Foundation for
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Second All-Ukrainian Conference
on National Response to TB Epidemic:

"Ten Challenges of Tuberculosis and How to Address Them"

Kiev 2007

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Charity Foundation for Development of Ukraine
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November 13-14, 2007

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Today fight against tuberculosis is one of the key priorities of the state policy in the area of health care and social development. At the same time, there is a lack of a systemic approach and a uniform strategy for the epidemic response. In order to resolve the problem under the conditions of a chronic deficit of resources it is necessary to unite efforts of all stakeholders. This means that at this stage the authorities, the business and civil society organizations should work on the basis of social partnership principles.

Anatoly Zabolotny,
Director of the SCM Corporate Charity Foundation
for Development of Ukraine

Today tuberculosis is posing a serious threat to Ukraine and requires an increased responsibility and specific activities of the Government, Secretariat of the President of Ukraine, all power branches and the whole society.
Improvement of the social wellbeing of the population, training of medical personnel, an essential increase of funding for TB-related activities – these are the government priorities to overcome the TB epidemic, and the efforts to meet them are now under way in the country. Ukraine has adopted and enacted the Law 'On fighting tuberculosis disease', and the overcoming of this dangerous health condition is an integral part of the government policy and national security of the state.
Our goal is to strengthen response to TB at the national level and to more efficiently involve the civil society in the solution of TB-related issues. We will be able to overcome the TB epidemic in the country only by joint efforts and thus we will ensure the healthy future for Ukraine!

Olexander Orda
Deputy Minister of Health of Ukraine

Tuberculosis is the area of responsibility for the entire society. That is why non-governmental non-profit organizations are trying to take an active part in the provision of high quality social services to people, living with tuberculosis.

Natalia Pidlisna,
Chairman of the Board,
Coalition of HIV-servicing Organizations

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**Second National Conference on the national response to TB epidemic:
10 main TB challenges and ways to combat them**

CONFERENCE PROGRAM

13-14 November 1007
Kyiv, Rus hotel

Time	Session
13 November	
09:30 – 11.00	Participants registration
Round table and press-conference	
11:00 – 11:10	Opening of the Conference, welcoming the participants of the Conference
11:10 – 13:00	Open round table on 10 main TB challenges
13:00 – 14:00	Press-conference (separate event)
13:00 – 14:15	Lunch
Plenary sessions	
14:15 – 14:45	Regional efforts on controlling TB: progress and challenges for future.
14:45– 15:00	TB legislation on TB: current state and ways of its strengthening
15:00 - 15:15	Perspectives of reforming the TB sector.
15:15 - 15:30	TB in prisons.
15:30 - 15:45	Ukraine' s perspectives on controlling the epidemics: what needs to be done.
15:45-16:00	Experience of implementation the national program and DOTS in Kyrgystan.
16:00 - 16:30	Coffee break
16:30 – 16:45	MDR: challenges and perspectives.
16:45 - 17:00	Co-infection of HIV-TB.

17:00 – 17:15	Information and education campaign on TB. TB KAP survey results.
17:15 - 17:30	Perspectives of development of social services for high-risk groups; activity of NGOs.
17:30 - 17:45	Experience of development and implementation of effective TB strategies in Donetsk region.
17:45 - 18:00	Work of the National TB hotline – people's concerns.
18:00 - 18:15	Experience of development and implementation of effective TB strategies in Sevastopol.
18:05 – 18:30	Summing up of day1. Announcement of agenda of day 2.
19:00	Fourchette
14 November	
Working groups	
9:30 – 11:00	1. Social service for high-risk groups. 2. TB legislation. 3. Local programs on TB and coordination. 4. Referral and effective cooperation of TB health and social services, primary health-care services and social service-providers. 5. MDR TB.
11:00 – 11:30	Coffee break
11:30 – 13:00	1. Prevention and treatment of TB in prisons. 2. TB prevention programs at work-place. 3. HIV-associated TB. 4. Rights and responsibilities of patients with TB. 5. TB drugs – quality, challenges.
13:00 – 14:00	Lunch
14:00 – 15:30	Continuation of work in working groups
15:30 – 16:00	Coffee break
	Plenary session
16:00 – 17:30	Final session. Presentation of the Conference resolution. Summing up.
17:30	Participants departure

LIST OF TEN TB CHALLENGES

In order to ensure the broad public discussion of the most problematic issues related to the situation with TB epidemic response, the preliminary consultations were held with the specialists, TB doctors, members of local councils, experts from national and international organizations, representatives of civil society and academic institutions and patients. Participants included 50 people from different regions of Ukraine. Ten challenges that hinder the efficient national response to TB epidemic were identified on the basis of the preliminary consultation results. An open round table discussion was organized within the Conference to discuss these problematic areas and ten key TB challenges, with the participation of the members of the Verkhovna Rada of Ukraine, representatives of the Government, sectoral ministries and civil society. The round table discussion was to answer the question: "Which specific steps have been made and will be made to respond to each challenge". The conference participants had an opportunity to put questions to the officials. These 10 key challenges are equally important as they need to be urgently addressed in order to respond to the TB epidemic in Ukraine.

