

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

6 December 2000

*appeal no. 08/99*

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*period covered: 17 August - 20 November 2000*

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*The TB programme was launched in March last year with a focus on raising awareness and combating tuberculosis and sexually transmitted diseases through long-term assistance to patients and their families, as well as public education on TB/HIV/AIDS/STDs and prevention measures. So far, the Red Cross has gained recognition among state authorities and health institutions which agree that a joint strategy must be developed to respond to the rapid spread of the diseases in the four countries. It is clear that through social and material support to TB patients and dispensaries the Red Cross has helped local authorities and health institutions in adapting modern international experiences to combating the diseases. The first phase of the programme ended before September; the four National Societies are now starting to implement the second phase.*

*This programme, in principle, closed on June 11, 2000. However, recently signed ECHO contracts necessitate a programme extension of the planned activities to the end of the first quarter of 2001. To ensure that these activities continue throughout 2001, TB/HIV/AIDS/STDs activities also form a key part of the Federation's 2001 appeal for Belarus, Moldova, and Ukraine.*

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### ***The context***

TB is spreading rapidly in the Russian Federation, Moldova, Belarus and Ukraine. In Russia, over 111,000 cases of TB were reported in 1996 - double the number of cases registered in 1991. Similar levels pertain in Belarus, Moldova and Ukraine. TB is most prevalent among the poor and their families, including

homeless, alcoholics, ex-prisoners and malnourished. In prisons, incidence rates are dramatically higher than among the general population.

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 cure 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.

Since the early 1980s HIV (Human Immunodeficiency Virus), 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 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 by thirty fold the risk of patients becoming ill with TB because the 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 (STDs) 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 years of 1990-1997 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. 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.

One of the main objectives of the programme is to raise awareness among the general public about the extent of the diseases, and also:

- to train Red Cross staff, Visiting Nurses and others for their role in care and prevention;
- to give social and material support, to encourage compliance with diagnosis and treatment;
- to support diagnostic facilities, essential for disease control;
- to make contingency for pharmaceuticals in the early stages of the programme.

In conjunction with the TB programme, the International Federation and the Russian Red Cross (RRC) are running two other relief programmes targeted to assist northern and far north-eastern communities. The first, launched on 29 October 1999 to assist 770,000 beneficiaries - multi-child families, orphans, pensioners, handicapped and homeless - in 22 Siberian and Far North regions of the Russian Federation is coming to a close. Another programme was launched in September, 2000 to assist 209,000 beneficiaries (mainly children) in the Russian north and far east. Similar but separate programmes were launched in Belarus, Moldova and Ukraine.

## ***Latest Events***

### **Russia •**

The HIV infection sickness rate this year in Russia is approximately 63,250 cases - the biggest number in recent years. These are only registered cases, the real figure might be 5-10 times higher. Over 70% of HIV infected people are drug-users. From 1 October, 9,300 HIV cases were registered in Moscow. Experts predict a rapid increase in the spread of HIV in Moscow in 2001. If the pace of HIV spread does not decrease, projections indicate Russia will have 600,000 HIV infected people by the end of this year.

The HIV treatment course costs one thousand dollars per month, and as the current health budget is just 44 million roubles (1,571,428 dollars), this would be enough to treat only 50 persons.

According to a Russian medical newspaper, tuberculosis takes more lives than any other infection in the country. TB infected 77.6 people per 100,000 in 1999 with a 10-30% increase of cases resistant to medication. The most serious outbreaks of drug-resistant TB are observed in health institutions, prisons and homes for elderly. It is estimated that the TB incidence in Russian prisons is roughly 40-60 times higher than in the civilian sector - that is greater than 3,000 per 100,000 prisoners in several regions. The increasing TB rate in prison is accompanied by decreasing cure rates.

### **Belarus •**

According to the latest data from the Ministry of Health, 52 people per 100,000 have TB in Belarus, which is almost twice as many as in the early 1990s. The most alarming situation is in the Gomel and Mogilev regions, with the incidence rates of 66.4 and 60.5 per 100,000 population respectively. Every day two persons become disabled and two die of TB in Belarus. All over the country, 20,552 TB patients are registered.

According to National AIDS Prevention Centre reports, there were 3,188 cases of HIV infection in Belarus as of 1 October, which is 436 more than at the beginning of the year. However, experts estimate that the real number of people carrying the virus is 10-12 times higher than officially registered. The greatest number of HIV patients - 2,289 - live in the Gomel region. Some 80% of HIV infection is transmitted mainly through intravenous drugs use. There are also many cases of sexual transmission and from an infected mother to her child.

