

EXTRACT

**FROM THE PROTOCOL OF THE SESSION OF THE
GOVERNMENT OF THE REPUBLIC OF ARMENIA**

N 52 of 28 December 2006

**1. ON APPROVING THE NATIONAL TUBERCULOSIS
CONTROL PROGRAMME 2007-2015 AND THE PROGRAMME IMPLEIMETABLE**

To approve the National Tuberculosis Control Programme 2007-2015 and the programme implementation timetable, according to annex.

**PRIME-MINISTER
OF THE REPUBLIC OF ARMENIA**

A.MARGARYAN

22 January 2007
Yerevan

THE NATIONAL TB CONTROL PROGRAMME

2007-2015

I. Introduction

1. Structure and management of the anti-TB service

Until 2006, the health care system of the Republic retained the structure of anti-TB services that had been developed during soviet times. However, taking into consideration the experience of recent years, low effectiveness of the services and recommendations of international experts, it is envisaged to modernize the anti-TB service, aiming at introduction of an identical structure of anti-TB services for all marzes, to ensure:

- functioning a TB control cabinet and a sputum microscopy laboratory in all **policlinics**
- functioning an anti-TB department in all marzes
- additional investigations on all cases, consultancy and organization of treatment, if required, at CJSC “Republican Anti-TB Dispensary” in Abovyan city of marz Kotayk
- functioning an adult and a pediatric sanatoria in Dilijan city of marz Tavush

The management, financing, monitoring and evaluation of anti-TB service, as well as coordination of international programmes, projects and other activities within the service will be carried out by the Ministry of Health of the Republic of Armenia through the Central Unit of the National TB Control Programme.

2. Epidemic situation

Tuberculosis is one of the most complex public health problems in the world over, including Europe. Although the TB is a curable disease, it increasingly threatens the health, economic and social welfare of millions of people. Nearly 9 million new active TB cases and 2 million TB deaths are annually reported worldwide.

In 2004, the number of cases, registered in Central Europe and European other countries of developed market economy, comprised only 1,7% of the world’s TB morbidity. Thus, the burden of TB in Europe is basically conditioned by the extent of spread of the disease and its cause-specific mortality in the countries of former USSR. In February 2005, the WHO Regional Director for Europe declared Tuberculosis Emergency and called on the Member States to ensure that TB is gained the highest priority on the health and development agenda of the WHO European Region.

Proceeding from the extent of danger of the disease, “Tuberculosis” was included in the relevant list approved by decision of the RoA Government, number 1286, dated 27 December 2001. The RoA Ministry of Health continues considering TB as a priority.

The analysis of the TB epidemic situation in Armenia suggests 2400 new TB cases annually. The number of registered new cases in Armenia reveals 2,8-fold increase of the TB incidence rate for the last 10 years (from 21,6 in 1995 reaching to 62,4 per 100 000 population in 2005). The TB morbidity continues to grow. The number of registered new cases for the last year has increased by 33% (from 1395 in 2004 - to 1856 in 2005). The latter is due to both, spread of the disease and improved case detection, which enables the services to ensure quality treatment and avoid further dissemination of the infection. Among new cases, the number of active (infectious) forms has increased by 1,4 times (from 13,5/100 000 in 1995 to 19/100 000 in 2005). An increase of "family TB" cases and morbidity growth among contacts is noticed. Owing to 87% of the cases, TB affects 15-55 years old labor productive people, including the share of 30%, attributable to economically most perspective age group under 24. The TB death rate has increased by 1,4 times, as well (from 3,7/100 000 in 1995 to 5,2/100 000 in 2005). The situation described is conditioned by frequency of fatal acute and disseminated forms of the disease, as well as by increase of the number of cases that are not

curable by means of basic anti-TB drugs (drug resistant forms). Multidrug resistant (MDR) forms of TB (not sensitive to at least two most effective anti-TB drugs as Rifampicin and Isoniazid) are revealed approximately in 11% of cases in 2003, 15% - in 2004, and 14,9% - in 2005. Among TB patients, who had taken anti-TB drugs in the past, MDR-TB is revealed in 40-50% of cases.

The epidemic situation described is mainly conditioned by social-economic hardships, extensive migration of the population, and development of drug resistant forms of the disease agent. The low TB detection rate among risk groups and the low level of public awareness, as well as unsatisfactory hygiene and anti-epidemic conditions and high incidence rate of TB in the penitentiary system lead to further dissemination of tuberculosis.

Dissemination of HIV/AIDS leads to immunity suppression, which in its turn leads to development of active TB in infected individuals.

3. Goal and objectives

Attainment of tangible results within the National TB Control Programme 2007-2015 will require consistent implementation of its all interlinked components. Lack of implementation of even one component, low quality of any specific medical services or insufficient financing would result in low effectiveness of the whole programme. The programme conforms to recommendations of the WHO and other international organizations and to main directions and activity elements, reflected in the new international Stop TB Strategy and Global Plan to Stop TB 2006-2015, as well as to International Standards for Tuberculosis Care. Implementation of the National TB Control Programme in the Republic of Armenia is an important objective, being among others a precondition on poverty reduction - one of the priority objectives of Millennium Challenge Account.

