



**МИНИСТЕРСТВО
ЗДРАВООХРАНЕНИЯ
РОССИЙСКОЙ ФЕДЕРАЦИИ**



**Research Institute of Phthisiopulmonology of the
First Moscow State Medical University**

Overview of the TB situation in the RF

The role of advanced organizational technologies in addressing the problem of TB

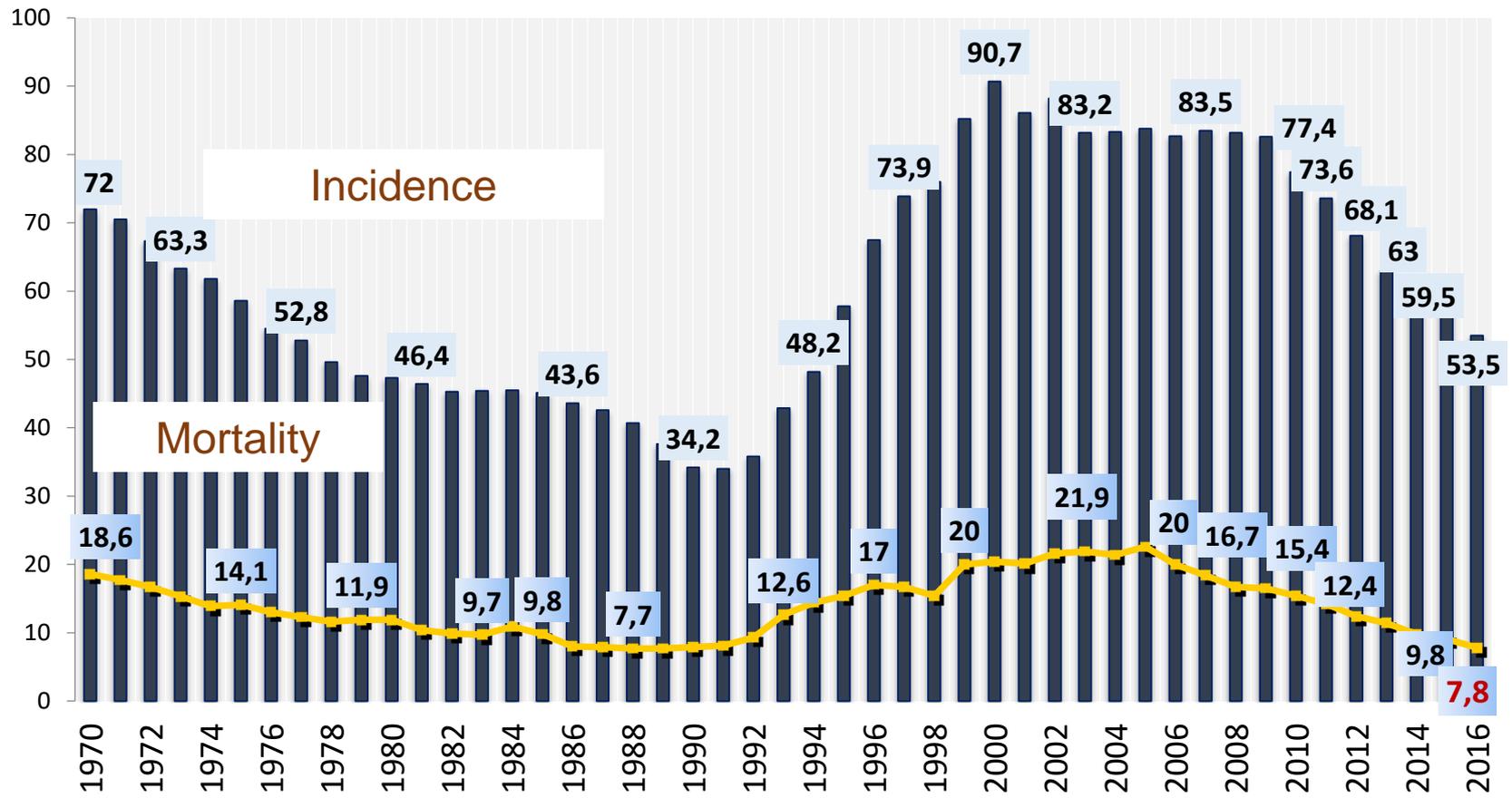
Prof. Irina Vasilyeva

**First Moscow State Medical University
Chief TB Expert of the Russian Ministry of Health**

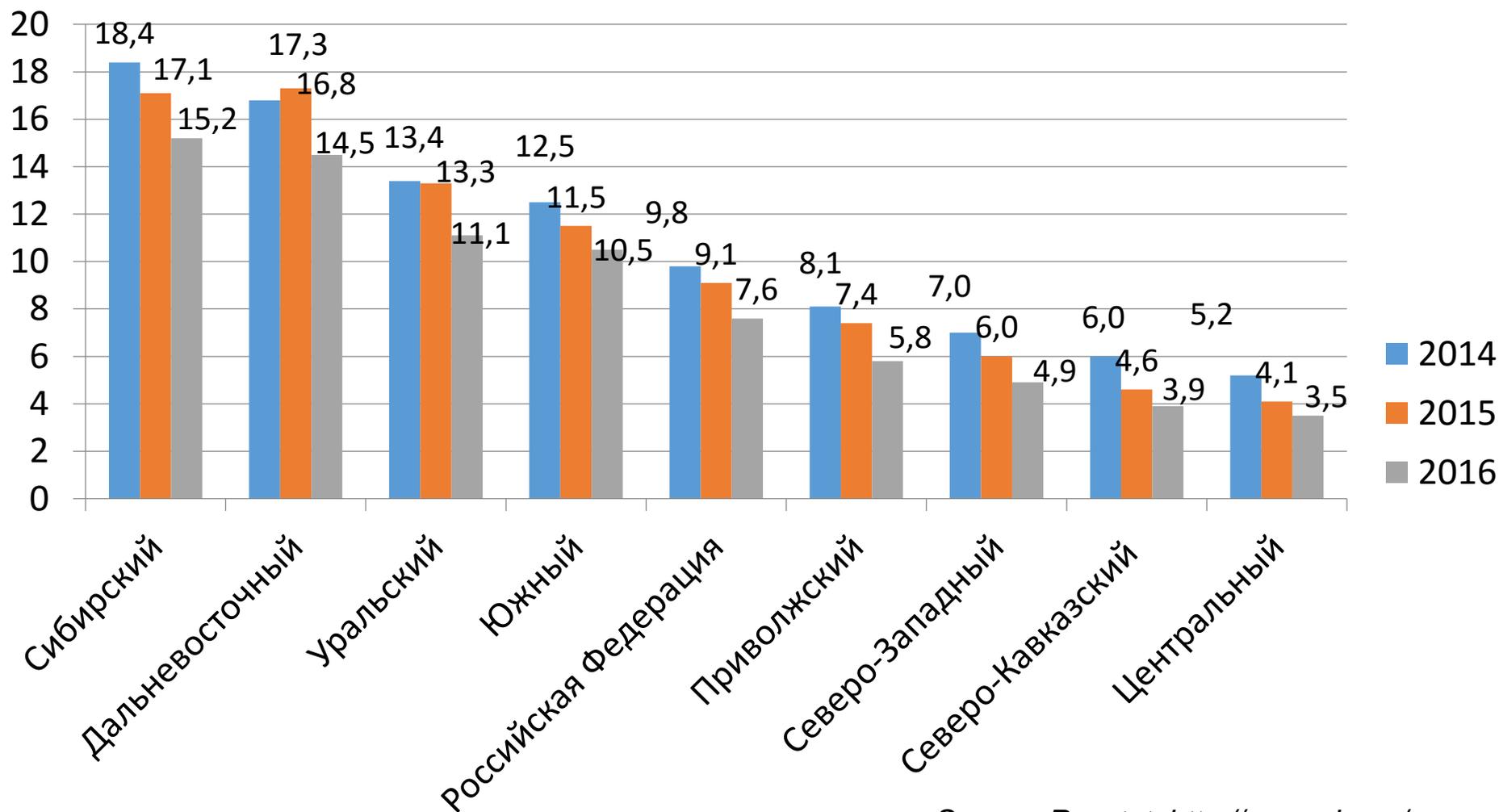
June 28, 2017

Outpatient Care Delivery in the Russian Federation

TB incidence and mortality in the Russian Federation per 100 000 population , 1970 – 2016

