

Revised Logical Framework Matrix on the Barents TB Programme workshop 08-11.6.2010

Hierarchy of Objectives	Indicators	Sources of Verification	Assumptions
<p>Overall Objectives</p> <p>The economic burden on the society is decreased</p> <p>Improved demographic situation</p> <p>Reduced amount of preventable deaths</p> <p>The burden of TB/HIV reduced</p> <p>Tolerant relationship to people with TB and HIV+TB</p> <p>Spread of MDR /XDR TB stopped</p>	<p>Costs</p> <p>% of TB related deaths</p> <p>No of newly diagnosed TB cases</p> <p>No of co-infections</p> <p>Results of sociological surveys (TB patients, health personnel, public audience)</p> <p>Change of the no of newly diagnosed MDR/XDR cases</p>		
<p>PURPOSE</p> <p>Strengthening the fight against TB and TB+HIV in the Barents Region through Barents Cooperation</p>			

<p>Results (of the Working Areas/Components)</p> <ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 2. Decrease (change) of the no of new cases 4. Results of delay studies 7. Involvement of families in the projects 8. No of HIV+ covered by TB screening 		
<p>Activities / (Activity Areas)</p> <ol style="list-style-type: none"> 1.1. Further development of links between Russia and Scandinavian countries <ol style="list-style-type: none"> 1.1.1. Establishment of Barents TB Programme Steering Committee <ol style="list-style-type: none"> 1.1.1.1. Nominating members into the SC 1.1.1.2. Applying financing for coordination of the Programme 1.1.1.3. Organising meetings for the SC 1.1.2. Establishment of professional TB societies 			

1.2. Improving 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 exchange of information

1.3. Develop independent high level research

2.1. Increased access to medical services for vulnerable groups

2.1.1. Develop low threshold services (social, medical etc.) for 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

2.1.1. 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 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

<p>3.1. Improve implementation of the existing infection control plans</p> <p>3.2. Separate different patient groups according to their infectivity (sm+ and sm-)</p> <p>3.3. Isolate infectious TB patients</p> <p>3.3.1. Develop common standards for organisation of MDR TB treatment units</p> <p>3.3.2. Establish isolation units for infectious MDR TB</p> <p>3.3.3. Isolate XDR patients (hospice)</p> <p>3.3.4. Develop recommendations for TB/HIV co-infection patients treatment units</p> <p>3.4. Establish effective referral mechanism between different HIV and TB treatment delivery sites</p> <p>3.5. Create effective mechanisms for providing TB control services for HIV-infected</p> <p>3.6. Improve the infection control norms on the basis of experiences of Nordic countries</p> <p>4.1. Improve the existing diagnostic mechanisms</p> <p>4.1.1. Organize free-of-charge accessible medical examinations in case of suspicion of TB</p> <p>4.1.2. Introduce external quality control</p> <p>4.1.3. Centralize smear microscopy services</p> <p>4.2. Early (timely) diagnosis of MDR TB</p> <p>4.2.1. Increase the use of advanced rapid TB diagnostics techniques in Barents Region</p> <p>4.2.2. Implement rapid drug sensitivity testing of TB</p>			
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<p>4.2.3. Provide cost-effectivity analysis of new rapid diagnostic methods</p> <p>4.3. Inform people about important symptoms and the availability of medical services</p> <p>4.4. Improved access of vulnerable groups to diagnostic services</p> <p>4.4.1. Make use of the best Nordic models of working with risk groups in Barents Region</p> <p>4.4.2. Establish mobile centres for examining risk groups in coordination with social services</p> <p>4.4.3. Involvement of risk groups using peer & peer approach into diagnostics</p> <p>4.4.4. Expand low threshold services for vulnerable groups</p> <p>4.5. Creation of a uniform basis for molecular diagnostics in Barents region</p> <p>5.1. Improved adherence to TB treatment</p> <p>5.1.1. Joint training of health care workers in communication with patients and mass media</p> <p>5.1.2 Common training seminars for specialists in civilian sector and prison system</p> <p>5.1.3. Development of outpatient treatment and day care</p> <p>5.2. Improve drug management</p> <p>5.2.1. Training of personnel on treatment standards and filling applications for drugs</p> <p>5.2.2. Establishment of a mechanism for supplying drugs to Barents region (centralised supply)</p> <p>5.2.3. Adequate procurement and distribution of drugs</p> <p>5.2.4. Good management of adverse drug reactions</p>			
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| <p>5.3. Develop effective mechanisms for providing TB services for HIV-infected</p> <p>5.3.1. Develop measures to decrease the stigma connected with HIV and TB</p> <p>5.3.2. Implementation of early serology of TB and HIV</p> <p>5.4. Increase different out-patient treatment options</p> <p>5.5. Develop patient-oriented services</p> <p>5.6. Improve treatment measures of HIV +</p> <p>5.7. Improve of continuity of treatment after release from prison</p> <p>6.1. Training of medical personnel on accurate and timely diagnosis on TB, HIV and MDR-TB</p> <p>6.2. Training seminars on infection control for medical personnel and TB patients</p> <p>6.3. Organise peer work training in TB+HIV related questions</p> <p>6.4. Training of specialists on drug management</p> <p>6.5. Provide training on the role of the primary health care in successful treatment of TB patients</p> <p>6.6. Training seminars on management of patients with co-morbidities</p> <p>6.7. Training of primary health care specialists on good care of TB patients</p> | | | |
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<p>6.8. Ensure the adequate quality and quantity of human resources in both civilian and penitentiary TB care</p> <p>6.9. Improve the knowledge on TB in Norway, Sweden and Finland</p> <p>7.1. Improve involvement of the society</p> <p>7.1.1. Organize patient associations</p> <p>7.1.2. Involve patient representatives to coordination bodies</p> <p>7.1.3. Involve NGOs in Barents TB Programme activities</p> <p>7.1.4. Organize regional “Stop TB Partnership”</p> <p>7.2. Improve government commitment</p> <p>7.2.1. Provide credible information to authorities on Barents Region countries about the TB and TB/HIV situation</p> <p>7.2.2. Organize Inter-sectoral Coordination Councils for PHC and TB services</p> <p>8.1. Improve collaboration between health service institutions in civil and prison sectors, social services, narcological services and NGOs</p> <p>8.1.1. Develop an inter-sectoral agreement (penitentiary, civil and NGOs)</p> <p>8.2. Enhancement of social programmes</p> <p>8.3. Develop interactive mechanisms with migration services on treatment of migrants</p> <p>8.4. Provision of credible information for authorities on TB and HIV in order to enhance the interaction of the programmes on local level</p>			