The goal of the programme of 2007-2015 is: to improve epidemiological situation in the Republic of Armenia during 2007-2015 through reducing the growth of morbidity, TB mortality and development of TB resistant forms.

The programme objectives are:

1. Development and implementation of a national policy and state support on TB control.
2. Improvement of all components of adopted in Armenia and internationally recommended “Directly observed treatment. Short course” (DOTS) antituberculosis strategy.
3. Preparing and ensuring introduction of quality treatment of patients with drug resistant TB.
4. Involvement of PHC level and general health care network in anti-tuberculosis infrastructure.
5. Strengthening the cooperation with national programme on HIV/AIDS prevention to control cases of HIV/TB co-infection.
6. Provision of preventive measures, including those for TB detection foci.
7. Coordination and implementation of quality anti-TB activities at penitentiary sites.
8. Coordination and implementation of quality anti-TB activities among the military.
9. Enhancing the level of public awareness.
10. Development of manpower for implementation of anti-TB services at all health care levels.

4. Expected results

The expected results of the programme introduction reflect the effectiveness of diagnostic, curative and other medical and organizational activities, as well as its impact on TB epidemic situation. Those are:

1. In 2008, ensure launching treatment of patients with MDR TB.
2. In 2009, ensure TB detection rate at 70%, maintaining and improving this outcome throughout the subsequent years.

3. In 2009, ensure successful treatment of 85% of TB cases sensitive to basic drugs.
4. In 2009, reduce by two times the number of patients, who interrupt the treatment.
5. In 2015, attain at least 60% of treatment success in MDR-TB patients.
6. In 2015, reduce the morbidity growth and create preconditions for reducing the TB morbidity in subsequent years.
7. In 2015, ensure decrease, at least by 20%, of the number of drug resistant TB patients among newly detected cases.
8. Improve the training and re-training system of health providers. Involve at least 80% of the staff in education programmes on international standards for anti-TB service.

II. Strategy on improving TB epidemic situation

The goal is to reduce the growth of morbidity, TB mortality and development of TB resistant forms in the Republic of Armenia during 2007-2015.

Strategy N 1. Development of a national policy and state support in the field of TB control.

Objective: *to strengthen the unified system of planning, management, monitoring and evaluation of activities at national and marz levels.*

Activities:

1. Enhance and strengthen the role of the Country Coordination Commission on HIV/AIDS, Tuberculosis and Malaria Issues (CCM) in planning, management, monitoring and evaluation of activities, aiming at coordination of intersectorial action on TB control at state level.
2. Strengthen the role of the NTP as of the functional centre of the RoA Ministry of Health, which ensures the planning, coordination, analytical-informational activity and monitoring of the programme implementation.
3. Improve via Marz Coordinators the links between TB Control Councils of Yerevan city and Marzes in providing social support to patients and assistance to Marz TB facilities (renovation works, food for patients, management issues)

Strategy N 2. Reforms of anti-TB infrastructure and coordination of the treatment organisation at all levels

Objective: *to modernize the structure of anti-TB service in Yerevan city and marzes in order to make it efficient and accessible to population, highest possible.*

Activities:

1. Optimize and ensure effectiveness of anti-TB service, NTP and its structural units at national, marz and community levels, as well as their staffing.
2. Improve the regulations in the field of TB control.
3. Develop and introduce national standards for involvement of primary health care and general health care services in anti-TB infrastructure.
4. Develop and introduce national standards and protocols on treatment of TB and its drug resistant forms, applying to the experience of country specialists, specifically, in the field of TB surgery and health resort treatment, as well as taking into consideration available international experience and

recommendations in this field.

5. Develop training materials, education policy and training implementation timetable for education and training of TB service providers at various levels of the health care system.
6. Improve the unified information system both for management of every TB case and for monitoring and evaluation of the national TB control programme and epidemic situation
7. Aiming at coordination of TB control activities, organize information sharing between RoA Ministry of Health, RoA Ministry of Defense, RoA Ministry of Justice, RoA Ministry of Agriculture, RoA Ministry of Territorial Management, RoA Ministry of Trade and Economic Development, RoA Ministry of Social Security, RoA Ministry of Education and Science, National Security Service at RoA Government, Police at RoA Government.

Strategy N 3. Improvement of all components of adopted in Armenia internationally recommended antituberculosis DOTS strategy

Objective: *improvement of the continuous provision of anti-TB activities.*

Activities:

1. TB detection and diagnostics
 - a) Develop and introduce national standards on laboratory diagnostics and other additional methods (testing), as well as on regulations of different level laboratories, including staff incentives. Gradually provide quality culture investigation, as an obligatory standard, for all TB patients and suspects (in 2 laboratories: National Reference Laboratory and Yerevan City ATBD Laboratory), provide drug susceptibility testing and defining at National Reference Laboratory;
 - b) Ensure provision of obligatory microscopy and bacteriology investigations at all levels of health care, in accordance with the programme of optimization;
 - c) Provide the laboratories and sputum collection sites with required equipment and consumables; envisage gradual transition of laboratory supply from external donors to state financing;
 - d) Strengthen the external and internal quality control system for laboratory diagnostics, provide regular contacts with the Supranational Laboratory, aiming at external supervision of the work quality of the NRL.
2. TB detection cost-effective strategy should be applied through revealing TB cases at greater extent among patients who apply to health facilities with symptomatic complaints. Active detection of TB should be applied in high risk groups (suggesting larger dissemination of TB), including:
 - a) individuals who were in close or long-term contact with patients suffering from infectious form of pulmonary TB;
 - b) individuals at detention sites;
 - c) HIV positive patients;
 - d) conscripts and the military;
 - e) other population groups (if required), including migrants and injective drug users.
3. Standardized treatment and support to patients
 - a) Ensure treatment of TB patients in accordance with categories of their classification and based on internationally recommended DOT standard schemes, and in the future, after introduction of national treatment protocols, based on the latter;
 - b) Stimulate various forms of activities, directed towards improved treatment compliance of patients during the entire course of treatment:
 - provision of food to patients,

- consultancy to patients and their relatives (conversations, health education, psychosocial support), - facilitation of provision of free drugs,
 - directly observed treatment (DOT), etc.
4. Drug procurement
 - a) Ensure uninterrupted procurement of quality anti-TB drugs through timely planning, purchase and distribution of first line drugs;
 - b) Implying regulatory measures, envisage opportunities for further procurement of first line drugs through Global Drug Facility, based on financing from RoA state budget;
 - c) Improve regulating the sale of anti-TB drugs in retail pharmacy system to prevent their inappropriate purchase and non-standard use, as the latter leads to development of drug resistance.
 5. Programme impact evaluation and monitoring system
 - a) Improve TB case recording (day-case, definition and classification of the treatment outcome) in accordance with requirements of international standards;
 - b) Develop a unified recording and reporting system (for civil and penitentiary systems);
 - c) Develop a unified data system for all recorded TB cases (registry);
 - d) Improve the management of the recording and reporting system through training of TB service providers;
 - e) Pay much more attention to recording and reporting documentation, as well as to periodic supervision by NTP and marz coordinators of the performance of TB specialists. Evaluate accurateness and completeness of management and timely submission of registration forms;
 - f) Improve the inclusion of laboratory results in the unified recording and reporting system;
 - g) Every quarter, in accordance with adopted form, submit data from RoA marzes on introduction of DOTS strategy, aiming at evaluation of both, TB morbidity status and systemized activity;
 - h) Complete the registration forms necessary for drug distribution;
 - i) Carry out a rapid assessment based on official data;
 - j) Introduce an electronic system of recording and reporting in the field of TB control;
 - k) Establish for all health providers an order of obligatory informing on all TB cases to be entered into unified national TB data base;
 - l) Ensure planning, organization, logistic and financial provisions to the NTP and marz coordinators required for supervision of performance of TB specialists.

Strategy N 4. Introduction of internationally recommended DOTS+ strategy in Armenia for treatment of patients with drug resistant TB

Objective: *preparing and ensuring the introduction of quality treatment of patients with drug resistant TB.*

Activities:

1. Provide equipment/consumables (including rapid automatic system for culture and drug sensitivity investigations), manpower and financial opportunities to carry out in NRL the culture investigations, according to the number of TB patients and identification of TB mycobacterium, as well as perform testing of drug sensitivity on 1st and 2nd line drugs, according to international criteria.
2. Analyze the experience of pilot projects on drug resistant TB management and develop national guidelines in accordance with international DOTS plus strategy.
3. Prepare hospital premises ensuring strong control procedures on hospital infection.

4. Facilitate the Green Light Committee mission to evaluate the quality of TB service within the framework of implementation of the DOTS strategy and its preparedness for introduction of the DOTS Plus programme.
5. Proceeding from findings and recommendations of the mission of the Green Light Committee, develop an application to the committee in order to obtain its consent on supply of low-price quality 2nd line drugs and introduction of the DOTS Plus component with financial support of the Global Fund.
6. Develop and introduce training programmes on management and treatment of TB drug resistant forms.

Strategy N 5. Ensure preconditions for DOTS implementation at primary health care level.

Objective: *Involvement of PHC level and general health care network in anti-tuberculosis infrastructure*

Activities:

1. Legislative, regulatory (development of standards) and educational support.
2. Obligate the PHC providers to implement TB patient detection and post-hospital treatment under DOT; these activities should be regularly coordinated and consulted by TB specialists.
3. Organize sites for drug distribution and DOT, close to residence of patients, in urban settlements.
4. Introduce drug provision and DOT system accessible to patients in rural areas.