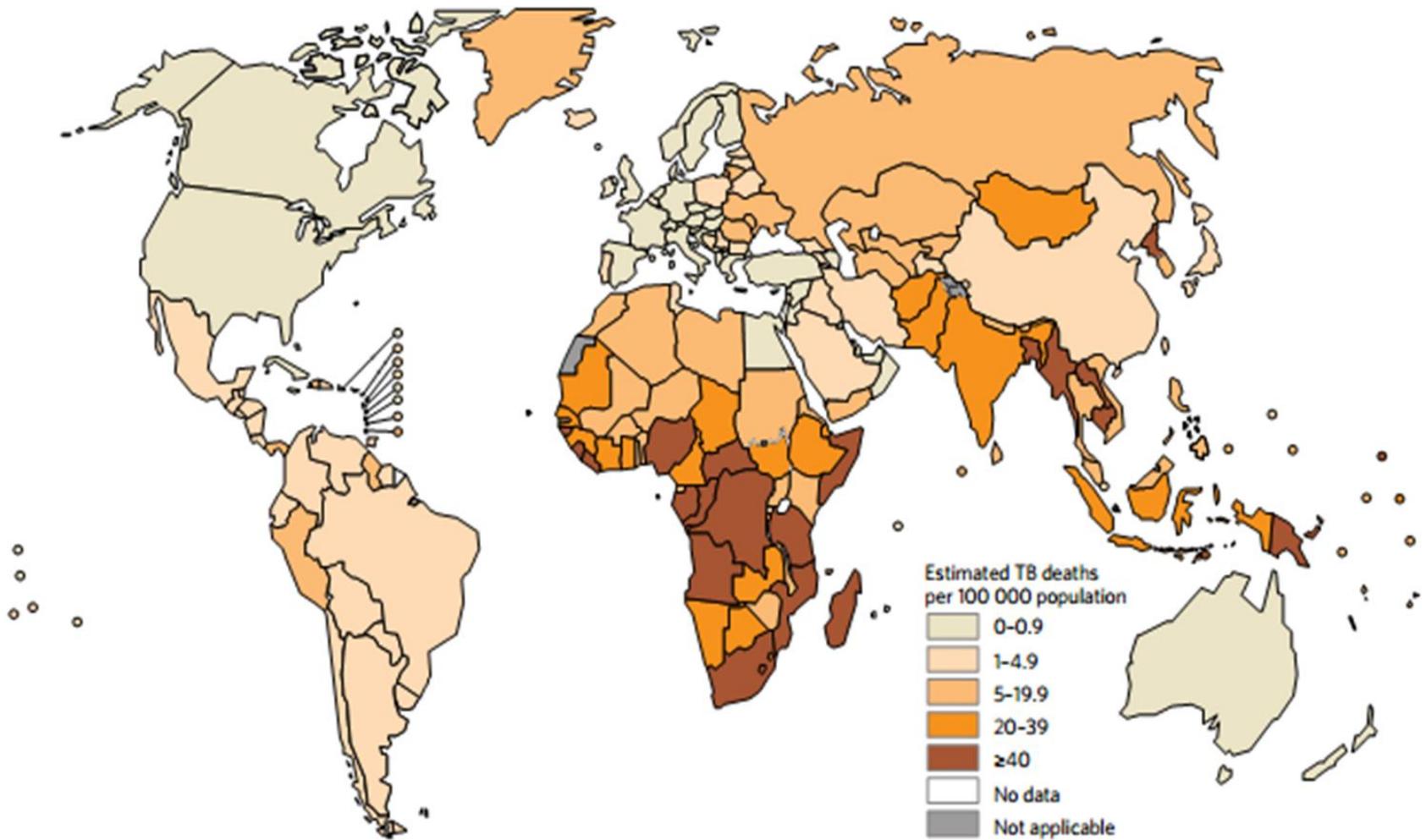


TB mortality in the Federal Regions of the Russian Federation 2014 - 2016



Source: Rosstat: <http://www.gks.ru/>

TB mortality, 2015



Main challenges for the global TB control

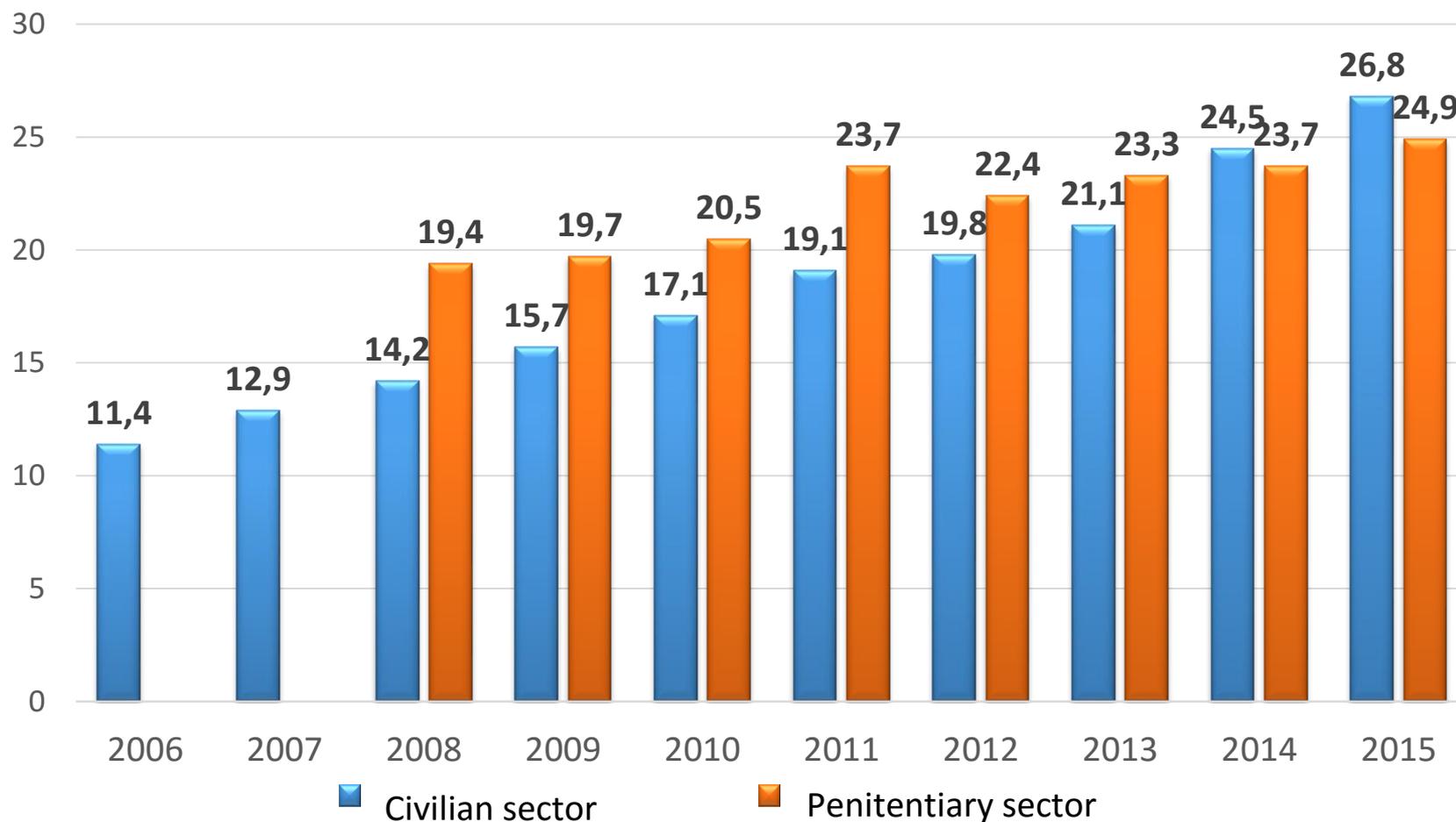
MDR/XDR-TB

- MDR/XDR-TB - **480 000** people among them:
new cases– 3.5% (**24.5% in the RF**)
previously treated – 20.5%
(**49% in the RF**)
- Countries with the highest burden of **MDR-TB**:
India, China and **the Russian Federation**

TB/HIV

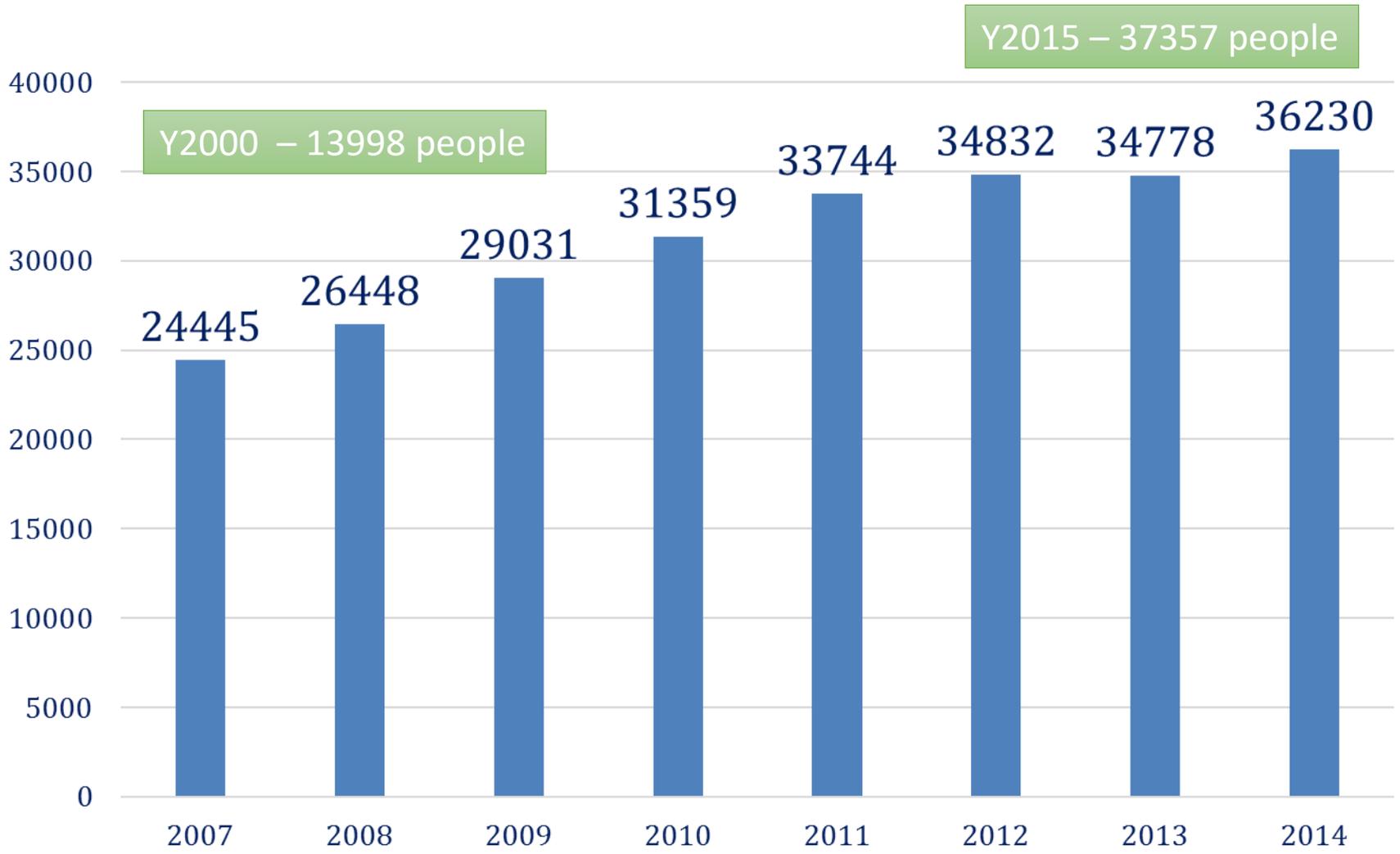
- **1.2 mln** (12.5%) of TB cases and **400 000** (26.5%) of those who died in 2014 were HIV-positive
- Countries with the highest burden of **TB/HIV**:
South Africa, Nigeria and India

Proportion of new pulmonary TB cases with MDR in the Russian Federation, 2006-2015

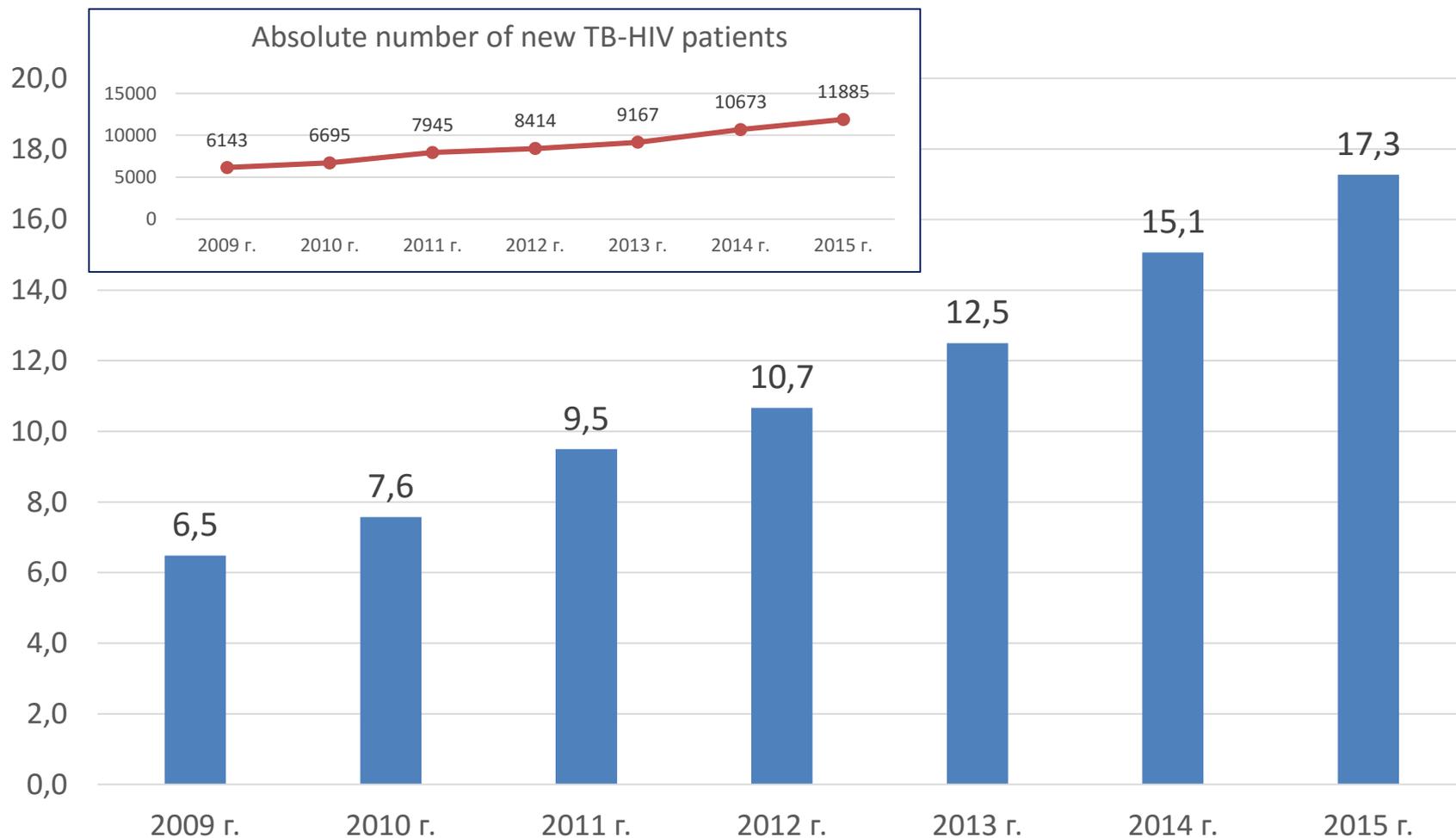


Source: Form 7-TB

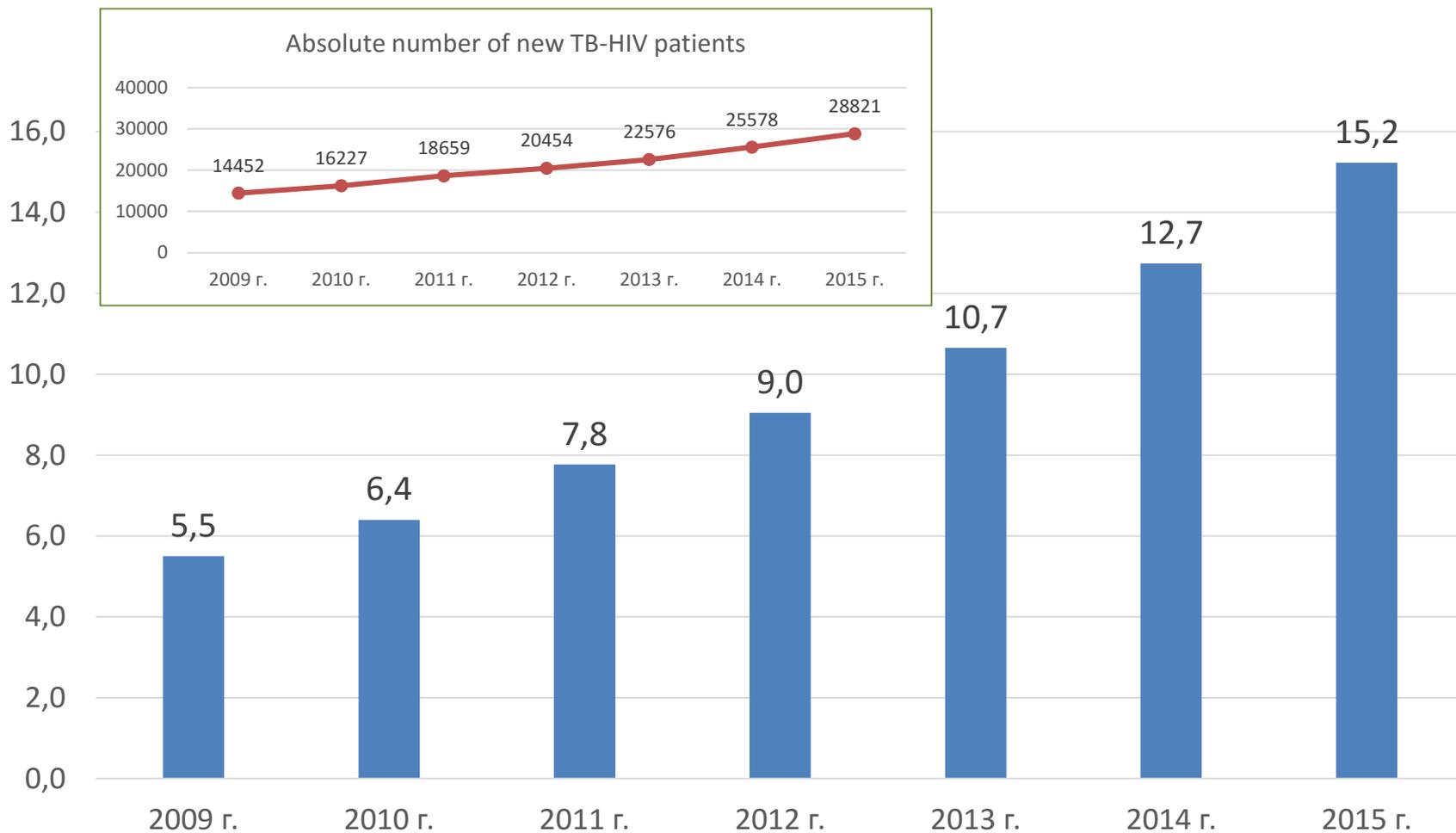
Number of MDR-TB patients in the Russian Federation in 2000-2015