10 TB CHALLENGES

1. **Low public awareness of the TB problem and 'irresponsible' attitude towards people' own health and treatment.**

   - There is no system to inform the public about prevention, diagnostics and treatment of TB within the context of promotion of the healthy life styles.
   - Low level of sanitary culture of the population.

- Low public awareness of TB prevention and opportunities to undergo TB testing; lack of motivation to have regular testing.
- Negligent attitude of the patients to TB treatment.

2. Representatives of high risk groups for TB infection (homeless, drug users, former prisoners, refugees, migrants, national minorities) have a limited access to TB examination and treatment services.

- Discriminatory attitude towards people, living with TB.
- Imperfect system for identification of new TB and HIV associated TB cases among socially unprotected population groups.
- Insufficient prevention activities with risk groups.
- Lack of mechanisms to develop adherence to treatment due to behavioral peculiarities (substance dependence, homelessness, etc.).

3. Infrastructure of TB service does not meet the patients' needs.

- TB treatment facilities need to upgrade and renovate their equipment.
- Insufficient human resources of TB services and low salaries.
- Insufficient funding for research, organizational and methodological support to the TB response activities.
- Imperfect legislation and regulatory base to ensure response to TB spread in Ukraine.
- Insufficient funding of TB response sector from the state and local budgets.

4. Imperfect and non-transparent system for the planning of purchase of TB medicines and an imperfect procurement system.

- Quality of prescribed TB medicines.
- Imperfect system to ensure continuity of the patients' treatment to a full extent due to the lack of the systemic centralized supply of TB medicines during the year. Inefficient medicines supply system.
- Non-transparent conditions of tenders for the government procurement of medicines.

5. Problems with timely TB diagnostic.

- Weak capacities for the diagnostic of extrapulmonary TB.
- Lack of innovative (genetic) methods for early TB diagnostic.
- Microbiological TB diagnostic requires upgrading.
- General health care network is not fully involved in the TB diagnostic process.

6. Lack of social services and system for social support to TB patients, including representatives of high risk groups.

- Lack of comprehensive medical and social services.
- Lack of social support to people, living with TB, to motivate them for the observed TB treatment.
- Commercialization of the sanatorium and spa treatment.
- Lack of system for the rehabilitation of patients, who recovered from TB, as the means to prevent a possible recurrent disease.

7. HIV/AIDS epidemic in Ukraine

- Problems with treatment of patients with HIV/TB co-infection.
- Development of extrapulmonary TB forms in HIV positive patients.
- Lack of a clear system for the provision of TB related support to HIV positive children.
- Difficulty to identify TB in HIV positive patients and to identify HIV in TB patients.
- Poor collaboration between TB health care facilities, AIDS Prevention Centers and non-governmental organizations involved in TB and HIV response activities.

8. Spread of multidrug-resistant forms of TB

- Insufficient attention to the problem of multidrug-resistant TB.
- Problems with treatment of patients with multidrug-resistant TB.
- Insufficient number of beds at TB in-patient clinics (patients with multidrug-resistant TB are not located separately from others, as required by the sanitary norms).

9. TB at penitentiary facilities.

- Unsatisfactory conditions to provide care to TB patients at penitentiary facilities.
- Unresolved issue of treatment of TB patients, who are relieved from prisons.

10. Insufficient coordination of policy, programs, services and facilities at the national and regional levels.

- Insufficient coordination between different authorities, sectors, organizations and institutions at both policy formulation and service provision levels.
- Problems with the introduction of the national TB response strategy at the local level, and lack of adequate local programs.
- Insufficient involvement of civil society organizations in order to increase the efficiency of TB response activities in Ukraine.

CURRENT STATE OF TB EPIDEMIC RESPONSE: WHAT WAS DONE DURING LAST YEAR?

On February 8, 2007 the Verkhovna Rada of Ukraine approved the National Program to Respond to Tuberculosis Disease for 2007-2011. The Program covers key areas of the government policy of response to TB epidemic. However, the full scale introduction of the National Program requires responsible attitude, political commitment, joint efforts and coordination of activities of different sectors: central and local governments, academic and educational institutions, Ukrainian and international non-governmental organizations. A recently established National Council for Response to Tuberculosis and HIV/AIDS (created by the Resolution of the Cabinet of Ministers of Ukraine №926 as of July 11, 2007) and oblast councils on HIV/AIDS and TB shall play an important role in the coordination of these activities.

