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Situation with TB in Ukraine in the context of humanitarian crises



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RUSSIA'S WAR AGAINST UKRAINE



ON THE MORNING OF FEBRUARY 24, RUSSIA LAUNCHED A LARGE-SCALE INVASION OF UKRAINE ALONG THE ENTIRE LENGTH OF THE COMMON BORDER AND FROM THE TERRITORY OF BELARUS



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HUMANITARIAN AND ECONOMIC CONSEQUENCES

- according to the UN Migration Agency, more than **7 million** people in Ukraine were forced to move to safer regions of the country, **5 million** went abroad
- losses for Ukraine's infrastructure during the month of the war amounted to more than **\$ 88 billion**
- according to the Ministry of Economy, the total losses of Ukraine's economy due to the war, including both direct and indirect losses (GDP decline, investment cessation, labor outflows, additional defense and social support costs, etc.) range from **\$ 564 billion to \$ 600 billion**



THE MAIN CHANGES THAT HAVE TAKEN PLACE IN THE MEDICAL FIELD

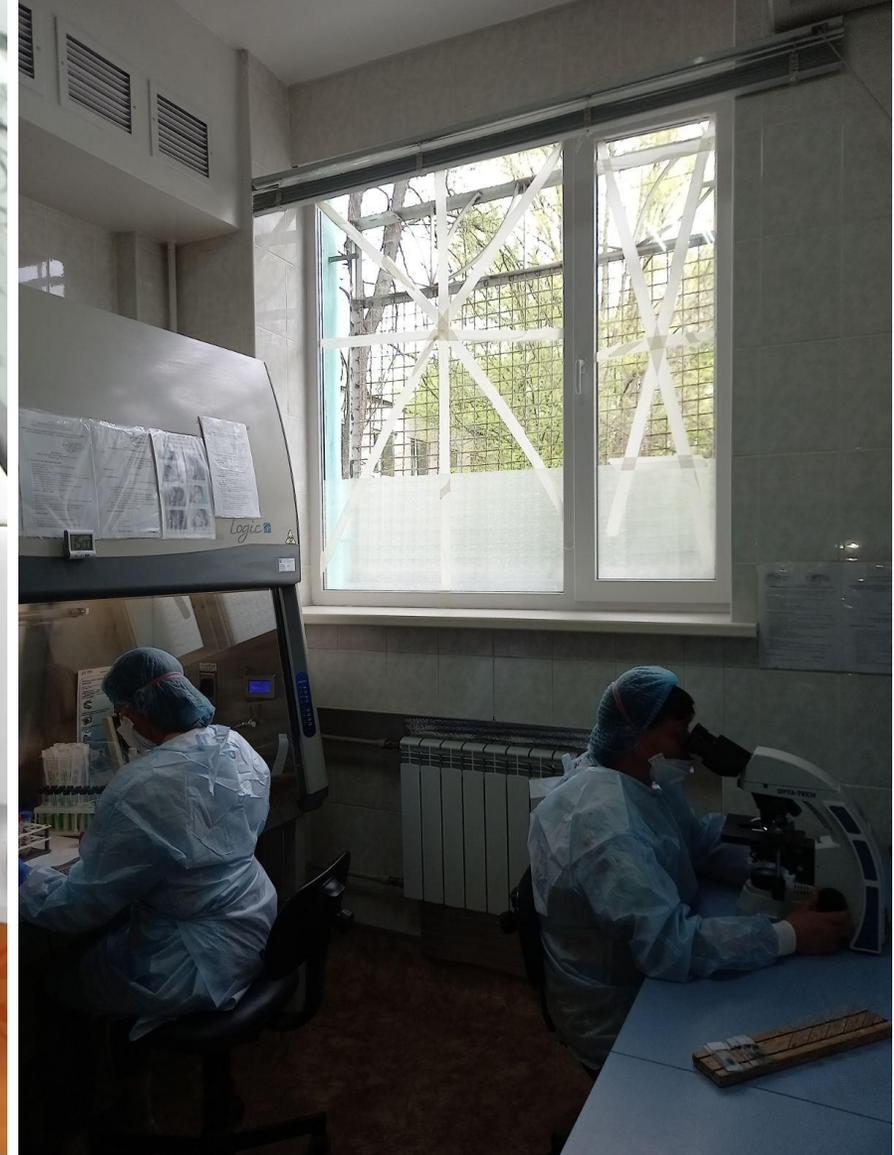
- The health care system has suffered the most in the east and south, with most IDPs seeking refuge in the west, although the effects of the war are being felt across the country
- uneven load on the health care system in the regions, migration of physicians
- the focus of medical care is shifted to injuries, wounds, burns, fractures, etc
- the absence or restriction of public transport restricts movement and access to medical facilities
- access to medicines and health workers is limited or non-existent in areas where fierce fighting continues
- about half of the country's pharmacies are currently open
- disruption of drug supply chains and systems





