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Psychosocial support for people with TB, HIV and viral hepatitis in the continuum of care in the WHO European Region

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ABSTRACT

In spite of recent progress in ensuring access to rapid diagnostic tools, high-quality drugs and new treatment regimens for TB, HIV and viral hepatitis, the WHO European Region still faces a severe triple burden in relation to these diseases and treatment adherence remains a challenge. Psychosocial support is an important part of the continuum of care and a crucial component of integrated people-centred services to enable care and support and ensure completion of treatment. Currently, interventions related to psychosocial support for affected people, particularly in eastern European and central Asian countries, are donor-driven and provided mainly by civil society and community-based organizations.

The overall aim of this report is to provide a review of existing practices in providing psychosocial support to people with TB, HIV and viral hepatitis in the WHO European Region, to discuss the general understanding of psychosocial support in the continuum of care, and to enhance and sustain psychosocial support services within country- and culture-specific settings. The report gives an overview of some literature and practices across the network of partners, assesses the impact and sustainability of these practices, and underlines relevant aspects for consideration when planning or providing psychosocial support for people with TB, HIV and viral hepatitis.

KEYWORDS

HIV
TUBERCULOSIS
VIRAL HEPATITIS
PSYCHOSOCIAL SUPPORT
CIVIL SOCIETY ORGANIZATIONS
COMMUNITY-BASED ORGANIZATIONS
KEY AND VULNERABLE POPULATIONS

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Abbreviations

ARCS	Armenian Red Cross Society
ART	antiretroviral therapy (treatment)
ATO	anti-terrorist operation
CBO	community-based organization
CHC	community health committee
CSO	civil society organization
DOT(S)	directly observed therapy (short-course)
DAA	direct-acting antiviral
DR-TB	drug-resistant tuberculosis
DS-TB	drug-susceptible tuberculosis
EECA	eastern European and central Asian
HCV	hepatitis C virus
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HRQoL	health-related quality of life
ICF	International Charitable Foundation
IDP	internally displaced person
IFRC	International Federation of Red Cross and Red Crescent Societies
IOM	International Organization for Migration
LGBT	lesbian, gay, bisexual and transgender
LHSI	Labor and Health Social Initiatives
MDR-TB	multidrug-resistant tuberculosis
MSF	Médecins Sans Frontières
NGO	nongovernmental organization
OST	opioid substitution therapy
PCC	people-centred care
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	people living with HIV
PO	Public Organization
PWID	people who inject drugs
RCSK	Red Crescent National Society of the Kyrgyz Republic Public Association
RR-TB	rifampicin-resistant tuberculosis
SGV	support group volunteer
STI	sexually transmitted infection
TB	tuberculosis
UNDP	United Nations Development Programme
USAID	United States Agency for International Development
VCT	voluntary counselling and testing
XDR-TB	extensively drug-resistant tuberculosis

Introduction

While the progress achieved in the fight to end HIV infection, tuberculosis (TB) and viral hepatitis in the WHO European Region has seen a consistent decline in incidence, these diseases still pose a public health threat in most countries and areas within the Region. The 18 high-priority countries for TB, with notified new and relapse cases, account for about 83% of the regional burden and represent about 23% of the global burden (330 000 cases) of multidrug-resistant TB (MDR-TB) or rifampicin-resistant TB (RR-TB).[1] Despite universal treatment coverage for drug-susceptible TB (DS-TB) and MDR/RR-TB, the treatment success rate remains below the respective regional targets of 85% and 75%. It is estimated that, in the European Region, 15 million people live with chronic hepatitis B and 14 million people are infected with hepatitis C virus (HCV).[2] Of the 159 420 people diagnosed with HIV in 2017, 82% were diagnosed in the east of the Region, 14% in the west, and 4% in the centre.[3] Of all people living with HIV (PLHIV) in the European Region, only 55% (43–64%) – 1.4 million people – were able to access life-saving medicines in 2018.[4] Sharply increasing trends in HIV-associated TB coinfection (rising from 5.5% in 2011 to 9.0% in 2015) reflect the rapid spread of HIV infection in the European Region.[5] People with HIV-associated TB coinfection have a seven times higher risk of unfavourable treatment outcomes than people with TB only, and a three times higher risk of dying. HIV-associated TB coinfection is more likely to cause quantitative and/or qualitative deficiencies in people's immune responses to HCV.[6]

Long or life-long treatment is especially difficult because it places a greater social, economic and psychological burden on patients, their families and health systems, causing treatment fatigue for patients. Furthermore, people at risk of or most vulnerable to these diseases and conditions are often from the most marginalized groups in society. Psychosocial support is an important component of integrated people-centred services to facilitate care and ensure completion of treatment. Currently, interventions related to psychosocial support for affected people in eastern European and central Asian (EECA) countries are donor-driven and mainly provided by civil society organizations (CSOs) and community-based organizations (CBOs).

At the same time, access to international financial support for health programmes in the European Region is rapidly declining, as a result of generally rising national income levels and changes to the eligibility criteria for external donor financing. These changes will particularly affect EECA countries because these include most of the countries with the highest rates of MDR-TB and some of those with the highest rates of HIV and viral hepatitis, and most of these countries still rely heavily on external funding to finance their health programmes and, specifically, provision of psychosocial support and interventions to increase treatment adherence. In the context of limited resources, combined with insufficient political commitment to psychosocial support and the

ongoing transition from external to domestic funding, ensuring that sustainable and acceptable psychosocial support is provided to people affected by TB, HIV and viral hepatitis is becoming an important challenge; and failure to fully address the challenge risks hindering progress in combating these epidemics and negatively impacting the quality of life of people affected by these diseases and their prospects of receiving effective treatment.

In a health system, every building block is important, but scarcity of financial resources in a changing environment might lead programmes to deprioritize or even choose between blocks. For example, it might become a question of choosing between psychosocial support (as part of the service delivery component) and diagnostics and drugs (as part of the medical products component). This could give rise to an undesirable situation in which health programmes have to decide whether to invest in new diagnostic tools, treatment or psychosocial support. Attention therefore needs to be given to the capacity of countries to ensure both the sustainability and quality of the psychosocial support component of programmes, and thus to ensure the continuum of care.

