

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

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The TB/HIV/AIDS/STDs programme, launched on 12 March in response to the rapid spread of these diseases in Russia, Moldova, Ukraine and Belarus, has received little funding, and implementation of activities such as training workshops for visiting nurses and procurement of hygiene items and medication to assist vulnerable beneficiaries has therefore been delayed in all four countries. Despite the funding constraints, organisational work related to TB co-ordination and training workshops in Moscow and Kiev continues, as well as other activities which are underway in the regions.

The context

The spread of tuberculosis (TB) in the Russian Federation, Moldova, Belarus and Ukraine continues. In Russia, over 111,000 cases of TB were reported in 1996 - double the number of cases registered in 1991. The incidence of TB is at about the same level in Belarus, Moldova and Ukraine. TB disproportionately affects the most vulnerable, particularly the homeless, alcoholics, ex-prisoners and malnourished. In prisons, incidence rates are dramatically higher than among the general population.

Poor TB control measures and inappropriate treatments 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.

Since early 1980, the Human Immunodeficiency Virus (HIV), the causative agent of AIDS, has been spreading throughout the world. Currently this pandemic is the leading global public health problem. According to the latest figures of UNAIDS and WHO, an estimated 33.4 million people world-wide are living with HIV/AIDS; 770,000 in Europe, with 270,000 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 number of affected persons in the past few years.

HIV increases the risk of patients becoming ill with TB by 30%, 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 (STD's) 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. During the first seven years of this decade, syphilis increased by 50% in CIS countries, including rates of 200 to 500 times greater in Russia, Belarus and Ukraine compared to Western Europe. As both national and international health authorities now recognise, the situation will worsen over the next few years no matter what measures are taken. 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 the level of awareness among the general public about the magnitude of the problem, the mode of transmission, and the methods of control, as well as implementing the following actions:

- w** training of Red Cross staff, visiting nurses and others in care and prevention;
- w** social and material support, to encourage treatment compliance and early TB detection;
- w** support to diagnostic facilities, essential for disease control; and
- w** contingency for pharmaceuticals in the early stages of the programme.

In addition to the TB programme, the Federation is also implementing a Winter Emergency programme in the four countries (launched on 30 September 1998). The social support element of the TB campaign is complementary to the WEA programme, with assistance targeted to 1,631,500 beneficiaries (multi-child families, orphans, pensioners, handicapped and homeless) in Belarus, Moldova, Ukraine and Russian Federation. The programme is coming to an end and remains only 50% covered. Despite the constraints encountered, the programme has managed to fulfil the objectives and provide assistance in the form of food parcels, soup kitchens, winter shoes and clothes to the intended beneficiaries.

Latest events

Belarus w

Some 2,480 HIV-infected people were registered in Belarus by the National AIDS Prevention Centre at the beginning of May, 139 people more than at the beginning of the year. Most of them are residents of the Gomel region: 1,936 HIV-infected people, including 82 this year. Some 253 infected persons live in Minsk, 107 in the Brest region, 87 in the Mogilyov region, 42 in the Vitebsk region, 39 in the Minsk region, and 16 in the Grodno region. According to experts, the real number of HIV-infected people in Belarus is 10-12 times higher than reported. Over 90% of the infected people in Brest are drug addicts. Some of them have already developed AIDS and their life expectancy is considered to be short.

The Second International Conference on Hepatitis and AIDS prevention, organised by the Belarusian Ministry of Health, the National Academy of Sciences, and the Scientific Research Institute of Microbiology, took place in Minsk on 13-14 May to work out and finalise long-term programmes aimed at prevention, diagnostics and treatment of hepatitis and AIDS, and to exchange information about the achievements in the area. The organisers of the conference believe that the Conference helped to enforce research aimed at developing a Belarusian vaccine against hepatitis.

Moldova w

According to epidemiologists, the number of TB cases in Moldova increased 64% since last year due to poor living conditions in the country. Health institutions are underfunded, and experts predict the possible emergence of a very dangerous disease - TB meningitis (one similar case had been reported in 1993).

According to the Centre for Preventive Medicine, the number of drug addicts in the Chisinau municipality increased since the beginning of this year. About 900 drug addicted people were registered last year, 96% of them young people under 30 years of age. Some 85% of AIDS carriers in Moldova are also drug addicts. At the beginning of May, there were 20 AIDS carriers per 100,000 person in the country. In Chisinau, the rate is 41 per 100,000 persons. The municipal drug-abuse clinic, closed in 1997 due to poor conditions, will soon move to a new building and is expected to admit more than 7,000 Chisinau citizens annually to a new facility for the respective course of treatment.

Russia w

Due to poor economic conditions, the social safety net has decreased and more people are considered vulnerable with little or no means of support. The general state of the public's health is worsening, and the means to buy even simple medicaments has decreased due to shortages and high prices in pharmacies. As the disease is spreading rapidly throughout the country, these people, particularly the malnourished, multi-child families, orphans, ex-prisoners, are at high risk of becoming TB infected. The trend is indicated by the TB mortality rate which is steadily increasing; seven cases per 100,000 population had been recorded in 1989, but had risen to 17 per 100,000 in 1996.

The prevalence of the disease is also connected to malnutrition, insufficient drugs in hospitals, and antiquated diagnostic equipment.

TB treatment is a long process which requires attentive control: 200 days and USD 100 is needed to treat one infected person. Inadequate therapy develops drug resistant tuberculosis, which takes 600 days and USD 20,000 - 200,000 to treat. In attempts to combat the further spread of the disease, the Ministry of Health decided to purchase and distribute medication for TB infected people across the Russian Federation.

