



WHO Multisectoral Accountability Framework for TB (MAF-TB) Baseline Assessment Checklist for country use in pursuing a national MAF-TB¹

Addressing the 4 components of the MAF-TB and key elements within components March 2020

Note: In short explanation / comments boxes, kindly elaborate on the status and note if the element needs adaptation or is not applicable according to national constitutional, legal and/or regulatory frameworks or other relevant factors

I. COMMITMENTS					
Are the following commitments translated into national policies and targets?	Planning initiated / in process	In place	To be strengthened	Who is accountable?	Short explanation/comments and reference to relevant documents
A. Sustainable Development Goals for 2030 (2016-2030) <i>Target 3.3 to end the tuberculosis (TB) epidemic, and other relevant targets</i>	<input type="checkbox"/>	✓	<input type="checkbox"/>	Ministry of Economic Development and Trade	<p>In 2016-2017 the Ministry hosted an inclusive process of national SDG adoption with the participation of state and non-state actors. The basic National Report "Sustainable Development Goals: Ukraine" was published in 2017 and defined 86 tasks and 172 indicators, targets and intermediate values for 2020, 2025 and 2030. Later, the number of indicators increased to 183. There is national indicator 3.3.2 - Number of patients with a first-time diagnosis of active tuberculosis with target - basic (2015) - 56, 2020 - 51.7, 2025 - 45.4, 2030 - 32.9 per 100k.</p> <p>On September 30, 2019, the President of Ukraine issued a Decree "On Sustainable</p>

¹ See WHO Multisectoral accountability framework to accelerate progress to end TB.2019 <https://www.who.int/tb/publications/MultisectoralAccountability/en/>

					<p>Development Goals of Ukraine for the period till 2030” supporting the SDG achievement and instructed the Cabinet of Ministers of Ukraine to publish national progress reports by March 1 every year. The Voluntary National Review on achieving Sustainable Development Goals was published in 2020 acknowledging the progress in achieving SDG 3.3.2.</p> <p>However, as the national SDG were determined in 2017, the TB indicator doesn’t meet the updated international commitments and not address the other related indicators like eradicating poverty, promoting gender equality, employment, etc. The situation opens the room for updating national targets to be initiated by MAF-TB mechanism.</p>
<p>B. WHO End TB Strategy (2016-2030 and associated WHA resolution 67.1)</p> <p><i>Targets for incidence, deaths reduction and zero catastrophic costs (2030) and milestones (2020, 2025), adapted to national level; End TB Strategy pillars and principles applied</i></p>	<input type="checkbox"/>	√	<input type="checkbox"/>	Ministry of Health	<p>In 2019, the Government updated national policy in accordance with recommendation of WHO End TB Strategy. In particular, by Resolution 1415 approved the State Strategy in the field of combating HIV / AIDS, tuberculosis and viral hepatitis for the period up to 2030 (hereinafter - the Counteracting Strategy). The Counteracting Strategy envisages the achievement of three strategic goals, including the reduction of morbidity and mortality from tuberculosis. The Counteracting Strategy promotes patients-centered models of TB care, including outpatient care; human rights; overcoming</p>



					<p>stigma and discrimination, introduction of finance mechanisms for TB interventions; address the expansion of access to modern diagnostics and treatment.</p> <p>The endorsed National Strategy of the development of TB health care network (herein Development Strategy) (approved by Cabinet Resolution 1414) guides the TB network transformation, engagement of Primary Health Care, optimization of TB Lab network, revision of Human Resources policy and strengthening national research capacity</p>
<p>C. Moscow Declaration of the WHO Global Ministerial Conference on Ending TB (2017) and associated resolution WHA71.3 (2018)</p>				Not applicable	<p>Ukraine is not an official signatory to the Moscow Declaration. The country shares the outlined declaration commitments while their implementation is carried out through other international obligations as mentioned above</p>
<p><i>1) Advance the TB response within the SDG agenda</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p><i>2) Ensure sufficient and sustainable financing</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p><i>3) Pursue Science, Research and Innovation</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p><i>4) Strengthen Multisectoral Accountability</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



<p>D. Political Declaration of the United Nations General Assembly High-Level Meeting on TB (2018) - adapted to national level:</p> <ul style="list-style-type: none"> <i>Treat 40 million people for TB disease in the 5-year period 2018–2022 including</i> 	<input type="checkbox"/>	v	<input type="checkbox"/>	Ministry of Health	<p>The above mentioned Counteraction Strategy envisages access to new drugs and modern treatment regimens for tuberculosis supplemented by social and psychological support; strengthening the system of pharmacovigilance.</p> <p>The document also sets ambitious intermediate and final target namely</p> <p>a) Reducing the incidence of tuberculosis compared to 2015, by 70 percent in 2020, 75% - in 2025 and 80% - in 2030;</p> <p>b) reduction of the absolute number of deaths from tuberculosis compared to 2015, by 70 percent in 2020, 80% - in 2025 and 90% - in 2030;</p> <p>c) increase the effectiveness of TB treatment, including resistant forms, to 80 percent in 2020, 85% - in 2025 and 90% - in 2030;</p> <p>d) providing outpatient treatment in accordance with industry standards for 90% of patients receiving treatment in 2020, 95% - in 2025 and 100% - in 2030.</p> <p>Specific targets for TB treatment should be outlined in the action plan for the implementation of the Counteraction Strategy. However, the plan has been presented for the Development Strategy only and not yet been approved by the Government -Ministry of Health and would cover a 3-year period only. It should be noted that despite there might be Cabinet</p>
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<ul style="list-style-type: none"> - 3.5 million children - 1.5 people with drug-resistant 					<p><u>resolution it covers medicalized intervention exclusively while social and financial inequalities has not been adressed</u></p>
<ul style="list-style-type: none"> • Reach at least 30 million people with TB preventive treatment for a latent TB infection in the 5-year period 2018– 2022 	√	<input type="checkbox"/>	<input type="checkbox"/>	Ministry of Health	<p>Specific targets for children should be reflected in the action plan for the implementation of the Counteraction Strategy. However, the plan has not yet been approved by the Ministry of Health and would cover a 3-year period only</p>
	√	<input type="checkbox"/>	<input type="checkbox"/>	Ministry of Health	<p>Specific targets for DR-TB should be reflected in the action plan for the implementation of the Counteraction Strategy. However, the plan has not yet been approved by the Ministry of Health and would cover a 3-year period only</p>
<ul style="list-style-type: none"> • Mobilize at least US\$ 13 billion annually for universal access to TB diagnosis, treatment and care by 2022 	√	<input type="checkbox"/>	<input type="checkbox"/>	Ministry of Health	<p>The Development Strategy includes activities for the diagnosis and treatment of latent tuberculosis infection, as well as the identification and examination of contact persons for tuberculosis. Specific targets for LTBI are proposed for the action plan. However, the plan has not yet been approved by the Ministry of Health and would cover a 3-year period only</p>

