

Project Name Ukraine-TB & AIDS Control Project

Region Europe and Central Asia Region

Sector Targeted Health

Project ID UKPE69857

Borrower(s) UKRAINE

Implementing Agency
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Environment Category C

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1. Country and Sector Background

The alarming rates of increase in the incidence of tuberculosis (TB) and HIV infection over the last few years is prompting the Government of Ukraine to take urgent action to control both these epidemics. As in many of the newly independent states, tuberculosis has increased dramatically in Ukraine following independence from the former Soviet Union. By 1998, the number of cases had reached 27,763, with a case rate of 55.2, an increase of almost 73% since 1990. About 30% of all TB patients in Ukraine are in prison and SIZOs. The problems of over-crowding, malnutrition, late diagnosis and lack of drugs in prisons aggravate the situation. About 14,000 of the 200,000 prisoners in Ukraine have active TB (prevalence of 7,000 per 100,000). Forty percent of deaths in prisoners are due to TB. Drug-resistant TB, which is significantly more difficult and costly to treat, is also increasing rapidly. Preliminary review of available data indicate that half of all patients have resistance to at least one drug, while resistance to isoniazid and rifampicin (referred to as multi-drug resistant TB, or MDR-TB) is present in 10-15% of new cases. A combination of factors have contributed to the worsening epidemic. Treatment services were not sustainable during the period of economic decline. Access to care was reduced and treatment default rates increased with the decentralization of services to oblast and rayon dispensaries. And, an early merging of the TB and the HIV epidemics was witnessed. In 1997, about 30% of adults diagnosed with AIDS and 50% of adults dying from AIDS had tuberculosis. The increase in multi-drug resistant TB resulted from inadequate treatment and drug supply shortages. Until the mid-1990s, central and eastern European countries, including Ukraine, escaped the worst ravages of HIV. The total number of infections in Ukraine was reported to be 398 cases for the whole period 1987-1994. The situation changed dramatically thereafter. Since early 1995, HIV started to spread rapidly, especially among injecting drug users (IDU). By the end of 1995, a total of 1,500 diagnosed infections were reported. Just two years later, by end-1997, roughly 110 thousand adults were estimated to be infected with HIV. Current estimates of the number of HIV-infected citizens in Ukraine now range between 200-240 thousand

persons. Although these estimates should be considered indicative, it is clear that Ukraine ranks in the first place in adult HIV/AIDS rates among the transition countries of Europe and Central Asia. In addition, there is evidence that Ukraine may be the first country within the region to be facing the spread of HIV into the general population, and there are "pre-conditions" present that suggest that an exceptionally rapid spread of HIV is possible.

2. Objectives

There will be two phases to the program, to be implemented over a total period of seven years. This project will cover the first phase of the program and will be implemented over four years. The program development objectives are to: (i) reduce the prevalence of TB and the incidence of HIV infection; (ii) establish a more cost-effective delivery system to Control TB built around the DOTS method, appropriately adopted to Ukrainian circumstances, and (iii) rapidly expand programs to prevent the transmission of HIV infection among high-risk and vulnerable populations and to provide care for people living with HIV/AIDS (PLHAs). For this first project, the objectives for the TB Component are to: (i) reduce the prevalence of TB in a limited number of regions, and (ii) establish the policy and legislative framework for implementation of DOTS nationwide and establish DOTS in a limited number of regions. The project objectives for the HIV/AIDS Component are to: (i) reduce HIV/AIDS-related high-risk behavior among high-risk and vulnerable populations, (ii) Initiate HIV/AIDS-related advocacy programs, targeted prevention programs among high-risk groups, and care programs for PLHAs on a limited scale, and (iii) establish a mechanism to involve NGOs actively in targeted preventive programs.

3. Rationale for Bank's Involvement

Financial support and demonstration effect. The proposed loan would finance the costs of transition to the new DOTS method for TB control. If the project succeeds, it should demonstrate to local health authorities in each region the comparative cost-effectiveness of the DOTS approach and persuade them to restructure the excessively expensive hospital-based infrastructure that is draining local TB budgets. Without Bank support for the costs of transition and demonstration, local Governments are unlikely to take the step of "dismantling" the existing system in the absence of a functioning, more cost-effective alternative. The Bank's financial support would allow time for the necessary restructuring to take place while at the same time keeping the epidemic under control and hence reversing the trend towards continued increases in prevalence and corresponding expansion of funding requirements, particularly with respect to the control of MDR TB. For HIV/AIDS, timely financial support from the Bank will make it possible for Government to rapidly expand its prevention activities, increasing the chances of containing the spread of the disease. Bank funding would facilitate Government sponsorship of relatively new, and politically controversial, methods of reaching high-risk groups that would otherwise not be tested and implemented on a large scale. Establishment of the HIV/AIDS Fund would provide a mechanism by which public funds can be transferred to NGOs. Successful operation of the HIV/AIDS Fund (including transparent mechanisms for allocation of funds) could provide justification to allow continued channeling of public funds to NGOs even after the project has ended. Donor coordination. The presence of the Bank has provided a vehicle for closer coordination among