A World Bank mission visited Belarus from 8 to 17 November to hold talks with the country's government on a possibility to implement a UN supported programme on TB and HIV/AIDS prevention. The visit included a meeting with the Federation Delegation.

### **Ukraine •**

According to the Ministry of Health, TB incidence rate in Ukraine increased almost 1.7 times (from 32.0 to 54.4 per 100,000 population) from 1990 to 1999. TB mortality rate rose 2.5 times (from 8.1 to 19.9 per 100,000 people). Since 1995, the TB incidence rate has acquired epidemic proportions. More than 675,000 TB patients presently live in Ukraine, including 118,000 smear-positive ones. Almost 20% of TB cases are caused by resistant mycobacterium.

Over 500 new cases of HIV infection are being registered in Ukraine monthly. For the last five years the number of new HIV cases increased 300 times. In March, the Ukrainian AIDS Centre registered 31,360 HIV infected people, including 1,434 children, which is 6,595 more than in a previous year. Since 1987, 53 children have got AIDS; 632 adults and 53 children died of AIDS. Eighty per cent of HIV infected people are drug addicts.

### **Moldova •**

Moldova ranks second in the number of TB infected per 100,000 people in Europe. According to a report from the Scientific-Practical Centre for Preventive Medicine, 142 TB cases, including three among children under 14 years old, were reported in the country in September this year. In 1999, TB sickness rate came to 71 per 100,000 population, and each year some 3,000 newly registered cases were reported.

The National Programme for TB Prevention in Moldova in 2001-2005 will be approved by the collegium of the Ministry of Health and submitted to the government by the end of this year. One of the main tasks is to bring the number of people cured from TB up to 85%. Particular attention will be paid to revealing new TB cases.

About two thirds of the Moldovan population currently live below the poverty line. The number of people who could afford medical aid reduced up to 40% during the last year. Health Ministry experts say that medical institutions in the country receive only 10-20% of necessary funding.

Delays in salary payments to medical workers, lack of medicine, non-standardised treatment, poor reliance on microscopy and other shortcomings, including old approaches to TB treatment, still exist. However, national health authorities and TB specialists are trying to change the existing system, willing to adopt the DOTS strategy.

The World Bank approved a USD 10 million credit for the Health Investment Fund Project in Moldova. It aims to improve the situation in this sphere and increase the quality and efficiency of public health sector, providing better access to medical services. Tuberculosis and AIDS control is a priority.

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

### **Russia •**

The ECHO/British Red Cross project for Russian Siberian regions of Buryatia, Kemerovo, and Tomsk entered its second phase in June and will continue till the end of February, 2001.

An RRC Central Committee team visited Buryatia in September to advocate TB treatment reform and encourage closer co-operation among all parties.

From 17 to 20 October the Federation and Russian Red Cross team together with a Red Cross TB consultant visited the Tomsk region in western Siberia to meet with local Red Cross committee representatives, administration, health and TB authorities. The main goals of the field trip were to review progress of TB control activities during the first year of Red Cross programme implementation and make specific recommendations for modifications/improvements to be made during the second year.

At the same time, from 17 to 21 October, the Delegation's health co-ordinator, a Red Cross TB consultant and an RRC representative conducted a field trip to the Siberian region of Kemerovo to meet local authorities, Health Ministry officials, TB doctors and regional Red Cross committee representatives; to carry out monitoring and to evaluate phase one of the programme.

The second phase of the ECHO/Danish Red Cross project for Russian European regions of Astrakhan, Arkhangelsk, Murmansk and Pskov started in July and will continue to the end of April, 2001.

A field trip to Astrakhan was conducted by the Federation and RRC team and Kirgiz Red Crescent representatives at the end of July to demonstrate TB programme implementation to the latter and share experience for them to start a similar programme in Kirgizstan. Local Red Cross health department representatives, regional TB authorities and TB patients were visited. The Federation and RRC team carried out monitoring of progress under the programme.

From 14 to 16 November the Federation and RRC health/TB co-ordinators, Danish Red Cross representatives, the Federation's nursing advisor and information delegate and a "Knight Ridder" (American newspaper group) journalist conducted a field trip to Pskov to cover the TB programme implementation, introduce the second phase of the programme to the Danish Red Cross desk officer and health advisor, and carry out monitoring.