At the end of May the Ministry of Home Affairs and the Ministry of Health organised a meeting (with Merlin and MSF) to discuss the problem of tuberculosis in prisons, where the situation is much worse than within the general population. According to the Ministry of Health, there are 12,000 active cases within the prison system of which 30% are untraceable due to failures in the administrative systems when prisoners return to society at large. This is clearly a serious risk as many of these people have drug resistant tuberculosis.

Red Cross/Red Crescent action

Belarus w

Initial plans are to start providing food and hygiene parcels to 3,000 TB patients and hot meals to 300 TB patients in Gomel oblast, Moghilev oblast and Minsk. Organisational work for setting up soup kitchens and solving other technical issues is underway.

In the near future the agreement on further collaboration between the Belarusian Red Cross and the Ministry of Health is expected to be concluded with reciprocal commitments.

Moldova w

The three districts of Kolorazhskiy, Hincheshty and Chisinau were chosen for the implementation of the TB programme to support 200 TB patients in Moldova.

The Moldovian Red Cross is working on an ECHO funding application to present to the Belgian Red Cross in early June. Some pledges were earmarked to support the Visiting Nurses Services and to start the TB/HIV/AIDS programme, covering health education and training needs (EUR 1 million for Belarus; EUR 3 million for Ukraine; and EUR 780,000 for Moldova).

Russia w

The British and Danish Red Cross, together with the Russian Red Cross (RRC) and the Federation, are gathering information and preparing applications for submission to ECHO. On 13-15 May an information and development meeting was held in Moscow involving the representatives from the Secretariat, the Relief and Health Services, British and Danish Red Cross, and the Moscow and Minsk Delegations.

A two-day TB training seminar was held in Moscow on 13-14 May with the participation of the chairpersons of nine RRC regional committees involved in the programme, heads of visiting nurses and regional TB clinic representatives. The seminar aimed to raise awareness among the chairpersons of regional Red Cross committees and relevant participants about the TB and the programme. Dr. Khomenko from the Central Clinic of Tuberculosis held a lecture on the modern methods of TB diagnostics, its nature and treatment.

Two regions - Kemerovo and Astrakhan - have started to implement the programme by their own means and shared their experience with others. All Kemerovo visiting nurses and 300 volunteers trained in Kemerovo Red Cross have already started to work with TB patients and their families. During the last four months in Astrakhan some 200 TB-infected children were assisted with hot meals in soup kitchens; their doctors have asked for a continuation of the programme in order to finish a phase of treatment, which lasts six months.

Ukraine w

The international seminar "Community against TB and AIDS", facilitated by the Federation and organised by the Ukrainian Red Cross for Belarus, Ukraine and Moldova was held in Kiev on 17-18 May, involving heads of the Red Cross National Societies, Visiting Nurses, regional Red Cross branch chairpersons, the Ministries of Health and health institutions representatives.

The Red Cross National Societies of the three countries presented their TB/AIDS programmes, the definition of actual target areas to start the programme, the number of beneficiaries, and types of support intended. The main aspects included information, education, communication, international experience, social support, training, visiting nurses support, drugs and materials.

The WHO's Ukraine representative informed the listeners about the appropriate WHO recommendations regarding the introduction of the DOTS (Directly Observed Treatment Shortcourse) strategy. He also added that the Ukrainian government, together with WHO, are working on an agreement for the introduction of the DOTS strategy in two regions.

It was decided that only four out of 27 regions of Ukraine will be engaged in the implementation of the programme: Zhitomir (173 visiting nurses or VN's), Cernigovskaya oblast (115 VN's), Cercasskaya oblast (217 VN's) and Kiev (157 VN's).

The Ukraine Red Cross now needs to establish a Health Department and a Co-ordinator, but this process has not yet been initiated. The department, together with the Federation, worked actively on ECHO applications and presented their work to the German Red Cross for submission.

Outstanding needs

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External relations - Government/UN/NGOs/Media

The third interagency meeting called by WHO was held in Moscow on 25 May with the participation of all international health agencies working in Russia, chaired by the Federation Health Co-ordinator.

A WHO representative is planning to visit the Moscow Delegation Health Department to discuss further co-operation.

The international seminar in Kiev received good media coverage in Ukraine. The information was sent to central, regional and municipal newspapers through the national information agencies DINAU and UNIAN. Ukrainian TV journalists interviewed Dr. Hakan Hellberg, the IFRC representative, and the President of the Zakarpattye Regional Red Cross Committee. The World News Service of Ukraine has broadcast the information abroad. Many local radio programmes provided detailed information about the role of society in the struggle against TB and AIDS. Interviews with the IFRC representatives Michael Pelly, Geir Nedgaard, and the President of the BRCS, Anton Romanovsky, were broadcast on the Ukrainian radio.

On 19 May, the Relief Delegate and the Information Officer participated in a roundtable organised by the World Bank in Kiev, to discuss the donors' support to the health care reform process in Ukraine. A brief presentation of the following health programmes was made: Chernobyl Humanitarian Assistance and Rehabilitation Programme (CHARP); Visiting Nurses Service (VNS); TB/HIV/AIDS Programme; Community Based First Aid (CBFA) and Population Movement. Some printed materials were issued and distributed.

Contributions

See Annex 1 for details.

Conclusion

Tuberculosis is a public health issue of paramount concern in all four countries targeted in this Appeal. The traditional role of the RRC in impeding the spread of the disease and delivering relief to infected people is now even more important. Many doctors and hospitals are actively seeking Red Cross assistance as one of the few viable options for those infected and who are considered most vulnerable.

Peter Rees-Gildea
Director
Operations Funding and Reporting Department

Renny Nancholas
Director
Europe Department

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