numerous donors already active or wanting to be active in TB and/or HIV/AIDS control, and facilitated donors' working relations with the MOH. To date, project preparation has benefited from financial and/or technical resources from WHO, UNAIDS, OSI, USAID/CDC. The Bank loan will make possible large-scale expansion of activities started by WHO in TB Control and UNAIDS in HIV/AIDS control, as well as by numerous other donors that have supported NGOs or local health authorities in HIV/AIDS outreach and care activities. Cross-country experience. The Bank brings experience in assisting Governments in preparing and implementing national programs that aim at containing similar epidemics in other parts of the world, notably in India, China and Vietnam for TB, and in Brazil, China, India and Thailand for HIV/AIDS. It is also providing a channel for transferring experience in preparing the Russia TB/AIDS project to Ukraine. The similarity between the old Russian and Ukrainian TB systems make this transfer of experience especially fruitful.

4. Description

TB Component The TB Component of the proposed project would help the MOH introduce the DOTS method of TB control throughout the country. It would consist of activities at the national level to establish the policy and institutional framework covering the five components of DOTS -- Political Commitment, Diagnosis, Treatment, Logistics and Monitoring - and corresponding regional level activities to implement these five components at the oblast and rayon levels. Surveillance and Research activities would also be carried out at the national and regional levels. Each region in the country would receive assistance from the project for one half year of preparation plus three years of implementation of DOTS with regional participation in the project phased over a seven year period. Project interventions will be provided for both civilian and prison populations through the health care systems of the MOH and the State Department of Prisons.

The project would build on the results of an initial pilot project in four sites (Kiev City, Chernigev, Donietsk and Donietsk prison services) as proposed in the Joint WHO/CDC/MOH Review of TB in Ukraine. These DOTS pilot demonstration sites would be established to determine the technical and operational policies best suited for use in Ukraine. They would assist program officials in identifying possible obstacles, provide the opportunity to develop solutions to these barriers, and greatly facilitate DOTS expansion once World Bank funds become available. It is expected that this pilot phase would be funded by other donor agencies (USAID and EU).

B. HIV/AIDS Component

The HIV/AIDS Component of the proposed project would consist of the sub-components and activities listed below.

Sub-component 1. Effective Measures to Prevent Transmission of HIV

General Public. A national HIV/AIDS mass media, public relations and advocacy campaign would be carried out to promote behaviors that prevent the transmission of HIV among the general public and to encourage the social integration of people living with HIV/AIDS (PLHA). A national HIV/AIDS telephone hotline would be established.

Targeted Interventions. Prevention strategies that target high-risk

groups -- including intravenous drug users (IDUs), at-risk youth, commercial sex workers (CSWs), men who have sex with men (MSM) and prison populations -- would be intensified principally by strengthening the role of non-governmental organizations (NGOs/community organizations) that are active in outreach and prevention interventions among these groups. Activities to improve the level of blood safety and to provide for the prevention of mother-to-child transmission of HIV are also planned under the project.

Sub-component 2. Improving the Quality and Scope of Care

Improving the Standards of Care. The project would support training and education activities for healthcare professionals working with PLHA to improve access to care for these individuals and establish a balanced care program. Although loan funds would not be used for anti-retroviral treatment because of its prohibitive cost (except for prevention of mother-to-child transmission, discussed above), other types of care and support from both medical and non-medical sources that could prolong life and increase the quality of life for PLHA would be included in the project.

Promoting self-help and expanding the continuum of care. The project would enhance training and education activities for PLHA self-help groups, parents and friends providing home-based care, NGOs for shelters and orphanages and community home care teams to provide psychological and other forms of assistance to PLHA.

Sub-component 3. Program Co-ordination, Research and Evaluation

Improving Co-ordination. The project would support the Department of Socially Dangerous Diseases in the MOH which would act as executive arm of the National Co-ordinating Council on AIDS. An NGO umbrella that would help implement project activities aimed at high-risk groups (see above) would be established. This organization - to be known as CHART (Community HIV/AIDS Resources and Training) - would serve as the liaison between the MOH/Government and NGOs through which funding and technical assistance for NGOs would be channeled. An HIV/AIDS Fund would be established to channel loan and Government resources to NGOs implementing activities under subcomponents 1 and 2 above. The NGO umbrella would manage this fund. It would be responsible for monitoring and evaluating NGOs' performance and would be accountable to the MOH/Government for management of any loan funds channeled to NGOs.