During the reporting period a TB project in Oryol region funded by WHO/USAID was added to the TB programme. On 15 October, a launch was held with the participation of the Federation, the RRC, and WHO representatives, a vice governor of the region, local authorities, the AIDS centre chief doctor, health/TB service and social welfare representatives. Local TV, radio and print media covered the event.

The objectives of the project are to assist regional TB services in introducing the WHO-approved TB control programme in the region; raise TB awareness among the general population and regional authorities; provide direct observation treatment and home care for TB patients and social support to the most vulnerable among them; and to improve compliance of treatment.

Eight visiting nurses, the TB medical co-ordinator and social assistant were hired in the local Red Cross committee; a tender was held to purchase office equipment and a vehicle; and a plan of action was designed. In close collaboration with local TB dispensaries the Oryol Red Cross committee representatives developed a list of beneficiaries consisting of 80 most vulnerable TB patients. A tender was held for soup kitchen supplies and procurement of albumen kits. The local Red Cross is now carrying out a tender for family food parcels (FFPs) and procurement of hygiene kits.

A seminar on home care with a component of care for TB patients was held from 2 to 15 October for eight Oryol visiting nurses.

From 8 to 15 November, a Russian Red Cross team visited Kemerovo, Tomsk and Buryatia to conduct monitoring and financial checks, met with local TB authorities and administration, and held a training seminar for medical co-ordinators and social managers from the three regions and Oryol.

Targeting of assistance improved in all seven regions with programme teams becoming more experienced in their work. Good co-operation with TB authorities continues Astrakhan, Arkhangelsk, Buryatia, Kemerovo and Tomsk, while good relationships are developing in Pskov and Murmansk.

Nutritional support through hot meals and albumen kits continued according to the programme guidelines.

Region	Patient group	August			September			October		
		No. patients	Hot meals	Albumen kits	No. patients	Hot meals	Albumen kits	No. patients	Hot meals	Albumen kits
Buryatia	Adults	179	1 239	228	222	2 717	1 189	322	3 102	934
	Children	64	249	332	108	1 242	840	118	1 236	880
Kemerovo	Adults	200	8 247	0	435	9 272	180	570	9 247	300
	Children	100	5 721	0	273	6 001	0	300	6 001	0
Tomsk	Adults	234	1 840	3 309	231	1 785	3 033	280	1 870	3 134
	Children	45	0	1 025	44	0	1 236	61	0	1 183
Arkhangelsk	Adults	110	1 980	0	107	1 748	0	108	1 507	0
	Children	52	847	0	30	628	0	58	694	0
Astrakhan	Adults	151	1 228	1 521	126	1 331	1 570	159	1 400	1 585
	Children	58	1 024	0	79	1 413	0	89	1 614	0
Murmansk	Adults	84	781	1 157	89	662	1 078	95	436	1 110
	Children	0	0	0	0	0	0	14	256	0
Pskov	Adults	72	0	1 588	75	0	1 620	138	0	2 690
	Children	0	0	0	0	0	0	0	0	0

Tenders and procurement of food and hygiene parcels took place during the reporting period, and distributions have started (though few reports have been received from the regions as yet). Each FFP contains 4 kg flour, 2 kg sugar, 2 kg macaroni, 1 litre of vegetable oil, 4 cans beef, 2 cans sweet condensed milk, 500 g tea, 1 kg oats, and 100 g yeast. Hygiene kits consist of 2 bars of household soap, 2 bars of toilet soap, a bottle of shampoo, 1 tube of tooth paste, a tooth brush, and 1 box of detergent.

Between July and September, 1,148 assessment visits to new TB patients took place across the seven regions targeted under the ECHO funded operation. A total of 10,635 further visits were conducted to provide DOTS treatment to patients on the programme; 705 visits took place to trace patients who interrupt their treatment, and a further 13,688 standard home care visits were made. A total of 864 TB contact children's visits were made.

Booklets, leaflets and posters on TB and HIV/AIDS were reprinted during the reporting period for the seven regions funded by ECHO and for the Oryol project funded by WHO. On request from the latter, several booklets were reprinted adding the World Health Organisation's logo with Red Cross and ECHO permission. The distribution of printed media to TB patients, other target groups and the general public was conducted during the reporting period. Two videos on the TB programme were created by the Russian Red Cross Press Service and the delegation's information department, and sent to the regions. Over 600 discussions and lectures were organised by Red Cross visiting nurses and volunteers, and 2,512 TB patients and/or their families were directly provided with information by visiting nurses.