<ul style="list-style-type: none"> Mobilize at least US\$ 2 billion annually for TB research 	√	<input type="checkbox"/>	<input type="checkbox"/>	Ministry of Health	<p>Budgeting for TB measures is carried out as a part of the State Budget program 2301040 "Public health and measures to combat epidemics." In accordance with the amendments to the Budget Code since 2020, Ukraine has introduced medium-term budget planning, which covers a three-year period. Most national experts and civil society representatives point to insufficient funding for the health sector in general and TB activities in particular.</p> <p>Besides the domestic budget Ukraine has benefitted from Global Fund project and USAID support specifically for TB</p>
	√	<input type="checkbox"/>	<input type="checkbox"/>	Centre for Public Health	<p>The Development Strategy envisage interventions aimed at strengthening research capacity for TB. While it is politically declared the financing for research is available through donors support (USAID and GFATM). In 2018, a special Research Department of the Center for Public Health was established to coordinate research. Since 2018, an ethics committee has been working on the basis of the department. During 2018-2020, a number of operational studies were conducted / planned, inamely</p> <ol style="list-style-type: none"> 1) readiness of primary health care providers to provide services for prevention and treatment of socially dangerous diseases 2) detection of TB among rural residents 3) the reasons for the late detection of MRTB

				<p>4) barriers to TB treatment in Ukraine 5) patient cost survey 6) TB inventory study</p> <p>Ukraine is also participated in the few international studies namely "Evaluation of the efficacy and safety of modified short-term treatment regimens for rifampicin-resistant tuberculosis", "Pilot study to evaluate the effectiveness and safety of antimycobacterial therapy under the BPaL regime in Ukraine". These studies are implemented in the close collaboration with Institute of Pulmonology and Phthisiology of the National Academy of Medical Sciences.</p>
<p>E. Other national, regional, country group/bloc targets and/or commitments on TB (see also section below on national laws/regulations in place)</p>	□□	_□	□□	<p><u>Ministry of Health</u></p> <p><u>The Association Agreement between Ukraine and the European Union stipulates that strengthening cooperation in the field of public health is a prerequisite for a multisectoral dialogue between Kyiv and Brussels. In particular, Article 427 calls for enhanced cooperation, including in the prevention and control of infectious diseases such as HIV / AIDS and tuberculosis, increased preparedness for the risk of outbreaks of highly pathogenic diseases and the implementation of the International Health Regulations. At present, the practical implementation of the Association in the field of tuberculosis is limited to the submission of medical data to the European Center for Disease Control and Prevention and</u></p>

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					cooperation with the WHO Regional Office for Europe.
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II. ACTIONS ²					
Are the following actions being pursued?	Planning initiated / in process	In place	To be strengthened	Who is accountable?	Short explanation/comments and reference to relevant documents
A. Has a National Strategic Plan (NSP) to end (or eliminate) TB been developed and/ or updated after the UN High-Level Meeting (9/2018)	<input type="checkbox"/>	√	<input type="checkbox"/>	Ministry of Health	The Counteraction Strategy serves as a National Strategic Plan to end TB. It should be noted that the Strategy was to be supplemented by the Action Plan and Budget for three years, which was developed in 2020, but has not yet been approved by the Ministry of Health.
B. Are the following elements present in the NSP, with a multisectoral perspective:	<input type="checkbox"/>	√	<input type="checkbox"/>	Ministry of Health	Both National Strategies include the chapter “A problem that needs to be solved” outlining the brief situation analysis and chapter “Ways and solution for problems solving” reflecting the prioritization of the interventions
• <i>situation analysis & strategic prioritization</i>	<input type="checkbox"/>	√	<input type="checkbox"/>	Ministry of Health	
• <i>detailed operational planning</i>	√	<input type="checkbox"/>	<input type="checkbox"/>	Ministry of Health	The detailed workplan has been developed for 2020-2023 and is waiting for approval
• <i>budgeting (with line item in national health budget, and source of funding)</i>	√	<input type="checkbox"/>	<input type="checkbox"/>	Ministry of Health	The detailed work plan has been developed for 2020-2023 and is waiting for approval. Based on the workplan the budgeting process will be initiated in accordance with new standards of mid-term budgeting

² For descriptions of many elements below, see: WHO. Implementing the End TB Strategy: The Essentials https://www.who.int/tb/publications/2015/The_Essentials_to_End_TB/en/