Development of the adequate local programs that take the regional specifics of the epidemic is needed for the efficient introduction of the governmental TB response strategy. Also it is important to apply the principles of multisectoral partnership in order to establish a clear system for the referral of TB patients between the health care facilities and social service providers.

In order to cover the financial needs to support the National Program to Respond to Tuberculosis Disease for 2007-2011, Ukraine has developed a proposal to the Global Fund to Fight AIDS, TB and Malaria for its Round 7 of funding, but the Ukraine's application was not supported. The project "Control over HIV/AIDS and Tuberculosis" funded through the World Bank loan was suspended, and still there is no clear decision whether the project activities are to be recommenced.

The current situation with TB epidemic in Ukraine and other countries of the European region presents a growing threat to the health of the general population. That is why Ukraine, in cooperation with other European countries, has supported the Berlin Declaration on TB Control in Europe and Central Asia, adopted on October 22, 2007 in Berlin at the ministerial forum "All Against TB".

The Government of Ukraine has undertook obligations to further introduce the Stop-TB strategy and DOTS strategy, as well as to ensure the appropriate political and financial support to the National Program, to involve all stakeholders, who provide health and social services, as well as patients and society as a whole, in the epidemic response activities.

RESOLUTION

Of the **Second All-Ukrainian Conference on National Response to TB Epidemic: "Ten Challenges of Tuberculosis and How to Address Them",** held in Kiev on November 13-14, 2007. Participants to the Conference included over 250 representatives of the Verkhovna Rada and Government of Ukraine, regional TB services, health care facilities, international and partner organizations, non-governmental organizations, researchers and experts.

In recent years TB epidemic response has been proclaimed as on of the key priorities of the government social policy. However, the state of the epidemic continues to deteriorate every year on the background of unfavorable social and economic situation and low living standards of the population. People, living with TB, are facing discriminatory and hostile attitudes. Why are we not able to overcome the TB epidemic despite all our efforts? What are the most acute TB challenges today, which require immediate response?

Having listened to the speakers at the round table discussion and plenary session, taking into account the conclusions based on the discussions held at the group sessions, the Conference participants consider that the following activities need to be undertaken to address ten key TB challenges:

1. Low public awareness of the TB problem and 'irresponsible' attitude towards people' own health and treatment.

- To develop and recommend for introduction and efficient government strategy of information and educational activities (including the creation and placement of public service announcements) at the national level on healthy life styles and TB prevention.
- To undertake measures to prevent negative social phenomena (alcohol abuse, tobacco smoking, drug use, etc.) among teenagers and young people as a part of strategy to develop healthy life styles, in particular, within the education system.
- To make changes in the national and regional policies (collective bargains) on the organization of prevention programs and work place information about the TB problem.

2. Representatives of high risk groups for TB infection (homeless, drug users, former prisoners, refugees, migrants, national minorities) have a limited access to TB examination and treatment services.

- To ensure access to substitution maintenance therapy for people, living with TB, who have substance dependence, through the introduction of respective programs at health care facilities.
- To expand the range of social services for TB infection risk groups.
- To promote the social mobilization of people, who recovered from TB, and people, who are most vulnerable to possible TB infection.
- To create and introduce an effective system to motivate people to undergo TB testing, start a timely treatment, as well as the system to develop treatment adherence of people, living with TB.

3. Infrastructure of TB service does not meet the patients' needs.

- To review the issue of renovation of the courses "Phthisiatry" and "Phthisiatry- Pulmonology" at the higher medical educational institutions.

- To ensure the implementation of infection control activities at the administrative, engineering and individual levels. To ensure the proper implementation of infection control activities at the facilities and institutions that provide services to people, living with TB.
- To make a decision on the disposal of medical waste products.
- To ensure financial support to scientific and research activities in TB area.
- To ensure regular funding for the National Program activities on the priority basis.
- To improve plans and curricula for the education and post-graduate education of TB physicians, and to create a single national education plan.
- To create the single national registry of people, living with TB, and to ensure a uniform programmatic support to run this registry.
- To initiate the increase of the State Budget expenditures on the implementation of the National Program activities.
- To undertake measures to maintain and further develop the pediatric TB sanatoriums.

4. Imperfect and non-transparent system for the planning of purchase of TB medicines and an imperfect procurement system.

- To advocate for the evaluation of the registration and procurement system, as well as of the quality of TB medicines, with the involvement of independent international experts.
- To develop the accelerated procedures for the registration of medicines that are supplied to Ukraine as a humanitarian aid.