Rationale

Providing high-quality treatment and care for people with TB, HIV and viral hepatitis is a multidimensional and often complex task which requires a comprehensive approach to support people from diagnosis through to the successful completion of their treatment. To ensure treatment support and adherence of the people affected, such an approach should include effective motivational counselling, planning for screening and diagnosis, complex drug and side effects management, and extensive treatment monitoring and evaluation. However, the frequent social and financial consequences of these diseases and conditions, such as loss of employment and social stigma, combined with emotional distress and the possible presence of pre-existing conditions, adversely affect capacity for treatment adherence and consequently have a negative impact on treatment outcomes. For this reason, providing psychosocial protection, building capacity to address the social determinants of TB, HIV and viral hepatitis, and developing effective mechanisms of social protection for affected people and their families have been recognized as priority areas in a range of WHO regional plans and strategies, including the Tuberculosis Action Plan for the WHO European Region 2016–2020; the Action Plan for the Health Sector Response to HIV in the WHO European Region (2017); the Action Plan for the Health Sector Response to Viral Hepatitis in the WHO European Region (2017); the United Nations Common Position on Ending TB, HIV and Viral Hepatitis through Intersectoral Collaboration (2018); and the Global Action Plan for Healthy Lives and Well-Being

for All: strengthening collaboration among multilateral organizations to accelerate country progress on the health-related Sustainable Development Goals (2019). By providing psychosocial support to people affected by TB, HIV and viral hepatitis, health systems can help address the social, economic and environmental determinants of health.

An equitable, rights-based and people-centred TB response, of which psychosocial, nutritional and socioeconomic support is an integral part, also appeared among the key commitments of the political declaration that resulted from the first ever United Nations General Assembly high-level meeting on TB, held in 2018.[7]

Aim of the review

The overall aim of this document is to review available practices on psychosocial support provided to people with TB, HIV and viral hepatitis in the WHO European Region, to consider the overall understanding of psychosocial support in the continuum of care, and to enhance and sustain psychosocial support services within country- and culture-specific settings. It also gives an overview of some literature and practices across the network of partners, assesses the impact and sustainability of these, and underlines relevant aspects that should be considered when planning or providing psychosocial support for people with TB, HIV and viral hepatitis.

Methodology and data limitation

The methodology underlying this document includes a literature review and data collection. In the course of drafting the document, some 48 worldwide research articles, reports and studies in psychosocial support for people affected by TB, HIV and viral hepatitis were reviewed and analysed. The document also contains qualitative and quantitative data gathered from a consultation/data collection organized in collaboration with nongovernmental organizations (NGOs) from 10 countries of the WHO European Region, which answered a dedicated questionnaire developed for this purpose. Further details can be found in the annexes.

The overall review of practices, findings and conclusions is given from a civil society and community perspective. Little information was found on integrated psychosocial support services in the context of TB, HIV and viral hepatitis coinfections, but many experiences were focused on individual diseases or TB/HIV coinfection. However, given the broadly similar approaches to psychosocial provision within the Region and the similarities between findings inside and outside the Region, we composed this review to provide a good initial step in understanding the current situation relating to psychosocial support provided to people affected by TB, HIV and viral hepatitis.

Defining psychosocial support and services

Psychosocial support addresses the ongoing psychological and social problems that affect individuals, their partners, families and caregivers.[8] It includes any form of support that is aimed at helping people to overcome the psychological and emotional problems that arise or are ongoing and to rebuild social structure.[9]

At the same time, psychosocial support consists of psychological, social and mixed services.[10]

- Psychological services, as an integral part of disease diagnosis and treatment, provide psychological, emotional and spiritual support for people affected by TB, HIV and viral hepatitis to address the social, emotional and economic determinants of psychological heath. They can help address common issues such as fear of death, depression, anxiety, behavioural problems, difficulty dealing with the side effects of treatment, feelings of helplessness, and hypochondria; problems and responsibilities related to family and marriage, the likelihood of stigmatization by the community, restriction in choices of profession, guilt, loss of the will to live, and negative expectations of treatment outcomes, life after treatment, etc.
- Social services, as an integral part of diagnosis and treatment, provide assistance and targeted benefits in solving socially significant problems, including job loss, financial problems and lack of money; worries about family members and childcare arrangements; poor social security, nutrition and housing; violation of individual rights, stigma and discrimination, and legal problems.
- Mixed services comprise a twin set of services provided to affected people, addressing social and psychological issues simultaneously.

Psychosocial support, which takes into account specific conditions in a particular setting, allows an affected person to cope better with a difficult and stressful situation. It is needed from the time a person presents with symptoms for medical assistance and diagnosis, when diagnosis is made, and throughout the course of treatment. The practical tasks of psychological and social support include assisting patients and their family members in preparation for protracted treatment (in the case of HIV, life-long treatment), adapting to the treatment regimen, getting information and educational support on the quality-of-care standards they should expect, maintaining social networking, and actively engaging with service providers. Psychosocial support helps to reduce the intensity of mental and physical distress, enhances people's own psychological resources, strengthens existing social support networks and helps to build new ones, and creates conditions for useful interactions between service providers and patients.

In order to improve adherence and/or facilitate completion of treatment, it is necessary to ensure continuous provision of psychosocial support. The development of psychosocial responses to people with TB, HIV and viral hepatitis represents an integral part of the disease response, in the same manner as medical advances. It is important to recognize that health behaviours, economic, political, cultural and religious factors, and even aspects of medical culture (such as preference for longer durations of hospitalization than is clinically required) play a major role in perceptions of risk associated with disease, as well as approaches to address them. While the impact of perceptions, values, norms, institutions, networks and culture is not easy to measure, social factors such as poverty, stigma, gender inequality and human rights violations are well recognized as contributing to the risks associated with TB, HIV and viral hepatitis, as well as making treatment completion more difficult.[11,12,13]

Psychosocial support for people-centred care (PCC)

Health problems are mentioned, alongside disasters and conflicts, as problems that have severe psychosocial consequences. The emotional wounds may be less visible than others, but it often takes far longer to recover from emotional trauma than to overcome material losses.[14]

It is widely recognized that population health patterns and outcomes are changing. The shift in the burden of diseases towards higher coinfection rates increases the need for people to have continuing contact with multiple providers. The WHO framework for PCC, set forth in the Global Strategy on People-centred and Integrated Health Services,[15] acknowledges the need for intersectoral coordination and multidisciplinary actions in tackling the structural determinants of health through close collaboration between health, social care, education, community and other sectors, all providing a wider range of services that can contribute to better health for all. The framework places individuals, families and communities at its centre, set within a service delivery context that supports universal, equitable, people-centred and integrated health services, which are delivered through integrated networks and linkages, as well as by means of direct inputs from communities. This takes place within the context of the governance, financing and resources of the health sector. Health-related quality of life (HRQoL) is a very useful construct that encompasses broader domains that can be used to provide tools for PCC,[16] highlighting that integrated treatment should include many specialties besides medical doctors, such as nurses and laboratory staff, psychologists, nutritionists and social workers, as well as community health workers, volunteers, family caregivers and peer supporters, in order to achieve enhancement of HRQoL in patients.

By providing psychosocial support to people affected by TB, HIV and viral hepatitis, health systems can help to achieve better health and guarantee the right to health, as defined by the International Covenant on Economic, Social and Cultural Rights (Article 12) and explained by the Committee on Economic, Social and Cultural Rights.[17,18] At the same time, this approach may encourage respect not only for the right to health but also for (among other things) the rights of people with a disease and their family members to work (Article 6) and to take part in cultural life (Article 15a).

