

***BELARUS, MOLDOVA,  
RUSSIAN  
FEDERATION &  
UKRAINE:  
TB/HIV/AIDS/STDs***

**Appeal no:08/99  
12 March 1999**

***THIS APPEAL SEEKS CHF 9,432,000  
IN CASH, KIND AND SERVICES FOR 12 MONTHS***

***Summary***

This Appeal seeks CHF 9,432,000 for the first year of an initial three year programme to combat Tuberculosis (TB) and HIV/AIDS and Sexually Transmitted Diseases (STDs) in four countries -- Belarus, Moldova, the Russian Federation and Ukraine. It is being launched in response to requests from the National Red Cross Societies of these four countries.

The planned operation will complement the efforts of the governments, Ministries of Health and local authorities of the four countries. It will target those infected and affected by the diseases. Its main focus will be on

- awareness raising, both institutionally and among the general public, about the extent of the diseases and what must be done to contain them
- w training Red Cross staff, Visiting Nurses and others for their role in care and prevention
- w social and material support, to encourage compliance with diagnosis and treatment
- w support to diagnostic facilities, essential for disease control
- w contingency for pharmaceuticals in the early stages of the programme.

The campaign will be launched on 24 March 1999, which is "World TB Day", and the anniversary of the discovery of the Mycobacterium Tuberculosis in 1890. It will begin with a six-month immediate action period which is part of a three year initial phase. This will be followed by a two year phase and two subsequent five-year periods. The overall time frame is fifteen years, the period required if a real impact is to be made in fighting diseases such as TB .

## *The Emergency*

In 1993, in response to the alarming resurgence of TB in many parts of the world, the World Health Organisation (WHO) took the unprecedented step of declaring tuberculosis to be a global emergency. In 1998, it estimated that by 2020 nearly one billion more people would be newly infected, 200 million would fall sick, and 70 million would die from TB if control measures were not strengthened.

TB is spreading rapidly in the region covered by this appeal. In Russia, over 111,000 cases of TB were reported in 1996 -- double the number of cases reported in 1991. Reported cases are at about the same level in Belarus, Moldova and Ukraine. In prisons, incidence rates are dramatically higher than among the general population.

Countries	Notified Cases of Tuberculosis			
	All Types	Rate	New ss+*	Rate
Belarus	5,598	54.1	2,117	20.5
Moldova	2,922	65.8	219	4.9
Russia	111,075	75	42,534	28.7
Ukraine	23,414	45.4	7,827	15.2

\* The total number of sputum smear-positive cases notified to WHO, February 1998.

If treated properly, TB is usually curable with a prolonged course of anti TB drugs. Treatment failures usually occur when patients are not given the right treatment or fail to take the drugs properly. Poor TB control measures and inappropriate treatment schedules have led to a rise in resistance to standard TB drugs. Drug resistant TB is difficult and expensive to treat and at the moment health authorities in the four countries cannot afford such treatment, resulting in a spread of this dangerous form of the disease.

Depending on their immune status, people can become infected without developing the disease. Immune status is affected by poor nutrition, excess alcohol intake, certain drugs and HIV/AIDS. TB concentrates on the most vulnerable and their families -- a category that includes the homeless, alcoholics, ex-prisoners and the malnourished.

### **HIV/AIDS and TB**

Parallel to the spread of TB is the dramatic rise in recent years in HIV/AIDS and in Sexually Transmitted Diseases (STDs).

Since early 1980, HIV, the Human Immunodeficiency Virus that is the causative agent of AIDS, has been spreading throughout the world. Currently this pandemic is the leading public health problem at global level. According to the latest figures of UNAIDS and WHO, an estimated 33.4 million people are living with HIV/AIDS; 770,000 live in Europe and of these 270,000 are in eastern Europe.

For the moment, Ukraine remains the worst affected country, although the Russian Federation, Belarus and Moldova have registered enormous increases in the past few years.

HIV increases the risk of patients becoming ill with TB thirty fold, because the HIV virus weakens the part of the immune system that protects against TB. As a result TB is the leading cause of death in HIV positive patients.