Strategy N 6. Strengthening the cooperation with national programme on HIV/AIDS prevention to control cases of HIV/TB co-infection

Objective: *stop TB dissemination related to HIV/AIDS morbidity growth*

Activities:

1. Under leadership of the RoA Ministry of Health and CCM, establish a permanent Working Group, composed of CCM members and TB/HIV/AIDS experts, assigned to develop policy, coordinate joint action, ensure unified supervision system and joint evaluation of effectiveness of activities, as well as to develop guidelines on educational programmes on diagnostics, treatment and supervision of TB/HIV/AIDS patients.
2. Develop national guidelines on educational programmes for diagnostics, treatment, prevention and supervision of TB/HIV co-infection.
3. Introduce a system of joint activities on reducing HIV burden among TB patients:
 - a) TB active detection among HIV patients;
 - b) TB anonymous treatment among HIV patients;
 - c) Strong observance of the rules on infection control to prevent nosocomial TB co-infection among HIV patients.
4. Introduce a system of joint activities on reducing TB burden among HIV patients:
 - a) Provide all TB patients with voluntary consulting and HIV testing
 - b) Provide all TB/HIV/AIDS patients with adequate treatment opportunity, including antiretroviral treatment, in accordance with provisions of WHO-recommended and national guidelines.
5. Improve the referral of patients between various organizations and services (TB, HIV/AIDS, primary health care level, general health care network), as well as the system of securing anonymity.

Strategy N 7. Provision of preventive measures, including those - in TB detection foci

Objective: *stop the dissemination of TB infection, facilitate sustaining the epidemic situation.*

Activities:

1. Revise the programme of active generating of partial immunity by means of BCG vaccination, taking into account the international experience and in particular the WHO opinion on effectiveness of revaccination. In cooperation with the National Immunization Programme, develop guidelines on monitoring of implementation of BCG vaccination programme, analysis of its results, cost effectiveness, contraindications, order of information sharing, all the above – in accordance with international recommendations and country epidemic situation.
2. Provide preventive treatment in infection foci among infected children under 14.
3. Carry out obligatory medical examinations in penitentiary facilities aiming at early detection of TB cases.
4. Carry out obligatory medical examinations in military service aiming at early detection of TB cases.
5. Ensure implementation of sanitary-veterinary measures, approved by veterinary and sanitary-epidemiological services, to protect the population from TB caused by M.Bovis.

Strategy N 8. Coordination and implementation of quality anti-TB activities in penitentiary facilities, as well as among TB patients in military service

Objective: *stop dissemination of TB infection among prisoners and the military*

Activities:

1. Ensure early detection and complete treatment of patients in penitentiary facilities through medical service of penitentiary system of the RoA Ministry of Justice.
 - a) Strengthen activities on detection of TB patients through medical examination of persons at their imprisonment as well as through mass investigations and organization of supervision during the imprisonment;
 - b) Ensure accessibility of required laboratory and functional examinations on TB diagnostics in medical facilities of penitentiary institutions of the RoA Ministry of Justice, as well as in facilities providing medical services at imprisonment sites;
 - c) Ensure obligatory isolation of infectious pulmonary TB patients (smear positive) in imprisonment sites;
 - d) Ensure hospitalization of TB patients from imprisonment sites in special TB facilities;
 - e) Ensure obligatory data reporting on TB patients from medical facilities of penitentiary institutions, registering the cases, to anti-TB facilities of their residence;
 - f) Ensure data communication on each TB patient (TB 09 form) to anti-TB facility close to his/her permanent place of residence, after release from imprisonment site, at least within 5 days;
 - g) Ensure data communication on persons, arrested during their treatment in anti-TB facilities, to the Unit of Medical Service of the Penitentiary Department of the RoA Ministry of Justice
 - h) Ensure supervision on registration and treatment of released from imprisonment TB patients at anti-TB facilities of their residence;
 - i) Ensure data communication on treatment outcome between anti-TB services of civil and penitentiary sectors;

- j) Obligatory recording the availability of TB in the reference document, given to the person after release from the imprisonment site;
 - k) Provide the TB control programme of the Ministry of Justice with required anti-TB drugs, consumables and recording/reporting forms from centralized supply system of the National TB Control Programme;
 - l) Provide the TB control programme of the Ministry of Justice with required drugs for management of side effects of anti-TB treatment and with relevant consumables from supply system of the Ministry of Justice;
 - m) Ensure implementing regular information and health education activities within the staff and imprisoned in penitentiary institutions;
 - n) Involve the health providers of the RoA Ministry of Justice in training courses implemented within the framework of the National TB Control Programme.
2. Ensuring uninterrupted anti-TB measures during military service and after demobilization:
- a) Ensure routine examination of soldiers and officers;
 - b) Ensure hospitalization in TB facilities and obligatory treatment of patients from military forces;
 - c) Ensure isolation of infectious TB patients from military service;
 - d) Ensure application of recording and reporting forms, adopted by National TB Control Programme, and data introduction into the national general information system.

Strategy N 9. Ensure enhancing the level of public awareness

Objective: *enhancement of TB awareness level, reduction of stigma and discrimination towards patients and their family members*

Activities:

1. Develop a strategy on public awareness to improve referral of TB suspects to health care facilities, to reduce stigma and discrimination towards TB patients and their family members, as well as to strengthen society support to patients.
2. Ensure regular implementation of information activities with joint participation of health and veterinary services, directed towards both, general population and specific groups (such as, military groups, senior classes of secondary schools, students of professional education facilities and high schools, tutors and lecturers).
3. Put into practice training, by all means and ways, including peer education, as well as consultancy, provision of information/education materials, implementation of community activities, all the above, with active involvement of former TB patients.
4. Actively involve mass media in strengthening of public awareness, focusing on the disease curability, provision of free diagnostics and treatment services, reduction of stigma and discrimination towards patients and their family members.