While a patient-centred approach addresses issues of quality and holistic health care, a people-centred approach also recognizes that, before they become patients, people need to be informed and empowered in promoting and protecting their own health. PCC is an approach to care that sees the person as a whole, with many different needs and goals that arise from the social determinants of health; it pays particular attention to the overall well-being, choices, convenience and safety of the individual, taking account of their social and personal circumstances, not just the immediate requirements of medical treatment.[19]

The concept of PCC focuses on meeting the health needs and expectations of people throughout the life-course. It aims to balance the rights and needs of patients with their responsibilities and capacity as stakeholders in the health system.

PCC is an approach that consciously adopts the perspectives of individuals, carers, families and communities as participants in, and beneficiaries of, trusted health systems that respond to their needs and preferences in humane and holistic ways. It also requires that people have the education and support they need to make informed decisions and participate in their own care, which is organized not around diseases but around their health needs and expectations.[20,21] PCC is team-based, decentralized care that requires substantial investment in human resources to provide high-quality care in settings where people live and work and are connected to networks of social capital and social support.[22] This kind of approach has long been recognized as the best way to care for people with TB, HIV and viral hepatitis.

Global, regional and national strategies and policies on the provision of psychosocial support

Since the beginning of the AIDS epidemic, psychosocial support has emerged as a cornerstone of a comprehensive treatment for people with HIV/AIDS.[23] WHO observed that counselling and social support can help people to cope more effectively with each stage of the infection and enhances quality of life. It has been noted that, with support, PLHIV are more likely to respond properly to the stress of being infected and are unlikely to develop serious mental health problems.

The Global Health Sector Strategy on HIV 2016–2021 defines expanding high-quality treatment for PLHIV and keeping them alive through comprehensive person-centred and holistic care as a critical area for fast-track action.[24] It stresses the need for investment to strengthen community-based services to provide appropriate psychosocial interventions to address the needs of PLHIV; such interventions include effectively tackling gender-based violence and harmful alcohol use, and reaching and protecting those most vulnerable and at risk to maximize treatment adherence and retention in care.

The Action Plan for the Health Sector Response to HIV in the WHO European Region encourages countries to develop their HIV interventions, including an essential package of services for PLHIV, in line with the differentiated care framework.[25,26] The framework ensures delivery of different HIV care packages for PLHIV based on their needs, and psychosocial support is one of the important components of a comprehensive care package provided at HIV and primary health-care clinics, as well as at home and in the community. Psychological and social support for PLHIV empower them to manage their condition by improving their health literacy, thereby enabling self-management of their condition and improving treatment adherence.[8]

The PCC model is the first pillar of the WHO End TB Strategy and post-2015 global TB strategy.[27,28] Standard 9 of TB Care I's International Standards for Tuberculosis Care states that the purpose of the PCC approach is "to promote adherence, improve quality of life, and relieve suffering".[29] The treatment and ethics guidelines for the implementation of the WHO End TB Strategy clearly state that treatment should be accessible, acceptable, affordable and appropriate.[30,31,32] The appropriate model of care is the one that ensures that patients get the right care, at the right time, by the right team and in the right place, taking account of the prevailing conditions in each setting, thereby protecting, promoting and fulfilling the human right to health. The TB blueprint for EECA countries acknowledges that psychosocial support is needed throughout the patient pathway, starting from disease prevention through detection and diagnosis, in order for patients to adhere to treatment.[33] Psychosocial

support includes both psychological support such as counselling sessions or peer-group support and social support that addresses indirect costs incurred by patients in accessing health services, as well as food packages to support nutritional needs. Most recently, PCC has been grounded in the Declaration of the Rights of People Affected by Tuberculosis as an integral component of universal health coverage that should expand beyond a purely medical or public health approach; there is now a consensus among human rights and ethics experts that PCC and psychosocial support are part of the right to health.[34]

Both the Global Health Sector Strategy on Viral Hepatitis 2016–2021 and the Action Plan for the Health Sector Response to Viral Hepatitis in the WHO European Region point to the necessary links between social welfare, correctional services, water sanitation and housing, as poor mental health, discrimination, poverty and criminalization undermine the capacity of health services.[35,36] Interventions addressing both health and psychosocial problems are listed as requirements for diagnosis and care of people with chronic hepatitis infection. Counselling is also an explicit part of the recommendations made in the Action Plan. Further priorities within its people-centred approach are upholding all human rights for people affected and at risk of hepatitis infections, addressing gender inequalities and discrimination, and shaping the legal regulation of drug use based on public health evidence.

To determine the type of services across the hepatitis prevention and care continuum that would best meet the needs and expectations of the people affected, a strategic linkage is needed between different sectors, such as correctional services, police and justice, social welfare, water and sanitation, and housing. Community-based and peer-support workers play an important role in reaching marginalized groups, linking people with chronic hepatitis to care, supporting treatment adherence and providing chronic care, and addressing discrimination, criminalization, and harmful socioeconomic and cultural norms that help generate health inequities.[33]

The process of data collection from CSOs operating in the WHO European Region enquired about their knowledge of existing policies and strategies on psychosocial support at national level. The results show that little information is made available to civil society actors involved in this area. CSOs from only six of the 10 countries that participated in the data collection (Tajikistan, Kazakhstan, Kyrgyzstan, the Republic of Moldova, Serbia and Ukraine) were able to confirm that psychosocial support services are mentioned in their national programme strategies or Ministry of Health orders, and only two NGOs (from Ukraine and the Republic of Moldova) gave details of the relevant documents.[37,38] There is a clear need for wider dissemination and understanding, beyond government institutions, of the legislative and legal frameworks regarding psychological

and social services, and for more active involvement of CSOs and CBOs in the process of policy and strategy development and implementation.

The impact of psychosocial support

The overview of the practices and studies analysed shows that psychosocial support is an important part of the continuum of care. The provision of psychosocial interventions enables people to have a better response to the disease and enhances treatment adherence and overall quality of life, resulting in higher treatment success and lower failure and lost-to-follow-up rates. In a variety of studies, it is apparent that health education, counselling, food kits, travel reimbursements, legal and psychological assistance, family workshops, provision of clothing and shoes, as well as supportive care and respectful, compassionate communication, can dramatically improve the capacity of people to adhere to their treatment and achieve a higher quality of life.[39,40,41,42] The provision of psychosocial support for people affected by TB, HIV and viral hepatitis should be organized to address the determinants that interfere with the ability of people to adhere to and complete treatment, by facilitating informed decisions and a greater capacity to cope with the diseases and their life consequences. Its aim should be to enhance the quality of life of people with TB, HIV and viral hepatitis by providing support that fulfils their human rights and should be available in any community.

