



Infection control in Ukraine: country experience with implementation

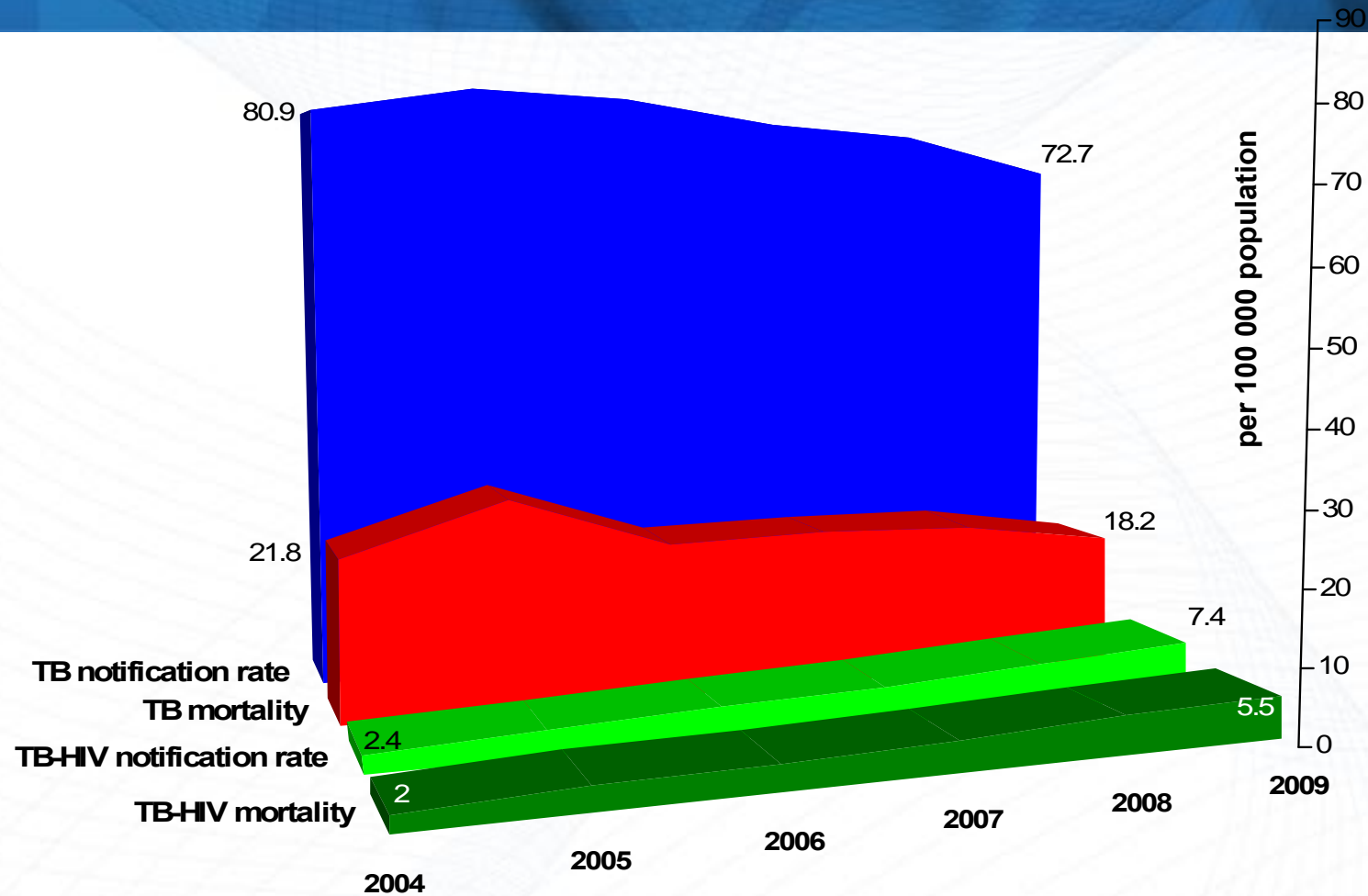
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Presentation outline

- Epidemiological TB (tuberculosis) data
 - WHO Infection Control policy
 - Infection Control (IC) implementation in Ukraine
 - Challenges in IC implementation
 - Further steps
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TB and TB-HIV epidemic in Ukraine



Туберкульоз в Україні аналітично-статистичний довідник 1998- 2008

WHO Report Global Tuberculosis Control 2009



Implementation of TB infection control

The national and oblast managerial activities:

- Identify and strengthen a coordinating body for TB infection control.
 - Ensure that health facility design, construction, renovation and use are appropriate.
 - Conduct surveillance of TB disease among health workers, and assessment at all levels of the health system and in congregate settings.
 - Address TB infection control advocacy, communication and social mobilization
 - Monitor and evaluate the set of TB infection control measures.
 - Enable and conduct operational research.
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Implementation of TB infection control at facility level

Administrative control:

- Promptly identify people with TB symptoms,
- Control the spread of pathogens: separate infectious patients, cough etiquette, and minimize time spent in health-care facilities.
- Prevention and care interventions for health workers

Environmental control:

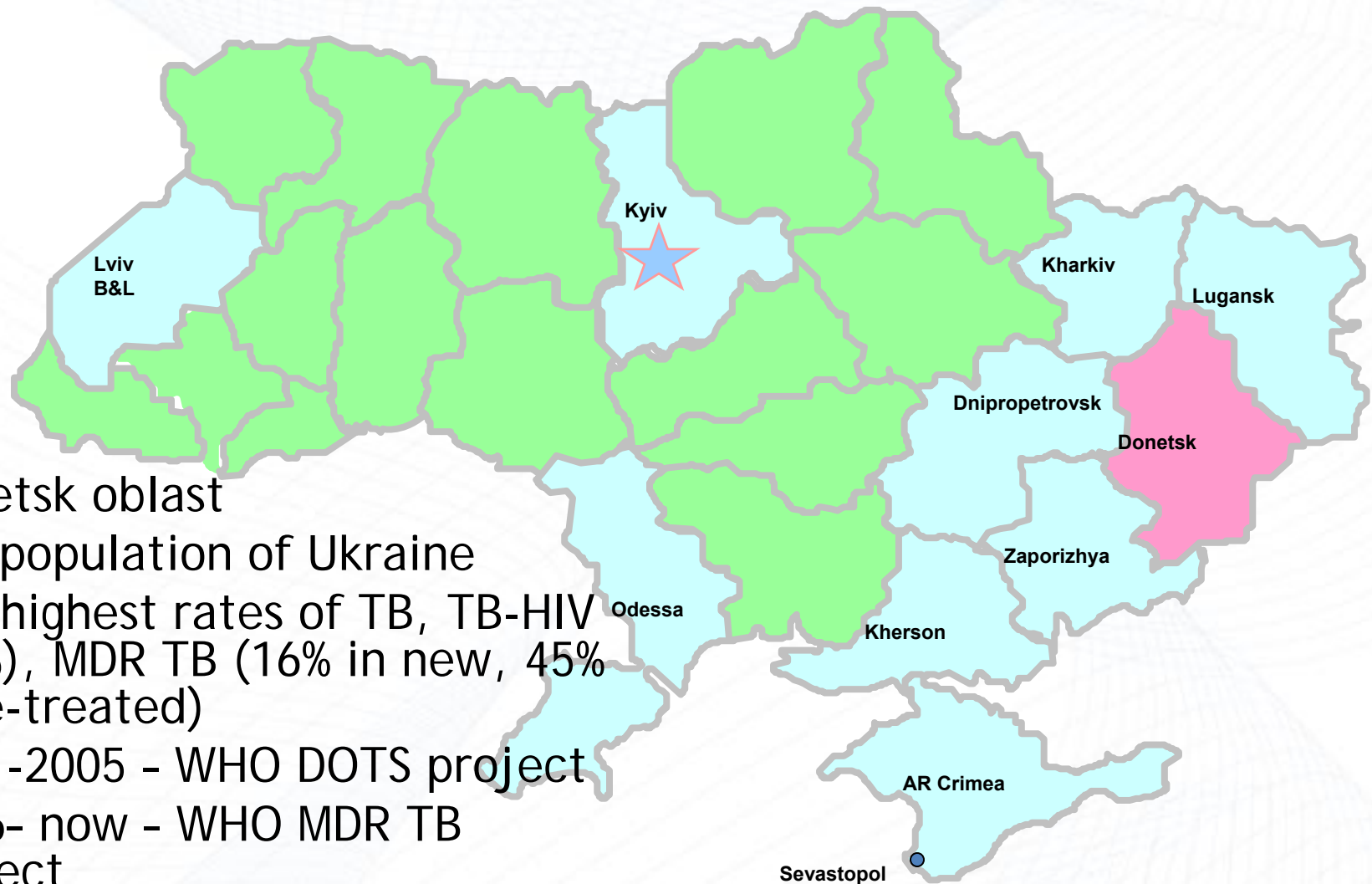
- Use ventilation systems.
- Use ultraviolet germicidal irradiation (UVGI) fixtures, at least when adequate ventilation cannot be achieved.