Volunteers are active to differing degrees in all regions. In Tomsk, three volunteers (ex-medical professionals) were trained and are providing directly observed treatment within the Red Cross programme to nine patients in outlying rural areas, which are inaccessible on a daily basis to Red Cross nurses.

Training of trainers workshops "Basis of Homecare" and "Care for ambulatory TB patients" were arranged on 25-29 September for 21 participants from all over Russia. New RRC manuals on "Care for ambulatory TB patients" (basic level and instructor level) were distributed to the participants.

A TB consultant from the Finnish Red Cross visited Russia on 13-22 September to participate in a conference on TB curriculum for medical students and post graduates. The conference was organised by the Phthysiopulmonology research institute with the participation of deans and professors from Russian medical schools.

In the beginning of September meetings were held with the Canadian Red Cross Desk Officer and the German Red Cross President to discuss possible co-operation with the RRC on health programmes.

### **Belarus •**

The second phase of the TB/VNS programme funded by ECHO from 1 August, 2000 to 31 March, 2001 continues its support to 1,150 beneficiaries in the three pilot areas: Gomel and Mogilev regions and Minsk city. Throughout August-September, 2000, a package of organisational and methodical documentation for the new phase of the programme was elaborated, with due regard to recommendations of the review/mapping mission carried out by external consultants in the spring of 2000, and ECHO/Federation requirements.

During the reporting period 120 visiting nurses were appointed to deliver services under the programme: 56 in Gomel region, 43 in Mogilev region and 21 in Minsk City. The target group of TB patients is selected following recommendations of the review mission. In this programme period, the target group is new and consists of relapse cases of non-resistant pulmonary TB (WHO category 1 and 2) who have been transferred to the ambulatory phase of treatment.

The MoH reconfirmed its commitment to observe recommendations of the review mission in terms of categories of TB-patients covered by the Red Cross programme, uninterrupted drugs supply, introduction of WHO registration and reporting documents and support to setting up soup kitchens. The division of labour in observed treatment between TB dispensaries and the Red Cross became clearer.

Compliance monitoring covered for 1,136 TB patients in the ambulatory phase of treatment; 806 of these have been receiving drugs at home and 330 at 23 Red Cross medico-social centres (12 in Mogilev, 10 in Gomel and 1 in Minsk). A total of 255 bus tickets were distributed to TB patients to facilitate their attendance to medico-social centres and TB dispensaries and 276 bus tickets were given out to visiting nurses to ensure communication with TB dispensaries and TB patients served by home visits. Over 960 volunteers (family members and relatives) are supporting the nurses in direct observation of treatment. Over the past three months, 39 of those patients covered by the programme have fully completed their course of treatment.

A project proposal to support the Belarus Red Cross visiting nurses service has been approved by the Swiss Red Cross. The allocation of CHF 40,000 will be utilised to provide top-ups to VNS salaries during four months and to supply syringes and dressing materials for 117 medico-social centres. Further support to the Belarus TB programme may be provided by the Swiss Red Cross through the Swiss Lung League which is considering a participation of CHF 30,000-50,000.

Three soup kitchens were set up in all three pilot areas in September continue to provide hot meals to 50 TB-patients for whom compliance monitoring is ensured by the VNS. Over the past three months, 1,206 hot meals were distributed.

By the end of October, some 1,100 food parcels were procured and distributed for the first distribution round. Bidding for procurement of 2,200 food parcels for the next two rounds is finalised. Some 460 kg of soap and 3,500 kg of powdered detergent were procured to cover two distribution rounds of 1,150 hygiene kits and restock 117 Red Cross medico-social centres with detergents. In November, hygiene kits will be completed with disinfectants and distributed to beneficiaries. The procured hygiene items are currently stored at a warehouse offered for free by the Ministry of Health. Plastic bags to carry hygiene items will be made in November.

Two workshops for volunteers were conducted to raise awareness of TB, HIV/AIDS and youth involvement in Red Cross work in Minsk (23-24 October) and Gomel (26-27 October). Some 20 % of the volunteers participated in the workshops were relatives of TB patients. Special emphasis was placed on the new Federation Policy on Volunteering, and community mobilisation to prevent HIV/AIDS presented by UNAIDS in Belarus.