In addition, the results of the consultation of organizations in the WHO European Region (listed in Annex 1) that are delivering support services to people affected by TB, HIV and viral hepatitis, as well as to other populations at risk, show that efforts to provide psychosocial services to the above populations are both significant and diverse. The observations and results that emerged suggest that the efficacy of the fight against the three diseases depends not only on medical efforts but also, to a significant degree, on the psychological and social support provided to the affected people. The activities of these organizations, located mainly in EECA countries where the burden of the three diseases is high, indicate that there is a wide range of experience in providing psychosocial support and successful practice in working with affected and at-risk populations. Psychosocial support provided by NGOs, CSOs and CBOs contributes to the improvement of treatment outcomes and adds significant value to the overall management of TB, HIV and viral hepatitis control and care.

The role of families

Despite the various effects of TB and HIV infection on relatives and family members, including economic, social and mental health issues, families can play a major role in supporting patients during treatment and are often the main contributors to meeting the psychosocial needs of people affected by these diseases. Despite a general reluctance to disclose their disease status, patients received a significant amount of psychosocial support from family members with whom they had shared their status, and family members were crucial in providing economic support to help with burdensome medical expenses or unemployment due to treatment.[43,44] There is evidence that support from family, friends and members of social networks promotes self-esteem and improves adherence to treatment; it also alleviates the negative consequences of stressful events, reduces prejudice against patients with TB/HIV coinfection, and positively affects the quality of life of coinfected people.[45]

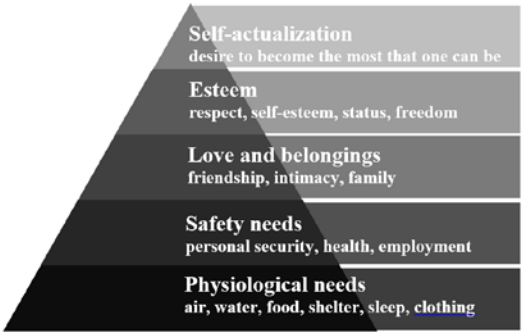
However, for family members the burden of providing care and facing stigma can also lead to poverty, social isolation and caregivers' burden, which may also be aggravated by the need to change family routine (for instance, in the situation of caring for children with TB and having to follow directly observed therapy (DOT) arrangements that require regular weekly or daily visits to a clinic to take medicines).[46,47] Considering the burden of gender norms and roles commonly placed on women, they may face particular challenges while balancing their roles as caregivers and workers.[48] As a result, household members caring for affected people may have poorer mental health and lower quality of life.[49] The review shows that limited information on providing psychological support to family caregivers is available in the European Region. For this reason, it is expedient to provide additional support to family members to cope with the stress and burden of caregiving.

Psychosocial needs and treatment adherence

WHO defines health not merely as the absence of disease or infirmity but as a state of complete psychical, mental and social well-being.[50] The ultimate aims of medicine and health care are not health or prolongation of life as such, but preservation or improvement of the quality of life. Potential long-term medical conditions such as TB, HIV and viral hepatitis have significant impacts on people's quality of life, including economic, social and psychological well-being. In the context of these conditions, patients' appraisal of their current level of functioning, compared to what they believe to be ideal, is relevant, as is their level of satisfaction with it. A recent analysis of patient satisfaction conducted in 16 low- and middle-income countries found that lack of patient satisfaction substantially increased the chance that patients would be lost to follow-up.[51]

According to Maslow's hierarchy of needs (Fig. 1), which is used to study human behavioural motivation, physiological needs (such as food and shelter) and safety needs (such as health) are at different levels. The duration of TB, HIV and viral hepatitis treatments (especially HIV treatment, which is life-long) means that these diseases are inextricably linked with a host of psychological, social and economic conditions that interfere with, and may even take priority over, treatment. In some conditions, when a person's days and nights are spent finding ways to deal with the different needs and fears that arise, dying of TB, HIV or viral hepatitis may seem no more than a distant threat.

Fig. 1. Maslow's hierarchy of needs



As some HIV studies have shown, identification of, and focusing on, psychological, social and family problems and needs is not only an important factor in disease prevention and treatment but also enables people to have a better response to complications caused by a disease and thereby increases treatment completion rates.[52] Studies of chronic hepatitis B patients also reveal that they tend to undergo a range of experiences such as insufficient self-care, misperceptions, stigmatization, psychological consequences, failure and spiritual struggle, highlighting that psychosocial support and HRQoL are important components of care.[53,54]

Some studies of psychosocial needs among people living with HIV and TB have found that people experience a wide range of social, psychological challenges and care access problems.[55,56] They may have to deal with stigma, discrimination, side effects of the drugs, and financial constraints due to the disease; [57] this may lead to isolation, feelings of guilt,[58] depression and anxiety, reduced life satisfaction, and loss or weakening of social support (due to long periods of hospitalization and separation from families and social networks). These factors may influence behaviour, causing poor adherence, delays in seeking care, and increased non-completion rates (ranging from 0.5% to 56%).[59,60,61] Socioeconomic and cultural factors may explain gender differences in rates of people getting tested; in some contexts, stigma and fear of discrimination can cause women to refrain from accessing services – understandably, as it may lead to them being divorced or becoming unlikely to get married.[62,63]

Premises, providers and types of psychosocial support

Though medical treatment is crucial to cure diseases, a people-centred continuum of care should take into consideration an individual's psychological and sociological context. Affected people face multiple challenges, which may increase in intensity and change over time, so any psychosocial support should be designed in such a way that it engages a wide range of stakeholders – including health professionals, social workers, affected people, communities and civil society/public organizations – transforming everyone into an active player. In addition, it should be organized in premises and settings that meet the needs of affected populations.

Settings of psychosocial provision

The arrangements of inpatient and outpatient settings – i.e. the places where psychosocial services are provided – vary significantly, reflecting the wide variety of support services provided. The structures of psychological and social support in health-care and community settings, the number of people in need of support, the amount and types of services offered, the human and financial resources available – all take a wide variety of different forms.

The literature suggests that psychosocial support in **inpatient settings** (hospitals, health centres) is provided as part of the overall care package. As such, the support is generally well organized and structured, and measurable impact indicators could in principle be found. In inpatient clinics, support is mostly focused on coping with side effects and status acceptance in the initiation phase of treatment.

Psychosocial support in **outpatient settings** is typically based on multidisciplinary approaches. Provided mainly by NGOs or public services, it is often available at community level, addressing socioeconomic problems, stigma, interpersonal challenges and gender differences/inequalities. The arrangements and structure of psychosocial support in outpatient settings – where CSOs and CBOs are the main providers – tend to be driven by clients' needs.

Interventions for psychosocial support

According to the literature review and data collection, psychosocial support comprises a wide range of interventions and services which are or may be provided successfully in both clinical and community settings. The many services provided include health and mental counselling, psychotherapy, cognitive and individual needs assessments, interventions with appropriate medication, emotional and spiritual support, peer and group support, and assistance with social needs such as housing, childcare, employment, education, social benefits, welfare and legal status.