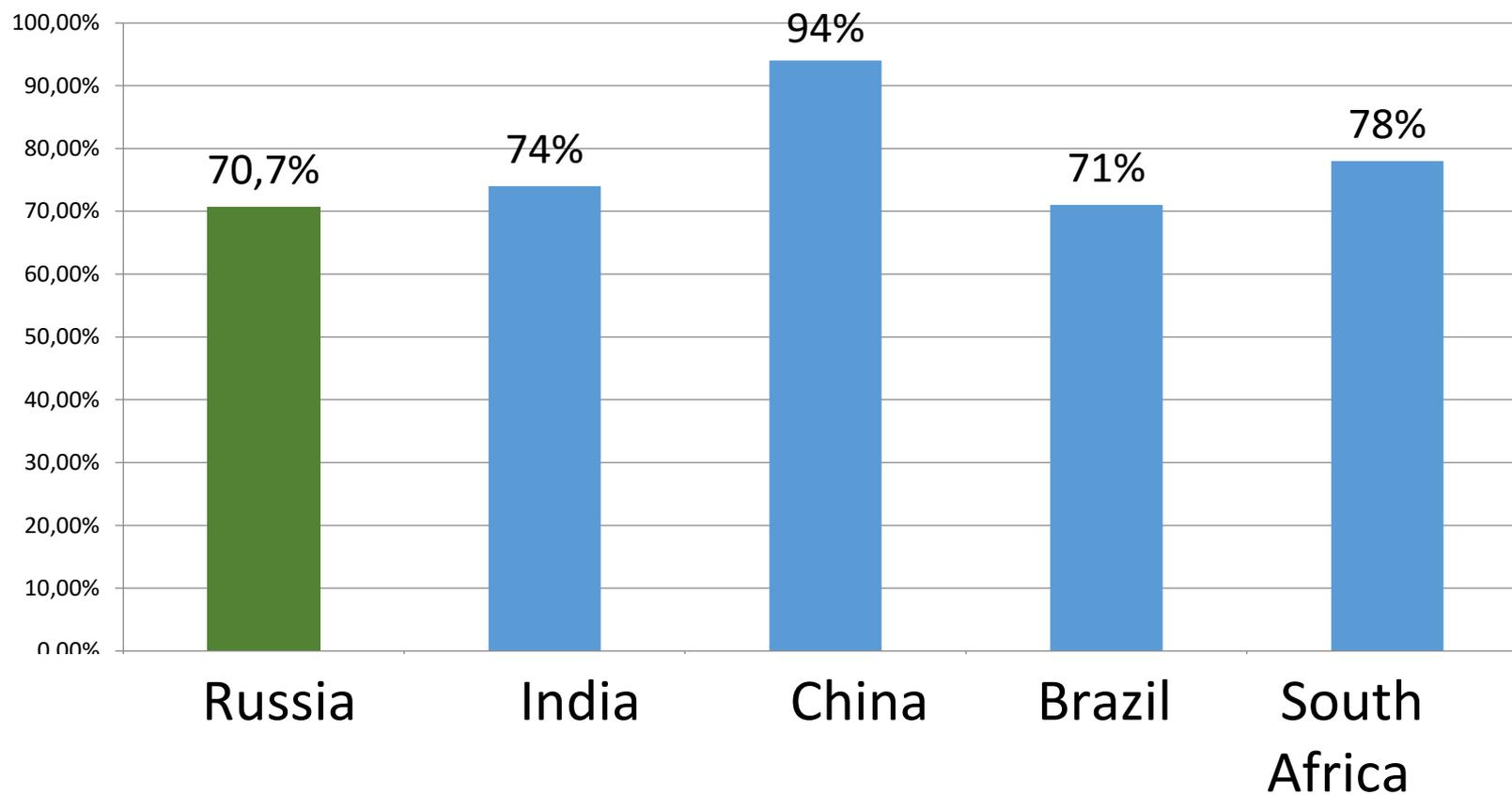
Proportion of patients with **TB-HIV** co-infection among **new cases** in the Russian Federation in 2009-2015



Proportion of patients with **TB-HIV** co-infection among follow-up TB patients in 2009-2015

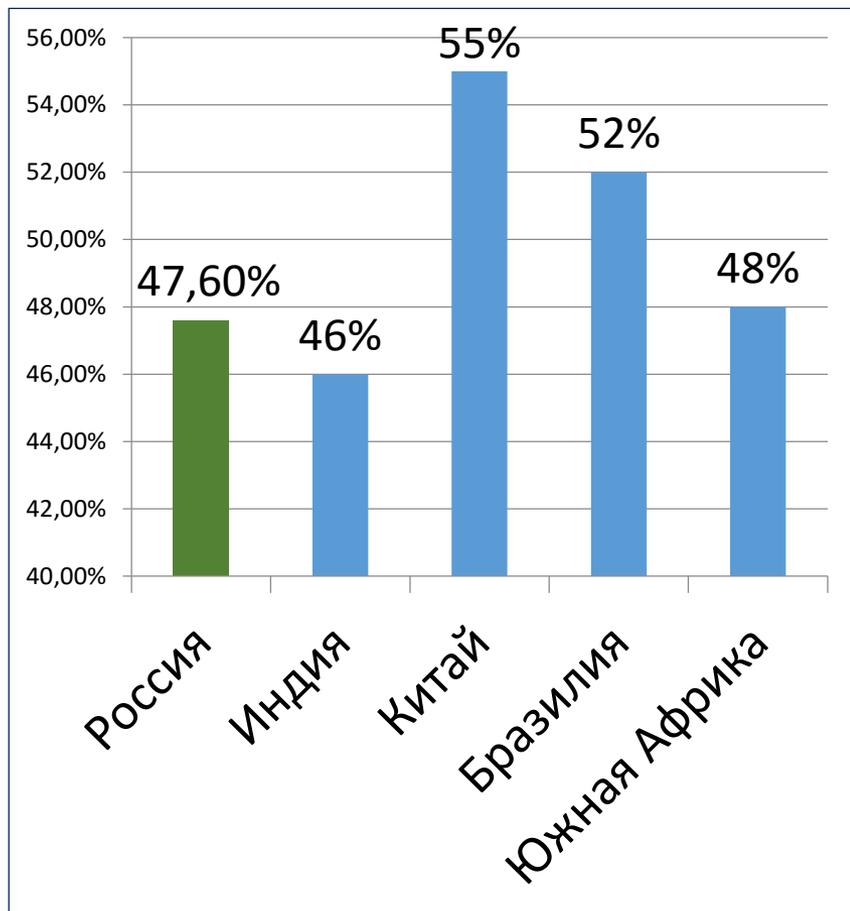


Treatment success in new TB cases and relapses in 2015 in BRICS

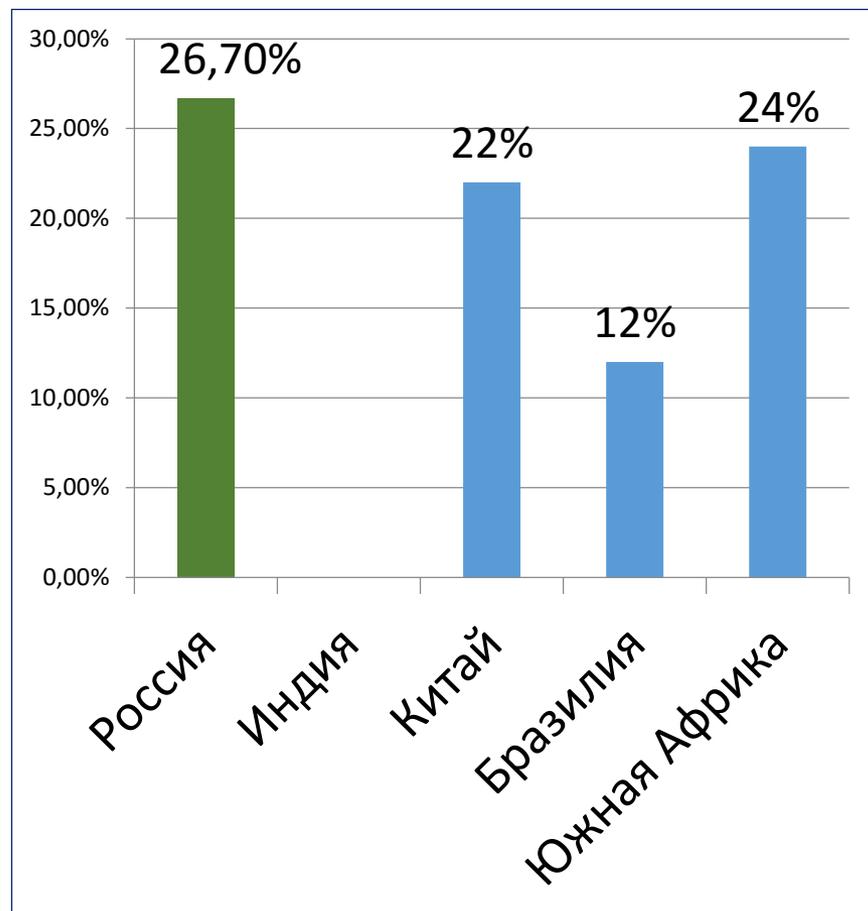


Treatment success in MDR-TB and XDR-TB in BRICS (2015)

MDR-TB



XDR-TB



Effectiveness of treatment with new treatment regimens in MDR/XDR-TB patients evaluated by sputum conversion (M-, C-)

Treatment regimen:

6 Lfx 1,0
Then Mfx

Bq

Km / Am / Cm

Z

Cs / Trd

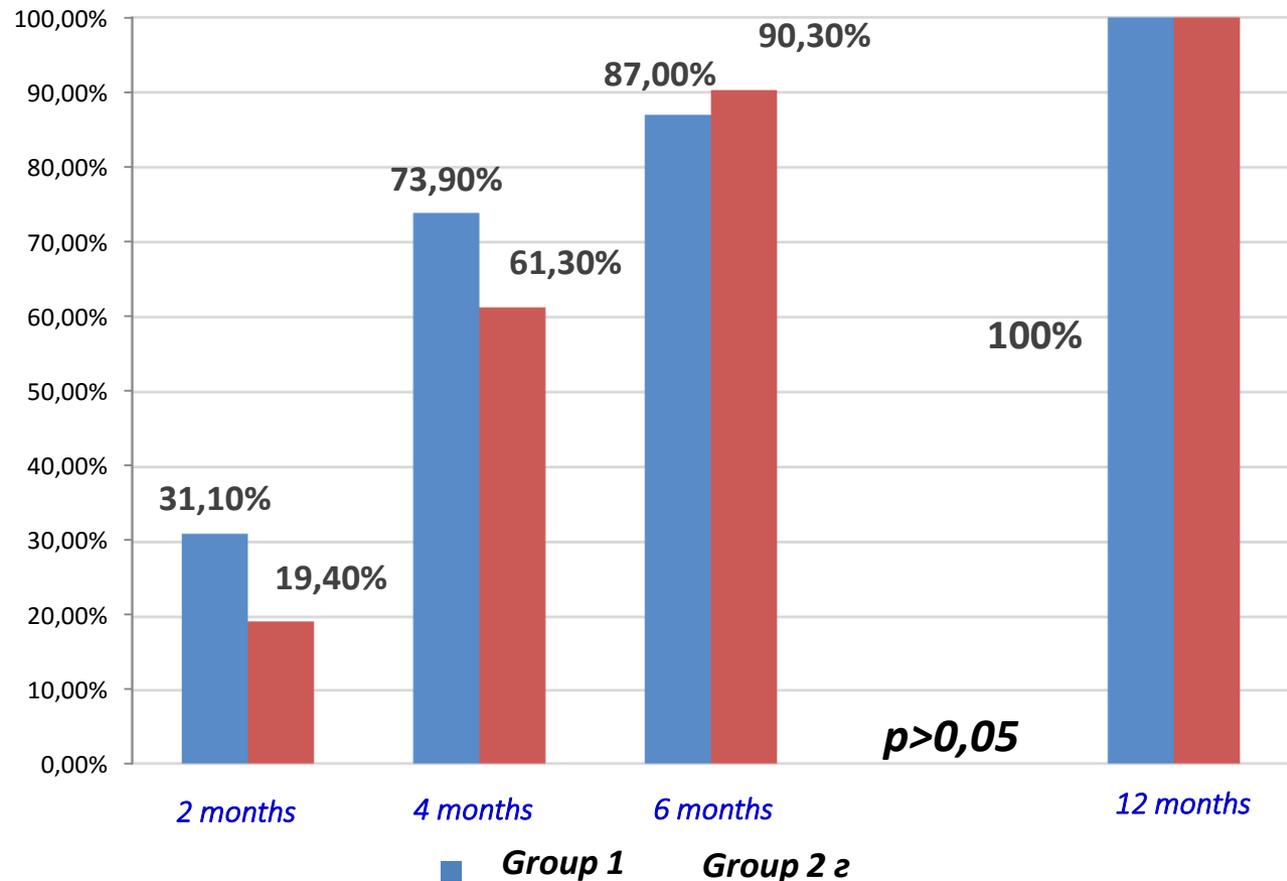
Pto / PAS

Lzd

With resistance to Fq

Group 1– MDR-TB patients susceptible to Fq

Group 2– pre-XDR-TB and XDR-TB with resistance to Fq



Reasons of treatment insufficiency

- Prevalence MDR/XDT-TB
- Prevalence TB/HIV
- Late diagnostics of drug resistance
- Insufficient infection control
- ***Failure to comply with treatment***

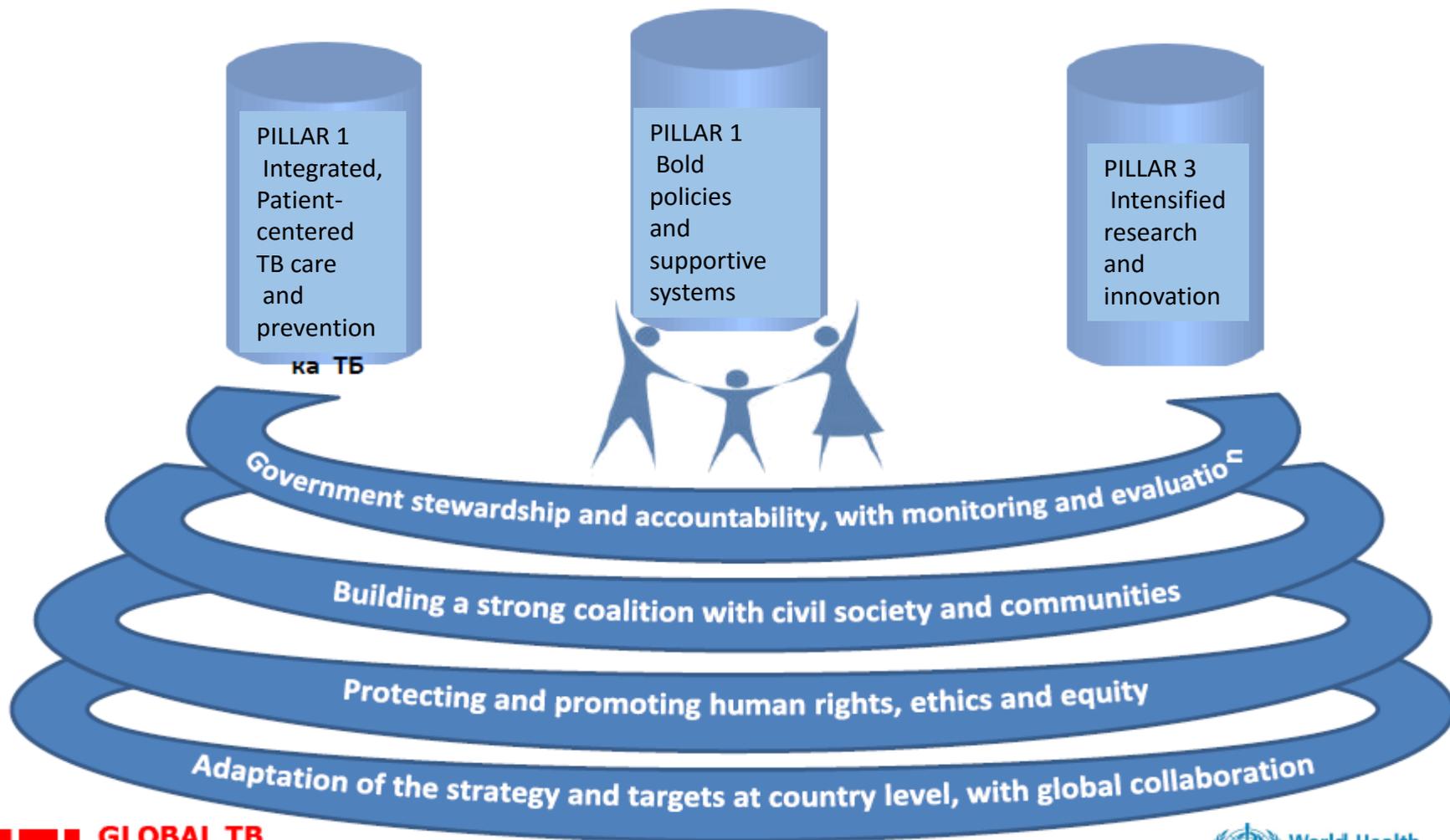
67th session of the World Health Assembly



Global strategy and targets for tuberculosis prevention, care and control after 2015

| | |
|------------------------|---|
| Vision | A world free of tuberculosis zero deaths, disease and suffering due to tuberculosis |
| Goal | End the global tuberculosis epidemic |
| Targets by 2025 | <ul style="list-style-type: none">• Reduction in number of TB deaths by 75% (compared with 2015)• Reduction in TB incidence rate by 50% (compared with 2015) (less than 55 per 100000 population)• No families broke due to TB |
| Targets by 2035 | <ul style="list-style-type: none">• Reduction in number of TB deaths 9% (compared with 2015) (less than 10 per 100000 population)• No TB-affected families facing catastrophic costs due to TB |

The END TB Strategy: 3 pillars, 4 principles



Patient- centered approach to TB detection, prevention and treatment

Prevention in risk groups

Early TB detection

Early diagnostics
of MDR-TB

Effective treatment

Treatment adherence

TB-HIV control measures

Social groups with TB

- **Homeless**
- **Refugees**
- **Migrants from the regions with high TB incidence**
- **Population of the penitentiary sector**
- **PLWH**
- **PIN and chronic alcoholics**



Amount to about
42%
among notified TB
cases

Improvement of activities aimed at increased TB treatment adherence

Activities:

Development of the target programs for the social and psychological support of TB patients aimed at improved adherence to TB treatment

Development of the outpatient care system for treatment of TB patients

Premature discontinuation of treatment

New cases and relapses
(cohort of 2013) – **7%**



5%

Premature discontinuation of treatment

MDR-TB (cohort of
2012)–**13.1%**



10%

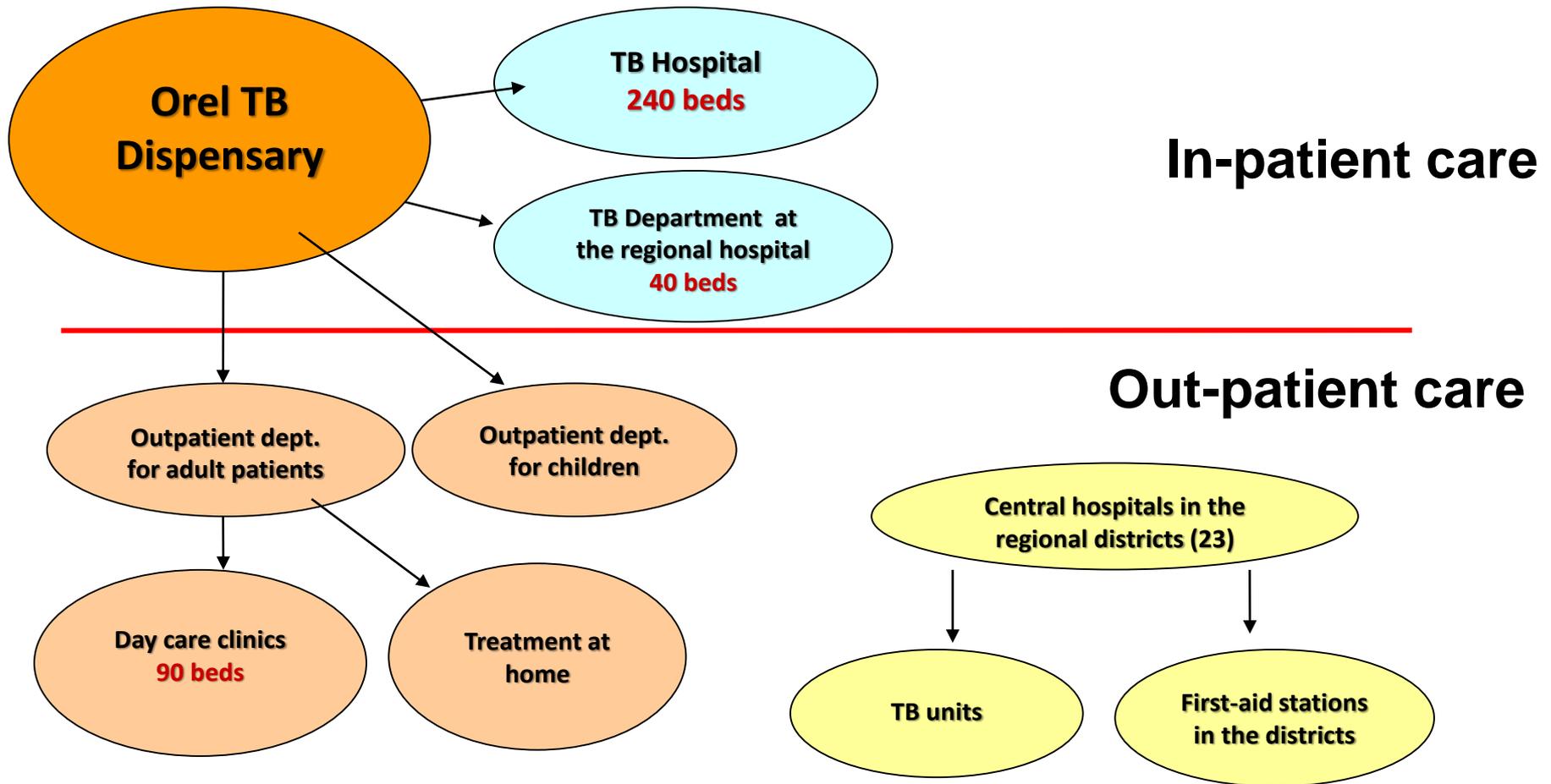
List of RF regions with established system of social support of TB patients provided at the expense of the regional programs (based on the FRIHOI data, 2015)

- | | | | |
|-----|----------------------------|-----|-----------------------------------|
| 1. | Belgorod region | 26. | Republic of Udmurtiya |
| 2. | Bryansk region | 27. | Permsky krai |
| 3. | Vladimir region | 28. | Kirov region |
| 4. | Voronezh region | 29. | Nizhniy Novgorod region |
| 5. | Ivanovo region | 30. | Orenburg region |
| 6. | Kostroma region | 31. | Kurgan region |
| 7. | Moscow region | 32. | Sverdlovsk region |
| 8. | Orel region | 33. | Tumen region |
| 9. | Ryazan region | 34. | Yamalo-Nenets Autonomous District |
| 10. | Yaroslavl region | 35. | Republic of Sakha (Yakutia) |
| 11. | Moscow city | 36. | Republic of Buryatia |
| 12. | Republic of Karelia | 37. | Republic of Tyva |
| 13. | Arkhangelsk region | 38. | Republic of Khakasiya |
| 14. | the Nenets Autonomous Area | 39. | Altai krai |
| 15. | Murmansk region | 40. | Trans-Baikal Krai |
| 16. | Novgorod region | 41. | Irkutsk region |
| 17. | St-Petersburg | 42. | Kemerovo region |
| 18. | Krasnodarsky krai | 43. | Novosibirsk region |
| 19. | Astrakhan region | 44. | Omsk region |
| 20. | Rostov region | 45. | Tomsk region |
| 21. | Republic of Dagestan | 46. | Kamchatsky krai |
| 22. | Republic of Ingushetia | 47. | Magadan region |
| 23. | Stavropolsky krai | 48. | Sakhalin region |
| 24. | Republic of Bashkortostan | 49. | Jewish Autonomous region |
| 25. | Republic of Mari El | 50. | Republic of Crimea |