In preparation of home care training for nurses, the Belarus Red Cross TB programme manager attended the VNS training course in Oryol in Russia. The training curriculum of the Russian Red Cross VNS is now being adapted for the Belarus TB programme.

A plan to support an information and education campaign on TB, HIV/AIDS prevention and control was prepared. The activities under this plan are designed to raise awareness among wide public, mass media, state organisations and NGOs. A briefing for journalists was organised at the Belarus Red Cross Head Quarters and attended by the representatives of 10 newspapers and news agencies. A press release, distributed at the briefing, presented the TB situation in Belarus, the accomplishments of the first phase of the TB programme and highlighted the objectives of the second phase. Themes for publications and TV/radio programmes were drafted, 15 articles on TB prevention and treatment have been already published and six radio and TV programmes broadcast. Red Cross volunteers were provided with an information bulletin "Red Cross against TB" to be used for their work with general public.

During a visit to the Minsk region on 20 September, the Federation's Secretariat Desk Officer was introduced to the Implementation Team of the Belarus Red Cross Society and was acquainted with the work of the Zavodskoi district Red Cross branch in Minsk City, where a medico-social centre renovated under the previous ECHO contract accommodates a TB drugs distribution point.

## **Ukraine •**

The second phase of the TB/VNS programme funded by ECHO started on 1 September and will continue to 31 March, 2001. Psycho-social and relief support to TB patients and monitoring of DOTS strategy is carried out in Kiev city - the only pilot area, complemented by training and equipping visiting nurses service as well as implementing public awareness campaign nation-wide.

On 2 October, six soup kitchens run by VNS, in co-ordination with TB institutions in order to ensure DOTS treatment, started operating and assisting 600 beneficiaries. Tenders for the procurement of 3,600 food parcels have been finalised and sent to Geneva for approval. The first tender commission for the procurement of 1,800 hygiene parcels was scheduled for early November. Target groups - TB patients

with new active cases, and TB patients with acute/relapsed cases -- will be provided with food and hygiene parcels through home visits of the Ukrainian Red Cross visiting nurses.

A request for quotation on 430 nursing kits for the Ukrainian suppliers to participate in international tendering was elaborated and agreed. The suppliers are in the process of preparing their quotations.

Two seminars for VNS instructors and two workshops for visiting nurses as well as criteria on the selection of trainees have been developed by the Ukrainian Red Cross. A production schedule of training manuals for visiting nurses and VNS instructors is being prepared.

### **Moldova •**

Relief and social components for the new phase of the ECHO-TB/VNS programme, ongoing until 30 April, 2001 are being implemented in the northern part of Moldova - Edinet and Balti districts; while Chisinau serves as a focal point for visiting nurses training. Food and hygiene parcels will be provided to some 1,250 beneficiary families (about 7,500 people). A mass media campaign will target general population of the country.

On 27 September, a Belgian Red Cross representative started a six month mission in Moldova as a relief/logistics delegate for the Moldova TB programme. Due to the delegate's late arrival, implementation of the programme was one month delayed and started only in October.

Beneficiary lists are drawn up, tender conditions for food supplies published and requests for checking quality of food items forwarded to respective laboratories.

## ***Outstanding Needs***

Long-term funding of the TB programme is a critical issue. ECHO is planning to phase out from Russia, Belarus, Moldova and Ukraine in 2001. In this context, there is an acute need for ongoing external support to carry out preventive, relief and training activities to help combat TB/HIV/AIDS/STDs, to educate the general population, and to support programme beneficiaries.

## ***Contributions***

See Annex 1 for details.

## ***External Relations - Government/UN/NGOs/Media***

### **Russia •**

Seventeen newspaper articles and two television features on the programme appeared in local media. On 7 September the Delegation's health co-ordinator participated in the Interagency TB co-ordinating group meeting, organised by the WHO in Moscow. From 18 to 20 September the representatives of the Russian Red Cross and the delegation's health departments attended the international conference on information systems and TB monitoring, arranged by the Phthysiopulmonology research institute. The RRC and delegation team presented the Red Cross database for TB programme monitoring. From 21 to 22 September, the RRC and the delegation representatives presented the TB programmes at a WHO TB donor meeting.

A meeting with the Department for International Development (DfID) representatives was conducted on 26 September to discuss possible co-operation in Kemerovo and Samara within the DfID/TB project. On 28 September a meeting with the IOM health adviser was conducted to discuss future collaboration. The IOM have expressed an interest in the programme in Astrakhan, and DfID is planning to start operating in Kemerovo in 2001.