Data collected from NGOs suggest that a variety of psychosocial services is available in the European Region, established according to both problem and need. Almost every organization provides psychological support to affected people, their families or contact persons, and most often it occurs in both individual and group settings (Table 1).

Table 1. Individual and group interventions for psychological support

Group support	Individual support
Support groups	Counselling
Psychological trainings	Peer-to-peer
Psychological sessions	Psychological counselling
Family counselling	Psychosocial counselling
Group psychological correction	Motivational counselling
Supervision, Balint groups*	Anonymous counselling
Patient "treatment literacy" school	Individual religious support
Art therapy classes	Social escort
Stigma reduction – work with health-care providers and media	

Some of these services, such as patient support groups, peer-to-peer methods, training and individual counselling, are quite common, while other types – including art therapy, group psychological correction or Balint groups (National Institute of Phthisiology and Pulmonology named after FG Yanovsky, National Academy of Medical Sciences of Ukraine), and use of a private psychologist (Kazakhstan) – were noted only by a few organizations. One kind of initiative that deserves mention is engaging celebrities and religious figures to alleviate stigma and discrimination in regard to TB (Stop TB Partnership, Tajikistan).

Psychosocial interventions often occur in group formats, such as informal support groups on HIV risk reduction and treatment adherence.[64] Some other formats include peer counselling, a supportive intervention typically offered by CBOs. Other psychosocial treatments have been developed to incorporate a service model (psychosocial rehabilitation and day treatment programmes) or a service theme (HIV prevention, case management, disclosure of HIV status, and permanency planning for parents with advanced AIDS – a process of

* Balint groups are a form of group psychological work during which the participants (8–12 people, including doctors, psychotherapists and medical psychologists) present cases from their practice in which certain problems have arisen. Today, Balint groups are also used as a form of student learning and a method of advanced training. In some countries, participation in Balint groups is mandatory in order to become a specialist in psychotherapy and to allow the fees of psychotherapists working in psychosomatic clinics to be paid from insurance funds. Participation in Balint groups does not imply any prior experience.

assessing and preparing a child for long-term care when placed in an out-of-home placement such as kinship or foster care).[65,66]

Distinguishing between psychological and social support

A significant amount of psychological and social support for patients with TB and HIV is oriented mainly towards working in communities, at the primary level of medical care. While psychological help is a service provided only by qualified specialists, it may not always be feasible, in all settings, to provide psychosocial support through certified or qualified health-care workers and state social workers. CSOs, on the other hand, often have the flexibility that allows them to adapt the psychosocial support they provide to respond simultaneously to the psychological and the social needs of their clients, in a manner that only a peer or a community representative can manage. At the same time, professional social workers can be placed by CSOs and community organizations to work alongside peer counsellors and community workers.

Using the criteria of psychological, social and mixed services, data analyses from the organizations surveyed for this report identify that virtually all the data provided refer to the concept of psychological, social or psychosocial services and psychosocial support, with no clear distinction drawn between them.

Among the civil society partners, around a third of CSOs consulted on psychosocial issues implement *social* measures, adapting the support they provide to the needs of the people they serve. The most common type of social support is of a legal nature, such as assistance in replacing personal identity documents and documents required to receive benefits, pensions, public services, etc. More than a third of those consulted reported that activities related to legal support or legal services were in high demand.

A significant number of organizations provide financial and material support: monthly and one-time payments, reimbursement of transport costs, mobile communications costs, some utilities, meals, etc. There are examples of initiatives that aim to alleviate the burden of current bank debts of beneficiaries (Public Fund “Sanat Alemi”, Kazakhstan); others that pilot a result-based sponsorship model with the council of imams (religious organization): it provides financial support for people with MDR-TB throughout treatment, on condition that they adhere to treatment (Stop TB Partnership, Tajikistan).

An innovative social enterprise in Tajikistan (“Helping Hand to End TB”), a car service centre, generates income to provide direct aid to people affected by TB and their families, thus contributing substantially to treatment adherence. There are also social entrepreneurship initiatives sponsored by the United Nations which allow

people and their families to start income-generating activities (International Organization for Migration, Tajikistan). Another example of a civil society initiative provides in-kind support, such as sewing machines, animals for farming, construction tools and other equipment, for entrepreneurial activities, which have a positive impact on financial, social and psychological resources.

The range of support services provided by CSOs and CBOs include referral or accompaniment to other relevant professional services or organizations, such as psychologists, therapists, dermatologists, lawyers, testing sites and laboratories. On the basis of the literature review and consultation, the various types of psychosocial support can be arranged as shown in Table 2.

Table 2. Types of psychosocial support

Type	Description
Health literacy, awareness raising and advocacy	• Educational and informational opportunities for affected people and their families and the wider community; sessions often occur in group formats, such as informal and formal support groups and group interactions with other patients; the aim is to improve adherence to treatment through acquisition of knowledge and skills to cope with the challenges of treatment. • Stigma reduction (work with health-care providers, media, general population).
Social support	• Material and nutritional support, such as food kits and food supplements or vouchers, shelter, transport, clothing and shoes. • Strengthening social roles and networking by organizing recreational excursions, symbolic celebrations and periodic family workshops. • Introducing programmatic provision of vocational activities to increase economic opportunities (retaining programmes and programmes of social entrepreneurship). • Support with childcare.
Financial support	• Transport subsidies, cash payments as bonuses, enablers and incentives (housing incentives or living allowances).
Emotional, psychological	• Counselling based on behavioural activation theory, counselling sessions, home visits, peer counselling. • Compassionate communication. • Monitoring and/or treatment of mental illness (mental health services). • Emotional support and protection from psychosocial consequences of the disease (depression, lost self-esteem, guilt, social isolation, disclosure, prejudice, stigma and discrimination).
Legal support	• Assistance with legal status and identity documents.

Providers of psychosocial support

The roles and capacities needed to ensure access to psychological and social services within the framework of community models of psychosocial support for the populations most affected and at risk are extensive. According to the literature reviewed and the data collected, a variety of formal and informal providers of psychosocial services are available according to the needs and problems of people affected (Table 3). CSOs and CBOs are valuable players in providing direct support, as well as in referring people to health systems or other providers or sources when complementary skills are required.

Table 3. Formal and informal providers of psychosocial support

Type	Description
Formal	Health professionals and workers such as psychologists, social workers, counsellors, nurses, peers, outreach workers, etc.
Informal	Community leaders, pastoral counsellors, clergy, priests, imams, etc.