- To encourage Ukrainian pharmaceutical producers to be included in the program of international pre-qualification of medicines.
- To limit the free sale of TB medicines at the pharmacies' network.

5. Problems with timely TB diagnostic.

- To make a decision on the creation of the National Reference Laboratory and the network of laboratories in accordance with the international standards.
- To ensure the training for general practice specialists on the identification of TB cases.
- To introduce the up-to-date methods of early TB diagnostics (to modernize equipment, to train and retrain the personnel, to ensure the regular targeted provision with resources, to develop legal acts and regulations, etc.).

6. Lack of social services and system for social support to TB patients, including representatives of high risk groups.

- To create conditions for the development of corporate citizenship of the businesses in order to expand the local resource-based funding for TB control programs.
- To develop and introduce the mechanisms for the ordering of TB related social services at the expense of the state and local budgets.
- To identify the list of medical and social minimal service packages and standards for the provision of support in response to TB spread.
- To develop and introduce the programs to provide social services aimed at the development of TB treatment adherence among the patients, and to ensure social support to the patients.
- Local self-governments should support the activities of non-governmental organizations that provide social services to people, living with TB, through the provision of premises rental the beneficial rates.

7. HIV/AIDS epidemic in Ukraine

- Oblast health care authorities should develop plans for coordination of activities of TB control services and AIDS Prevention Centers, and to approve a clear system for the referral of people living with TB and HIV infection between respective specialized facilities.
- To facilitate to the organization and appropriate funding of research, medical and educational programs on pediatric TB and HIV/TB co-infection in children in Ukraine.
- The Ministry of Health of Ukraine should provide the AIDS Prevention Centers with necessary equipment to diagnose HIV/TB co-infection.
- International and charity organizations should continue the practice of joint training of specialists for AIDS Prevention Centers and TB services on HIV/TB co-infection issues.
- To review a possibility for the creation of a single information space (registry) for HIV and TB patients, while ensuring the confidentiality of the patients' diagnosis.
- To ensure testing on TB for all patients with HIV infection, to provide counseling services and to create opportunities for HIV testing for all patients living with TB.

8. Spread of multidrug-resistant forms of TB

- To draw attention of the officials of all levels, as well as representatives of executive power bodies to the problem of multidrug-resistant TB (MDR-TB).
- To perform an operational research of the MDR-TB prevalence in Ukraine.

- To facilitate the creation of subregional reference-laboratories in order to ensure the performance of counseling and diagnostic (in complicated cases) work, the quality control of tests on susceptibility to the 1st line TB medicines.
- To develop standard provisions on the MDR-TB clinical ward.
- To ensure control over the medicines intake during the MDR-TB treatment course.
- To perform training on MDR-TB.
- To develop the application for the provision of Ukraine with the needed equipment for bacteriological laboratories and with the 2nd line TB medicines and submit it to the Global Fund to Fight AIDS, TB and Malaria (for the Round 8 of funding).
- To actively involve non-governmental organizations in the work with patients, including social follow-up, after a respective training and provision with individual protection means.
- To provide patients with MDR-TB with the 2nd line TB medicines for the whole treatment period.
- To develop national protocols and MDR-TB case management.

9. TB at penitentiary facilities.

- To recommend the Cabinet of Ministers of Ukraine to enter changes into the laws of Ukraine “On fighting TB disease”, “On pretrial incarceration” and into the Criminal and Procedural

Code of Ukraine with regards to the organization of treatment for people, living with TB, kept at the special militia facilities or at penitentiary facilities.
- In cooperation with the MoH of Ukraine, to work over the improvement of the legal and regulatory acts on the organization of health care to people, living with TB.
- To create an intersectoral working group at the MoH of Ukraine to develop the joint legal and regulatory acts on management and follow-up for the patients with active forms of TB.
- To introduce statistical reporting on a uniform basis with the MoH.

10. Insufficient coordination of policy, programs, services and facilities at the national and regional levels.

- To review the legal acts and regulations on TB in order to remove contradictions and to ensure intersectoral links.
- To recommend the oblast health authorities to develop a joint action plan for TB services and AIDS Prevention Centers for the provision of health care to HIV positive people and TB patients.
- To ensure an efficient coordination of activities of different organizations involved in the overcoming the impact of TB epidemic through the organization of an efficient work of the National Council for Response to TB and HIV/AIDS, and of the respective oblast councils.
- To ensure a quality planning of the local programs with the identified priorities and expected results. To ensure an external evaluation of the local programs at their development stage.
- To ensure the establishment and functioning of the system for monitoring and evaluation of the national and local programs, including the review of indicators of these programs.
- To advocate for the development and provision of an appropriate political and resource support to the local programs for TB epidemic response.
- To involve community organization in the development and implementation of the local programs, in particular, in the area of social service provision, and to ensure their respective funding from the local budgets.
- To ensure the review of the National Program to Respond to TB Disease for 2007-2011.
- To attract funds from the private sector, as well as other extrabudgetary funds.
- To facilitate to the development of intersectoral partnership through the conducting of the regular national and regional conferences on HIV/TB co-infection with the involvement of a broad range of participants.