A proposal to support the programme in Murmansk and Archangelsk was submitted to the Norwegian Red Cross/Barents Secretariat - an intergovernmental organisation of countries situated in the Barents sea region. There have also been contacts with the Swedish Embassy, Swedish Red Cross and Danish Red Cross. Also, a meeting with the ECHO Moscow office took place in October.

On 16-17 November a field trip to Oryol was conducted by the Delegation's health co-ordinator, WHO and CDC (Centre for Diseases Control from Atlanta, USA) representatives to monitor the implementation. The health co-ordinator participated in regular meetings of the WHO/UN health group to discuss common country assessments.

On 28-29 October the Delegation's health co-ordinator participated in a meeting of an international working group on TB training and education co-ordination in the former Soviet Union, which was held in Copenhagen.

On 4 and 21 October, visits to MSF (Moscow) were made to discuss possible co-operation in Kemerovo. On 20 October a meeting with Merlin was held to discuss co-operation in Tomsk.

### **Belarus •**

During the reporting period, the head of TACIS Minsk office informed the Belarus Red Cross that a previously planned meeting for a TB/VNS project could not be fulfilled due to insufficient funding.

From 18 to 22 September, a WHO team carried out a TB assessment mission in Belarus. Their findings were discussed at a meeting in the Minsk Delegation office with the participation of the National TB Institute director, the delegation's health delegate and the Belarus Red Cross TB programme manager. A growth of multi-drug resistant tuberculosis due to a lack of medicine has caused a serious concern, and it has been agreed to co-ordinate TB control efforts through active involvement of the WHO regional office and the Ministry of Health.

On 27 September, a Minsk Delegation team, including the head of delegation, the health delegate, the TB programme officer and the information officer participated in an opening ceremony of a new medico-social centre in Rogachev, Gomel region. A meeting with local authorities was organised.

On 3-8 October, the Danish Red Cross TB programme co-ordinator visited Belarus to carry out joint monitoring of the ongoing TB programme. Following the visit, the Danish Red Cross confirmed its readiness to continue co-operation with the Belarus Red Cross to complement current TB programme with more funding. There is also a possibility to receive further donations of second-hand clothes for the TB programme beneficiaries.

Good working relations were developed with the UNDP office in Minsk through UNAIDS participation in workshops for volunteers. Each participant of the workshops received a UNAIDS information package. Weekly reviews of events, conferences, statistics and tendencies of the global and regional HIV/AIDS epidemic based on information sources of the UNAIDS HQ in Geneva is regularly e-mailed to the three National Societies. A feasible outcome of further co-operation would be documentation of Belarus RC efforts to respond to the HIV/AIDS epidemic in the UNAIDS Summary Booklet of Best Practices.

In August, a special HIV/AIDS issue of the quarterly newsletter "News from the International Red Cross and Red Crescent Movement" was produced and further distributed to national societies, governmental organisations, Embassies and international organisations based in the three countries.

From 12 to 17 June a Danish RC Information officer and photographer visited Belarus, several articles and pictures were posted on the Danish RC web page. An article was written for the Danish magazine "Help" and an information brochure was prepared.

In October, a circular letter on ECHO visibility was prepared by the Information officer and sent out to the national societies to sort out logo issues and have a standard approach to ECHO visibility in all three countries.

### **Ukraine •**

In August, a political affairs officer from the EU Delegation in Ukraine provided information on the EU/TACIS plans to announce tenders for implementing programmes on TB combating and health reform in Ukraine. The Ukrainian RC is planning to participate in the tender, preparing to present the visiting nurses service as a strong component of rendering health services.

In September, a press-conference was held within a bilateral German RC/ Ukrainian RC 12 months Street Children project; leaflets on TB/HIV/AIDS and other STDs prevention were distributed among the target group.

A press-conference for central mass media representatives was conducted on 10 October in Kiev and dedicated to the Ukrainian youth action "Together with Red Cross against TB" to draw youth attention to the TB epidemic by using mass-media means. On 22 October, a public awareness event "Say No to TB" specifically targeting youth was organised on the main street of the Ukrainian capital. A nation-wide information campaign on TB prevention was launched by the Ukrainian RC on 1 November. The TB working group prepared a draft booklet on TB prevention for the general public.

In September, a full set of information/education materials on TB/HIV/AIDS produced in Belarus, Moldova and Ukraine was prepared and handed over to the EU Delegation of the European Commission in Ukraine.