Home-based TB care in the Orel region



Organization of TB Care in the Orel region



Patients on Home-Based Ambulatory TB Treatment

- Patients with limited mobility
- Concomitant diseases which limit patients' mobility
- Socially vulnerable patients with low motivation for treatment
- Patients who refuse to visit medical facilities for drug administration
- Alcohol addicted patients

Organization of Home-Based TB Treatment

- The mobile team of medical workers delivers TB drugs to patients' homes
- The mobile team consists of a nurse and driver
- A physician visits patients once a week or as needed
- For a regular medical examination patients are being brought to TB Dispensary

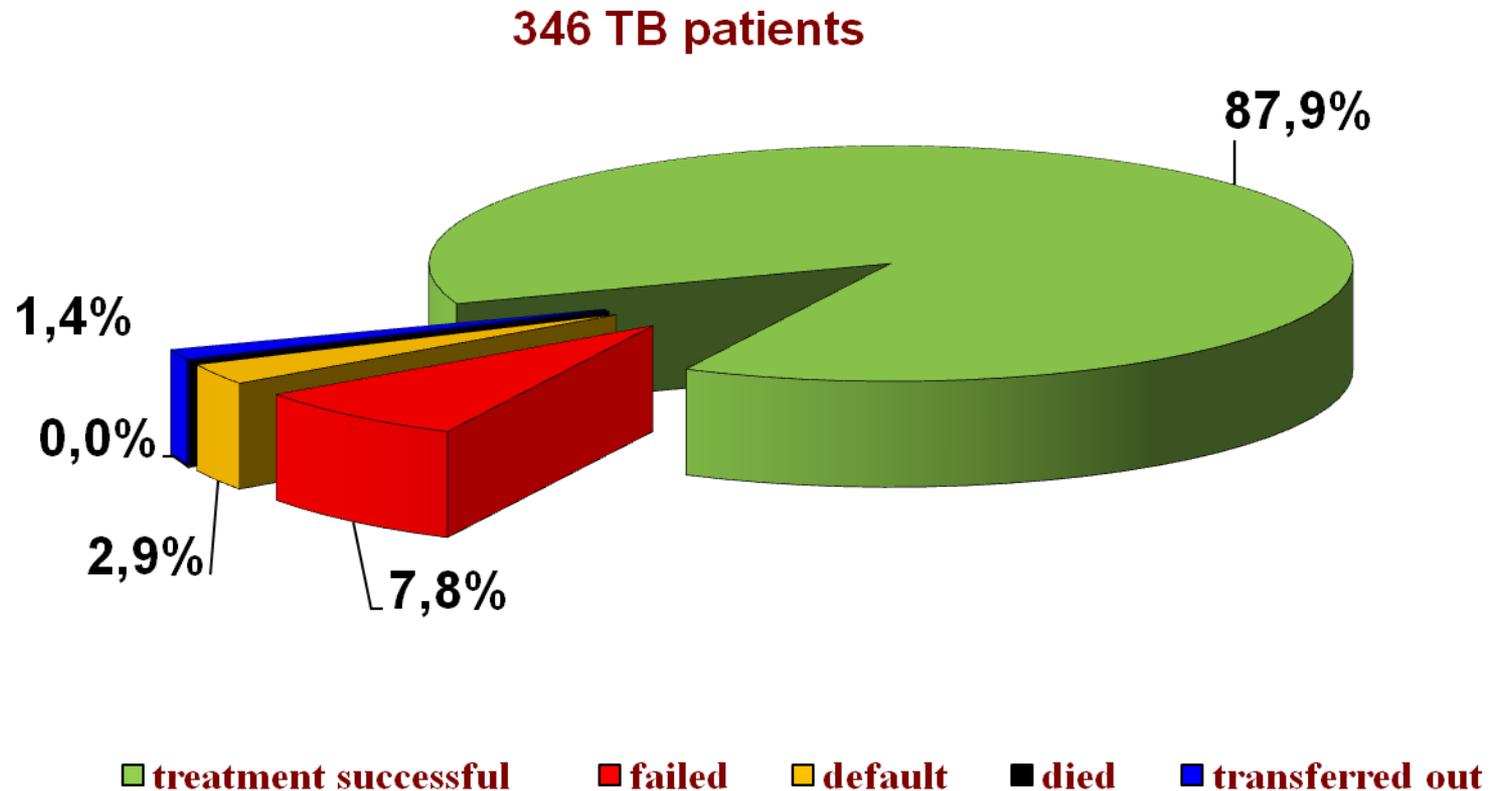
Social Support of TB Patients



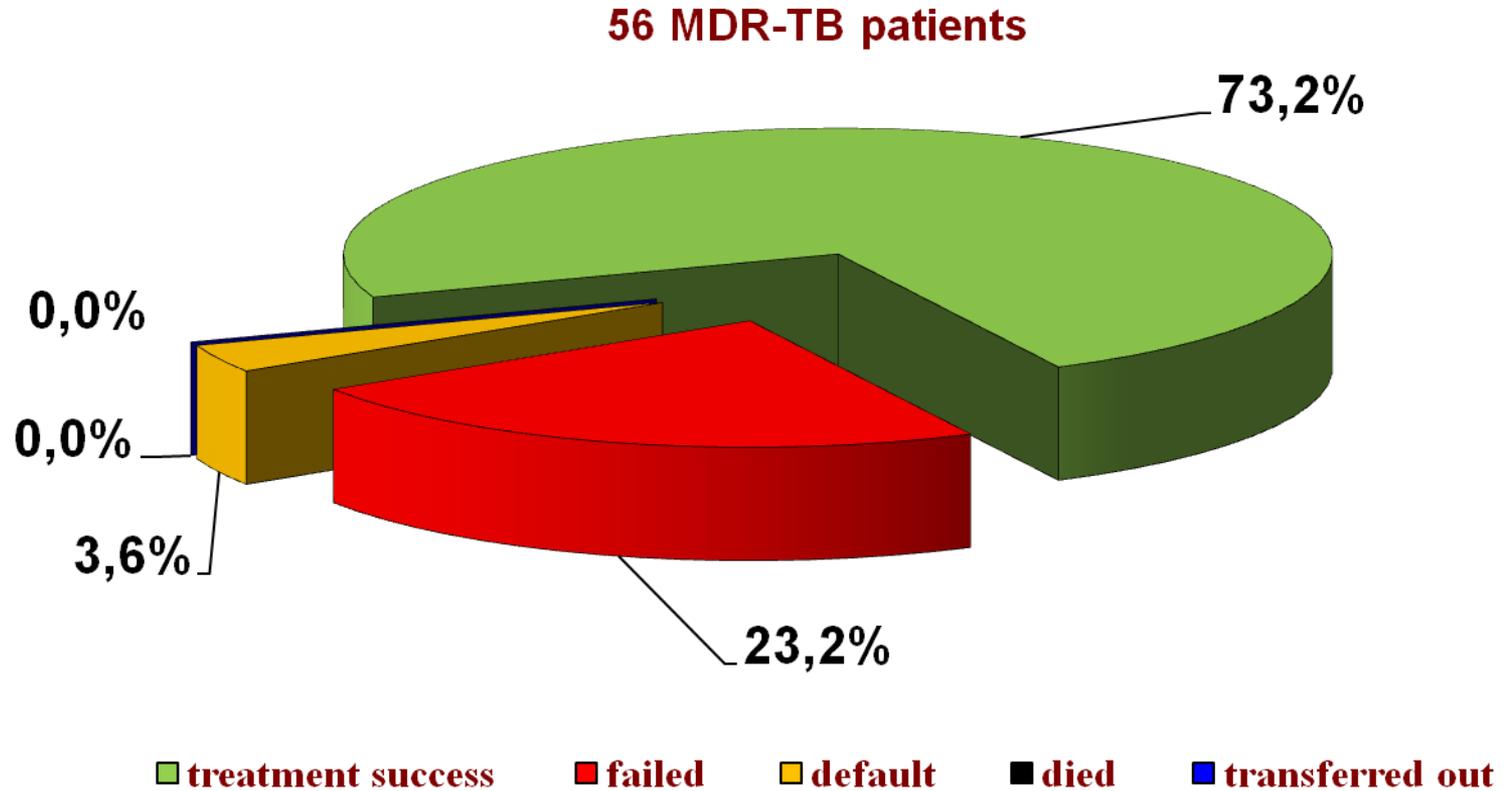
Food packages are being administered once in two weeks and sanitary packages - once a month

Administration is being done at patients' homes and at the TB dispensary

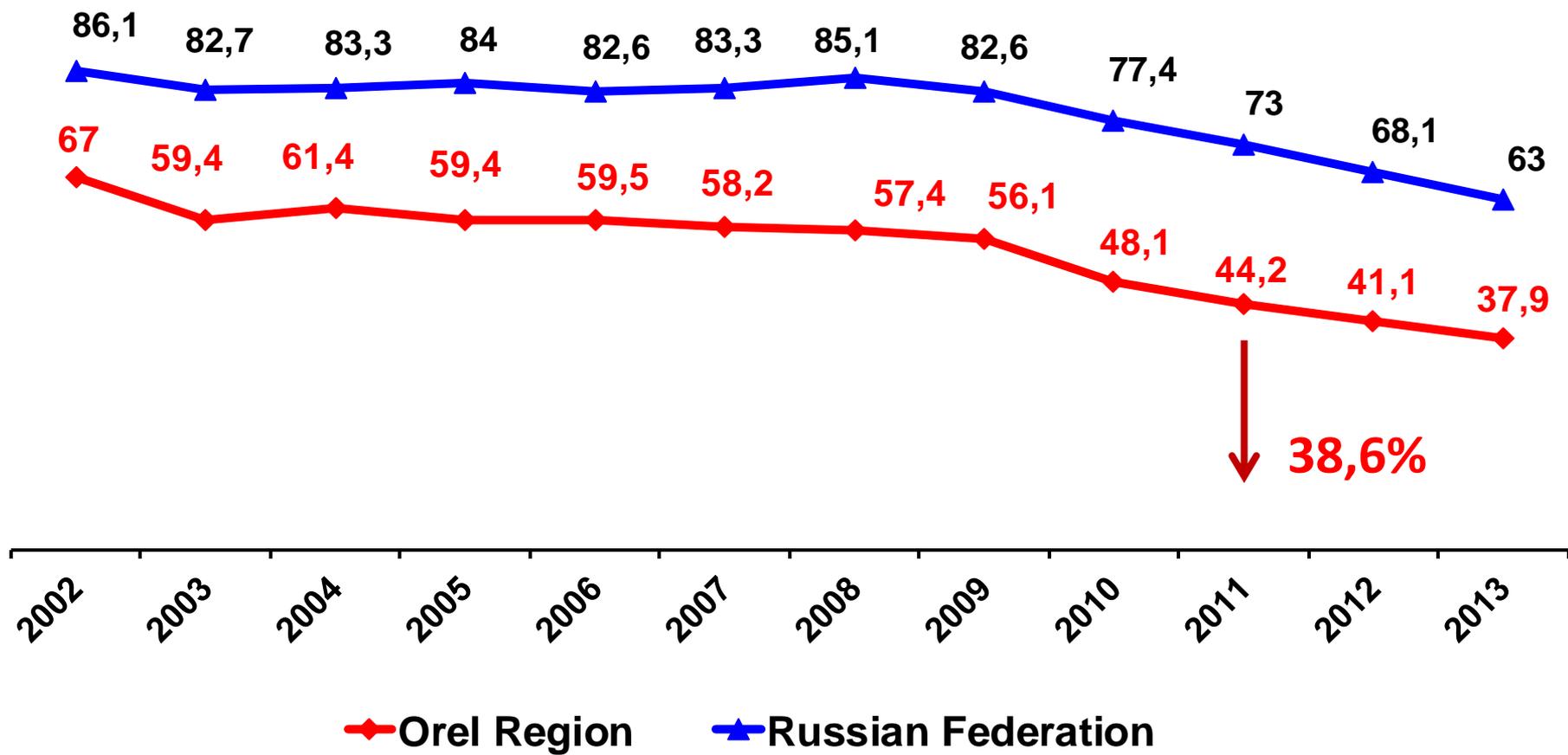
Treatment Outcomes of TB Patients On Home-Based TB Treatment (total number of TB patients)