Many of the organizations consulted engage individuals, either qualified specialists or trained workers. Several organizations noted that psychosocial work is implemented on a peer-to-peer basis; others mentioned that groups or teams of specialists provide psychosocial services through support groups, visits and meetings, deliver bags of food items, organize charity concerts to increase awareness and collect funds, etc. Often, the primary role in arranging and supervising the various activities that fall under the heading of psychosocial support, as well as referral across services to match the specific needs of individuals, is fulfilled by case managers working at NGOs or community-led organizations. In general, it appears to be important to have a variety of providers, approaches and models of arranging psychosocial support services in view of the different contexts and levels of stigma and discrimination (Table 4). For this reason, it is also important that psychological and social services are provided in both outpatient and inpatient settings.

Table 4. Psychosocial service providers

Name/type	Description/examples
Individual workers/specialists	Psychologists, case managers, trained volunteers, social workers, educators, peer guides, peer consultants, volunteer psychologists, outreach workers, community health workers
Teams of specialists	Religious organizations/mosques, teams of volunteers, patient support groups, entrepreneurs/representatives of social entrepreneurship, activists, psychosocial teams for inpatient PLHIV, teams of champions and celebrities

NGOs	Public organizations, employees of public organizations from social workers to managers and coordinators, community health workers – community-based organization representatives
Government agencies and civil servants	Centres for AIDS, narcological and TB services, skin and venereology dispensaries with the participation of gynaecologists, state youth and women's committees, paediatricians and other specialists Anonymous counselling units (managers, psychologists, volunteers, phthisiatrists), centres of social services for families of children and youth, Republican centres for the formation of a healthy lifestyle (full-time social workers and psychologists), national television and radio channels
Red Cross and Red Crescent Societies	Social and psychosocial support from volunteers and staff of Red Cross and Red Crescent Societies

Multidisciplinarity

The ongoing efforts of countries to end the TB, HIV and viral hepatitis epidemics are changing their paradigm of care from addressing the medical aspects of the diseases to giving more attention to their psychosocial aspects, conceptualizing them as both medical and psychosocial challenges that require multidisciplinary approaches. Psycho-socioeconomic support practices for TB patients in 10 countries show that delivery of social support (including incentives and cash payments, counselling, social services related to, for example, housing and unemployment, and financial or in-kind assistance) requires collaborations managed by teams of social workers, psychologists and nurses, often working with people outside the national TB programme.[67] In a similar vein, a Serbian study concluded that an intersectoral response should be central in strategies aiming to tackle MDR-TB (Box 1).

Box 1. Intersectoral action on MDR-TB in Serbia

A case–control study of risk among patients in Serbia concluded that strategies for controlling MDR-TB should focus on intersectoral actions to improve living conditions and reduce the high rates of poverty by involving patients in programmes of social support (both material and psychological), including support to families, retraining and social entrepreneurship. To reduce stigma associated with the disease and improve mental health, the inclusion of mental health services in the care process was also suggested.[68]

Systematic reviews of psychosocial and neuropsychiatric issues of patients with HCV infection show a strong association with poorer physical, mental and social health, which significantly impaired their treatment adherence. Poorer health-related quality of life has been shown to be partially related to intravenous drug use, comorbid psychiatric disorders, stigmatization, poor social support and alcohol abuse, among other factors.

Interferon treatment can also be a cause of depression in patients with HCV infection and is sometimes associated with irritability, manic episodes or acute confusional state. Furthermore, their social health is significantly impaired by stigmatization, poor social support and potential psychiatric comorbidities. For this reason, a multidisciplinary approach, a supportive environment and a nonjudgemental health-care team are required for optimal PCC of patients with HCV infection.[69]

The quality of life of PLHIV improves when social support is provided; the lack of it causes a perceived deterioration in health conditions. Employment, higher income, satisfaction with social support, and problem-focused coping skills are associated with a significantly better quality of life.[70,71] Social support and caregiving also positively influence adherence to antiretroviral therapy (ART).[72] Furthermore, there is evidence that people receiving quantitatively different levels of support differ on measures of depression, stress, coping efficacy and self-esteem.[73]

Risks and sustainability perspectives

Although there are a few examples of organizations that have managed to calculate the costs of psychosocial support in some settings, no consistent information on estimates is available. The surprisingly few attempts in the WHO European Region, where psychosocial services are financed through national budgets, point to uncertainty in estimating costs. This suggests that the process of identifying the real costs of ensuring comprehensive psychosocial support is rather challenging.

Furthermore, the consultation conducted for this report shows that a significant part of social services is implemented in partnership with community organizations, community leaders, local authorities and government organizations such as state youth and women's committees. There are examples of formalized cooperation between civil society, state institutions and local authorities, such as the Memorandum of Collaboration between the national TB programme and the TB NGOs* in the Republic of Moldova,[74] and the NGO Code of Health in Tajikistan, confirming the cooperation and engagement of NGOs in support of people affected by TB and HIV respectively.[75]

However, most psychosocial support, in both inpatient and outpatient settings, is arranged as single projects, almost all of which are financed from external sources. This poses serious risks of sustainability for key interventions, given the necessary transition of TB, HIV and viral hepatitis responses from external to domestic

* TB NGOs form an informal platform/network, consisting of 14 NGOs working in TB, mainly funded from GFATM sources.

financing. The main challenge for many public, community or nongovernmental organizations is to achieve sustainability, both structurally and functionally.

Some projects and organizations have also made efforts to achieve future sustainability, as in the case of the NGO Project HOPE in Tajikistan (Box 2).

Box 2. Project HOPE, Tajikistan

Project HOPE was a TB control programme set up in Tajikistan with the backing of the United States Agency for International Development (USAID). It was implemented from September 2014 to August 2019 in three pilot regions, which included 27 pilot districts. During the programme implementation, 143 community health committees (CHCs) were created. These included representatives from local authorities: the village (*jamoat*) or municipal council, state youth and women's committees, the educational department and religious bodies, as well as primary health care and centres for training on healthy lifestyles. In creating the CHCs, the participation approach was used: the community itself decided whether such an organization was needed and recommended who its representatives should be. A memorandum on the interaction of all interested parties in these structures was developed and signed. The CHCs conducted their activities at no cost. After the programme ended, coordination of these groups was transferred to the National TB Programme under the Patient Schools and Patient Support Groups initiatives and to the Republican Centre for Healthy Lifestyle.

Psychosocial support within the framework of the programme was provided at facility and community levels. At the facility level, psychosocial support was provided by medical specialists (trained nurses); at the community level, by *jamoat* representatives, youth committees, women's committees, religious leaders, community activists, teachers and coordinators, who were representatives of the district healthy lifestyle centres, as well as social and outreach workers. Target groups included migrants, people who inject drugs (PWID), PLHIV, prisoners/ex-prisoners, members of the general population, women and children, and contacts of TB patients.

Taking into account that these CHCs were in place for several years on a volunteer basis and proved effective, local authorities currently plan to continue supporting their activities in the future, which may contribute to the sustainability of the structure. As such, no legislative barriers exist to prevent scaling up the programme throughout Tajikistan.