Sexually Transmitted Diseases have also spread rapidly in recent years, encouraged by socio-economic factors such as increased travel and migration, family disruption, liberalised sexual behaviour and growing prostitution. The first seven years of this decade saw a 50 fold increase in syphilis in CIS countries, including Russia, Belarus and Ukraine, giving rates 200 to 500 times greater than in Western Europe.

The combination of poor TB control measures (leading to increased drug resistance), coupled with the rise in HIV/AIDS and STDs, is a lethal one. As both national and international health authorities now recognise, whatever measures are taken, the situation will worsen over the next few years. The challenge is to limit the ravages of these diseases, and their social and economic effects.

The situation calls for strong central leadership and major initiatives to develop an effective response. But the period of political and economic transition in the region and the difficulties inherent in this process have had a serious impact on the health and social sectors, where budgets have been slashed back to 30% to 40% of the real needs. Although the TB/HIV problem is recognised as important, it is only one of many "priorities" competing for limited funding.

## *The Response so far*

### **Government Action w**

There is a general recognition at government level in all four countries that a strategy must be developed to respond to the situation. However there is still some reluctance to change established diagnostic and treatment approaches. There is little therapeutic discipline or standardisation in drug treatment, which is compounded by drug shortages. Acknowledgement of international TB treatment guidelines based on the WHO strategy of Directly Observed Therapy Short-Course (DOTS) is gaining ground, albeit slowly.

### **Belarus**

**TB** -- Recent discussions at the National TB Institute indicate a more open attitude to internationally accepted approaches to TB management. Another important development is the plan to recentralise drug purchasing activities, which has been a major problem since the split up of the Soviet Union.

**HIV/AIDS/STDs** -- The Belarus government in collaboration with UNICEF has initiated a well-conceived programme targeting youth at risk from sexually transmitted diseases including HIV through their sexual behaviour and/or through injecting drugs. The programme is based on strict confidentiality and concern for the individual.

### **Moldova**

**TB** -- The government's National TB Programme has been approved in principle but is not yet operational. The central TB dispensary is conducting two training courses a year for medical staff.

**HIV/AIDS/STDs** -- The authorities recognise that they are on the brink of a HIV epidemic and have developed a strategic plan in co-operation with NGOs/UNAIDS. The MoH screens a quarter of a million people per year, 90,000 of whom are in high risk groups (commercial sex workers and drug addicts). It is also responsible for nation-wide, institution-based preventive programmes and, in collaboration with UNAIDS, is beginning a harm reduction project. Condoms are available free of charge in STD clinics and in family planning clinics.

## **Russian Federation**

Central and regional authorities acknowledge the problems of TB, HIV/AIDS and STDs, but have limited resources to deal with them. The health services have had their budgets cut by half or more, and have to deal with many other major resurgent diseases.

**TB --** The MoH is moving towards adopting the WHO policy on TB care, but not all TB doctors or TB institutions have yet been exposed to the new approaches or are totally familiar with their content.

The best impetus for change is coming from the Central TB Research Institute (CTRI) of the Russian Academy of Medical Sciences. This is a WHO Collaboration Centre and is receiving support from the New York Institute of Public Health (NIPH). The CTRI is in contact with over ten sites where the DOTS strategy is implemented. It supervises TB programmes in Ivanovo (WHO), Tomsk (Merlin) and Kemerovo-prison colony (MSF Belgium).

The Institute of Phthisio/pulmonology is providing professional support on TB to the Ministry of Health.

In north-west Russia several new TB projects are receiving support from the Finnish Lung Health Association (Murmansk-1999 to 2001; Leningrad Oblast- started in July 1998; and Karelia, to be started in 1999). In Archangelsk the Norwegian Lung Health Association is beginning similar activities.

**HIV/AIDS/STDs --** Limited resources constrain action, but the government's HIV/AIDS departments provide expertise and support to various local and international NGOs. The RRC received technical support and backing from the MoH's HIV/AIDS Department during an evaluation of the RRC HIV/AIDS project in 1997, and later that year for a Youth Peer Education project for the prevention and control of HIV/AIDS and other STDs.

## **Ukraine**

**TB --** The MoH has taken several initiatives to address the increasing TB crisis in Ukraine. Pilot project areas have been identified in combination with WHO to test the newer methodologies of which improved laboratory training would be the cornerstone. One pilot DOTS style project, backed by the World Bank and the Canadian charity HOPE, was introduced in Odessa.