III. Financing

The National Programme provides the implementation of relevant activities within the period of 2007 – 2015.

The implementation of the National Programme will be coordinated by the coordinating body on HIV, tuberculosis and malaria control activities.

The finance sources of the implementation of the National Programme are:

- Funds earmarked for targeted health care programmes from the state budget of the Republic of

Armenia,

- Targeted financing from international organizations,
- Other sources, not prohibited by the country legislation.

In 2007-2015, priority activities will be implemented in the field of HIV/AIDS Response, according to the timetable (annex).

IV. Collaborating parties

- RoA Ministry of Health
- RoA Ministry of Education and Science
- RoA Ministry of Social Security
- RoA Ministry of Justice
- Police at RoA Government
- Local self-governing bodies
- RoA Country Coordination Commission on HIV/AIDS, Tuberculosis and Malaria Issues
- National HIV/AIDS Prevention Centre
- Poverty Reduction Strategy Programme
- National Immunization Programme
- UN Agencies
- Multilateral/bilateral partners
- Local society organizations

TIMETABLE

Implementation of the National TB Control Programme, 2007 - 2015

Activities	Implementing agency	Source of financing	Terms of implementation
Strategy N 1. Development of a national policy and state support in the field of TB control			
Enhance and strengthen the role of the Country Coordination Commission on HIV/AIDS, Tuberculosis and Malaria Issues (CCM) in planning, management monitoring and evaluation of activities, aiming at coordination of intersectorial action on TB control at state level	RoA Ministry of Health, Country Coordination Commission on HIV/AIDS, TB and Malaria Issues (CCM)	RoA state budget, international organizations	2007-2015
Strengthen the role of the NTP as of the functional centre of the RoA MoH, which ensures the planning, coordination, analytical-informational activity and monitoring of the programme implementation	RoA Ministry of Health	RoA state budget, international organizations	2007-2015
Improve via Marz Coordinators the links between TB Control Councils of Yerevan city and Marzes in providing social support to patients and assistance to Marz TB facilities (renovation works, food for patients, management issues)	RoA Ministry of Health Anti-TB service	RoA state budget, international organizations	2007-2015
Strategy N 2. Reforms of anti-TB infrastructure and coordination at all levels of treatment organisation			
Optimize and ensure effectiveness of anti-TB service, NTP and its structural units at national, marz and community levels, as well as their staffing	RoA Ministry of Health	RoA state budget, international organizations	2007-2011
Improve the regulations in the field of TB control	RoA Ministry of Health	RoA state budget, international organizations	2007-2009
Develop and introduce national standards for involvement of primary health care and general health care services in anti-TB infrastructure	RoA Ministry of Health Anti-TB service	RoA state budget, international organizations	2007-2008

Develop and introduce national standards and protocols on treatment of TB and its drug resistant forms taking into consideration available international experience and recommendations in this field	RoA Ministry of Health Anti-TB service	RoA state budget, international organizations	2007-2015
Develop training materials, education policy and training implementation timetable for education and training of TB service providers at various levels of the health care system	RoA Ministry of Health Anti-TB service	RoA state budget, international organizations	2007-2008
Improve the unified information system both for management of every TB case and for monitoring and evaluation of the national TB control programme and epidemic situation	RoA Ministry of Health Anti-TB service	RoA state budget, international organizations	2007-2008
Aiming at coordination of TB control activities, provide information sharing between RoA Ministry of Health, RoA Ministry of Defense, RoA Ministry of Justice, RoA Ministry of Agriculture, RoA Ministry of Territorial Management, RoA Ministry of Trade and Economic Development, RoA Ministry of Social Security, RoA Ministry of Education and Science, National Security Service at RoA Government, Police at RoA Government.	RoA Ministry of Health RoA Ministry of Defense RoA Ministry of Justice RoA Ministry of Agriculture RoA Ministry of Territorial Management RoA Ministry of Trade & Economic Development, RoA Ministry of Social Security RoA Ministry of Education and Science National Security Service at RoA Government Police at RoA Government	RoA state budget, international organizations	2007-2015

Strategy N 3. Improvement of all components of adopted in Armenia internationally recommended antituberculosis DOTS strategy			
<i>TB detection and diagnostics</i>			
Develop and introduce national standards on laboratory diagnostics and other additional testing, as well as on regulations of different level laboratories, including staff incentives. Gradually provide quality culture investigation, as an obligatory standard, for all TB patients and suspects (in 2 laboratories: National Reference Laboratory and Yerevan City ATBD Laboratory), provide drug susceptibility testing and defining at National Reference Laboratory	RoA Ministry of Health Anti-TB service	RoA state budget, international organizations	2007-2008
Ensure provision of obligatory microscopy and bacteriology investigations at all levels of health care, in accordance with the programme of optimization	RoA Ministry of Health	RoA state budget, international organizations	2007-2008
Provide the laboratories and sputum collection sites with relevant equipment and consumables; envisage gradual transition of laboratory supply from external donors to state financing	RoA Ministry of Health	RoA state budget, international organizations	2007-2015
Strengthen the external and internal quality control system for laboratory diagnostics, provide regular contacts with the Supranational Laboratory, aiming at external supervision of the work quality of the NRL	RoA Ministry of Health	RoA state budget, international organizations	2007-2015
<i>Standardized treatment and support to patients</i>			
Ensure treatment of TB patients in accordance with categories of their classification and based on internationally recommended DOT standard schemes, and in the future, after introduction of national treatment protocols, based on the latter	RoA Ministry of Health Anti-TB service	RoA state budget, international organizations	2007-2015
Stimulate various forms of activities, directed towards improved treatment compliance of patients during the entire course of treatment: - provision of food to patients, - consultancy to patients and their relatives (conversations, health education, psychological support), - facilitation of provision of free drugs, - directly observed treatment (DOT), etc.	RoA Ministry of Health	RoA state budget, international organizations	2007-2015