### **Moldova •**

In October, an information/education campaign started: five radio and TV programmes on Moldovan Red Cross activities regarding TB/HIV/AIDS prevention were prepared and broadcast over the National Radio and TV. The National Television also broadcast two educational videos on TB and HIV/AIDS prevention and Moldovan RC visiting nurses' contribution to fight against tuberculosis.

On 3-12 October, the ECHO Desk Officer visited all the three countries to monitor the implementation of the ECHO funded TB/VNS projects through meetings with the management staff of the national societies and Federation representative.

## ***Conclusion***

Red Cross activities to combat TB/HIV/AIDS/STDs had an impact both on the general population and local authorities in the four countries. Governments and NGOs agree that the Red Cross is an ideal partner due to its decentralised structure and ability to mobilise resources.

The programme entered its second phase and it is necessary to move on in order to meet long-term objectives. The national societies have the capacity and experience to make an important contribution to the efforts of their governments to bring this health threat under control. However, an alarmingly high rate of TB and HIV/AIDS infections, economic problems and crisis in health care systems require additional fund-raising efforts to be undertaken to secure further commitments to this multi-year programme.

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**This and other reports on Federation operations are available on the Federation's website: <http://www.ifrc.org>**

BELARUS, MOLDOVA, RUSSIA, UKRAINE - HEALTH						ANNEX 1
APPEAL No. 08/99		PLEDGES RECEIVED			12/11/00	
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
<b>CASH</b>						
REQUESTED IN APPEAL----->				9,432,000	01/01/99	144.86%
BRITISH - RC		14,787	GBP	37,411	06.12.00	VNP/TB FOR RUSSIAN RC
DANISH - RC		10,000	DKK	20,860	21.06.00	TB/HIV/AIDS/STD & VNS
ECHO - BRITISH RC (01001)		730,000	EUR	1,168,000	09/02/99	RUSSIA
ECHO - BELGIAN RC (02023)		745,000	EUR	1,191,702	08/13/99	MOLDOVA
ECHO - DANISH RC (01002)		1,010,000	EUR	1,615,596	09/09/99	RUSSIA
ECHO - DANISH RC (02022)		970,200	EUR	1,524,766	07/21/99	BELARUS
ECHO - GERMAN RC (2028)		2,930,000	EUR	4,686,828	09/17/99	UKRAINE
ECHO		600,000	EUR	916,680	03.08.00	UKRAINE, VISITING NURSES SERVICES & SUPPORT TO TB PATIENTS
ECHO - DANISH RC (09002)		500,000	EUR	763,900	01.11.00	RUSSIA - VISITING NURSES
ECHO - BRITISH RC (09001)		500,000	EUR	763,900	21.11.00	VISITING NURSES AND % SUPPORT TO TB PATIENTS IN 3 SIBERIAN REGIONS
ICELANDIC - RC		3,000,000	ISK	60,228	03/24/99	
IRELAND - RC		2,393	IEP	4,873	09/30/99	
FINNISH - RC		25,230	EUR	40,482	08/09/99	
NORWEGIAN - RC/GOVT				139,100	06/02/99	HEALTH DELEG. 10% RC/ 90% GOVT
SWEDISH - RC		825,000	SEK	150,810	08/17/99	RUSSIA - VISITING NURSES
SWITZERLAND - RC				50,000	11/01/99	BELARUS
<b>SUB/TOTAL RECEIVED IN CASH</b>				13,135,136	CHF	139.26%
<b>KIND AND SERVICES (INCL. PERSONNEL)</b>						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
DANISH - RC		1,135,000	DKK	244,820	07/27/99	Used clothes - 4 trucks (Russia & Belarus)
DANISH - RC/GOVT		592,663	DKK	127,482	07/08/99	HEALTH DELEG, STAFF ON LOAN
Belgium	Delegate(s)			14,949		
Denmark	Delegate(s)			48,131		
Great Britain	Delegate(s)			10,513		
Belgium	Delegate(s)			19,877	06/15/00	Year 2000
Denmark	Delegate(s)			26,776	06/15/00	Year 2000
Great Britain	Delegate(s)			35,154	06/15/00	Year 2000
<b>SUB/TOTAL RECEIVED IN KIND/SERVICES</b>				527,702	CHF	5.59%
<b>ADDITIONAL TO APPEAL BUDGET</b>						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
<b>SUB/TOTAL RECEIVED</b>				0	CHF	