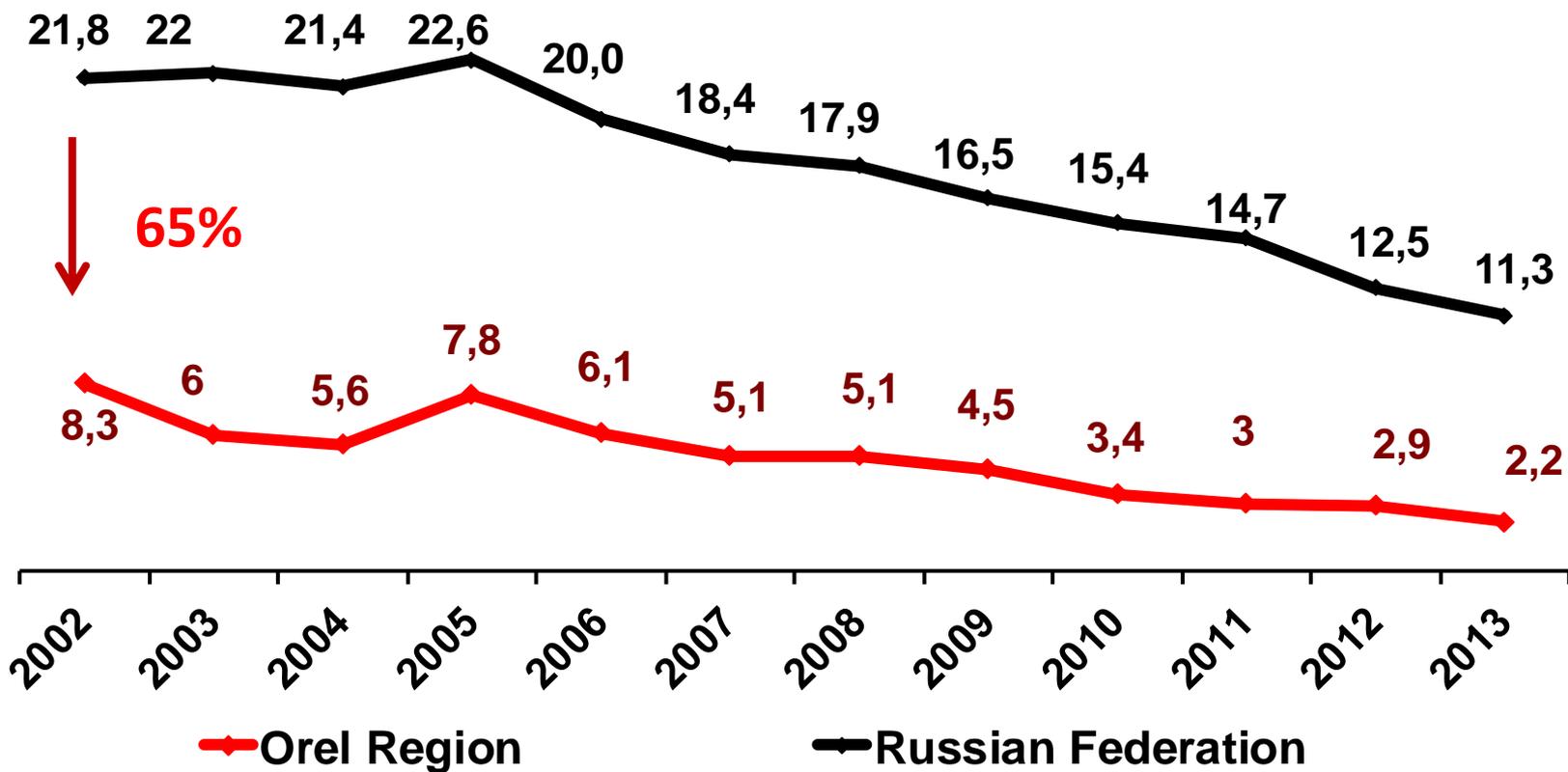
Treatment Outcomes of MDR-TB Patients On Home-Based TB Treatment.



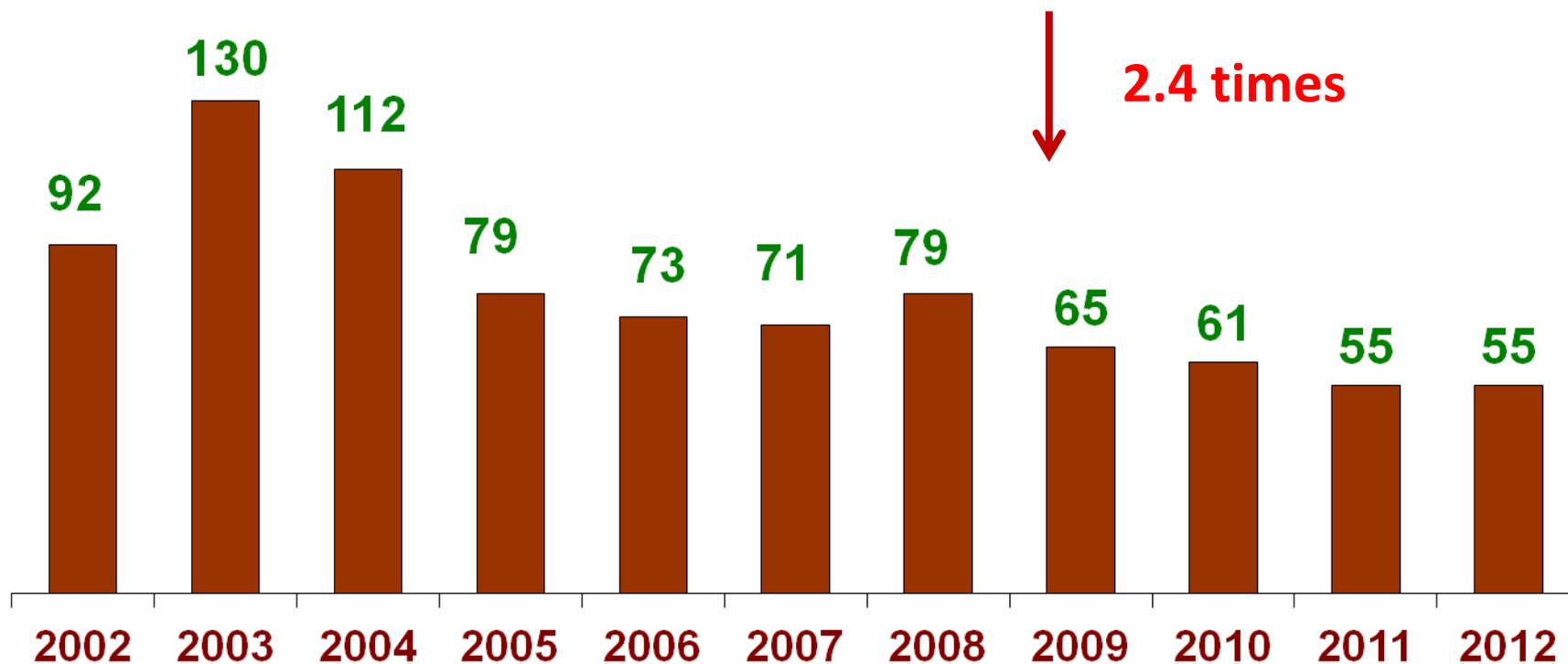
TB incidence (per 100 000 population)



TB Mortality Rate (per 100 000 population)



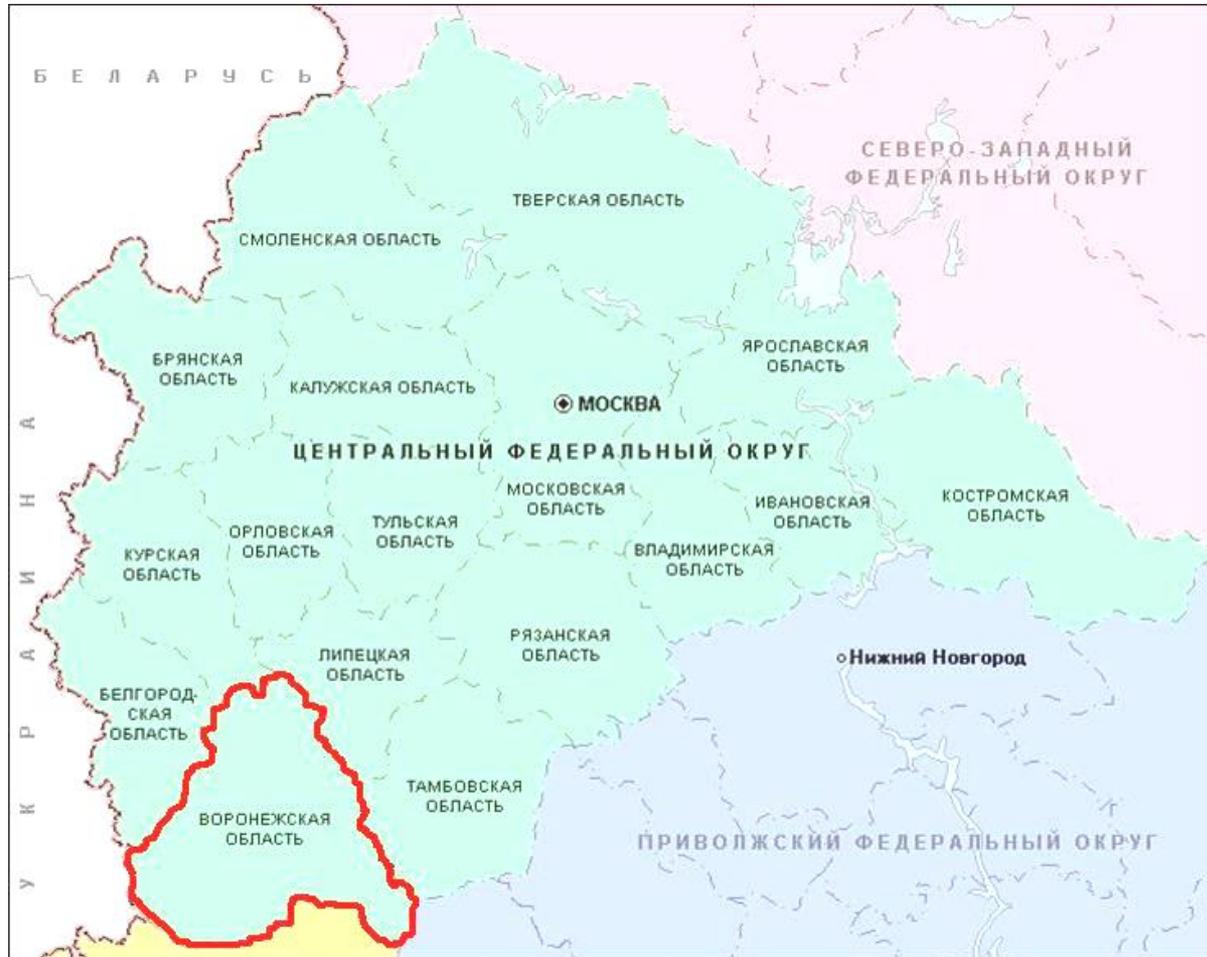
Number of MDR-TB Cases in the Orel Region (Absolute Numbers)



**Cost of 1 day of treatment
In TB Dispensary of Orel Region in 2016
(including TB drugs, tests, salaries, payment for public utilities, etc.)**

| | 24-hour in-patient unit | Treatment at home | Polyclinic | Day Center |
|--|--|------------------------------|-------------------|-------------------|
| Cost of 1 day of treatment in RUR | 1893.54 | 412.30 | 258.93 | 362.82 |

Experience of Voronezh region for improving TB care



Experience of Voronezh region for improving TB care

Managerial approaches to treatment

- Rapid DST before treatment
- DST based treatment
- Proper infection control
- Directly observed treatment

Social Support for TB patients

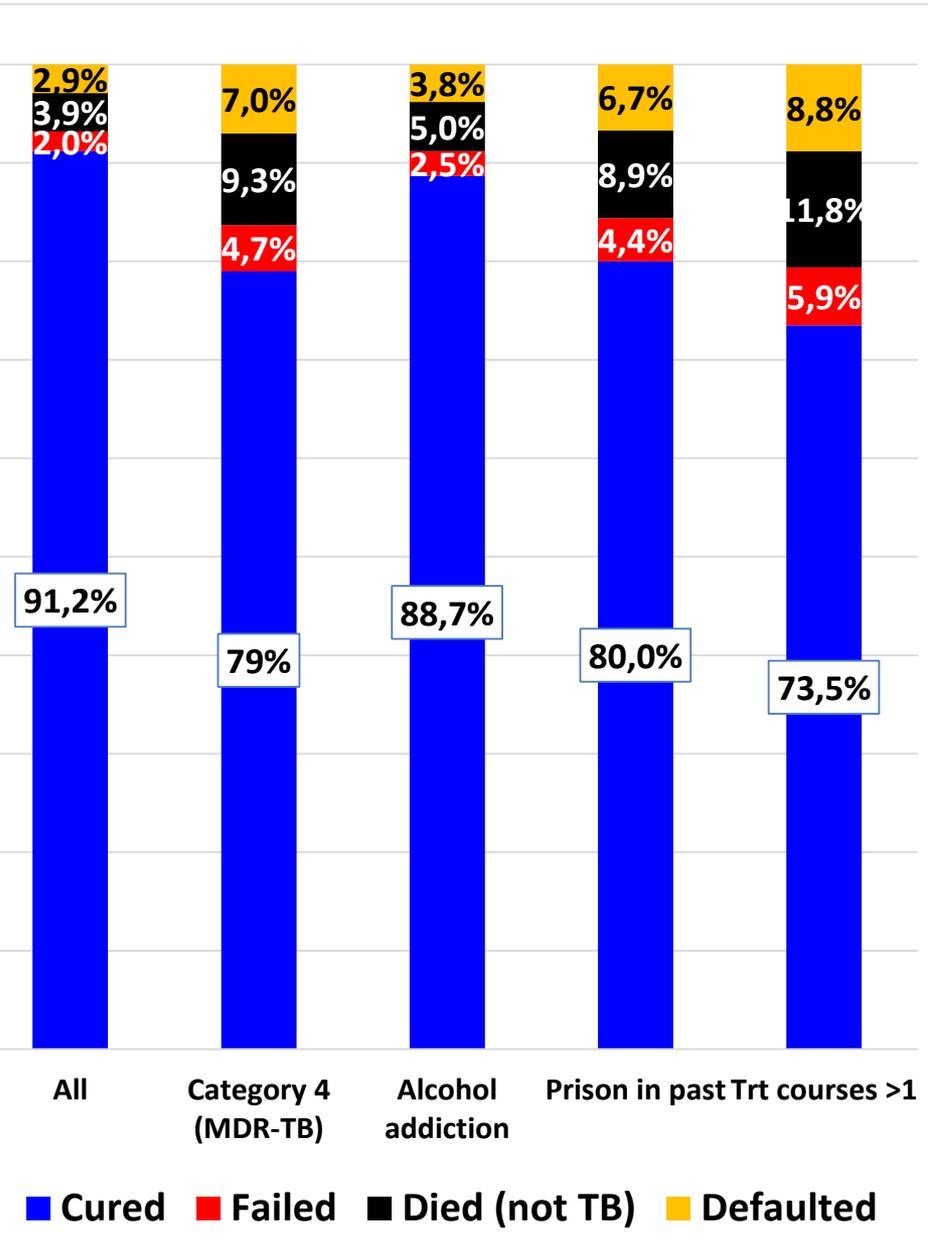
Financing of social support program from region budget was increased in 2 times in 2013-2014

| | |
|--|----------------------------------|
| Received social (food) packages - Expenses per person | 442 patients 95\$ USD |
| Completed or continue the treatment effectively | 417 patients |
| Effectiveness rate | 94,3% |