The health budget is to be decentralised to Oblast level, but the drugs budget will be centralised. The current allocation should be adequate to cover all of Ukraine's drug requirements.

**HIV/AIDS/STDs --** There are many projects providing information on HIV and STDs to schools and universities using a "health through education" programme. UNDP and UNAIDS are involved in several projects targeting high risk groups in certain areas, with facilities such as walk-in centres and educational activities. There is a large project called "civil society/government partnership to extend the response to the HIV epidemic".

## **Red Cross/Red Crescent Action w**

The four National Societies (which until 1991 were part of the Soviet Alliance of Red Cross and Red Crescent Societies) have a long history of active involvement in health programmes and social support to vulnerable population groups, including people with TB. Anti-TB sanitation teams which included former TB patients or members of families with TB patients worked in close co-operation with TB institutions (7-10 RC volunteers per 1 phthisiatrist). The teams were based at a TB dispensary or an outpatient department of a TB hospital. Other Red Cross roles were health education, preventive advocacy, production of information materials and supervision of home treatment.

This involvement ended when TB seemed to be under control in the 1980s. However there remains in each Society considerable institutional memory and experience of individual leaders that can be tapped.

### **Co-ordination w**

The International Federation is liaising with all relevant international agencies and organisations as part of its efforts to co-ordinate this initiative at the international level. The Federation is a member of the WHO/Europe (Copenhagen) Task Force on HIV/AIDS/STDs and will seek to become a member of a planned Task Force on TB. It will also join in efforts to set up an international "Stop TB Campaign".

The Federation will support and assist with co-ordinating National Societies' action in the four countries of this appeal through its Delegations in Moscow and Minsk, as well as its Representative Office in Kyiv and its Liaison Office in Chisinau.

## ***The Intended Operation***

Although the overall responsibility for tackling the diseases lies with the authorities of each country, who must provide strong central leadership, this in itself is not enough. As the history of the control of epidemics shows, the chances of success increase when individuals and community organisations are involved and mobilised, and given official support within the context of a national or regional policy.

The Red Cross plans, by playing an advocacy role, to support government initiatives to improve TB policy and case strategies. It will concentrate on informing and educating the population about the diseases, in order to reduce transmission, particularly of HIV, and to improve the early diagnosis and treatment compliance of those with TB.

The Red Cross Visiting Nurse Service (VNS), present in all four countries, has long symbolised Red Cross health and social action in eastern Europe. Despite the stringent cutbacks experienced during the transitional period, it is still a valued and respected source of basic health care for many thousands. The Service will be reinforced, trained in new, relevant skills and repositioned to become a major element in the overall disease control programme.

### **Assessment of Needs •**

During a research and preparatory phase from November 1997 to May 1998, all parameters for a Federation-backed emergency response were established, and a policy was formulated. During an assessment and planning phase from June to October 1998, plans were clarified and verified through field missions, ongoing action and discussions with involved parties. Major planning/co-ordination meetings with ONSs, PNSs, WHO, UNICEF, and others were organised by the Federation Secretariat and conducted in Minsk in June 1998, in Moscow in September 1998 and in Geneva in September 1998.

The fact finding assessments were carried out by Federation health personnel from Geneva and Moscow in conjunction with health staff from the four National Societies. Meetings were held in each country with the relevant Ministries, TB institutes and dispensaries, both in the capital cities and in selected Oblasts. Meetings were also held with other agencies working in this field.

The final assessment document, outlining plans, was written jointly by the Federation and the four National Societies. (A background document to this Appeal was mailed to participating National Societies prior to the launch).

## **Red Cross Objectives ●**

### **w Development Objectives (10-15 year perspective)**

To improve the health of the population in general and that of the most vulnerable in particular by focusing on TB, HIV/AIDS and STDs control. As part of the process, to strengthen the Visiting Nurses Services (VNS).

### **w Medium Term Objectives (5-10 year perspective)**

To reduce the incidence and prevalence of TB, HIV/AIDS and other STDs.  
To enhance the institutional capacity of the VNS.