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REALITIES AND EVERYDAY LIFE OF THE TB SERVICE





MEDICAL FACILITIES SHOULD NOT BE TARGETED FOR SHELLING

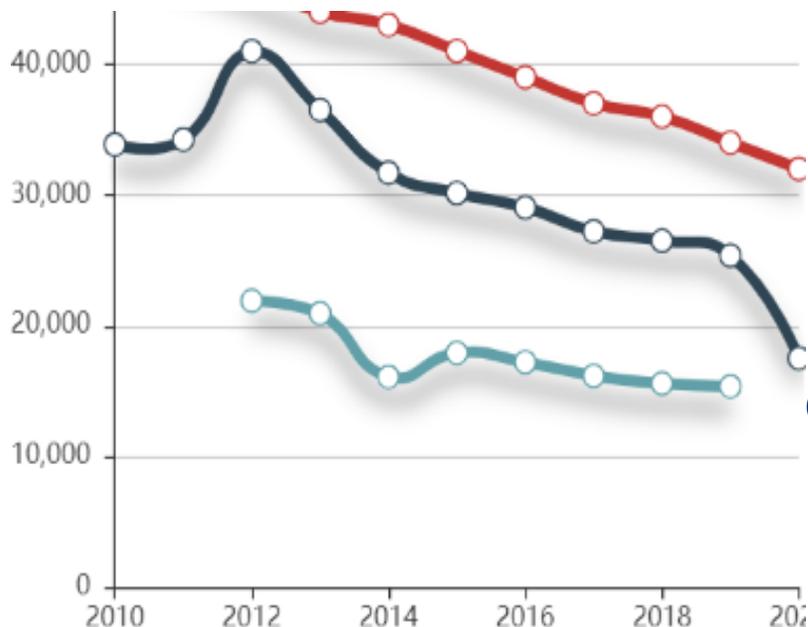


FUNNEL FROM A MISSILE STRIKE ON THE TERRITORY OF THE TB INSTITUTION

TUBERCULOSIS PROFILE, UKRAINE, 2020



INCIDENCE, NOTIFIED AND SUCCESSFULLY TREATED TB CASES



TB incidence – 32 000 (73 per 100 000)
TB notification – 19 521 (44.6 per 100 000)
22% of TB cases are **HIV-positive**
33% of pulmonary TB patients have **RR-TB**
○ 27% of RR-TB have **pre-XDR/XDR-TB**
Out of notified TB cases:
91% pulmonary
72% bacteriologically confirmed

—○— People Developing TB
—○— On Treatment
—○— Successfully Treated

WHO TB country profile, Ukraine, https://worldhealthorg.shinyapps.io/tb_profiles/?inputs._entity_type=%22country%22&lan=%22EN%22&iso2=%22UA%22

Tuberculosis surveillance and monitoring in Europe 2022. https://www.ecdc.europa.eu/sites/default/files/documents/Tuberculosis-surveillance-monitoring-europe-2022_0.pdf