Patient-Centered Approach (PCA)

| | Support | Vehicles |
|--|--|----------------|
| 2011 | | |
| One PCA Team 2 nurses, designated TB doctor, PCA Coordinator (deputy chief TB physician), social worker | Daily food packages, Mobile plans | One vehicle |
| 2012 | | |
| Two PCA Teams 2 nurses, 2 designated TB doctors, PCA Coordinator (deputy chief TB physician), social worker, addiction specialist | Daily food packages, Mobile plans, symptomatic medications | Two vehicles |
| 2013 | | |
| Three PCA Teams 2 nurses, 2 designated TB doctors, PCA Coordinator (deputy chief TB physician), social worker, addiction specialist | Daily food packages, Mobile plans, symptomatic medications | Three vehicles |

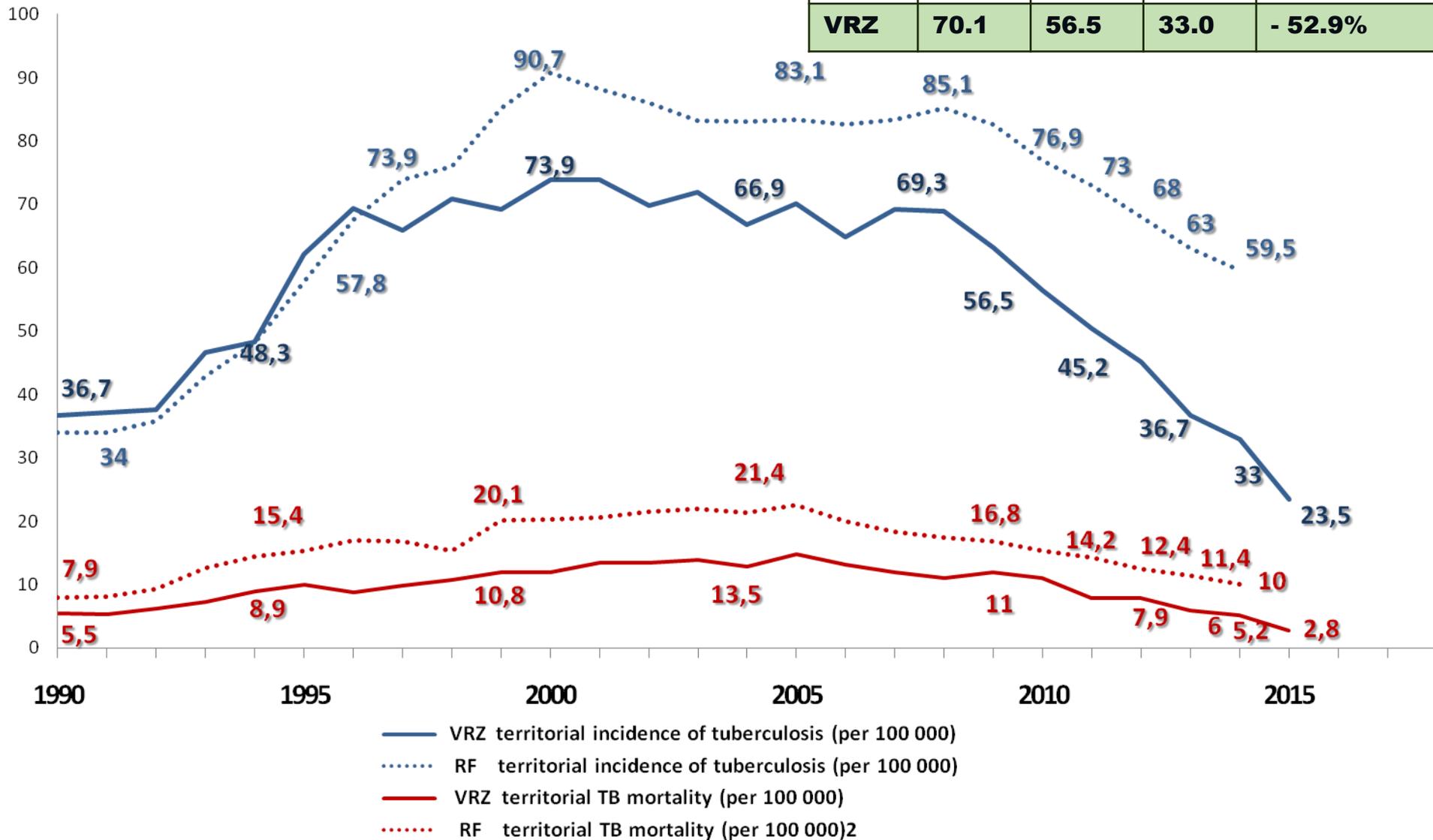
Treatment outcomes for PCA patients, 2011 - 2015



■ Cured
 ■ Failed
 ■ Died (not TB)
 ■ Defaulted

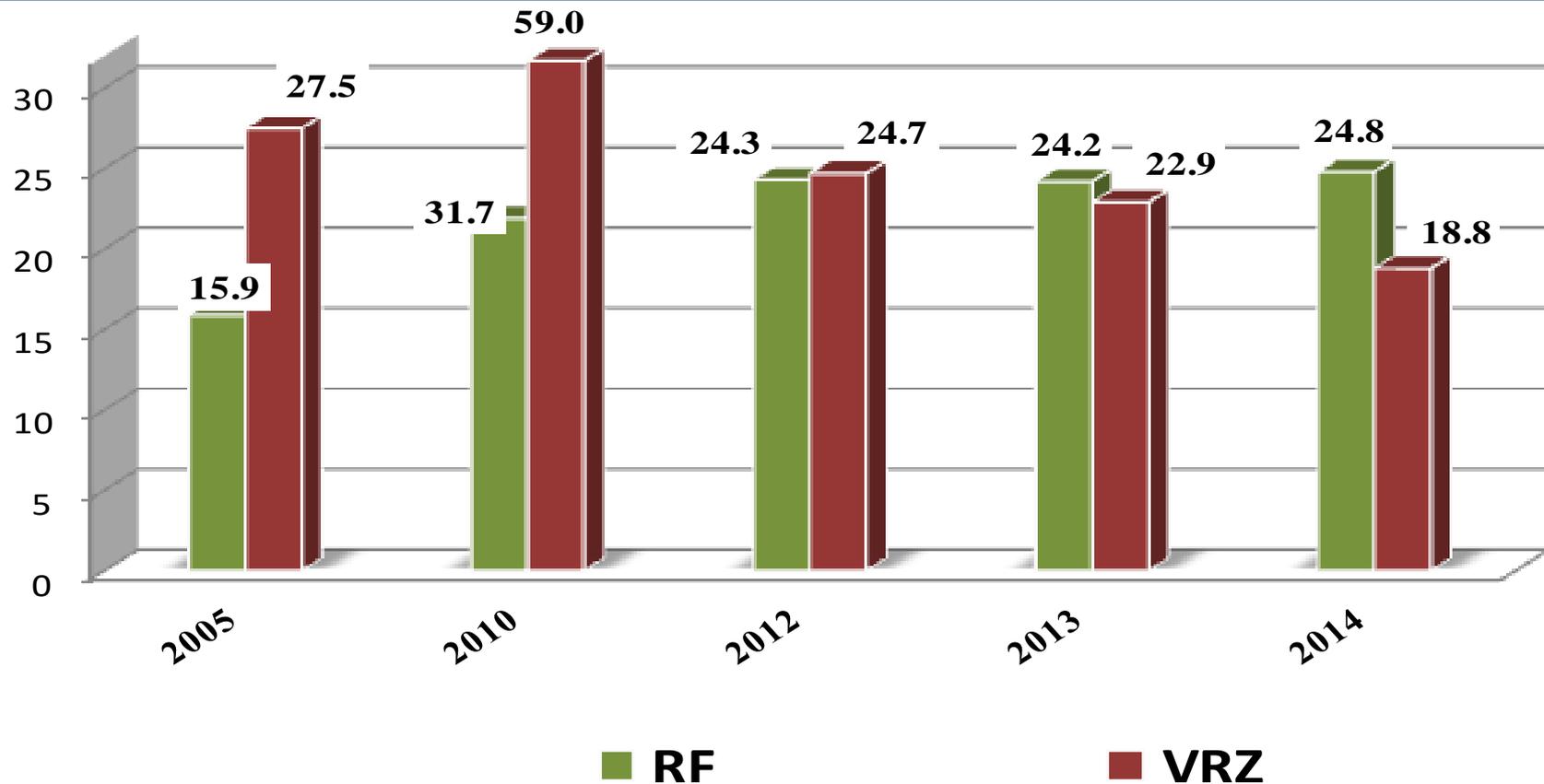
Main TB epidemiological indicators in the Region

| Territorial incidence of tuberculosis per 100000 | | | | |
|--|-------------|-------------|-------------|----------------|
| | 2005 | 2010 | 2014 | Dynamics |
| RF | 83.3 | 77.2 | 59.5 | - 28.6% |
| CFD | 60.6 | 55.4 | 39.0 | - 35.6% |
| VRZ | 70.1 | 56.5 | 33.0 | - 52.9% |



Reducing the reservoir of MDR TB in Voronezh region

Показатель распространенности МЛУ ТБ, на 100тыс.



Arkhangelsk region



- Area: 578,000 square km
- Population: 1, 117, 096 people
- 24 municipal districts
- 13000 in penal system

Social and psychological support of patients

- **2001** – social workers
- **2003** – “TB school”
- **2003** – food parcels during outpatient treatment
- **2005** – psychologists, a psychiatrist
- **2008** – a department of medical and social support and rehabilitation of TB patients



The pilot project “**Harmony**” started at the outpatient department of Arkhangelsk Clinical TB Dispensary on June 1, 2011.

The goal of the project was to promote treatment adherence and treatment completion among patients, who did not comply with conventional forms of treatment.