Evaluation. A series of evaluations of the usefulness and cost-effectiveness of ongoing pilot programs would propose recommendations on how best to replicate the more successful ones on a national scale.

Research. Some research activities to enhance the quality of HIV/AIDS operations are being considered for inclusion under the project.

5. Financing

	Total (US\$m)
GOVERNMENT	TBD
IBRD	TBD
IDA	

Total Project Cost TBD

6. Implementation

The key Government institutions that would be involved in implementation of project activities are the Department of Socially Dangerous Diseases (DSDD) in the MOH, the National Institute of Pulmonology & Phthisiology (NIPP), the TB Institute of the State Department of Prisons, regional-level TB authorities, the National Coordinating Council for AIDS. Significant support for institution-building will be included in the project to enable these institutions to implement national program and project activities effectively. An NGO umbrella organization will be organized to serve as liaison between Government and NGOs participating in HIV/AIDS component activities. This organization will manage the HIV/AIDS Fund and provide services to NGOs. Project Management This would be the first lending operation in the health sector in Ukraine. A Project Management Unit (PMU) will be established in the MOH. The tasks, staff composition, reporting lines, resource requirements, legal status of the PMU will be defined during the coming preparation mission.

7. Sustainability

For the TB component, the critical issues will be financial sustainability of drug and other supplies, the pace at which an effective DOTS network can be established and the pace at which local resources for TB can be shifted away from the hospital infrastructure to the outpatient DOTS network. Activities during the last six months (phase-out period) of the three-year project implementation period in each region will focus on requirements for ensuring both financial as well as institutional sustainability. For the HIV/AIDS component, financial sustainability will be difficult to ensure because of the expected increase in prevalence rates during the project period. It is hoped that successful implementation of the HIV/AIDS Fund will convince Government to use its own resources (as well as donor contributions) to continue operations of the Fund beyond the project period. Investments in institution-building for both TB and HIV/AIDS components should lead to institutional sustainability of project interventions.

8. Lessons learned from past operations in the country/sector

This would be the first Bank-financed health project in Ukraine and the second free-standing project in the Region aimed at controlling TB and HIV/AIDS. A similar TB/AIDS Control project is currently under preparation in Russia. The DOTS-based TB control strategy recommended by WHO and to be adapted under the project is based on lessons learned from evaluations of TB projects throughout the world. Experience with management of TB where multiple-drug-resistance (MDR) is prevalent has been limited. Early DOTS pilots in Russia that did not include special regimens for MDR TB patients resulted in unacceptably low cure rates (65-75% in civilian populations; 46-83% in prisons), due to both drug resistance and failure to ensure observation of treatment and effective case holding. Diagnostic and treatment regimens to be adopted in Ukraine take account of specific needs to control MDR TB. The experience of the past decade demonstrates that HIV prevention works. Communities from around the world have managed to slow the spread of the virus with sound prevention policies and strategies. The design of the project is consistent with the general lessons learned from global experience and reflects these lessons with respect to the emphasis on prevention, the focus on high-risk groups,

linking with STD and TB programs, and working through NGOs. Experience with preparation of the Russia TB/AIDS project has underscored the necessity of giving attention to the following issues early during preparation: (i) allowing time for consensus to build around key policy features of the project; (ii) engaging local experts in the development of specifics of diagnosis and treatment regimens as a tool to build understanding and acceptance of the DOTS method;; (iii) explaining to the client the Bank's procurement guidelines regarding competition and GMP certification required for drug suppliers, and helping local drug manufacturers get assistance in reaching GMP certification before project effectiveness; (iv) working with other donors who can bring financial and technical resources as well as operational experience to the national programs. These lessons have all been applied during preparation. An earlier failed attempt to prepare a health project in Ukraine has taught two important lessons. First, it is critical that Government counterparts be fully involved during the process of preparation in order to create ownership for the project. The second lesson relates to the importance of engaging representatives of the Parliament (Rada) early in the process of preparation, to avoid rejection of the project at the last stage of approval.

9. Program of Targeted Intervention (PTI) N

10. Environment Aspects (including any public consultation)
 Issues :

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Note: This is information on an evolving project. Certain components may not be necessarily included in the final project.

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