<ul style="list-style-type: none"> • <i>monitoring & evaluation</i> 	<input type="checkbox"/>	✓	<input type="checkbox"/>	Ministry of Health	<p>The Counteraction Strategy include section on High level impact indicators. The 2020-2023 workplan includes specific indicator for every proposed intervention.</p> <p>The Accounting Chamber, at the request of the Government, periodically conducts an audit of the implementation of the National Program. The latest report of the Chamber of Accounts stressed the need to strengthen the M&E coordination and accountability.</p>
<ul style="list-style-type: none"> • <i>technical support plan (if relevant)</i> 	<input type="checkbox"/>	<input type="checkbox"/>	✓	CCM	<p>While Ukraine has introduced unified system of TA assistance formally it is rather reactive then proactive and not specified for TB. There were several attempts to create technical support plan as a part of NSP but it has been never formalized</p>
<p>C. Status of National MAF-T</p> <p>Has a national multisectoral accountability framework for the TB response been developed and adopted, which defines who is accountable, what they are accountable for, and who they are accountable to?</p>	<input type="checkbox"/>	✓	<input type="checkbox"/>	CCM	<p>Country coordination mechanism is leading the process of MAF TB development and adoption. In August 2019, CCM tasked the Center for Public Health to:</p> <ul style="list-style-type: none"> - coordinate the working group with the participation of civil society organizations and communities of people affected by tuberculosis, in order to develop a detailed multisectoral framework document and a format of accountability at the highest level - develop the National Report on the Implementation of the UN High-Level Political Declaration on Tuberculosis in accordance with the reporting mechanism (hereinafter - the National Report) with the participation of

					<p>a wide range of partners, including all government agencies, private companies, donors, technical support agencies, civil society and communities</p> <p>- publish the National Report and inform the Cabinet of Ministers of Ukraine.</p> <p>National ACSM group was nominated to oversight the MF TB progress thus the issues have been repeatedly discussed at various platforms and meetings. The technical assistance from WHO EURO and partners was obtained.</p> <p>In January 2021, the CCM approved the National Report on the Implementation of the Political Declaration and initiated a baseline assessment of the state of interdepartmental accountability for tuberculosis. The questionnaire was developed, and responds were collected from 13 Ministries and agencies.</p> <p>After public hearing in March 2021 the Parliament Health Committee calls for strengthening Multisectoral Accountability and Coordination by a) introduction from 2022 annual National High Level meeting, b) develop Roadmap of MAF-TB Strengthening; c) introduce annual MAF-TB reporting</p>
D. Status of National multisectoral coordination mechanism (e.g. Commission) tasked with providing coordination and/or					Country Coordination Mechanism (National Council on TB and HIV) is formally tasked to coordinate and oversight country TB

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<p>periodic oversight and review of the national tuberculosis response (see also IV REVIEW section):</p> <ul style="list-style-type: none"> • <i>Is the coordination mechanism formalized?</i> 	<input type="checkbox"/>	V	<input type="checkbox"/>	CCM	<p>response. By its charter among the CCM objectives there are</p> <ul style="list-style-type: none"> - promoting the coordinated activities of ministries, other central and local authorities, local governments, international and charitable organizations and public associations, business, trade unions, employers' associations and religious organizations to implement nation-level TB and HIV projects (programs), including GFATM grants; - monitoring the implementation of programs and activities to combat tuberculosis and HIV / AIDS; - participation in the development of draft regulations, programs and activities to combat tuberculosis and HIV / AIDS; - informing the Cabinet of Ministers of Ukraine and the public about the progress on the implementation of measures to combat tuberculosis and HIV / AIDS. -
<ul style="list-style-type: none"> • <i>Are ministries beyond health formally engaged in the TB response (see Annex 1)</i> 	<input type="checkbox"/>	V	<input type="checkbox"/>	CCM	<p>Current CCM composition comprises of representatives of Parliament (1), Ministries (10), Cabinet of Ministers secretariat (1) and Ombudsmen office (10) besides non-governmental sector. Ministerial ToRs are elaborated in Annex 1.</p>



<ul style="list-style-type: none"> Do Parliamentarians have a TB caucus/group? 	<input type="checkbox"/>	✓	<input type="checkbox"/>	Parliament	<p>Note: to augment MAF-TB mechanism CCM secretariat held a survey asking the potential re-composition of coordination mechanism. On the basis reasoning from the assessment 66,9% of respondents votes for strengthening current mechanism rather than establish the new one.</p> <p>To ensure Parliament leadership and provide political support, an inter-factional association “Parliamentary Platform on Tuberculosis Control” has been established in Verkhovna Rada in 2017. Since October 2019 the Platform chaired by MP Lada Bulakh. The platform is part of a global TB caucus and addresses the rights of TB patients to timely diagnosis and decent treatment. Every year the Platform launch round tables, parliamentary hearings and exhibitions on various TB issues including stigma and discrimination.</p> <p>At the moment there is no information about caucus composition on the Parliament official webpage while the platform has active Facebook profile</p>
E. Meaningful engagement of civil society, tuberculosis-affected communities, CSOs, and patient groups, including with activities enabled and undertaken by these groups	<input type="checkbox"/>	✓	<input type="checkbox"/>	CCM	Civil society is playing the crucial role in National TB response. CCM includes constituency representatives from a) TB affected communities and b) CSOs providing TB support. Besides that ACSM group under CCM Program Committee is meeting regularly. The National ACSM Strategy 2019-

