

In the small towns and rural areas of Ukraine, poor and socially disadvantaged populations at high risk of contracting tuberculosis often fail to access traditional TB diagnostic services. Since these population groups are often also the clients of the over 1,800 local state social services centers across the country, a new TB REACH project is aimed at bringing health care practitioners and social service workers together in an effort to improve TB case detection among these populations. The project, implemented by Labor and Health Social Initiatives, was in effect from late 2011. Groups specifically targeted by this initiative include ex-prisoners, injecting drug users (IDU), rural people in 22 localities with limited access to TB diagnostics and families suffering poor living conditions.

Clear roles have been identified for the medical and social service workers involved; for the first time in Ukraine, methodological guidelines for social workers and labor safety recommendations were developed for day to day service provision to clients with SS+ form of TB. Staff at social service centers encourages TB suspected clients to go to health clinics for exams but also co-operates with health care services in arranging for TB assistance to be brought directly to the homes of those in high risk groups, to needle exchange points and to remote villages with poor medical care.



# Ukraine

LHSI

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The project is also instituting sputum smear microscopy TB diagnostic methods, rather than the x-ray diagnostics extensively used in Ukraine, often as the only TB diagnostic method available for rural communities from the Soviet period to the present. Together, these approaches are making TB diagnosis more reliable as well as more widely available and cost effective.

The intervention screened more than 12,000 additional TB suspects with 831 (7%) new TB cases detected. Among ex-prisoners, the TB positivity rate was 18%, while the proportion among IDUs was 11%. Among the patients identified as TB positive, 98% were started on treatment in TB dispensaries or at 22 local DOT clinics equipped by the project in accordance with national legislation standards.

Guidelines and practices developed by the project will be distributed to all the health and social departments of the 27 oblasts, as well as among correspondent Ministries and other governmental and civil society stakeholders at the national level.



## FINDING AND TREATING PEOPLE WITH TB IN THE WORLD'S POOREST COMMUNITIES

# TB REACH

The first wave of projects  
increased case detection  
by an average of 26%  
compared to  
the previous year

More than nine million people around the world become ill with tuberculosis (TB) each year. About one-third of them fail to get an accurate diagnosis or effective treatment and are more likely to die from this curable disease.

By supporting the many partners working in the field, TB REACH offers a lifeline to people among this missing 3 million by finding and treating people in the poorest, most vulnerable communities in the world. In areas with limited or non-existent TB care, TB REACH supports innovative and effective techniques to find people with TB quickly, avert deaths, stop TB from spreading, and halt the development of drug resistant strains.

- TB REACH was launched in 2010 and will run until 2016, thanks to a CAD\$ 120 million grant from the Canadian International Development Agency.
- TB REACH is committed to getting funds to our partners with a very short turnaround time.
- TB REACH has committed nearly \$50 million to partners working on 75 projects in 36 countries covering a wide range of interventions.
- Preliminary analysis from Wave 1 shows that efforts of partners led to an increase of 26% in TB case detection over an area of 100 million people, while some areas saw increases of more than 100%. The average cost per person covered is US \$0.15.

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