The Conference participants, working in the small groups, have also recommended undertaking measures to resolve specific problematic issues that hinder the efficient response to TB epidemic in Ukraine:

1. To review the TB related legal and regulatory acts of the MoH of Ukraine and to make necessary changes. In particular, there is a need to:
- Enter changes in the Order №33 of the MoH of Ukraine as of 23.02.2000 on the human resource provision for the TB services, in particular on the introduction of the full time position of TB physician and half-time position of TB pediatrician (annex 52 “Temporary staff norms for medical personnel of the centers (units)”). To consider a possibility to add the position of infectious disease physician to the staff list of TB clinics.

- Develop the standard provisions on the equipment of bacteriological laboratories of different levels and to approve them by the order of the MoH of Ukraine.

- Review the estimated norms of working man-hours for the key types of laboratory tests for the laboratories of different levels and to make necessary changes in the laboratory staff lists. To enter changes to the Order №50 of the MoH of Ukraine on the equipment for the bacteriological laboratories.
- Make changes in the orders of the MoH of Ukraine on the subdivision of the patients of the 4th category into two subgroups (A – newly identified MDR-TB, and B – chronically ill with TB).

2. To consider introducing the programs to prevent professional 'burn-out' among health care workers.

3. To improve the level of provision of biochemical laboratories, to increase the number of personnel of TB facilities.

4. To discuss the increase of salaries for health care workers of TB health care facilities, employees of the chairs of research institutes and of All-Ukrainian TB Control Center. To increase the salary rates and harm bonuses, to provide insurance in accordance with the laws of Ukraine. To develop the scale of additional payments for the management of patients with bacillary TB form.

5. To create the single information base (national database) to resolve the following issues:

- to create a single registry for people living with HIV and TB, while ensuring the confidentiality of the patients' diagnosis;
- to create a computer database of patients on the level of clinics (with the possibility to exchange data with the national registry), and electronic systems for recording and forecasting of the need in medicines, registration of side effects and development of reports;
- to create a single national computerized system for monitoring and evaluation of epidemiological situation in Ukraine and the system for medicines procurement and supply management.

6. To create a Department on Medicines' Management at the Committee for Response to HIV and Other Socially Dangerous Diseases at the MoH of Ukraine with the involvement of civil society organizations.

7. To establish the system for registration of side effects and treatment failures at the Pharmacological Committee for TB Service. To conduct a round table with the experts from Pharmacological Committee and TB Service in order to determine the procedures for identification of side effects to combination chemotherapy. To conduct training for the TB Service specialists on the recording of side effects and treatment failures.

8. To recommend the use of wording "medicines' quality evaluation" instead of "low-quality medicines" for public statements.

9. To ensure the regular evaluation of Tuberculine quality (with the use of modern quality assess-

ment methods) in order to avoid side reactions to the injection of this medicine.

10. To establish the opportunity for a staff pediatric TB physician to provide counseling and training at AIDS Prevention Centers and to provide TB-related assistance to children, born to HIV positive mothers (to establish a half-time position of a pediatric TB physician to examine all children, born to HIV infected mothers, in accordance with the Order of the MoH of Ukraine №385).

11. To equip the pediatric TB center with the modern diagnostic equipment.

12. To review the expediency of making changes to the registration forms taking into account the needs of TB Service and AIDS Prevention Centers.

13. To undertake measures to strengthen the material and technical base of TB facilities through the 100% funding envisaged by the Resolution №10-90 of 2006.

14. To develop the state sanitary rules for the establishment, maintenance and operation of TB hospitals in the penitentiary system in accordance with the characteristics of the current TB epidemic (presence of drug-resistant TB and HIV/TB co-infection, etc.).

15. To introduce the position of coordinator of TB and HIV programs at the Oblast Public Administrations. To create positions of coordinators at the Oblast Coordinating Councils at the budget expense.

All Against Tuberculosis
WHO European Ministerial Forum
Berlin, 22 October 2007

THE BERLIN DECLARATION ON TUBERCULOSIS

1. We, the Ministers of Member States in the European Region of the World Health Organization (WHO), meeting with the WHO Regional Director for Europe and high-level partners at the WHO European Ministerial Forum on Tuberculosis, held in Berlin on 22 October 2007, **note with concern** that tuberculosis (TB) has re-emerged as an increasing threat to health security in the WHO European Region.