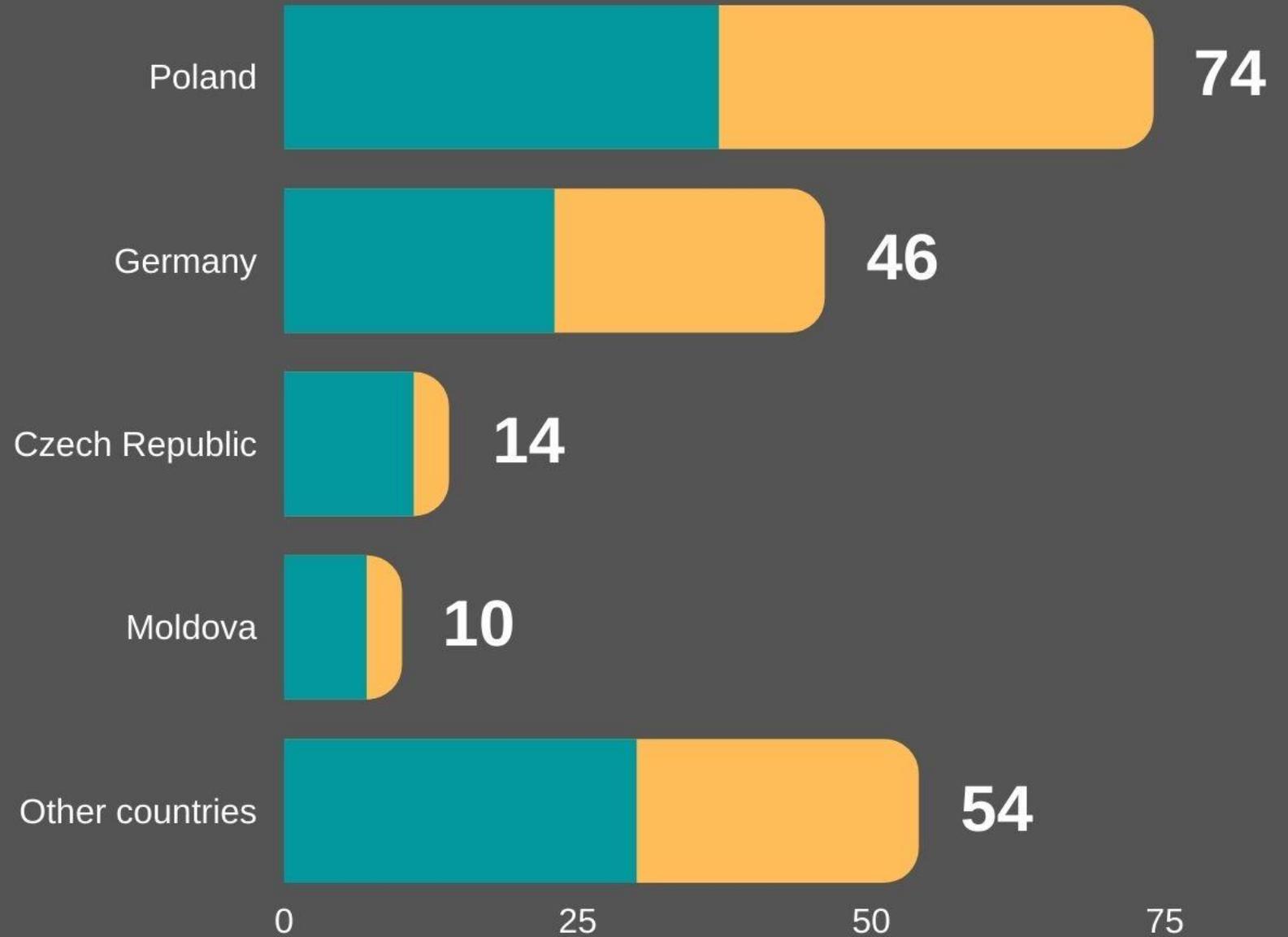
https://www.stoptb.org/static_pages/UKR_Dashboard.html