Data collected from NGOs also showed that social contracting or other financing mechanisms to ensure the provision of psychosocial support to people and families affected by TB, HIV and viral hepatitis are lacking in most countries of the Region or are in the process of development (Georgia, Ukraine, Belarus, Republic of Moldova and Tajikistan).

Psychosocial support is an important part of the continuum of care. The value of maintaining a good quality of life throughout treatment goes beyond minimizing default rates or even maximizing cure rates. Thus, to be able to provide comprehensive psychosocial support, conceptual clarity as well as effective models of support services should be constructed and sustained. In building a comprehensive health-care approach, governmental structures should fortify and sustain cooperation with all partners that work to reduce health-related suffering.

The organization Association Youth for the Right to Life (TDV), Republic of Moldova, noted:

> In 2019, harm reduction programmes in Moldova were financially supported from the national budget, but due to the general lack of funding and the limited allocated funds, the quality and the complexity of services throughout the country are facing changes in the quality and volume of the delivered services.

Donor withdrawal from the Region and the fact that countries have transition plans from Global Fund support that are not fully supported from national budgets put at risk the provision of psychosocial services in three ways:

(1) the extent of services may be reduced, or their very existence may be threatened;

(2) human capital and expertise built over years of internationally funded activities may be lost or disempowered;

(3) further donor support may be threatened if international resources are not matched by domestic efforts.

Many of the high-burden countries are still heavily dependent on donor support which is shrinking. In the current context, the sustainability of psychosocial support cannot be guaranteed, and this puts at risk the delivery of a comprehensive, people-centred response to TB, HIV and viral hepatitis, including services provided by NGOs and CBOs. This could reverse the impact of medical advances and hamper the progress made in disease prevention, care and control efforts in the European Region, with serious implications for the health and well-being of affected communities.

Areas for future research

There are a number of areas where additional and more in-depth research would be useful.

- The various types of tailored psychosocial support services, with a focus on the similarities or differences in the needs of those affected by the three diseases and of specific population groups (such as migrants, PWID, people with low income status, prisoners, etc.).
- The complex needs of caregivers of people living with the three diseases and a review of psychosocial support services to help them cope in their caregivers' role.
- Cost–benefit analysis of providing comprehensive psychosocial support as part of the continuum of care.
- The role and effect of psychosocial support on patients' adherence to recommended treatment regimens and successful treatment outcomes, in both real-world and clinical trial results.
- The role of psychosocial support on quality of life and overall well-being of people with TB, HIV and viral hepatitis and their families; the elements of psychosocial support that make a difference.
- A review of the comprehensive case management model as an overarching principle for providing psychosocial support care, with a focus on standardized tools and operating procedures.
- A comprehensive review of psychosocial support performance-monitoring tools used by different providers.

Key aspects for consideration

Policies and strategies for psychosocial care

(1) The provision of comprehensive psychosocial support for people affected by TB, HIV and viral hepatitis should be an integral part of national disease response strategies and plans. It should include a solid case management approach, quality assurance, and elements of individual needs assessments to plan psychosocial support services and to map other, additional psychosocial services available for specific vulnerable groups to ensure timely referral between service providers working with specific groups (e.g. women, children, families in critical life circumstances, migrants, PWID, ex-prisoners, etc.).

(2) The budget for these services needs to be secured to ensure sustainability of services in the long term. To this end, costs for psychological and social support interventions need to be calculated, so that services can be planned for and delivered consistently. At the same time, indicators of the impact of psychological and social support services on well-being, treatment adherence and outcomes need to be developed and linked with national monitoring and evaluation indicators to monitor, measure and evaluate progress achieved.

(3) Capacity building for different providers of psychological and social services, so that they are able to provide high-quality psychological and social support care, should be part of national health plans for human resources development.

(4) Multidisciplinary approaches to psychosocial support service provision should be explored between the health and social policy/welfare ministries to complement human resources in the health and social sectors within their existing functions and scope of work.

Guidelines and training for psychosocial care

(1) Psychological and social support (including home care services) should be specifically included in national guidelines for the management of TB, HIV and viral hepatitis. Standard operating procedures for delivery of such services in the disease-specific context and for different population groups based on their specific needs, as well as minimum qualification requirements for providers, should be reflected in the national guidelines.

(2) Training on disease-related case management, psychosocial support, monitoring and evaluation, and evidence-based approaches to their provision should be incorporated in the curriculum for health-care providers and social workers.

(3) Providers of psychosocial care, including health-care workers, social workers, civil society actors and community volunteers, as well as family caregivers and peers, should be trained in psychological and social support following a well-defined and evidence-based curriculum. The elements and depth of such training should vary and be based on the interventions, needs and qualifications expected from the different providers mentioned.

Services for affected people and family members

(1) A comprehensive support system needs to be set up linking and coordinating existing psychosocial services with each other and with existing health services, thus maximizing all resources.

(2) Different models of provision of psychological and social services need to be developed, and the role of each member of a multidisciplinary team (including health workers, social workers, civil society actors and community volunteers, as well as family caregivers and peers) needs to be defined.

(3) Development of comprehensive packages/standards of psychosocial services through the whole continuum of care is needed to address the needs of patients and family caregivers, including gender-sensitive needs. A clear distinction between psychological and social support and levels of provision of such support is needed to ensure a common approach, quality, availability, accessibility and acceptability of such services.

(4) Given the burden of TB, HIV and viral hepatitis on affected families, psychosocial support services or interventions that address family members' needs and their role in the disease response should be considered.

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Annex 1 List of organizations that provided information

	Country	Organization	Donor(s)	Focus area	Contact person
1	Armenia	Armenian Red Cross Society (ARCS)	ARCS in cooperation with Eli Lilly & Co. LLC, MSF, GFATM, Partner NS ARCS, Partnership with American Red Cross	TB, HIV, viral hepatitis	Anna Yeghiazaryan redcross@redcross.am
2	Belarus	Belarus Red Cross Society	UNDP, IFRC, Italian Red Cross	TB, HIV, viral hepatitis	Olga Mychko, Leila Jalbot info@redcross.by international@redcross.by
3	Georgia	Georgia Union of Patients	GFATM	TB	David Alkhazashvili georgiagpu@gmail.com
4	Kazakhstan	Private psychologist	AFEW Kazakhstan	TB, HIV, viral hepatitis	Marat Gusmanov gusmanovm@gmail.com
5	Kazakhstan	Public Fund “Sanat Alemi”	AFEW Kazakhstan	TB	RT Idrisova
6	Kyrgyzstan	Red Crescent National Society of the Kyrgyz Republic Public Association (RCSK)	UNDP, Stop TB Partnership/TB REACH	TB, HIV	Elina Briabina e.bryabina@redcrescent.kg
7	Republic of Moldova	Moldova National Association of Tuberculosis Patients “SMIT” (Society of Moldova against TB)	GFATM	TB	Oxana Rucsineanu oxana_rucs@yahoo.com
8	Republic of Moldova	Association Youth for the Right to Life, Balti	GFATM, National Health Insurance Company Prevention Fund, Alliance for Public Health	HIV, TB, viral hepatitis	Alla Yatsko protineret@yahoo.com
9	Republic of Moldova	Public Organization for the Protection of Rights and Reintegration of the HIV Community in the Republic of Moldova “CREDINTA”	GFATM	HIV	Ludmila Untura luntura@yahoo.com
10	Russian Federation	Regional Public Fund for Assistance to Various Categories of the Population of Sverdlovsk Region “New Life”	Presidential Grants Fund	HIV	Vera Ivanovna Evseeva http://newlife96.ru
11	Russian Federation	Saint Petersburg Charitable Foundation “Humanitarian Action”	Presidential Grants Fund, Sidaction Foundation, Sir Elton John Foundation, Canadian Legal Network, Subsidies of the Committee for Social Policy of Saint Petersburg, Subsidies of the Health Committee of Saint Petersburg	TB, HIV	Marina Akulova https://haf-spb.org

