control system established and implemented

Results / Group 1:

1. Improving TB diagnostics, including TB+HIV in the BR
2. Improved effectiveness of TB and TB+HIV treatment
3. The prevention of TB and TB+HIV is strengthened
4. Improved effectiveness of Infection Control measures up to the minimum acceptable level
5. Sufficient number of qualified medical staff
6. Committed government
7. Improved system of recording and analysis of statistics

Results / Group 2

1. Prevention of co-infection cases
2. Uniform TB protocol in Barents region
3. Early diagnosis
4. High effectiveness of treatment
5. Sincere adherence
6. Effective infection control system

Results / Group 3

1. Increased access to medical services for vulnerable groups
2. Early (timely) diagnosis of MDR TB
3. Good treatment outcomes
4. Good TB treatment adherence
5. Effective mechanisms for providing TB control services for HIV-infected organised
6. Effective infection control system is established
7. Active involvement of society in stopping TB

Results / Preparatory working group

1. Improved early diagnosis
2. Improving adherence to treatment
3. More effective infection control measures
4. More effective treatment of TB patients
5. Enhanced capacity of service providers
6. Functioning TB policy interventions
7. Enhanced collaboration between TB and HIV/AIDS programmes, including Penitent. system

Result / Component 1

1.Improving TB diagnostics, including TB+HIV in the BR

1.1.Timely HIV detection

1.1.1. Organisation of educational work about illegal migrants

1.2.Timely TB detection

1.2.1. Improved diagnostic measures

1.2.1.1. Introduce rapid methods of TB diagnostics

1.2.1.2. Centralisation of microscopy

1.2.1.3. Introduction of external quality control

1.2.3. Develop interactive mechanisms with migration services on migration treatment

1.2.6. HCW training on the diagnostics of TB and HIV infections

Result / Component 2

2. Improved effectiveness of TB and TB+HIV treatment

2.1. Good adherence to HIV treatment

2.2. Good adherence to TB treatment

2.2.1. [Include] narcological support

2.3.Effective TB treatment

2.4.Adequate management of side effects

2.5. Improved cooperation between the penitentiary and civil systems

Result / Component 3

3.The prevention of TB and TB+HIV is strengthened

3.1.ARV treatment is organised in remote areas

3.2. Preventive TB treatment among contacts

3.3.TB preventive treatment among HIV positives

Objectives / Group I

Result / Component 4

4.Improved effectiveness of Infection Control measures up to the minimum acceptable level

- 4.1.Regulations on TB+HIV treatment
- 4.2.Trained medical staff on the issues of IC
- 4.3. Developed IC plan

Result / Component 5

5.Sufficient number of qualified medical staff

- 5.1. Improved knowledge on TB in Norway, Sweden and Finland
- 5.2.Adequate qualification of HCWs
- 5.3.Wide implementation of new knowledge and practises

Result / Component 6

6.Committed government

- 6.1. Good awareness of the Government

Result / Component 7

7. Improved system of recording and analysis of statistics

- 7.1. Developed software on TB and TB+HIV monitoring
- 7.2. Improved information exchange between the civil and penitentiary systems

Objectives / Group 2

1. Prevention of co-infection cases

- 1.1. Establishment of a ward for HIV and TB with strict infection control
- 1.2. Use of WHO guidelines on TB cases among HIV cases
- 1.3. Credible information for authorities on TB and HIV in order to integrate the programme
- 1.4. Sufficient amount of ARV drugs for treating HIV

Result / Comp. 2

2. Uniform TB protocol in Barents region

- 2.1. Increase exchange of experiences and collaboration between the countries of Barents Region
 - 2.1.1. Establishment of TB societies in regions of the Barents region
 - 2.1.2. Establishment of links between Russia and Scandinavian countries
 - 2.1.3. Establishment of mutual information system for TB in Barents region
- 2.2. Credible information to authorities on Barents region countries about the situation with TB
- 2.3. Independent high level research

Result / Comp. 3

3. Early diagnosis

- 3.1. Develop actions to make the functions of the system more effective
 - 3.1.1. Organize free available medical examinations in case of suspicion of TB
- 3.2. Training of medical personnel
- 3.3. Enhance the work with risk groups
 - 3.3.1. Make use of the best Scandinavian models of working with risk groups in B.R.
 - 3.3.2. Establish mobile centres for examining risk groups in coordination with social services
 - 3.3.3. Involvement of risk groups using peer&peer approach
- 3.4. Creation of a uniform basis for molecular diagnostics in Barents region
- 3.5. Establish relevant health education campaigns
 - 3.5.1. Inform people about important symptoms and the availability of medical services

Objectives / Group 2

Result / Comp. 4

- 4. High effectiveness of treatment
 - 4.1. Improved functions of drug management
 - 4.1.1. Training of personnel on treatment standards and filling applications for drugs
 - 4.2. Use of advanced rapid TB diagnostics techniques in Barents region
 - 4.1.2. Establishment of a mechanism for supplying drugs to Barents region (centralised supply)
 - 4.3. Development of outpatient treatment and day care
 - 4.4. Inter-sectoral agreement (penitentiary, civil and NGOs)

Result / Comp. 5

- 5. Sincere adherence
 - 5.1. Credible information for authorities about situation and money
 - 5.2. Joint training in information dissemination (TB doctors and mass media)

Result / Comp. 6

Result

- 6. Effective infection control system
 - 6.1. Development of new san-epid norms on the basis of experiences of Scandinavian countries
 - 6.2. Introduction of the provision of information control into a uniform protocol on TB control

Objectives / Group 3

1. Increased access to medical services for vulnerable groups

- Develop low threshold services (social, medical etc.) for vulnerable groups
- Involve charity organisations to provide help for vulnerable groups
- Establish and implement good outreach services for TB patients
- Provide information on TB, HIV for general population

2. Early (timely) diagnosis of MDR TB

- To implement rapid testing of sensitivity of mycobacteria
- Economical cost-effectivity analysis of implementing new rapid diagnostic methods

3. Good treatment outcomes

- Training of specialists on drug management
- Adequate procurement and distribution of drugs
- Good management of adverse drug reactions
- Training seminars on management of patients with comorbidities
- Involving primary health care in outpatient treatment of TB patients
- Training of primary health care specialists on good care of TB patients
- Increase possible choice of treatment options on ambulatory phase

Objectives / Group 3

4. Good TB treatment adherence

- Common training seminars for specialists in civilian sector and prison system
- Reduce amount of defaulters among prisoners being released – not continuing treatment in civil sector
- Improve collaboration between health service institutions in civil sector and prison sector
- Increase collaboration between NGO, social services and penitentiary system
- Enhancement of social programmes

Objectives / Group 3

5. Effective mechanisms for providing TB control services for HIV-infected organised

- Increase knowledge of people about HIV
- Strengthen primary prevention of HIV among population
- Implementation of early serology of TB and HIV
- Improve secondary prevention of HIV among vulnerable groups
- Expand low threshold services for vulnerable groups

6. Effective infection control system is established

- Development of methodological recommendations on prophylactic treatment of TB among HIV-infected
- Training seminars on infection control for medical personnel and TB patients
- Divide patient groups into infectious and non-infectious (sm+ and sm-); infectious MDR TB and non-infectious MDR TB in hospitals
- Build rooms with negative air pressure for patients with MDR TB
- Isolate XDR patients (hospice)
- Organising peer work training in TB+HIV related questions

7. Active involvement of society in stopping TB

- Training of peer educators, communication training
- Organise coordination councils/bodies for PHC and TB services
- Organise patient associations
- Organise partnership “Stop TB”