					<p>2021 has been developed by STOP TB Ukraine Partnership addressing issues on human rights, TB literacy, donor's coordination and strengthening national leadership and commitments.</p> <p>Civil society groups and SCOs are implementers of GF grants and USAID funded projects in penitentiary and civil sectors. <u>Within the project the SCO/CBO provide the range of services including raising TB awareness and patients literature, provision of screening questionnaire, referring to TB facilities and assistance with TB diagnostics if needed, delivery of TB drugs and provision of psychosocial support to the patients and their families including food packages, prevention of treatment interruption and patient lost</u></p>
F. Engagement of government with private healthcare delivery institutions and providers, and activities enabled and undertaken by the private sector	<input type="checkbox"/>	<input type="checkbox"/>	√	CCM	While private sector is represented in CCM and t some local/enterprise initiatives of HIV and TB response have been implemented there are lack of information on private sector accountability.
G. Development and implementation of relevant TB legislation and policy <ul style="list-style-type: none"> <i>Mandatory TB case notification</i> 	<input type="checkbox"/>	√	<input type="checkbox"/>	Ministry of Health	Paragraph 8 of Art. 9 of the Law of Ukraine " On Counteracting Tuberculosis " obliges "a medical worker who has diagnosed tuberculosis to notify the chief state sanitary doctor of the relevant administrative territory and district / city TB doctor at the place of detection of the disease. The form of

					notification and its procedure are approved by Ministry of Health . As stated above there are missing of the legal procedure completion outside the health sector. Besides the MOH launched e-Health system and TB case notification need to be revised
<ul style="list-style-type: none"> Protection of loss of employment or housing 	<input type="checkbox"/>	<input type="checkbox"/>	√	Ministry of Social policy	Ukraine has faced high unemployment rates due to the transitional economy and disbalance in offered and demanded jobs. As per National Institute of Strategic Research the official unemployment rate reached 9,5% of labor pool in 2018 with the average unemployment at 7 months. TB is not considered among the reason of job loss Data on housing loss due to TB is lacking
<ul style="list-style-type: none"> Is TB within an essential package of services? 	<input type="checkbox"/>	√	<input type="checkbox"/>	Ministry of Health	MoH Order 504 as 2018 required annual TB screening in case of risk factors presence at the Primary Health Care level. The risk factors, diagnostic and treatment standards and Public Health measures are outlined in the National TB care standards
<ul style="list-style-type: none"> Are TB services included within any national health insurance policy? 	<input type="checkbox"/>	√	<input type="checkbox"/>	National Health Service	There are two TB service packages available from National Health Service (NHS): 22. Treatment and follow up of adults and children with tuberculosis at the primary health care 23. Diagnosis and treatment of adults and children with tuberculosis in outpatient and inpatient wards

					Article 21 of the Law on Counteracting Tuberculosis guarantees the retention of a patient who receives anti-tuberculosis treatment at the place of work and paid sick leave for the entire period of treatment.
H. Assessments conducted by/with civil society	<input type="checkbox"/>	✓	<input type="checkbox"/>	CCM	UNDP Ukraine conducted a Legal Environment Assessment for Tuberculosis in 2018. The assessment was widely discussed with civil society and endorsed by CCM. It outlines specific recommendations to break down the barriers for human rights' observance, TB diagnosis and treatment and facilitates the recognition of the basic human rights of the TB affected individuals in their everyday lives. To address the legal barriers the Action plan was developed and became the basis for GFATM proposal 2021-2023
• Legal environment assessment on the TB response					
• Gender assessment on the TB response	<input type="checkbox"/>	✓	<input type="checkbox"/>	CCM	"Communities, rights and gender TB tools assessments in Ukraine" was conducted by Alliance for Public Health and StopTB Partnership in 2018. The report outlines the key barriers and recommendation addressing gender stereotypes and limitation. The assessment was widely discussed with stakeholders and endorsed by CCM.
I. Multisectoral actions on risk factors and social determinants of TB: Is TB recognized explicitly national strategies addressing the following:					The Poverty Reduction Strategy was adopted by the Government in 2016. The strategy identifies TB patients as a risk group for social exclusion, which in turn exacerbates poverty. To overcome poverty, it is proposed to

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<ul style="list-style-type: none"> poverty 	<input type="checkbox"/>	<p>√</p>	<input type="checkbox"/>	Ministry of Social Policy	<p>develop a new system of social services aimed at comprehensive support for people with tuberculosis. In 2020, the National Social Service was re-established. Resolution of the Cabinet of Ministers recognize some diseases as the reason causing difficult life circumstances, which allows asking for the state/public assistance. Tuberculosis is not mentioned directly but inherently</p>
<ul style="list-style-type: none"> malnutrition 	<input type="checkbox"/>	<input type="checkbox"/>	<p>√</p>	Ministry of Health	<p>Resolution of the Cabinet of Ministers obliges the Ministry of Health to determine every five years the recommended rational norms of consumption of basic products on average per person. The State Statistics Service constantly updates information on the consumption of basic foodstuffs, which are below those recommended by the Ministry of Health. The National STEPS Survey identifies diet imbalance as a risk factor for the noncommunicable diseases. Malnutrition has not been identified as a risk factor for tuberculosis. However special nutrition standards for TB patients were set by the Government in 2001 and have not been revised since.</p>
<ul style="list-style-type: none"> HIV 	<input type="checkbox"/>		<input type="checkbox"/>	Ministry of Health	<p>TB is remaining the leading death cause among HIV positives and the most frequent OIs. Thus TB screening is mandatory for every newly diagnosed HIV infection. For diagnosed TB cases TB treatment offered, In case of TB clearance preventive TB treatment</p>

