

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

11 January 2000

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period covered: May - December 1999*

After a long period of organisational work, 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 the anticipated donor support. The programme started to fulfil its objectives by conducting visiting nurses training seminars, distributing food and hygiene parcels, and conducting public information campaigns in all four countries. Programme co-ordinators have arrived in Russia and Belarus to begin programme implementation and co-ordinate further monitoring as well as ECHO reporting.

The response to the appeal resulted in overfunding of the Belarus and Ukraine programmes, while the Moldova and Russia programmes were slightly underfunded. Due to tight earmarking, funds cannot be transferred between programmes. A budget, revision is in process, and will be presented with the next situation report.

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 have been registered in Belarus, Moldova and Ukraine. TB is most prevalent among the poor and their families, including 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 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. The immune status is affected by poor nutrition, excess alcohol intake, certain drugs and HIV/AIDS.

According to the latest figures of UNAIDS and WHO, an estimated 33.4 million people in the world 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 the risk of patients becoming ill with TB thirty fold, 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 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, with rates 200 to 500 times greater than in Western Europe. As both national and international health authorities now recognise, despite the measures being 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 the awareness and among general public about the extent of the diseases, and also:

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

In addition to the TB programme the Federation is running a Far North-east programme in Chukotka, Kamchatka (including Koryak okrug), and Magadan, bringing assistance to 82,000 beneficiaries, marooned in these remote areas in terrible living conditions. Due to a slow start, the operation has been extended till 31 January 2000, an extension which is needed for all beneficiaries to receive food parcels, hygienic kits, medical supplies and other assistance.

On 2 November a winter appeal was launched to assist 770,000 beneficiaries in the Northern and Siberian territories of Russia, including the three targeted under the Far North-east appeal. The programme seeks CHF 47,500,000 in order to bring relief to the most vulnerable people in 21 remote regions of Nenetsk AO, Altay kray, Altay Republic, Taymyr AO, Evenk AO, Tyva Republic, Chukotka AO, Koryak AO, Magadan, Kamchatka, Sakha Republic (Yakutia), Khakassia Republic, Buryatia Republic, Chita, Komi Republic, Komi-Perm AO, Kirov, Kurgan, Tyumen, Yamalo-Nenetsk AO and Khanty-Mancy AO. Similar winter programmes were launched in Belarus, Moldova and Ukraine.

Latest Events

Russia

Registered HIV cases in Russia have doubled to more than 23,000 in less than a year, with intravenous drug users accounting for the vast majority of the increase, a UN report announced on 24 November.

A total of 12,425 new HIV cases were registered in the first 11 months of this year, a figure larger than all previous cases reported in Russia. Russia has now recorded 23,509 cases of the HIV infection, the virus that causes AIDS, and 445 deaths from AIDS, according to the Russian Ministry of Health's centre on AIDS and HIV. The numbers are still much lower than in many Western nations, but they point to explosive growth in a country where the crumbling health system is badly equipped to cope with diseases. Also, the official figures capture only part of the problem, and the actual number of cases is estimated to be at least five times larger, according to UN reports.

Drug abuse and prostitution have flourished in the lawless climate of post-Soviet Russia, and intravenous drug users now account for about 90% of new cases.

Until recently, the largest concentration of HIV cases comes from the Kaliningrad region, a tiny enclave on the Baltic Sea between Poland and Lithuania. Around half of the prostitutes tested there are HIV-positive. However, Moscow has now become the leading source of new HIV cases, with more than 4,000 cases reported this year, roughly one-third of the total nation-wide.

Belarus

Some 2,554 people infected with HIV were registered in Belarus as of early July, which is 213 more than at the beginning of the year. According to the National AIDS Prevention Center, the largest number of HIV-infected is in the Gomel region, where there were 1,979 people living with HIV in early July. In the six months of the year, the virus toll increased by 125. This year 111 HIV infection cases were reported in the Brest region, 95 cases in the Mogilyov region, 48 cases in the Vitebsk region, 43 cases in the Minsk region (excluding the city of Minsk), and 18 cases in the Grodno region.

Twenty-one cases were identified in the city of Minsk. The Belarusian capital now has 260 residents officially registered as HIV-infected. Experts say that the real number of people living with HIV in Belarus is 10-12 times higher than officially registered.

According to data released by the National AIDS Prevention Center, 37 Belarusian residents, including one child, died of diseases caused by HIV as of 1 November 1998. The number of TB cases rose by 84% in the last eight years and the number of deaths rose by 60%.