- In 2005, there were 445 000 new cases of TB and 66 000 TB-related deaths in the Region.
- There are high TB incidence rates within the Region.
- Even in countries with a relatively low burden, there has been a reversal of the previous decline.
- Throughout the Region, the presence of TB is often related to social and economic factors and migration.
- Poor adherence to accepted TB control practices has created high levels of man-made multidrug-resistant TB (MDR-TB) and extensively drug-resistant TB (XDR-TB).
- No new diagnostics, drugs or vaccines have been developed over the past several decades.
- Many countries in the Region face a shortage of competent and motivated human resources for TB control.
- In the Region, TB is the most prevalent cause of illness and mortality in people living with HIV/AIDS, and few countries address TB/HIV coinfection in a comprehensive manner.
- TB does not respect borders.

2. We **note** that, despite some achievements over the past decade, TB control and efforts towards elimination of the disease in the Region need to be improved.

- The Region has a high proportion of unfavourable treatment outcomes resulting from poor implementation of internationally accepted TB control strategies.
- The use of currently available quality-controlled diagnostics and appropriate evidence-based treatment strategies needs to be further strengthened.
- TB control in groups at high risk such as migrant populations, the homeless, prisoners and other socially vulnerable groups must be addressed.
- Focused action is needed to tackle MDR/XDR-TB and TB/HIV coinfection.
- Prevention, including infection control, is a factor of continued importance in TB control, especially among vulnerable groups.

- Timely collection, transmission, validation and analysis of quality TB surveillance data are essential for proper TB control and elimination interventions.

3. We **recognize** that:

- many countries have national plans for TB control;
- a plan has been adopted to stop TB in the high-priority countries of the WHO European Region over the period 2007–2015 and a European Union action plan on TB is currently being developed;
- Member States in the WHO European Region can contribute considerably in skills and finance to the development of new tools for TB diagnosis, treatment and vaccination;
- national and international funding and support for TB activities in the European Region have grown;
- the previous United Nations Secretary-General appointed Dr Jorge Sampaio, former President of Portugal, as his Special Envoy to Stop TB;
- the Stop TB Partnership for Europe and central Asia has been launched with substantial support from the Stop TB Partnership.

4. We **note with concern** the gaps to be bridged in order to fully implement the Stop TB Strategy for effective TB control and **agree** on the following priorities:

- universal access to the Stop TB Strategy should be promoted by strengthening the health sector and involving the full spectrum of health care providers, private and public, civilian and penitentiary, all of whom should follow the International Standards for Tuberculosis Care and promote the Patients' Charter;
- civil society and affected communities should be considered as essential partners in and integrated into TB control;
- the shortfall in funds, as identified in the Global Plan to Stop TB 2006–2015, should be met through increased, properly prioritized, sustained and targeted local, national and international funding;
- TB control should be given high priority within national development plans presented for external financing;
- better use should be made of currently available effective tools, and new diagnostics, drugs and vaccines should be developed through basic research and product development, including by public-private partnerships, private industry and national research institutes;
- TB should be integrated into HIV treatment and care programmes, as the two diseases together represent a deadly combination that is more destructive than either disease alone;
- special efforts should be made to ensure that highly vulnerable documented and undocumented migrant and other populations have access to adequate culture-sensitive services providing quality care for TB;
- greater partnership and coordination across the health, penitentiary and social services sectors should be promoted, as well as inter-country collaboration.

5. We therefore **commit ourselves** to responding urgently to the current situation.

(i) We will **strengthen**:

- political will;
- the public health and social services systems;
- commitment from the full range of care providers;
- human resource capacity that is adequate in both quality and quantity for effective TB care;
- the evidence base for TB policy and practices through enhanced TB surveillance and monitoring;
- collaboration between TB and HIV programmes;
- collaboration with the private sector;
- coordination at national and international levels;
- civil society involvement.

(ii) We will **adopt** the Stop TB Strategy in all its components, thereby:

- ensuring the expansion and enhancement of high-quality implementation of the directly observed treatment, short course (DOTS) approach;
- addressing MDR-TB, XDR-TB, HIV-related TB and other challenges, particularly in highrisk populations;
- integrating TB care delivery with general health services and reinforcing activities aimed at strengthening health systems;
- securing commitment from all care providers;
- empowering people with TB and their communities, and removing stigma;
- allowing and promoting research into and the development of new diagnostics, drugs and vaccines, as well as programme-based operational research.