		√			<p>prescribed. Vice versa routine HIV testing is offered for TB cases using opt-in principles. There is highest level of multisectoral coordination and accountability regarding HIV/TB. Joint Counteraction Strategy proves the fact and is supplemented by various sectoral regulations. The National Standards on TB care addresses specificity of HIV/TB co-infection in special chapter. Since 2019 Ukraine has introduced LF-LAM testing for HIV positives with advance disease and severe immunodeficiency</p>
<ul style="list-style-type: none"> • <i>diabetes</i> 	<input type="checkbox"/>	<input type="checkbox"/>	√	Ministry of Health	<p>Patients with diabetes considered as risk groups for TB contracting/development as per National Standards on TB care</p>
<ul style="list-style-type: none"> • <i>alcohol abuse disorder or drug use</i> 	<input type="checkbox"/>	√	<input type="checkbox"/>	Ministry of Health	<p>Law “On Counteracting Tuberculosis” recognize alcohol abuse and drug use as TB risk factors. The Cabinet Resolution envisages providing TB screening as a part of prevention and care and Support packages for drug users. The State Drug Policy Strategy promotes the development of integrated care for drug addicts, including tuberculosis</p>
<ul style="list-style-type: none"> • <i>smoking</i> 	<input type="checkbox"/>	<input type="checkbox"/>	√	Ministry of Health	<p>By default, smoking is considered as a risk factor for tuberculosis. However, the country lacks mechanisms for study and accountability on the issue</p>
<ul style="list-style-type: none"> • <i>mental health</i> 	<input type="checkbox"/>	<input type="checkbox"/>	√	Ministry of Health	<p>The Government has adopted the National strategy on Mental health 2030. The Strategy doesn't recognize TB as risk factors and not</p>

					address the TB as a risk factor for psychiatric patients (especially those in closed institutions)
<ul style="list-style-type: none"> housing conditions 	<input type="checkbox"/>	<input type="checkbox"/>	∨	Ministry of Health	There is lack of data on impact of housing conditions on TB epidemic. The Law “On counteracting Tuberculosis” settle the requirement on improving the housing condition for medical professional contracted TB in case of occupational disease. The norm is not in place at the moment.
<ul style="list-style-type: none"> mining/mining community conditions 	<input type="checkbox"/>	<input type="checkbox"/>	∨	Ministry of EnergyHealth State labor Inspection	Miners and metallurgical workers are recognized as a risk group for tuberculosis. according to the National standard on TB care . Periodic medical examinations of these groups of the population involve the detection of occupational diseases. If tuberculosis is suspected, examinations are performed in accordance with the Standard. Active or past tuberculosis can be a contraindication for work in dangerous conditions. Some projects to prevent and raise awareness about tuberculosis among miners are being implemented with the support of the Global Fund. The level of attention and data is insufficient
<ul style="list-style-type: none"> prison/jail conditions 	<input type="checkbox"/>	∨	<input type="checkbox"/>	Ministry of Justice	TB morbidity in prisons is more than 30 times higher than in the civil sector. This is facilitated by the barrack type of detention, overcrowding, lack of infection control, prolonged hospitalization and poor treatment outcomes. The prevalence of resistant forms



					of tuberculosis reaches 72% among all cases. The State Penitentiary Service is a member of the CCM and has recently been actively cooperating with international and non-governmental organizations to improve the situation. However, concealment of information and delayed treatment still occur. The Ministry of Justice has declared the direction toward Single Medical Space, which in the future should increase the availability of information and accountability
<ul style="list-style-type: none"> refugees/IDPs and/or migrants 	<input type="checkbox"/>	<input type="checkbox"/>	√	Ministry of reintegration of Temporary Occupied territories State	While migrants and IDPs are considered as a risk group for TB, Ministry of Reintegration is calling to strengthen the activating addressing special needs of IDPs and people living at crossline on the East. IDP constituency has a sit at CCM
J. Strengthening integration of TB services within primary health care services <ul style="list-style-type: none"> TB diagnosis and treatment 	<input type="checkbox"/>	√	<input type="checkbox"/>	Ministry of Health	The standards of TB diagnosis are set up in Section II and include clinical, bacteriological and instrumental diagnostic methods. Primary health care can offer X-ray or transfer suspected cases to X-ray. 693 TB laboratories at primary health care sites perform sputum microscopy. The final diagnosis is proved by TB specialist, in case of MDR/XDR by regional commission (online) Treatment prescription is performing by TB specialist while DOT could be ensured by Primary Health Care providers as per NHS service package 22. Treatment and follow up

					of adults and children with tuberculosis at the primary health care
<ul style="list-style-type: none"> • <i>TB screening/contact tracing, childhood TB, TB/HIV</i> 	<input type="checkbox"/>	√	<input type="checkbox"/>	Ministry of Health	TB screening among risk group is within primary health care package and covered through capitation finance, including HIV/TB. Contact tracing are shared responsibility of TB specialist and primary health care providers Childhood TB is under specialist responsibility.
<ul style="list-style-type: none"> • <i>TB preventive treatment</i> 	<input type="checkbox"/>	<input type="checkbox"/>	√	Ministry of Health	Treatment of LTBI is responsibility of Tb doctors at rayon level
<ul style="list-style-type: none"> • <i>TB literacy and education</i> 	<input type="checkbox"/>	√	<input type="checkbox"/>	Ministry of Health	There is no direct recommendation on TB literacy and education owner. The information material are presented and distributed through primary health care provider, specialists, CSOs, patient groups, etc
K. Adoption of latest TB prevention, diagnosis, treatment and care policies and approaches according to WHO guidelines	<input type="checkbox"/>	√	<input type="checkbox"/>	Ministry of Health Centre for Public Health	In 2018 Ministry of Health of Ukraine endorsed the feasibility of using international clinical guidelines, including WHO sources without a procedure of national adaptation. This order allows regional specialists to use the latest WHO guidelines immediately. To ensure consistency the Center for Public Centre arranges professional translation into Ukrainian every WHO consolidated guidelines and publishes translation on the Center's website for free. Besides that to standardize approaches the Standard of TB care was developed being the short compilation of WHO guidelines.