<i>Drug procurement</i>			
Ensure uninterrupted procurement of quality anti-TB drugs through timely planning, purchase and distribution of first line drugs	RoA Ministry of Health	RoA state budget, international organizations	2007-2015
Ensure possibilities for future procurement of first line drugs from Global Drug Facility, based on financing from RoA state budget	RoA Ministry of Health	RoA state budget, international organizations	2009-2015
<i>Improve regulating the sale of anti-TB drugs in retail pharmacy system to prevent their inappropriate purchase and non-standard use, as the latter leads to development of drug resistance</i>	RoA Ministry of Health	RoA state budget, international organizations	2007-2008
Programme impact evaluation and monitoring system			
Improve TB case recording (day-case, definition and classification of the treatment outcome) in accordance with requirements of international standards	RoA Ministry of Health Anti-TB service	RoA state budget, international organizations	2007-2015
Develop a unified recording and reporting system (for civil and penitentiary systems)	RoA Ministry of Health RoA Ministry of Justice	RoA state budget, international organizations	2007-2008
Develop a unified data system for all recorded TB cases (registry)	RoA Ministry of Health Anti-TB service	RoA state budget, international organizations	2007-2008
Improve the management of the recording and reporting system through training of TB service providers	RoA Ministry of Health Anti-TB service	RoA state budget, international organizations	2007-2008
Pay much more attention to recording and reporting documentation, as well as to periodic supervision by NTP and marz coordinators of the performance of TB specialists. Evaluate accuracy and completeness of management and timely submission of registration forms	RoA Ministry of Health Anti-TB service	RoA state budget, international organizations	2007-2015
Improve the inclusion of laboratory results in the unified recording and reporting system	RoA Ministry of Health Anti-TB service	RoA state budget, international organizations	2007-2015

Every quarter, in accordance with adopted form, submit data from RoA marzes on introduction of DOTS strategy, aiming at evaluation of both, TB morbidity status and systemized activity	RoA Ministry of Health Anti-TB service	RoA state budget, international organizations	2007-2015
Complete the registration forms necessary for drug distribution	RoA Ministry of Health Anti-TB service	RoA state budget, international organizations	2007-2015
<i>Carry out a rapid assessment based on official data</i>	RoA Ministry of Health Anti-TB service	RoA state budget, international organizations	2007-2015
Introduce an electronic system of recording and reporting in the field of TB control	RoA Ministry of Health Anti-TB service	RoA state budget, international organizations	2007-2009
Establish for all health providers an order of obligatory informing on all TB cases to be entered into unified national TB data base	RoA Ministry of Health Anti-TB service	RoA state budget, international organizations	2007-2015
Ensure planning, organization, logistic and financial provision to the NTP and marz coordinators for supervision of performance of TB specialists	RoA Ministry of Health Anti-TB service	RoA state budget, international organizations	2007-2008
Strategy N 4. Introduction of internationally recommended DOTS+ strategy in Armenia for treatment of patients with drug resistant TB			
Provide equipment/consumables (including rapid automatic system for culture and drug sensitivity investigations), manpower and financial opportunities to carry out in NRL the culture investigations according to the number of TB patients and identification of TB mycobacterium, as well as perform testing (according to international criteria) of drug sensitivity on 1 st and 2 nd line drugs	RoA Ministry of Health Anti-TB service	RoA state budget, international organizations	2007-2015
Analyze the experience of pilot projects on drug resistant TB management and develop national guidelines in accordance with international DOTS plus strategy	RoA Ministry of Health Anti-TB service	RoA state budget, international organizations	2007-2011
Prepare hospital premises ensuring strong control procedures on hospital infection	RoA Ministry of Health	RoA state budget, international organizations	2007-2009