Experts are concerned about the spread of TB among children and a sharp rise in TB in the Gomel and Mogilyov regions. The spread of TB in prisons and reformatory establishments is 30 times higher than elsewhere in the country. Military servicemen, livestock farmers and health care workers are also very vulnerable to the disease. The number of TB cases is 50% higher in rural areas than in towns. The Ministry of Health reports that 395 x-ray machines in the country have exceeded their operational life. As a result, doctors in a number of districts in the Vitebsk and Brest regions are unable to take chest x-rays of people's chest, which are used to diagnose TB in about 60% of cases.

The Belorussian Red Cross was provided with EURO 970,200 (CHF 606,375) for a six month period of programme implementation through the ECHO and in collaboration with the Danish Red Cross.

Ukraine

According to the Ministry of Health the TB rate in Ukraine has increased up to 83% from 1990 to 1999, which means that there are 58.6 patients per 100,000 people. The TB mortality rate has increased up to 110 % (from 8.1 to 17 deaths per 100,000 people) for the same time period.

The number of HIV positive cases registered in 1998 was 250 times higher than in 1994; 80% of infected people are drug abusers. The number of people infected through sexual contacts has also increased.

According to official statistics, drug abuse acquires more threatening features: in 1993, 7.3 per 10,000 people were drug addicts, but in 1997 this figure increased to 10.4 per 10,000. UNO/AIDS programme experts forecast 900,000 HIV positive cases by 2001 in Ukraine.

The Ukrainian Red Cross was provided with EURO 2,930,000 (CHF 1,831,250) for a six month period of programme implementation through the ECHO and in collaboration with the German Red Cross.

Moldova

According to the Ministry of Health, Moldova ranks third among the NIS countries, following only Ukraine and Belarus in the number of AIDS infected people per 100,000 persons. HIV infection has been reported in all the administrative territories, with the Belti municipality at the top of this list and the Chisinau, Tiraspol, Bender, Rybnitsa, Falesti municipalities close behind.

The association "Milienu III" in co-operation with the UN Group for AIDS, the Co-ordinating Audio-visual Council and the Moldovian Journalists' Union arranged a press conference, devoted to the problem preventing HIV/AIDS and informing the population about the disease. A national programme for AIDS prophylaxis in 2000-2005 will be launched; to establish special broadcasting programmes, oriented at medical and social subjects, training, and printing appropriate booklets.

The Moldovian Red Cross was provided with EURO 745,000 (CHF 465,625) for a six month period of the programme implementation, through ECHO and in collaboration with the Belgian Red Cross Society.

Red Cross/Red Crescent Action

Russia

Seven pilot regions have been appointed for the first stage of the TB operation - Astrakhan, Buryatia, Murmansk, Arkhangelsk, Kemerovo, Tomsk and Pskov. Ten visiting nurses and programme personnel were employed in each region as well as additional staff in the Russian Red Cross (RRC) Headquarters. Communication/office equipment was purchased and handed over to the RRC TB co-ordinator. An ECHO delegate was assigned to the programme and started working on 30 October.

Because the programme is new, there are limited management systems in place to monitor progress. During the reporting period, a number of such systems were introduced including cash flow forecasts for both the RRC and Federation aspects of the programme, a time implementation plan and guidelines on logistics procurement.

Several field trips were conducted to the targeted regions during the reporting period. The RRC programme co-ordinator visited Astrakhan and Buryatia on 8-12 September to start programme implementation. The health delegate accompanied the Norwegian Red Cross representatives to Murmansk and Arkhangelsk on 5-15 September to co-ordinate with the Norwegian Red Cross Society's input into the programme and to facilitate the development of project activities. Another field trip to Murmansk was conducted on 22-24 September to meet with regional Red Cross chairladies. TB service representatives, Finnish Lung association and the Norwegian Red Cross are establishing improved co-ordination in these two regions. On 18-22 October the Delegation and RRC team visited Kemerovo and Tomsk to monitor programme activities, establish a co-ordinating mechanism and meet with MSF and Merlin representatives.

A tendering process for soup kitchens, food parcels and hygiene kits was finalised by the end of October. Soup kitchens started working in all the targeted regions, except Murmansk, and assisted 1,200 adults and children during the reporting period. Much of the procurement expected to be carried out by the Federation has been taken on by the RRC logistics Department. Contracts for food kits have been signed with suppliers in Pskov. An agreement with the microscope/stains supplier will be signed soon in Moscow.

Preparations for publishing the TB/VNS manual have started in collaboration with the Central TB Institute. A draft manual for visiting nurses instructors was developed, approved by the WHO, and will soon be translated into English. The RRC has put forward a proposal for use of the publicity budget for the programme. This was discussed, and a Federation-amended version has been agreed by all. Regarding visibility, agreement between the Federation and RRC was reached on the design of the sticker. Full recommendations on the visibility side of the programme will be put to ECHO for approval.