<p>L. Maintenance or strengthening of national health information and vital registration systems</p>	<input type="checkbox"/>	<p>√</p>	<input type="checkbox"/>	<p>Ministry of Health Centre for Public Health</p>	<p>Since 2018 Ukraine are approaching digitalization of health information through introduction e-Health. The Ministry of Health regulates the implementation of eHealth by legislation updates.</p> <p>The Concept Paper for eHealth is officially endorsed aiming at strengthening the information flow and data quality.</p> <p>The eHealth system consists of:</p> <ul style="list-style-type: none"> - Central database; - Various electronic medical information systems - MIS; <p>There are two MIS devoted to TB – 1)eTB manager 2) EIDSS (Electronic Integrated Disease Surveillance System). Centre for Public Health has managed both MISs and produced the key to authorized users. Due to COVID pandemic the merging of eHealth and MISs is speeding up through on-going consultation and technical expertise.</p> <p>Now MOH and Centre for Public Health are still utilizing paper based and electronic generated data. In addition, the API has been piloting for external systems that integrate with e-Health for data exchange about TB/HIV/VH for further analysis</p>
<p>M. National TB research plan</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>√</p>	<p>Ministry of Health Academy of Medical Sciences</p>	<p>The number and quality of TB research are constantly improving.</p> <p>In 2018, a special research department at the Center for Public Health was established to coordinate the research. The department has</p>

					<p>8 researchers with experience in the social sciences, epidemiology, psychology, gender research and political science.</p> <p>In 2018, an ethics committee was created to promote human research standards.</p> <p>The following studies were conducted recently</p> <ol style="list-style-type: none"> 1) readiness of primary health care providers to provide prevention and treatment services 2) detection of TB in rural residents 3) the reasons for the late detection of MDRTB 4) barriers to TB treatment in Ukraine <p>Besides that Academy of Medical Sciences has launched researches on new treatment options/regimens</p> <p>But there is no common TB research plan</p>
N. Creation of a TB research consortium and/ or network and engagement with research institutes, funders, public and private partners and others	<input type="checkbox"/>	<input type="checkbox"/>	√	Ministry of Health Academy of Medical Sciences	<p>The idea has been elaborated several times but never comes to the practices except</p> <ul style="list-style-type: none"> - The working on introduction new treatment regimens (coordinates research but mainly focusing on practical implementation)
O. Communications and social mobilization	<input type="checkbox"/>	√	<input type="checkbox"/>	ACSM group	<p>The on-going social media campaign is done through the facebook, twitter. The Centre for Public Centre has developed the set of posters to be placed on the social media. The Facebook profiles of TB People Ukraine, TB</p>



<ul style="list-style-type: none"> Regular social media messages/campaigns 					<p>coalition Europe, USAID project etc provide various information on TB. Twitter is not so popular in Ukraine.</p>
<ul style="list-style-type: none"> World TB Day 	☐	v	☐	Parliament ACSM group	<p>Annual events dedicated to World TB Day include a targeted information campaign under a single theme (The Clock is ticking in 2021), Parliamentary hearings on tuberculosis (regularly for the last 3 years), press conferences at the central and regional levels, exhibitions and expositions on tuberculosis in offices, advocacy events and actions in the regions of Ukraine.</p> <p>President Zelensky twitted this year on World TB day that COVID is not excuse to forget another disease and remind on political commitment of Ukraine to combat TB</p>
<ul style="list-style-type: none"> Social mobilization and awareness campaigns 	☐	v	☐	ACSM group	<p>StopTBpartnership Ukraine launched the media campaign "#маю_силу I HAVE STRENGTH", to raise TB awareness. The partnership actively uses the opportunities of social networks to disseminate information about tuberculosis. The partnership's Facebook page hosted a series of live broadcasts on "Tuberculosis and Society: How to Replace Fear and Hate with Compassion and Support." #Successful_projects and #success stories are published monthly (14 stories in total in 2020.) National ACSM Strategy has been developed in 2019 addressing 5 key priorities: low level</p>

					<p>of political commitments, conservatism of medical professional to promote modern and innovative approach of TB response, poor ACSM leadership and coordination, lack of TB preventive strategy and challenges with IC practices.</p> <p>The ACSM strategy envisages advocacy efforts to ensure high level commitment, targeted communication to raise awareness and break fears, and mobilization of professional community and civil society to employ modern approach to TB response. In 2020, TBpeopleUkraine initiated a social campaign addressing stigma against people affected by tuberculosis in Kyiv-city metro.</p>
<ul style="list-style-type: none"> Youth engagement/School campaigns 	<input type="checkbox"/>	<input type="checkbox"/>	√	Ministry of Science and Education	There is lack of awareness in schools and youth engagement into National TB response except local initiatives
<ul style="list-style-type: none"> Science events/Conferences 	<input type="checkbox"/>	√	<input type="checkbox"/>	Academy of Medical Sciences Centre for Public Health	<p>National TB Institute and National Medical University host the Annual National TB conference. In 2020-2021 it was organized on-line.</p> <p>There were also two national conferences aimed at mobilizing community efforts to combat TB in Ukraine.</p>



III. MONITORING AND REPORTING	Planning initiated / in process	In place	To be strengthened	Who is accountable?	Short explanation/comments and reference to relevant documents
<p>A. Routine recording and reporting of TB cases, treatment outcomes and other End TB Strategy indicators via national information system (TB surveillance)</p>	<input type="checkbox"/>	✓	<input type="checkbox"/>	Ministry of Health	<p>The Ministry of Health monitors data by collecting:</p> <ul style="list-style-type: none"> - TB case notification form (new and relapse) (089/o) - annual reports: form 33 - health (results of TB diagnosis and treatment) and form 58 for HIV/TB <p>Besides, there is a special MOH regulation on notification and treatment outcomes regarding DR TB.</p> <p>Additionally, the Public Health Center manages the e-TB manager – software introduced by the MOH Order in 2012</p> <p>However, both options remain sectoral for the health system, so other sectors (Ministry of Defense, Ministry of Justice (penitentiary system), National Academy of Medical Sciences) are pending full implementation.</p> <p>The implementation of the Global Fund project has leveraged M&E through the monitoring visits by Principal Recipients and CCM, conducting operational research to assess the achievements and gaps in program implementation. Some elements of monitoring are carried out by TA projects funded by USAID, but they have limitations related to the geography of projects.</p>