Facilitate the Green Light Committee mission to evaluate the quality of TB service within the framework of implementation of the DOTS strategy and its preparedness for introduction of the DOTS Plus programme	RoA Ministry of Health International agencies	RoA state budget, international organizations	2007-2008
Proceeding from findings and recommendations of the mission of the Green Light Committee, develop an application to the committee in order to obtain its consent on supply of low-price quality 2 nd line drugs and introduction of the DOTS Plus component with financial support of the Global Fund	RoA Ministry of Health Anti-TB service	RoA state budget, international organizations	2007-2008
Develop and introduce training programmes on management and treatment of TB drug resistant forms	RoA Ministry of Health Anti-TB service	RoA state budget, international organizations	2007-2009
Strategy N 5. Ensure preconditions for DOTS implementation at primary health care level. Involvement of PHC level and general health care network in anti-tuberculosis infrastructure			
Legislative, regulatory (development of standards) and educational support	RoA Ministry of Health Anti-TB service	RoA state budget, international organizations	2007-2008
Obligate the PHC providers to implement TB patient detection and post-hospital treatment under DOT; these activities should be regularly coordinated and consulted by TB specialists	RoA Ministry of Health Anti-TB service	RoA state budget, international organizations	2007-2015
Organize sites for drug distribution and DOT, close to residence of patients, in urban settlements	RoA Ministry of Health Anti-TB service	RoA state budget, international organizations	2007-2008
Introduce drug provision and DOT system accessible to patients in rural areas	RoA Ministry of Health Anti-TB service	RoA state budget, international organizations	2007-2015
Strategy N 6. Strengthening the cooperation with national programme on HIV/AIDS prevention to control cases of HIV/TB co-infection			
Under leadership of the RoA Ministry of Health and CCM, establish a permanent Working Group, composed of CCM members and TB/HIV/AIDS experts, assigned to develop policy, coordinate joint action, ensure unified supervision system and joint evaluation of effectiveness of activities, as well as to develop guidelines on educational programmes on diagnostics,	RoA Ministry of Health RoA Country Coordination Commission on	RoA state budget, international organizations	2007-2015

treatment and supervision of TB/HIV/AIDS patients	HIV/AIDS, Tuberculosis and Malaria Issues (CCM)		
Develop national guidelines on educational programmes for diagnostics, treatment, prevention and supervision of TB/HIV co-infection	RoA Ministry of Health AIDS Centre Anti-TB service	RoA state budget, international organizations	2007-2008
Introduce a system of joint activities on reducing HIV burden among TB patients: d) TB active detection among HIV patients e) TB anonymous treatment among HIV patients f) strong observance of the rules on infection control to prevent nosocomial TB co-infection among HIV patients	RoA Ministry of Health AIDS Centre Anti-TB service	RoA state budget, international organizations	2007-2008
Introduce a system of joint activities on reducing TB burden among HIV patients: c) Provide all TB patients with voluntary consulting and HIV testing d) Provide all TB/HIV/AIDS patients with adequate treatment opportunity, including antiretroviral treatment, in accordance with WHO-recommended and national guidelines	RoA Ministry of Health AIDS Centre Anti-TB service	RoA state budget, international organizations	2007-2008
Improve the referral of patients between various organizations and services (TB, HIV/AIDS, primary health care level, general health care network), as well as the system of securing anonymity	RoA Ministry of Health AIDS Centre Anti-TB service	RoA state budget, international organizations	2007-2008
Strategy N 7. Provision of preventive measures, including in TB detection foci			
Revise the programme of active generating of partial immunity by means of BCG vaccination, taking into account the international experience and in particular the WHO opinion on effectiveness of revaccination. In cooperation with the National Immunization Programme, develop guidelines on monitoring of implementation of BCG vaccination programme, analysis of its results, cost effectiveness, contraindications, order of information sharing, all the above – in accordance with international recommendations and country epidemic situation	RoA Ministry of Health National Programme of Immunization Anti-TB service	RoA state budget, international organizations	2007-2008
Provide preventive treatment in infection foci among infected children under 14	RoA Ministry of Health Anti-TB service	RoA state budget, international organizations	2007-2011

Carry out obligatory medical examinations in penitentiary facilities aiming at early detection of TB cases	RoA Ministry of Health RoA Ministry of Justice	RoA state budget, international organizations	2007-2011
Carry out obligatory medical examinations in military service aiming at early detection of TB cases	RoA Ministry of Health RoA Ministry of Defense	RoA state budget, international organizations	2007-2011
Ensure implementation of sanitary-veterinary measures, approved by veterinary and sanitary-epidemiological services, to protect the population from TB caused by M.Bovis	RoA Ministry of Health RoA Ministry of Agriculture	RoA state budget, international organizations	2007-2011
Strategy N 8. Coordination and implementation of quality anti-TB activities in penitentiary facilities, as well as among TB patients in military service			
Ensure early detection and complete treatment of patients in penitentiary facilities thanks to medical service of penitentiary system of the RoA Ministry of Justice	RoA Ministry of Justice RoA Ministry of Health	RoA state budget, international organizations	2007-2015
Strengthen activities on detection of TB patients through medical examination of persons at their imprisonment as well as through mass investigations and organization of supervision during the imprisonment	RoA Ministry of Justice RoA Ministry of Health	RoA state budget, international organizations	2007-2015
Ensure accessibility of required laboratory and functional examinations on TB diagnostics in medical facilities of penitentiary institutions of the RoA Ministry of Justice, as well as in facilities providing medical services at imprisonment sites	RoA Ministry of Justice RoA Ministry of Health	RoA state budget, international organizations	2007-2015
Ensure obligatory isolation of infectious pulmonary TB patients (smear positive) in imprisonment sites	RoA Ministry of Justice RoA Ministry of Health	RoA state budget, international organizations	2007-2015
Ensure hospitalization of TB patients from imprisonment sites in special TB facilities	RoA Ministry of Justice RoA Ministry of Health	RoA state budget, intern-l organizations	2007-2015
Ensure obligatory data reporting on TB patients from medical facilities of penitentiary institutions, registering the cases, to anti-TB facilities of their residence	RoA Ministry of Justice RoA Ministry of Health	RoA state budget, international organizations	2007-2015