(iii) We will **endeavour** to secure sustainable financing by:

- implementing the resolutions on TB prevention and control adopted by the World Health

  Assembly in 2005 and 2007;1
- in collaboration with the G8 countries, supporting the Global Plan to Stop TB 2006–2015;
- attracting funding from appropriate multilateral mechanisms at the global and European levels, such as the Global Fund to fight AIDS, Tuberculosis and Malaria, UNITAID, the Bill and Melinda Gates Foundation, and other intergovernmental and philanthropic organizations, as well as bilateral mechanisms.

(iv) We will **channel** such financing towards:

- ensuring the implementation of regional and national plans to stop TB, including the WHO plan to stop TB in the high-priority countries of the WHO European Region;

- addressing the funding gap between the total resources available and the resources needed to control TB, as well as accelerating the development of new diagnostics, drugs and vaccines, with the aim of achieving the 2015 target related to TB within the Millennium Development goals.

6. We commit ourselves to closely monitoring and evaluating the implementation of the actions outlined in this Declaration, and call upon the WHO Regional Office for Europe, in partnership with the European Union and other relevant regional institutions and organizations, to establish adequate fora and mechanisms, involving civil society, communities and the private sector, among others, to assess progress at regional level every second year, starting in 2009.

1 World Health Assembly resolutions WHA58.14 on sustainable financing for tuberculosis prevention and control and WHA60.19 on tuberculosis control: progress and long-term planning.

FACT SHEET ON TUBERCULOSIS IN UKRAINE

EPIDEMIOLOGICAL SITUATION (ACCORDING TO THE WHO DATA)

- Every year over 8 million people become TB infected globally, and around 2 million people die of TB. In 1993 the World Health Organization (WHO) announced TB a global problem. According to WHO, TB epidemic has been developing in Ukraine since 1995.

- Ukraine, with the population of 46.481 million people (by January 1, 2006) has 11% of all registered TB cases in the European Region.

- During recent 15 years TB incidence in Ukraine has more than doubled, from 32 people per 100,000 population in 1990, to 83.2 people per 100,000 population in 2006 (compared to 31 people per 100,000 population in Europe). Mortality rate has also grown – from 8.1 per 100,000 population in 1990, to 22.3 per 100,000 population in 2006 (preliminary data). In 2006 the number of registered cases of an active pulmonary TB was 30.4 per 100,000 population. More than two thirds of all TB cases have been registered among men aged 25 to 64 years.

- Key factors that contribute to TB spread in the country include unfavorable social and economic conditions; spread of HIV/AIDS, which results in the growing number of HIV/TB co-infections; and the large number of imprisoned people.

- Besides, Ukraine is now facing an acute problem with the multidrug-resistant TB. MDR-TB is developing in the absence of an adequate treatment, or due to a poor adherence to treatment regimens, and cannot be treated with regular methods with the use of the 1st line medicines.

- The most affected regions are Central, Southern and Eastern regions of Ukraine.

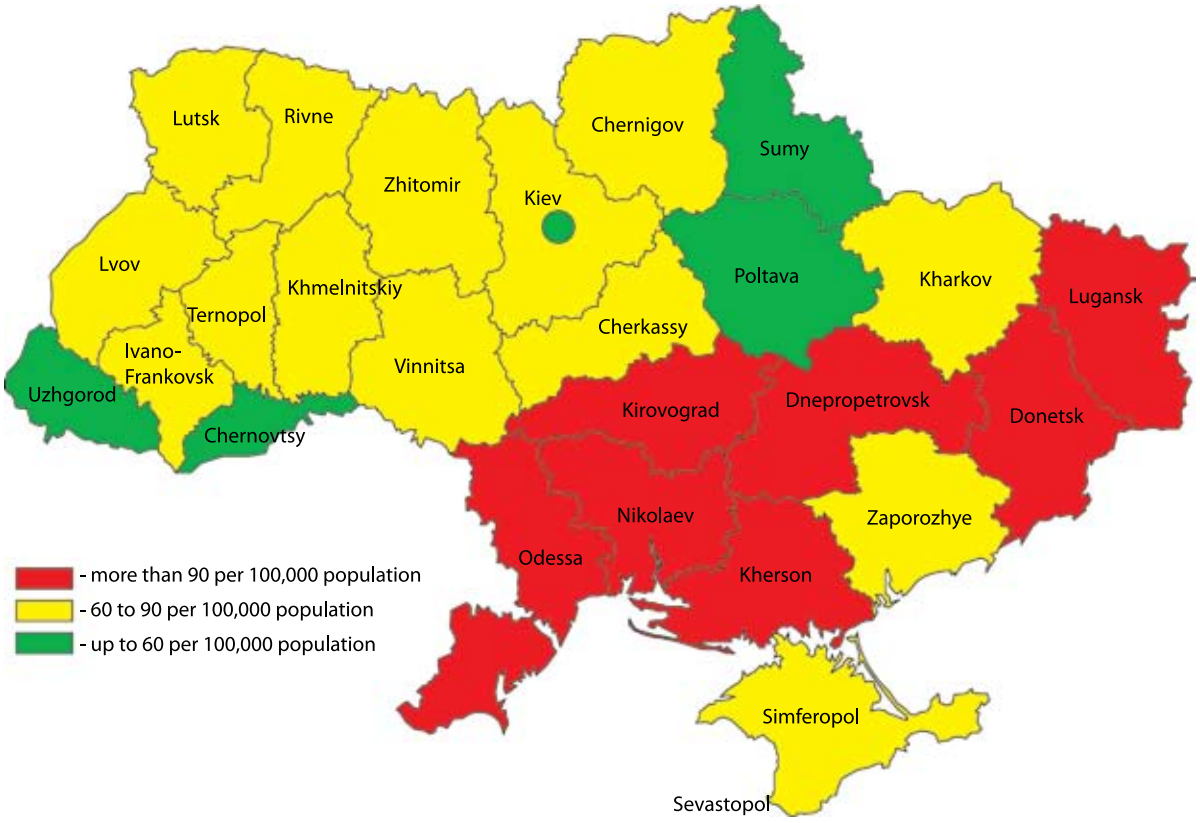
- On January 1, 2006 Ukraine started to introduce DOTS as one the Stop-TB components.