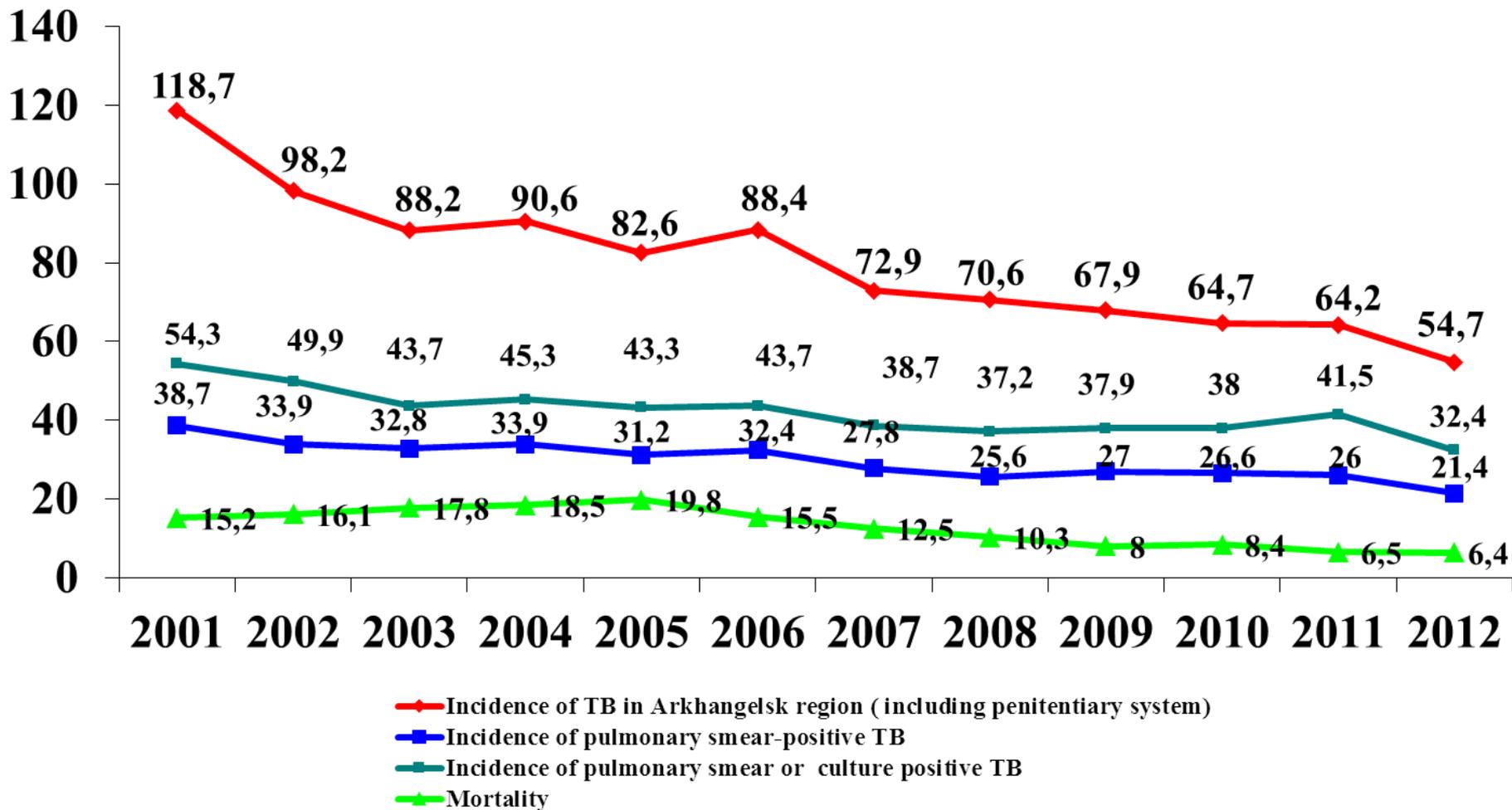


Andrey Maryandyshev, Elena Nikishova

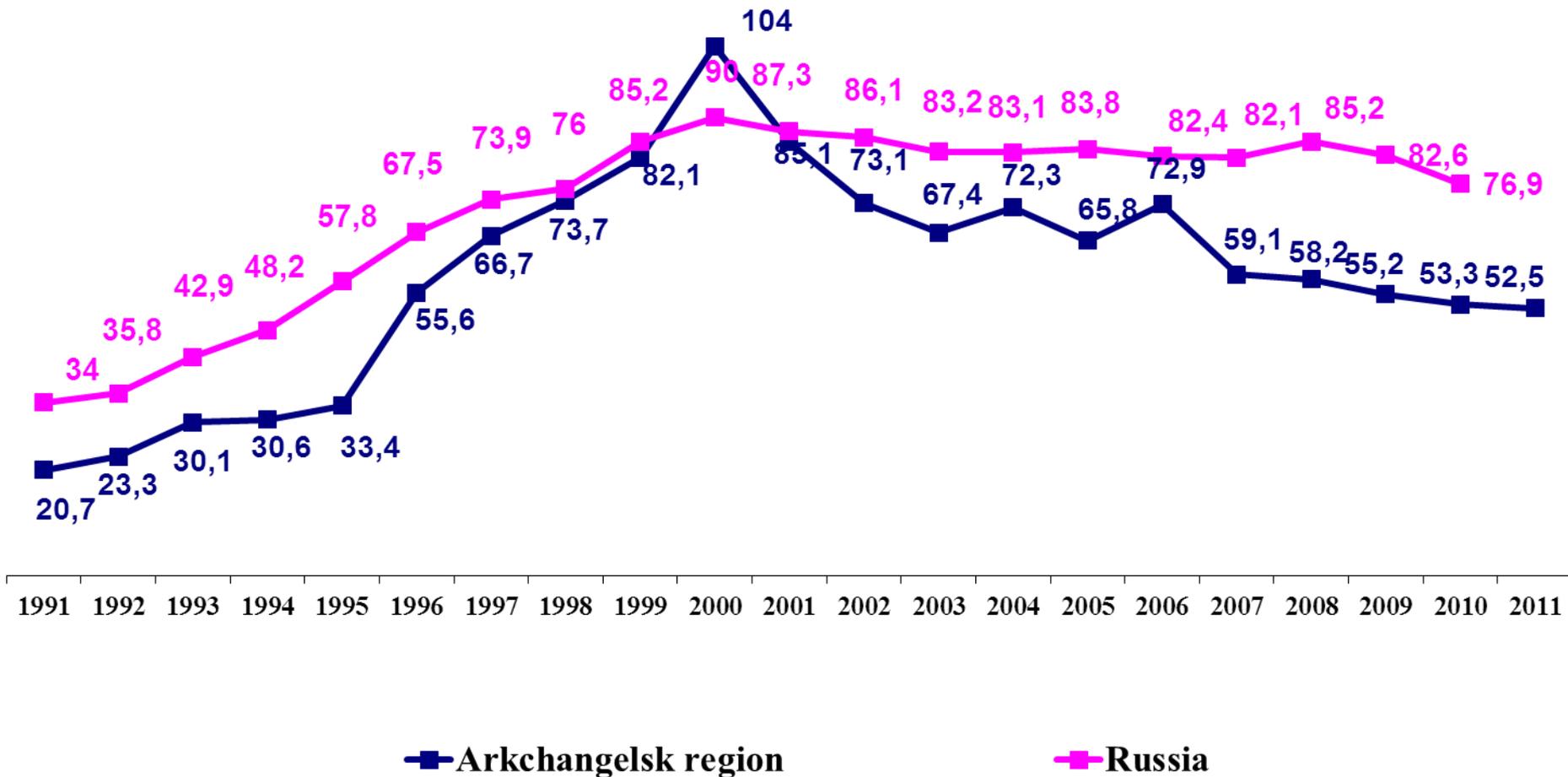
Results of treatment all registered (566) TB cases in civil sector in 2011

- Cured new cases – **81,8%** (381/465)
- Cured relapses – **70,9%** (66/93)
- Cured treatment loss to follow up – **60,0%** (3/5)
- Cured treatment failure – **100%** (3/3)
- Total cured TB registered patients in 2011 – **80,0%** (453/566)

TB Incidence including penitentiary system (new cases and relapses) and mortality in Arkhangelsk Region
2001-2012 (per 100 000 population)



TB Incidence in RF and Arkhangelsk Region 1991-2011 гг.





GLOBAL MINISTERIAL CONFERENCE

A MULTISECTORAL RESPONSE TO END TB IN THE SUSTAINABLE DEVELOPMENT ERA

16 - 17 NOVEMBER 2017
MOSCOW, RUSSIAN FEDERATION



Minister of Health of the Russian Federation and Director-General of the WHO exchanged letters confirming their intention to hold a Global Ministerial Conference on Tuberculosis in the Context of Global Health and the Sustainable Development Goals



Уважаемая госпожа Чен!

Министерство здравоохранения Российской Федерации свидетельствует Вам свой глубокое почтение и сообщает, что Правительство Российской Федерации приняло решение о проведении Глобальной министерской конференции по туберкулезу в контексте глобального здравоохранения и целей в области устойчивого развития (далее – Конференция) 16–17 ноября 2017 г. в г. Москве и издало соответствующее распоряжение Правительства Российской Федерации от 9 сентября 2016 г. № 1891-р.

С целью координации дальнейших действий сторон по подготовке Конференции просим Вас рассмотреть представлений штаб-квартиры ВОЗ, осуществляющих координацию деятельности по проблемам туберкулеза, неинфекционных заболеваний и антимикробной резистентности, для участия в организационном совещании, которое состоится 12 октября 2016 г. в Министерстве здравоохранения Российской Федерации.

Сообщаем, что координацию работы по подготовке к Конференции осуществляют:

- заместитель директора Департамента организации медицинской помощи и санитарно-курортного дела Касаева Тереза Чернышова (+7 (903) 277-90-77; email: KasaevaTC@romininfdev.ru).

Заместитель директора Департамента международного сотрудничества и связей с общественностью Саломон Эдуард Родригес де Санта-Крус (+7 (903) 277-90-77; email: SalomonER@romininfdev.ru)

Сопровождающие прилагают материалы по взаимодействию со стороны ВОЗ.

Ваше личное участие в этом деле является важным и желательным.

Veronika Skvortsova
В.И. Скворцова



13 January 2016

Dear Minister,

I have the honour to refer to your letter dated 17 December 2015, proposing that the World Health Organization (WHO), in cooperation with the Russian Federation, organize a Ministerial Conference on ending the tuberculosis epidemic in the context of overall progress on global health and achievement of the Sustainable Development Goals (SDGs) in 2017.

I am pleased to inform you that WHO fully supports this proposal and is committed to working with you on planning for the Ministerial Conference from the beginning of 2016.

I also wish to thank you personally for highlighting the positive effect that WHO's support for the Russian Federation has contributed to the significant progress in reducing the burden of the tuberculosis epidemic in the country.

cc: The Deputy Minister, Ministry of Healthcare, Moscow
The Director, Department for International Cooperation and Public Relations, Moscow
The Deputy Director, Department for International Cooperation and Public Affairs, Moscow
The Permanent Representative of the Russian Federation to the United Nations Office and other International Organizations having their Headquarters at Geneva
The Acting WHO Representative and Head of Country Office in the Russian Federation

Moscow Pereskok
2004/783 18 01 16

世界卫生组织/世界卫生组织
Organisation mondiale de la Santé • 世界卫生组织/世界卫生组织 • Organisation Mondiale de la Santé

Dr V.I. Skvortsova, Minister of Healthcare of the Russian Federation, Moscow Page 2
13 January 2016

The proposed multinational format of the Conference intended to address WHO members' concerns, multi-sectoral contribution in view of achieving the SDGs, as well as the necessity for addressing a common health issue and action to end tuberculosis in the context of the overall progress on global health and achievement of the Sustainable Development Goals (SDGs) in 2017.

I suggest that the WHO/UNAIDS, TB, Hepatitis and Neglected Tropical Diseases and Representative in Moscow (Latin America) and the WHO Office of the Special Adviser on Tuberculosis (Latin America) with your department focal points to continue the planning process.

I look forward to our continued collaboration.

Yours faithfully,
Margaret Chan
Dr Margaret Chan
Director-General

**Signing of the Memorandum of understanding
between the World Health Organization
and the Ministry of Health of the Russian Federation on the
Global Ministerial Conference on Tuberculosis in the Context of Global Health
and the Sustainable Development Goals**



Global Ministerial Conference on Tuberculosis in the Context of Global Health and the Sustainable Development Goals

Participants

Delegations from all **194 WHO Member States**



Aim of the Conference



Consolidation of efforts of the WHO Member States in taking effective measures to eliminate tuberculosis in the context of multidisciplinary, multisectoral approaches and acceleration of the progress towards the health-related Sustainable Development Goal (SDG) target of ending the tuberculosis epidemic by 2030.

Goa Declaration at 8th BRICS Summit

October 16, 2016

Representatives of BRICS countries

❖ note that BRICS countries face challenges of communicable diseases including HIV and Tuberculosis and, in this regard, note the efforts made by BRICS Health Ministers to achieve the 90–90–90 HIV treatment target by 2020.



- ❖ underline the imperative to advance cooperation and action on HIV and TB in the BRICS countries, including in the production of quality-assured drugs and diagnostics;
- ❖ take note of United Nations High Level Meeting on Ending AIDS in June 2016 and forthcoming **Global Conference on TB under WHO auspices in Moscow in 2017;**
- ❖ emphasise the importance of cooperation among BRICS countries in promoting research and development of medicines and diagnostic tools to end epidemics and to facilitate access to safe, effective, quality and affordable essential medicines.

All-Russian Scientific Practical Conference with International Participation

“An Interdisciplinary Approach to Solve the Problem of Tuberculosis”

November 14-15, Moscow

The poster features a grid of 17 Sustainable Development Goals icons in the top left. The date '14-15 НОЯБРЯ 2017' is prominently displayed in large orange letters. Below the date, the Russian title of the conference is written in blue. The English title is also present in a smaller font. At the bottom left, there is a logo for 'THE END TB STRATEGY' and a graphic of a person's torso with lungs, accompanied by the Russian text 'ЖИЗНЬ БЕЗ ТУБЕРКУЛЕЗА'. The website 'www.roftb.ru' is listed at the bottom right.

SUSTAINABLE DEVELOPMENT GOALS

14-15 НОЯБРЯ 2017

Всероссийская научно-практическая конференция фтизиатров с международным участием
«МЕЖДИСЦИПЛИНАРНЫЙ ПОДХОД В РЕШЕНИИ ПРОБЛЕМЫ ТУБЕРКУЛЕЗА В РОССИЙСКОЙ ФЕДЕРАЦИИ»

All-Russian scientific-practical conference of phthisiologists with international participation
«AN INTERDISCIPLINARY APPROACH TO SOLVE THE PROBLEM OF TUBERCULOSIS IN THE RUSSIAN FEDERATION»

THE END TB STRATEGY

ЖИЗНЬ БЕЗ ТУБЕРКУЛЕЗА

Место проведения:
г. Москва, ул. Русаковская, д. 24,
Холидей Инн Сокольники.

www.roftb.ru

Thank you for your attention!