TB DR-TB

The total number of TB/DR-TB patients wich left abroad



Period 24.02.22 – 24.04.22

DIFFICULTIES WITH SUCH TB PATIENTS IN ACCESSING HEALTH CARE

- Lack of information on places to seek medical help in the countries
- Difficulties in communicating with doctors due to the language barrier
- Financial barriers are related to insurance fees, the need to make an appointment in advance
- Places of settlement of migrants are far from places of medical care
- Restrictions on access to anti-TB drugs due to the duration of confirmation by insurance companies or due to their absence
- Exchange of medical data to determine treatment tactics
- Treatment model based on mostly inpatient treatment
- Absence or inadequacy of support programs for patients and their families during TB treatment (medical and social support)





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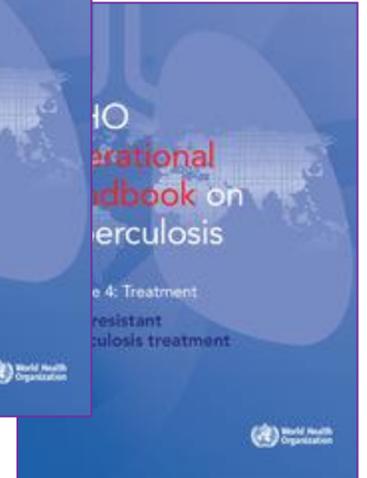
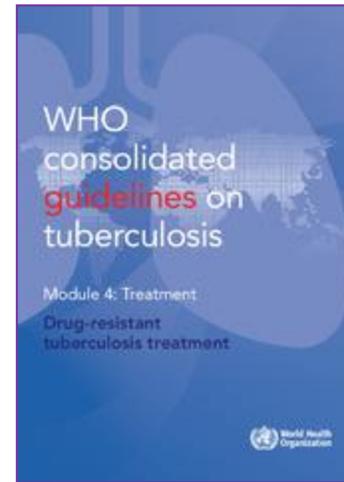
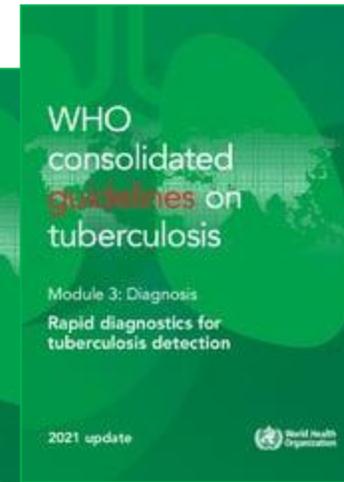
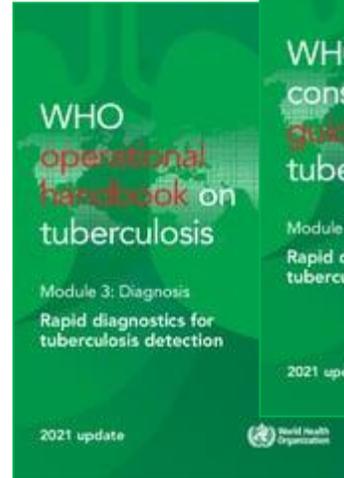
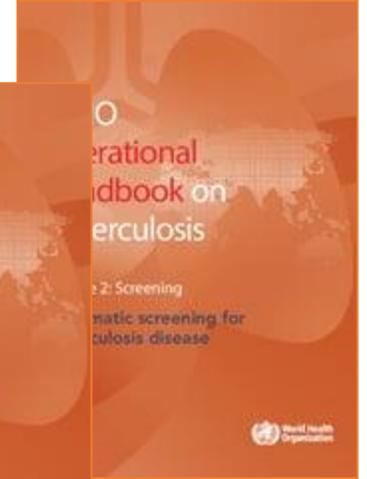
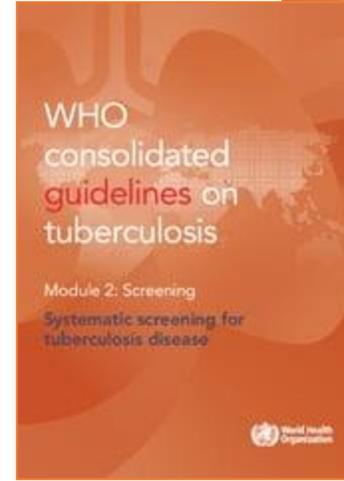
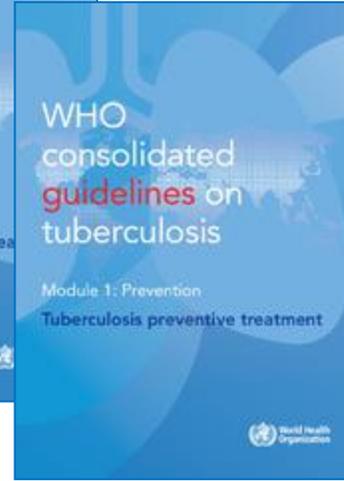
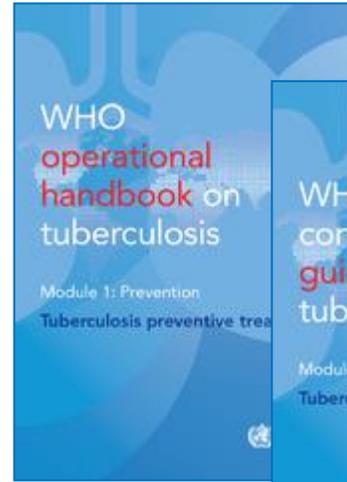
STANDARDS OF CARE FOR TB IN UKRAINE ARE ALIGNED WITH WHO RECOMMENDATIONS