### **w Immediate Objectives (3+2= 5 year perspective)**

1. To increase the awareness of the population regarding the prevention and control of TB, HIV/AIDS and other STDs.
2. To promote human rights and dignity in order to prevent stigmatisation and discrimination against persons living with HIV/AIDS (PLWHA) and TB and their families.
3. To provide material and social support to the most vulnerable.
4. To enhance the capacity of the VNS.
5. To assist the ministries and local health authorities in improving TB diagnosis and treatment compliance. Specifically, the following targets have been fixed for the immediate objectives.

\* **Information and awareness-raising:** campaigns to reach a four country annual total of 8.5 million members of the general public (Belarus - 1,500,000; Moldova - 1,000,000; Russia - 3,500,000; Ukraine - 2,500,000).

\* **Material and social support:** Provision through soup kitchens of 720,000 meals over three years in Belarus, Russia and Ukraine, and of 30,000 food parcels and 30,000 hygiene parcels, in all four countries, again over three years.

\* **Training of Visiting Nurses:** Over three years, training a total of 1,059: Russia - 105 per year = 315; Ukraine - 90 per year = 270; Belarus - 118 per year = 354; Moldova - 40 per year = 120.

\* **Laboratory equipment and medical supplies:** Pharmaceutical support will be provided for 400 patients in Belarus, 200 patients in Moldova, 700 patients in Russia and 400 patients in Ukraine; 20 microscopes will be supplied to Belarus, 5 to Moldova, 200 to Russia and 50 to Ukraine.

## ***National Societies/Federation Plan of Action***

### **Immediate Action ●**

***12 March 1999 -- September 1999.***

Starting with the launch of this TB initiative on 24 March 1999, all four National Societies will distribute public information materials through their nation-wide networks of Red Cross Branches and Visiting Nurses structure. (Preparatory work for this has already started).

The aims are: to publicise the TB initiative and planned action, to begin building a relationship between Red Cross Branches and the local health authorities, and to begin raising public awareness and knowledge of the issues.

### **Short -Term Action ●**

#### ***12 March 1999 - March 2005***

- w January - March 2001 interim evaluation
- w January - March 2003 review evaluation
- w April 2003 - March 2005 completion of short term action.

#### ***Output N° 1***

Increased awareness of the prevention and treatment of TB, HIV/AIDS and STDs in the targeted communities, and especially among young people.

#### ***Output N° 2***

Improved care of TB and HIV/AIDS affected patients and families through the VNS. Human dignity and rights promoted to prevent discrimination and stigmatisation of PLWHA and TB.

#### ***Output N° 3***

Social and material support provided to the most vulnerable in the selected target areas and groups.

#### ***Output N° 4***

Strengthened VNS service by expanding the number of nurses and increasing their skills as well as provision of equipment. Promotion of a formal platform for VNS as a profession and as a service.

#### ***Output N° 5***

Improved diagnostic capacity of health facilities in target areas through provision of equipment and supplies. Contingency planning for exceptional drug supplies.

#### ***Output N° 6***

Media-generated support for the project strategies.

### ***Federation role:***

- w Provide co-ordination and technical advice.
- w Ensure follow-up with national and international nursing organisations and support health delegates in the field of health and nursing.
- w Support media work.
- w Liaise with strategic partners and participate in international TB events including global STOP TB Campaign.
- w Support recruitment and procurement at field level.
- w Ensure reporting, accounting and monitoring.
- w Plan and conduct interim evaluation.
- w Plan and conduct review/evaluation.

### **Phase Two**

#### **Mid-Term Action ●**

***April 2005 - March 2010***

Based on reviews and evaluations, specific needs and further activities will be proposed. Mid term action may include expansion into other Oblasts.

### **Long Term Action ●**

Following reviews and evaluations, activities will be redirected or reinforced in order to ensure sustainability of the project activities.

### **Capacity of the National Societies ●**

#### **Belarus Red Cross**

The Belarus Red Cross is one of the largest independent non-governmental organisations in the country. It has 2,428,100 members, of whom 20,000 are active members. The youth Red Cross has 760,000 members, all considered active members. Volunteers participate in the visiting nurse programme, and youth and disaster preparedness activities. 80% of the active members are women.

The Belarus Red Cross covers the entire territory of Belarus through basic RC organisations in 116 Regional/Town Committees (Rayons) and in 6 Provincial Committees (Oblasts), Minsk Town and Railroad Committee.