A Visiting Nurses service (VNS) instructor training workshops are being prepared: one was already held in Moscow from 16 to 18 November with the RRC representatives, local experts and international consultants facilitating. The Training of Trainers workshops aimed to provide regional VNS trainers with the skills and information to incorporate TB training into their forthcoming training workshops for the TB VNS nurses.

Belarus

The operation focuses on three project sites: Minsk city, Mogilev and Gomel regions, where TB incidence is the highest.

A three-month schedule for recruitment of 118 visiting nurses was elaborated, and 78% fulfilled as of 1 November. In October, the direct observation of treatment was ensured for 1,379 patients. The nurses provide TB-services at medication distribution points and home visits. For 143 TB-patients, services were organised directly through rooms of medical and social assistance. In October, 43 medication distribution points started to function under the programme, 23 are located in polyclinics and 20 in Red Cross rooms of medical and social assistance.

Regional programme co-ordinators, together with local heads of phthisiatric services and the national programme co-ordinator, held one-day organisational workshops on planning, analysis, strategy and tactics in Minsk on 9 September, Gomel on 16 September and Mogilev on 23 September. The national programme co-ordinator was removed from the position due to poor management and disinclination to properly fulfil his duties.

Training workshops for visiting nurses were held in Gomel on 6-8 October and in Mogilev on 20-22 October. The main objective of these workshops was to train Red Cross visiting nurses in special skills necessary to work in the new capacity, related to TB-patients. Phthisiatricians, epidemiologists, Red Cross personnel and professional psychologists conducted the training. According to the heads of regional phthisiatric services, the level of special knowledge acquired by the visiting nurses is quite sufficient for the beginning of practical work.

On 10-12 November, a workshop was held in Minsk to complete training activities for three pilot regions and focus on psychological aspects. As a result it was understood that visiting nurses need further training in human development, stress management, basic concepts of communication to develop a positive attitude to their patients. An article on psychological support for TB patients will be included in the manual for visiting nurses.

Tenders were held and 4,670 food parcels were procured for the first round of distribution in the regions (2,430 in Gomel and 2,240 in Mogilev). In Minsk 2,660 food parcels have been procured to cover two rounds of distribution. Two rounds of 12,000 hygiene kits procurement were completed. Distributions of hygiene kits are ongoing. Some 19.6 tons of second-hand clothes and shoes were distributed to 2,987 beneficiaries due to donations from the Danish and Swiss Red Cross Societies.

In November, a media campaign "TB and AIDS challenges (people's fates)" started. Preparations for publication of 30,000 leaflets for the general public and TB-patients are ongoing as well as discussions on their contents, key messages and design. A manual for visiting nurses has been developed by the TB institute and will be edited by the Belorussian Red Cross VNS and Federation's health experts. Two videos, produced before the launch of the TB-appeal, have been used in the media campaign and shared with Ukraine and Moldova at the meeting on 3-5 November in Kiev. Some 18,200 stickers for food and hygienic parcels were produced as were pocket calendars. Information corners on TB prevention have been designed in all rooms of medical and social assistance.

One hundred and fifteen bicycles were purchased for visiting nurses, and delivered to the regional Red Cross committees of Brest (9), Vitebsk (14), Gomel (34), Grodno (9), Minsk oblast (23), Mogilev (23) and railway committees (3).

In the majority of cases visiting nurses manage to create a relationship to ensure a non-interrupted outpatient treatment. However, they face difficulties due to alcoholism among patients and other social problems. One hundred and twenty two patients do not follow doctors' instructions. Visiting nurses are taking pains to ensure that treatment would be prolonged. Measures are being taken to involve relatives in the process of control, and 1,322 people are already taking part in this activity. Four people out of beneficiary TB-patient died due to acute progression of the disease.

Ukraine

The operation focuses on four project sites: Kiev city, Chernigov, Chercassi and Zhytomir regions. Project co-ordinators have been appointed in 27 regional RC committees.

Agreements involving Ukrainian companies producing 90,000 food parcels and 30,000 hygienic parcels for beneficiaries as well as 550 bicycles for visiting nurses have been developed. Customs clearance for 1,400 VNS kits, 10 equipment sets for medical and social assistance rooms, and 90,000 vitamin boxes were undertaken.