APPROVED
ORDER OF THE MINISTRY OF
HEALTH OF UKRAINE

TUBERCULOSIS
STANDARDS OF MEDICAL CARE

APPROVED
ORDER OF THE
MINISTRY OF HEALTH
OF UKRAINE

**TUBERCULOSIS
CLINICAL GUIDELINES**





BASIC PRINCIPLES OF TUBERCULOSIS TREATMENT USED IN UKRAINE:

human-oriented approach

models of outpatient treatment of patients with TB/DR-TB predominate

controlled treatment DOT treatment (directly observed treatment):

- DOT at the community or place of residence
- DOT under the supervision of trained health care providers
- VOT (more than 30% of patients receive, in some regions up to 70%)

a set of interventions to develop adherence to treatment:

- social and psychological support of the patient
- individual approach





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THE PUBLIC, VOLUNTEERS, INTERNATIONAL ORGANIZATIONS ARE A STRONG LINK AND A SOURCE OF KINDNESS, HELP AND SUPPORT



CONCLUSION

- We appreciate the contribution of all partners to the provision of international assistance in the field of TB in response to the needs of the national TB program in Ukraine
- Understanding the real needs and barriers to service delivery for TB patients in the European Region, that are associated with migration and seeking stronger and more ambitious interventions taking into account the rights of patients
- Ensuring universal access to health services, implementing an effective and efficient system of continuous provision of services for the prevention, diagnosis and treatment of TB in accordance with European standards based on WHO guidelines
- The exchange of data on TB between the countries has been carried out. A monitoring system for the support of the European WHO has been created, which allows you to quickly improve operational nutrition
- Implementation of integrated strategies focused on the patient and the family with the provision of medical and social care for TB
- We call on international partners to force Russia to comply with international humanitarian law and to provide adequate medical care to Ukrainians who are in occupation, captives, or have been illegally deported to the invader's territory
- Broader involvement of partners, donors, SSBs, representatives of communities



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