CHARACTERISTICS OF TB EPIDEMIOLOGICAL SITUATION IN UKRAINE IN 1996-2006 (ACCORDING TO THE DATA FROM ANALYTICAL AND STATISTICAL REFERENCE BOOK OF THE MOH OF UKRAINE)

- By the end of 2006 the total number of patients under the observation of the TB facilities was 515,000 people, including 99,000 people living with active TB forms.

- The highest incidence of all TB forms was registered in the South-Eastern region of Ukraine: in Kherson oblast – 155.7 per 100,000 population; Kirovograd oblast – 113.9 per 100,000 population; Lugansk oblast – 111.7 per 100,000 population; Mykolayiv – 106.2 per 100,000 population; Donetsk oblast – 99.4 and Odessa – 94.6 per 100,000 population; i.e., in the oblasts that have powerful TB treatment facilities at the penitentiary institutions. The level of incidence in these oblasts increase by 3.1-2.8 times in 11 years.

Incidence of all forms of active TB in Ukraine in 2006 (per 100,000 population)



- The highest rate of growth of TB incidence, taking into account the number of newly identified TB patients at the penitentiary institutions, was registered in Donetsk oblast – 11.8% (539 people) of all new TB infection cases; in Lugansk oblast – 11.0% (295 people); Kharkiv oblast – 9.3% (220 people), Zaporizhja oblast – 9.1% (152 people) and Dnipropetrovsk oblast – 4.9% (168 people).

- Among those newly infected with TB, 14.4% are industrial workers, 1.8% - agricultural workers, 3.9% - public servants, and almost half of them (1.8%) are health care workers (700 people); 4.3% - pupils and students. 49.3% of all patients are able-bodied people, who do not work; 12.2% - pensioners, 1.7% - people, who were released from prisons, 1.7% - people without permanent place of residence. In general, socially unprotected population groups comprise around 64%.

- Prevalence of active forms of TB has increased in Ukraine by 5.9%, or from 200.5 to 212.3 per 100,000 population in 1996 and 2006, correspondingly.

- One of the key measurements that characterizes TB epidemic situation is the mortality rate.

According to the State Statistical Committee of Ukraine, it was annually growing from 1996 to 2006, starting from 16.1 to 22.2 per 100,000 population. During 2 years there was some stabilization of this indicator, and in 2002 it decreased to 20.5 cases per 100,000 population, or by 9.3%. In 2003-2005 this indicator increased again, correspondingly by 6.3% and 14.6% (from 21.8 to 25.3), and in 2006 it decreased by 12.6% (22.1 cases per 100,000 population).

- In 2006 the highest TB related mortality rates were reported in Kherson oblast – 33.6 per 100,000 population; Donetsk oblast – 31.5, Odessa oblast – 29.3, Lugansk oblast – 29.2 and Volyn oblast – 28.7 per 100,000 population.

- The percentage of TB patients, who clinically recovered, increased by 2.4 times in 1996-2006 (correspondingly, from 13.7% in 1996, to 33.2% in 2006).

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