The plan of seminars for regional Red Cross chairpersons, VNS heads, trainers, visiting nurses and volunteers has been created. A seminar for regional Red Cross chairpersons was held on 28-29 September in Kiev. After taking part in the seminar the chair people organised working meetings, conferences and seminars on the preliminary work under the programme for their staff.

Visiting nurses in medical and social assistance rooms disseminate information among volunteers and general population on prevention, care and early identification of TB and AIDS/HIV.

Moldova

A team of nine people has been formed to work under the programme, regional working groups have been established in 29 rayons and three cities, 42 visiting nurses and nine visiting nurses' co-ordinators were selected for the operation.

Some 8,477 beneficiaries were selected out of 10,747 TB-patients; 700 HIV/AIDS patients were included in the programme out of a total number of AIDS-patients and 823 lone elderly served by the VNS were also included in beneficiary lists.

Procurement procedures on relief items (30,000 food parcels, 20,000 hygienic parcels, vitamins and 2,000 bed linen kits) were initiated. To perform food quality control, the Moldovian Red Cross has made agreements with two independent laboratories that will do quality control on buckwheat, flour, macaroni, and canned meat quality control. The Moldovian Red Cross plans to provide visiting nurses with 42 medical kits and 10 bicycles.

Printing materials for TB/HIV/AIDS-patients, their families and general population were prepared in Romanian and Russian. A media campaign was initiated.

External Relations - Government/UN/NGOs/Media

Russia

Several meetings with the WHO TB co-ordinator and ECHO representatives in Moscow were held to discuss various aspects of the TB programme and possible co-ordination with other health agencies. On 29-30 October, Danish and British Red Cross Desk officers arrived in Moscow to obtain more information on the programme details and specifics. A meeting with Merlin representatives was organised on 18 September to discuss possible co-operation in Tomsk.

The Delegation's Health Department representatives participated in an International conference on TB and Medical education on 17-18 September and in Interagency health co-ordination meeting on 28 October.

Belarus

On 14-17 September a group of Danish journalists working in the Gomel and Minsk regions, covered Belorussian Red Cross activities, including the TB/VNS programme.

The Gomel and Mogilev Committees have held press conferences for mass media representatives in August and September with a participation of a key AIDS, prophylactic centres, sanitary and epidemiology services specialist .

Ukraine

On 23 September and 12 October working meetings with the WHO specialist in charge of liaison and co-ordination work in Ukraine was held to discuss the issues of co-operation and DOTS therapy.

Moldova

Efficient co-operation has been established with the Ministry of Health, the Republican Centre of Preventive Medicine, the Ministry of Labour and Social Protection as well as with several NGOs: TACIS, WHO, UNICEF, the Visiting Nurses Association.

During October the Health co-ordinator and the VNS co-ordinator had several meetings with the Ministry of Health, Republican Dispensary of Phthisiology and AIDS Centre representatives. The co-ordinators participated at a conference organised by the Ministry of Justice on TB-related issues and prophylactic measures in penitentiaries and took part in the conference "*Dangerous diseases TB and AIDS threaten the population*" held by the municipal health office in Chisinau.

Outstanding Needs

The budget for this emergency appeal is covered, but the response to the appeal resulted in overfunding of the Belarus and Ukraine programmes, while the Moldova and Russia programmes were slightly underfunded. The tightly earmarked funds cannot be transferred between programmes, and CHF 1 million is still required to complete the activities in those underfunded countries. A budget revision is in process, and will be presented with the next situation report. In addition, there is an acute need for ongoing external support to carry out preventive, relief and training activities to help combat these diseases, educate general population and support the programme beneficiaries. The availability of efficient staff, a well developed VNS network, experience and abilities to carry out a wide-range of relief programmes in all four countries, as well the unique role which the Red Cross TB/HIV/AIDS programme plays in the four countries are seen as comparative advantages.

Contributions

See Annex 1 for details.

Conclusion

An alarmingly high rate of HIV infection has been reported in the Newly Independent States of the former Soviet Union, where twice as many people are now infected with HIV as in 1997-98, according to a UN report on HIV/AIDS epidemic. Due to the severe socio-economic crisis affecting all four targeted in the appeal countries, ongoing political problems, including the Chechnya conflict in Russia, and a crisis in health care systems: continued lack of funds, medical and technical equipment and supplies, and, finally, to the ineffective organisation of health care services, little can be expected from state health departments, while the number of people becoming infected with TB and AIDS is rapidly increasing. This long-term operation, launched by the Red Cross, is bringing vital hope and assistance to the most vulnerable sick people, who are very often turned away even by their relatives. Frequently, visiting nurses become their only contact with the outside world and therefore increased support for their work is urgently required.

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