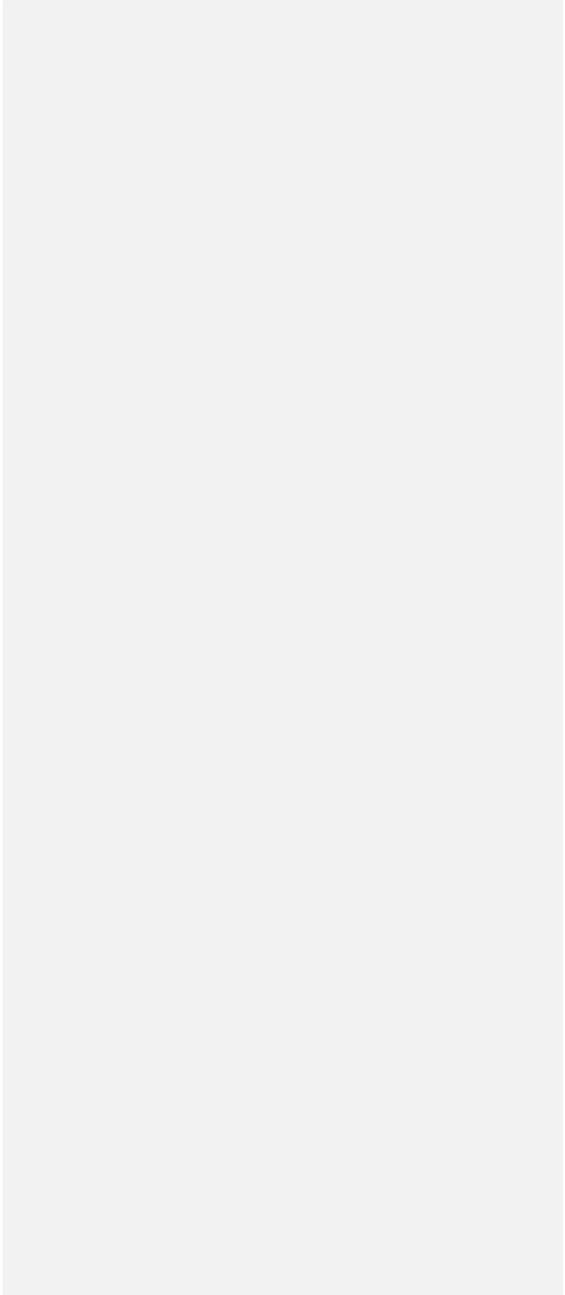
<p>B. Routine death registration, with coding of causes of death according to international standards, in national vital registration system that meets WHO quality and coverage standards</p>	<input type="checkbox"/>	V	<input type="checkbox"/>	Ministry of Health Ministry of Justice	<p>According to the Family Code of Ukraine and the Law of Ukraine "On Civil Registry", death is subject to state registration in the civil registry office at the last place of residence of the deceased, at the place of death or at the place of burial.</p> <p>Civil registry offices are under the Ministry of Justice of Ukraine and located in every administrative subunit of the country. Relatives of the deceased, neighbors, employees of housing and other persons, including the administration of the medical institution where the death occurred, may apply for registration of death.</p> <p>The fact of death is confirmed by a medical certificate or paramedic's death certificate issued by a medical institution. Instruction for filling in and issuing a medical death certificate (form № 106 / o) is regulated by the Ministry of Health. ICD10 is used to code the cause of death as required by the regulations of the Ministry of Health.</p> <p>Due to the fact that the medical certificate is registered by health care institutions, and deaths - by the judiciary - there is a temporary discrepancy between the statistics</p>
<p>C. Latest national surveys and other special studies</p>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	Centre for Public Health	<p>in 2018-2019, the feasibility a prevalence survey were discussed. After a series of consultations with WHO Headquarters, WHO Euro, Stop TV Partnership: The Global Fund</p>

• Prevalence survey					and the evaluation of the Ukrainian monitoring system, it is recommended not to conduct a prevalence survey due to high reliability of routine surveillance data which will not be improved significantly. Another reason was costing
• Epi review and WHO TB surveillance checklist	<input type="checkbox"/>	✓	N/A	Centre for Public Health	Epi review has been conducted in 2019 with the WHO support. Main findings and recommendation were presented to MoH. The final report has never been published and can be obtained upon request to Centre for Public Health
• Drug resistance survey	<input type="checkbox"/>	✓	N/A	Centre for Public Health	DRS has been conducted in 2013-2014. The report is available at WHO Euro . Dur to strengthening routine monitoring and data quality the information is now collecting through eTB manager
• Patient cost survey	✓	<input type="checkbox"/>	N/A	Centre for Public Health	The survey design is under evaluation of ethical commission and is starting in 2021
• Inventory study	✓	<input type="checkbox"/>	N/A	Centre for Public Health	The survey has been started late 2020. The field work is completing. The analysis and data will be available in 2021
• Other –	<input type="checkbox"/>	✓	N/A	Centre for Public Health	
D. Annual national TB report	<input type="checkbox"/>	✓	<input type="checkbox"/>	Centre for Public Health	The National TB Bulletin presents Global and national epidemiological data on morbidity, mortality, prevalence of various forms of tuberculosis by age, sex, region, resistance, etc.; describes trends in the TB epidemic. The bulletin also provides data on the treatment outcomes for patients cohort, the prevalence