Personal protective equipment



STOP TB projects with IC elements

Partners: MOH, WHO, PATH, FDU, national NGOs





Pilot project in Donetsk oblast

- Oblast TB Control Program and Oblast Coordination Council (CC) consider IC issues as a priority
 - Organization of MDR TB departments in 4 TB facilities and renovation of 5 TB laboratories (started from 2006)
 - Partners collaboration in Infection control missions and trainings (2009-2010): WHO, CDC, FILHA, FDU, WHO CC Latvia
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Pilot project in Donetsk oblast

- Risk assessment conducted and IC planning in each TB facility included into trainings (2009-2010)
- Monitoring of IC activities provided by Sanitary-epidemiological services
- Local partners collaboration (lack of HIV services involvement)





From Pilot projects to Central level activities

- Assessment of IC measures in TB Institute
- Central level representatives trained in IC
- Order on MDRTB wards and departments created and approved
- IC standard in final phase of elaboration

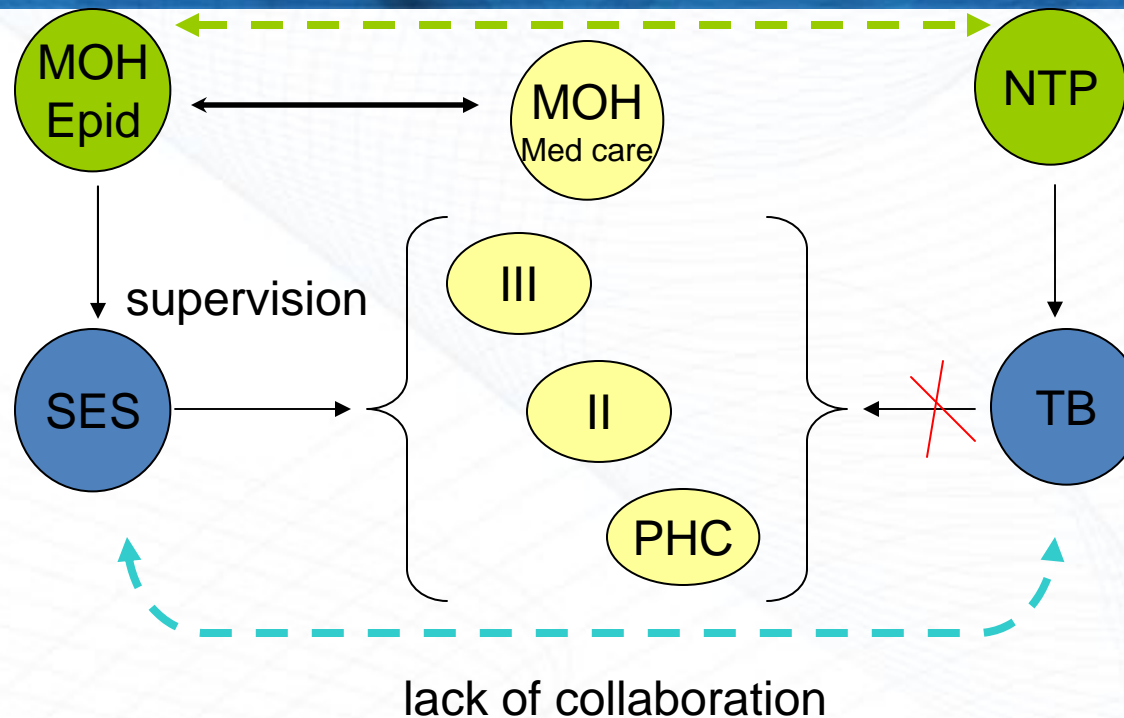
Responsible bodies: Committee counteracting HIV/AIDS and other social dangerous diseases, Ukrainian TB Control Center



IC implementation challenges

- Neglecting of IC issues by Coordination bodies
 - Lack of managerial capacity, financial resources and coordination among different players
 - Prolonged hospitalization of TB patients, no isolation of MDR TB and HIV-TB patients in majority of TB facilities
 - Poor IC measures in HIV service facilities
 - No data analysis and risk assessment at all levels
 - Insufficient information for medical and non-medical staff
 - Lack of community involvement
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IC M&E Challenges



- Routine-based monitoring performed by sanitary-epidemiological services based on old normative documents which do not correspond to international requirements
 - No IC M&E plan and check lists, etc. exist
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Further steps

- Elaboration of IC standard and its approval
 - Elaboration of IC plan in Donetsk oblast and promotion of IC planning all over the Ukraine
 - IC activities within GF R9 project in MDR TB and TB-HIV components
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