#### **Moldovan Red Cross**

The Moldovan Red Cross is one of the country's largest independent non-governmental organisations. It has 120,000 members (based on the membership fees paid). Volunteers participate in the Visiting Nurses programme and disaster preparedness activities.

The Moldovan Red Cross covers the entire territory of Moldova through 43 Town/Rayon Committees, the Railway Committee and Chisinau Town Committee.

#### **Russian Red Cross (RRC)**

After the collapse of the Soviet Union in 1991, the RRC, formerly part of the "Soviet Alliance of Red Cross and Red Crescent Societies", resumed its independence. It found itself without state support, membership fees or fund raising skills, in a new political and economic environment. While trying to define its position in this new post-Soviet society, and rebuild strengths and resources, it continued some of its programmes with support from the International Federation.

The Society has 96 regional committees, 3,260 paid staff, 2,000 Visiting Nurses and 800,000 members, giving it a nation-wide community-based structure which can effect rapid and large-scale social mobilisation. The Society has agreements for co-operation with the Ministries of Health, Social Welfare and Emergency Situations, as well as with the Federal Migration Service. A new Strategic Work Plan (SWP) was approved in 1998 up to the year 2000.

#### **Ukrainian Red Cross**

The Ukrainian Red Cross is one of the largest independent non-governmental organisations in the country. It has 5,349,336 members, of whom 2,550,000 are active members. The Youth Red Cross has 2,237,312 members and all of these are considered as active members. Volunteers participate in the Visiting Nurses Programme (VNS), youth and disaster preparedness activities. 70% of the active members are women. The Society comprises 659 Rayon Committees, 24 Oblast Committees, Kyiv and Sevastopol City Committees and the Red Cross Committee of the Crimean Autonomous Republic.

### **Present Capacity of the Federation ●**

The Federation has at present a 24 person Delegation in Moscow (including temporary staff, working on other current appeals) a 13 person Delegation in Minsk, a Representative Office in Kyiv with 7 staff, and

a Liaison Bureau in Chisinau with 2 staff. The Moscow Delegation, through its Regional Health Co-ordinator, has established regular "Health Co-ordination Meetings", also in part covering Belarus, Moldova and Ukraine. Health staff from National Societies in those countries co-operate in planning, implementing and monitoring through the Federation infrastructure described above .

Monitoring will be co-ordinated by the Federation Secretariat. It will be based not only on reports received regularly from the field but also on frequent missions to the target countries. It will be carried out by field delegates, local National Red Cross Society experts in the countries of implementation and - on a temporary basis - consultants.

#### **Evaluation •**

An evaluation will take place after the completion of the second year of implementation and then every second year, alternating with the reviews taking place.

The Federation will invite all parties concerned to participate in such evaluations and to provide expertise. The Federation will inform all parties of the outcome of these evaluations through separate evaluation reports. Should findings point to changes, corrections or modifications of the original action plan, time schedule or budget, all concerned will be informed and provided addenda to the original plans or budget.

## ***Budget summary***

See Annex 1 for details.

Amounts in table below in CHF

<b>Country</b>	<b>1st year 1999</b>	<b>2nd year</b>	<b>3rd year</b>
Belarus	1,336,000	1,154,830	1,169,005
Moldova	1,215,000	889,154	889,154
Russian Federation	4,585,000	3,934,368	3,934,368
Ukraine	2,269,000	1,532,737	1,532,737
<b>Total</b>	<b>9,432,000 (rounded)</b>	<b>7,511,089</b>	<b>7,525,264</b>
<b>Grand Total for 3 years</b>			<b>24,468,353</b>

## ***Conclusion***

The current resurgence of TB, intensified by the spread of HIV/AIDS and the increase in STDs, makes urgent, large-scale, co-ordinated action imperative. For most of this century the four National Societies covered by this appeal have been actively involved in combating disease, including TB. They have therefore the capacity, experience and expertise to make an important contribution to the efforts that must be made by their governments to bring this major health threat under control. In addition, the necessary national and international structures to help their input are already in place. What the National Red Cross Societies of Belarus, Moldova, Russia and Ukraine require now is rapid support to enable them to act immediately and -- most important -- the security of mid-term and long-term commitments to this multi-year programme.

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