					of DR TB and analyzes the impact and affordability of diagnostic and treatment services. The Bulletin is also a source for presenting and discussing innovations in tuberculosis. The report is available online on the Center for Public Health website . In addition, the Center publishes monthly reports on tuberculosis and HIV
<ul style="list-style-type: none"> Associated information products (e.g., High-level executive summary, press release, endorsement by civil society) 	<input type="checkbox"/>	<input type="checkbox"/>	√	CCM	Not special events or actions are planned for the release of the Bulletin. Data and citations are widely used for presentations, training materials, round tables, conferences, and World TB Day events.
E. Annual government reporting to WHO on TB via WHO global TB data collection system	<input type="checkbox"/>	√	<input type="checkbox"/>	Centre for Public Health	Centre for Public Health M&E Unit is the national focal point for reporting to WHO via WHO global data collection system
F. Civil society and nongovernmental organization reports or audits , etc.	<input type="checkbox"/>	√	<input type="checkbox"/>	ACSM group	Representatives of civil society and the affected community are active participants in monitoring the national response. The CCM includes two representatives of the TB community, they participate in monitoring visits and evaluation of national reports. Stop TB Partnership Partnership Ukraine regularly monitors the progress of the national response. Additionally, the OneImpact application, which is a community-based monitoring tool <u>and operated by TB people ensures community led monitoring,</u> enhances accountability, collects and processes aggregated information on the availability, affordability and quality of TB services, and



					identifies barriers to the provision of these services. In fact, the mobile application allows the user to report barriers and through the established mechanism to receive appropriate assistance. Appeals are analyzed and processed in real time, the results of the analysis are operated only by anonymous and generalized data, which are automatically visualized. TB Europe coalition also involved civil society representatives in the preparation of annexes to this report
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IV. REVIEW	Planning initiated / in process	In place	To be strengthened	Who is accountable?	Short explanation/comments and reference to relevant documents
<p>A. Is there a formal high-level review mechanism for the tuberculosis response? (e.g. High-level review commission, independent body, or existing body that addresses TB and other health issues)</p>	<input type="checkbox"/>	✓	<input type="checkbox"/>	Ministry of Health	<p>Assessment of the national TB response includes</p> <ul style="list-style-type: none"> - annual sectoral report on the implementation of program activities. Due to the postponing in the adoption of the work plan, report is pending - semi-annual assessments of the progress of TB response conducted by CCM based on the reports of the Principal Recipients of the Global Fund. - independent audit of the Accounting Chamber of Ukraine at the request of the Government. The latest report was published in 2020 - independent external evaluation. Such assessment was conducted in 2017 according to the implementation of the National TV program 2012-2016 <p>The process is not formalized and is carried out at the initiative of the authorized body.</p>
<p>B. Who is engaged in the high-level review mechanism?</p> <ul style="list-style-type: none"> • High-level leadership – e.g. head of government or head of state 	<input type="checkbox"/>	<input type="checkbox"/>	✓	Cabinet of Ministries	<p>There is no formal commitments for high level leadership involvement into review mechanism</p>

<ul style="list-style-type: none"> Multisectoral engagement: other sector agency representatives 	<input type="checkbox"/>	√	<input type="checkbox"/>	Ministry of Health	The Ministries/agencies should develop sectoral workplan outlining important interventions. Annually they submit progress updates to the Ministry of Health which inform the Cabinet on the obligation's fulfillment. The Parliament Health Committee is briefed with the annual report and shared during public hearing in the Parliament
<ul style="list-style-type: none"> Key stakeholders including civil society and TB-affected communities, parliamentarians, local governments, the private sector, universities, research institutes, professional associations and other constituencies, as appropriate 	<input type="checkbox"/>	√	<input type="checkbox"/>	CCM	Key stakeholders are actively involved in assessing the national response. The Global Fund Principal Recipients regularly inform the National Council about the program progress and submit semi-annual monitoring cards. Civil society develop and share own analysis of achievements, risks and barriers to the national TB response. Local governments publish local reports to World TB Day The information could be obtained from eTB manager and NHS dashboards
C. Periodic review of the National TB Programme (or equivalent such as a Joint Monitoring Mission), including independent experts, either specific to TB or addressing TB in depth as part of wider review	<input type="checkbox"/>	√	<input type="checkbox"/>	Centre for Public Health	The Green Light Committee provides regular missions to assess the progress of the national TB response. Mission reports are a good source for analyzing progress and are respected by stakeholders. The last mission took place in February 2021 and assessed the impact of the COVID pandemic on the TB situation. The report can be obtained upon request from the Center for Public Health
D. Are outcomes of the programme reviews formally acted upon?	<input type="checkbox"/>	√	<input type="checkbox"/>	Ministry of Health	The findings and recommendations to the programme reviews are widely used when



					<p>updating National Strategic Plan, workplan and budgeting process. It is utilized as a basis for the country proposal to the Global Fund. The official recommendations of the Accounting Chamber report are mandatory for application and their implementation is monitored by the Government on a semi-annual basis.</p>
<p>E. Other types of reviews where TB is included or reviews on specific TB issue areas</p>	<p>√</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p>Ministry of Health</p>	<p>Since 2017, Ukraine has been implementing large-scale health reform. The reform envisages new financial mechanisms in health sector, strengthening capacity and roles of Primary Health Care, the introduction of a program of medical guarantees, medical care QA/QC improvement and set up modern public health. The Minister of Health stated early 2020 that the reform had a significant impact on the accessibility of services (including for tuberculosis). The chairman of the Parliamentary Health Committee announced conducting Reform audit. However, the audit report or evidence of decrease service accessibility were never presented.</p>