Achievements and Challenges of Improving TB Infection Control in European High Priority Countries

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Outline of presentation

- Overview of European High TB priority countries (HPCs)
- Challenges of TB infection control in HPCs
- What has been done so far?
- Next steps (points for discussion)
WHO European Region

18 high priority countries for TB

1. Armenia
2. Azerbaijan
3. Belarus
4. Bulgaria
5. Estonia
6. Georgia
7. Kazakhstan
8. Kyrgyzstan
9. Latvia
10. Lithuania
11. Moldova
12. Romania
14. Tajikistan
15. Turkey
16. Turkmenistan
17. Ukraine
18. Uzbekistan

25 EU countries
Background on HPCs

- **Economic reform, poverty pockets** and existence of **socially vulnerable groups** (homeless, unemployed, alcohol-dependent)

- **Health systems** under reform, leading to ineffective TB control (non-DOTS)

- Lowest treatment outcome and highest rate of **MDR/XDR-TB** in the world

- Link with **HIV epidemic** mainly through injecting drugs users
Challenges of TB infection control in HPCs

- **Health System-related:**
  - Vertical TB and HIV programmes, mainly hospital-oriented services (budget based on bed occupancy), poor throughcare
  - Old infrastructures (difficult to renovate)
  - Poor default prevention and retrieval
  - Lack of responsible/focal IC staff at some facilities
  - Lack of pre-service training of staff on modern IC measures
  - Possibility of self-treatment by patients (not in the Baltic states)
  - Misconcept of health care providers on transmission modes and prevention of M.TB, (emphasis on surface disinfection, “TB can be transmitted via utensils and plates”, seasonal chemoprophylaxis)
  - SES (national CDCs) providing inspectory visits with punitive measures rather than supportive supervision with poor orientation on control of airborne diseases
Challenges of TB infection control in HPCs (2)

- **Beyond health system**
  - From continental climate to very cold winters (-40 C) in most countries hindering use of natural ventilation
  - Perception of population of TB (stigma or TB a neglected disease of old times)
  - Insufficient financial resources to improve TB-IC
  - Highest incarceration rates (after US and China)
  - Migration (seasonal labour migrants, free movement within EU and NIS)
  - Importance of social determinants (alcoholism, homelessness, IDUs)
What has been done so far to improve TB-IC

- Wolfheze Taskforce on TB-IC developed draft guidelines on TB-IC in high MDR-TB setting 2004
- CDC the first partner embarking on a comprehensive approach to TB-IC in many countries of the region
  - TA visits
  - TB-IC Centre of Excellence in Vladimir, Russian Federation
- USAID the main donor to improve TB-IC in the region through TBCAP partners:
  - IFRC-KNCV project in Russia (seven territories of RF, IC risk assessments, training of staff and improving TB-IC managerial, administrative, environmental and respiratory protection), TB-IC RTC in the Far East of Russia
  - KNCV-WHO sub-regional TB-IC training and workshops in Tbilisi and Almaty 2009, draft TB-IC action plans developed by country participants
  - TB-IC E&E project: Follow-up country visits by TB-IC experts, Distance/Skype-e-mail contacts with IC focal staff at country level
What has been done so far to improve TB-IC

- **USAID** the main donor to improve TB-IC in the region through TBCAP partners:
  - Key staff trained across the region
  - TB-IC national situation analysis and TB-IC national action plans developed
  - Managerial and administrative measures are improved (e.g. ACSM, surveillance of TB among staff, separation of patients in the wards, separate entrance)
  - County TB-IC visits in close collaboration with national and international partners
  - Advanced training course on TB-IC by CDC-WHO-KNCV in Riga August 2009
  - A two year Mentorship programme to develop capacity of national staff to conduct TB-IC risk assessments (1-2 national staff assigned for IC accompanying and assisting IC experts)
What has been done so far to improve TB-IC

- **MSF, PIH, PATH, ICRC, IFRC, KNCV and other international partners**
  - Working on the ground with national programmes to improve TB-IC

- **GFATM grants addressing TB-IC**
  - Based on CCM requests, TA, procurement of TB-IC risk assessment tools, respirators and respiratory fit testings, UVGIs and HEPA filters of labs
  - MSF has logisticians who study most feasible solutions on the ground
Кабинет выдачи таблетированных препаратов

Работает ежедневно
8:00 - 16:00
Суббота 9:00 - 13:00

Прием больных МБТ- с 8:30 до 12:00
Прием больных МБТ+ с 12:30 до 15:00
Прием инвалидов- вне очереди
Next steps (suggested topics for discussion)

- Translation of WHO TB-IC guidelines to Russian
- Integrating TB-IC in overall national IC guidelines, norms and regulations
- Operational research to identify the most feasible minimum package of IC in HPCs
- Advocacy towards national and international donors to apply the latest available knowledge and expertise while embarking on health sector reforms, renovating/building facilities and updating their national guidelines
- Including the national CDC (SES), Medical and Nursing Universities in upgrading TB-IC knowledge and TB-IC risk assessments
Thank you for your attention