Ensure data communication on each TB patient (TB 09 form) to anti-TB facility close to his/her permanent place of residence, after release from imprisonment site, at least within 5 days	RoA Ministry of Justice RoA Ministry of Health	RoA state budget, international organizations	2007-2015
Ensure data communication on persons, arrested during their treatment in anti-TB facilities, to the Unit of Medical Service of the Penitentiary Department of the RoA Ministry of Justice	RoA Ministry of Justice RoA Ministry of Health	RoA state budget, international organizations	2007-2015
Ensure supervision on registration and treatment of released from imprisonment TB patients at anti-TB facilities of their residence	RoA Ministry of Justice RoA Ministry of Health	RoA state budget, international organizations	2007-2015
Ensure data communication on treatment outcome between anti-TB services of civil and penitentiary sectors	RoA Ministry of Justice RoA Ministry of Health	RoA state budget, international organizations	2007-2015
Obligatory noting availability of TB in the reference document, given to the person after release from the imprisonment site	RoA Ministry of Justice RoA Ministry of Health	RoA state budget, international organizations	2007-2015
Provide the TB control programme of the Ministry of Justice with required anti-TB drugs, consumables and recording/reporting forms from centralized supply system of the National TB Control Programme	RoA Ministry of Justice RoA Ministry of Health	RoA state budget, international organizations	2007-2015
Provide the TB control programme of the Ministry of Justice with required drugs for management of side effects of anti-TB treatment and with relevant consumables from supply system of the Ministry of Justice	RoA Ministry of Justice RoA Ministry of Health	RoA state budget, international organizations	2007-2015
Ensure implementing regular information and health education activities within the staff and imprisoned in penitentiary institutions	RoA Ministry of Justice RoA Ministry of Health	RoA state budget, international organizations	2007-2015
Involve the health providers of the RoA Ministry of Justice in training courses implemented within the framework of the National TB Control Programme	RoA Ministry of Justice RoA Ministry of Health	RoA state budget, international organizations	2007-2015
<i>Ensuring uninterrupted anti-TB measures during military service and after demobilization</i>			
Ensure routine examination of soldiers and officers	RoA Ministry of Defense RoA Ministry of Health	RoA state budget, international organizations	2007-2015

Ensure hospitalization in TB facilities and obligatory treatment of patients from military forces	RoA Ministry of Defense RoA Ministry of Health	RoA state budget, international organizations	2007-2015
Ensure isolation of infectious TB patients from military service	RoA Ministry of Defense RoA Ministry of Health	RoA state budget, international organizations	2007-2015
Ensure application of recording and reporting forms, adopted by National TB Control Programme, and data introduction into the national general information system	RoA Ministry of Defense RoA Ministry of Health	RoA state budget, intern-l organizations	2007-2015
Strategy N 9. Ensure enhancing the level of public awareness			
Develop a strategy on public awareness to improve referral of TB suspects to health care facilities, to reduce stigma and discrimination towards TB patients and their family members, as well as to strengthen society support to patients	RoA Ministry of Health RoA Ministry of Education and Science RoA Ministry of Defense RoA Ministry of Agriculture	RoA state budget, international organizations	2007-2015
Ensure regular implementation of information activities with joint participation of health and veterinary services, directed towards both, general population and specific groups (such as, military groups, senior classes of secondary schools, students of professional education facilities and high schools, tutors and lecturers)	RoA Ministry of Health RoA Ministry of Education and Science RoA Ministry of Defense RoA Ministry of Agriculture	RoA state budget, international organizations	2007-2015
Put into practice training by all means and ways, including peer education, as well as consultancy, provision of information/education materials, implementation of community activities, all the above, with active involvement of former TB patients	RoA Ministry of Health Anti-TB Service RoA Ministry of Agriculture	RoA state budget, international organizations	2007-2015

Actively involve mass media in strengthening of public awareness, focusing on the disease curability, free diagnostics and treatment services, reduction of stigma and discrimination towards patients and their family members	RoA Ministry of Health Anti-TB Service RoA Ministry of Agriculture	RoA state budget, international organizations	2007-2015
<i>Mobilization of financial resources</i>			
Organize and held a national conference for donors	RoA Ministry of Health RoA Country Coordination Commission on HIV/AIDS, Tuberculosis and Malaria Issues (CCM)	RoA state budget, international organizations	2007-2015
Develop society potential on implementation of resource mobilization activities	RoA Ministry of Health RoA Country Coordination Commission on HIV/AIDS, Tuberculosis and Malaria Issues (CCM)	RoA state budget, international organizations	2007-2015
Develop and introduce coordination mechanism to avoid overlaps of activities of various organizations	RoA Ministry of Health RoA Country Coordination Commission on HIV/AIDS, Tuberculosis and Malaria Issues (CCM)	RoA state budget, international organizations	2007-2015