12	Serbia	Association “Health Mission”	Red Cross of Serbia	TB	Maja Stosic misija.zdravlje@gmail.com majavstosic@gmail.com
13	Tajikistan	Association “Stop TB Partnership, Tajikistan”	GFATM, Stop TB Partnership	TB	Ehson Tursunov coalitionstbpt@gmail.com
14	Tajikistan	International Organization for Migration (IOM)	USAID	TB	Rukhshona Kurbonova rqurbonova@iom.int
15	Tajikistan	KNCV branch office in Tajikistan	USAID	TB	Mavluda Makhmudova mavluda.makhmudova@kncvtbc.org
16	Tajikistan	Médecins Sans Frontières in Tajikistan	MSF	TB, HIV	Patricia Nyoni tajikistan-medco@oca.msf.org
17	Tajikistan	Project HOPE in Tajikistan	USAID	TB	Jamilya Ismoilova jismoilova@projecthope.org
18	Tajikistan	Public Organization (PO) “Guli Surkh”	USAID	PLHIV/ PWID	Kamilova Sevar Rakhimovna aidstj@mail.ru
19	Tajikistan	PO “Marvorid”	USAID	HIV	Zumrat Izbasarova marvorid@yandex.com
20	Tajikistan	PO “Tajikistan Network of Women Living with HIV” (TNWPLUS)	USAID	HIV	Takhmina Haidarova tnwplus@gmail.com; takhmina1986@gmail.com
21	Ukraine	ICF “Alliance for Public Health”	GFATM, EQUIP/USAID/PEPFAR, Gilead Sciences	TB, viral hepatitis	Natalya Kamenskaya kamenska@aph.org.uaZahedul Zhanna Tsenilova zislam@aph.org.ua Tsenilova@aph.org.ua
22	Ukraine	National Institute of Phthisiology and Pulmonology named after FG Yanovsky, National Academy of Medical Sciences of Ukraine (NIFP NAMS)	State budget, partially by Challenge TB project/ PATH/USAID	TB	Nataliya Litvinenko Yulia Senko
23	Ukraine	Labor and Health Social Initiatives (LHSI)	Alliance for Public Health/PATH	TB	Ilona Yeleneva ilona@lhsi.org.ua www.lhsi.org.ua
24	Ukraine	TBpeople Ukraine	GFATM, Stop TB Partnership	TB	Olga Klimenko tbpeopleua@gmail.com

Annex 2 Consultation questionnaire

The questionnaire below was developed to help collect data and consult with civil society organizations (CSOs) from the WHO European Region with the primary purpose of assessing existing practices on psychological and social support provided to people with TB, HIV and viral hepatitis.

Psychosocial support for people affected by TB, HIV and viral hepatitis

Information and experience from the WHO European Region on the use of psychosocial support in the treatment of TB, HIV and viral hepatitis

Providing psychosocial support and building capacity to address the social determinants of TB, HIV and viral hepatitis, and developing effective mechanisms of psychological and social protection for affected people and their families, are priority areas highlighted in WHO regional plans and strategies, including the Tuberculosis Action Plan for the WHO European Region 2016–2020; the Action Plan for the Health Sector Response to HIV in the WHO European Region (2017); and the Action Plan for the Health Sector Response to Viral Hepatitis in the WHO European Region (2017).

This questionnaire is designed to help us understand your perspectives on the situation. Your feedback will form part of a report and contribute to documentation on current practices and progress; not only will lessons be shared among countries and external partners, but help and guidance will be given to providers across the Region on how to effectively establish and enhance psychosocial support services in their settings.

We would like to thank you in advance for your willingness to spend time and energy filling out the questionnaire.

Country	
Name of organization	
Goals, objectives and target groups of the applicant organization	
Contact person at the organization	
Contact details of the organization	

Please describe your experience/practice in ensuring access to psychosocial support for people affected by TB, HIV and viral hepatitis. Note that you are welcome to provide details on any of the diseases, or to present (if applicable) an integrated approach encompassing the three diseases adopted in your country.

Data required	TB	HIV/AIDS	Viral hepatitis
Describe succinctly the situation with respect to the disease(s) in your country (100–150 words).			
Name of the implementer organization (if different from the organization describing its experience) – goals, objectives, target groups.			
List the projects/programmes/activities, indicating title, goals/objectives, duration and donor/funding sources.			
Indicate whether the above-mentioned projects/programmes/ activities are/were pilot, regular, standardized, etc.			
Describe the geographical coverage of the projects – local/community, regional, nationwide, etc.			
Outcome/results/indicators achieved *Give evidence of the impact of the implemented project/ programme/activity.*			
Activity related to psychosocial support *Give details of activities related to psychosocial support.* *Does your national programme strategic plan foresee provision of psychosocial support? If yes, is it funded from a separate budget?*			
List the types of support interventions/services (psychological, social) your organization provides.			
What are the target populations and how many people benefit from the (psychological, social) support interventions/services.			
List the frequency of the support/interventions/services provided.			
List the providers of the services.			
Describe how psychosocial support is/was adapted in particular situations to respond to the psychosocial needs of the affected people in your country.			
Please add any other information you think relevant.			
Studies available in your country related to the impact of psychosocial support on treatment and care of affected people *Indicate any available studies in your country (national and/or local) developed to determine the effects of psychosocial support interventions on treatment adherence, treatment outcomes and quality of life of affected people.*			

Guidance available on psychosocial support in your country *Indicate if there is/are any guidance/s on psychosocial support available. Is the guidance approved at local/national level? What does this guidance include, or what might it include? Please provide a link if available.*			
Describe the risks/uncertainties that might interfere with your ability to sustain implementation of psychosocial support.			
Perspectives on sustainability of the project/programme/activity *Describe how sustainability of psychosocial support activities are addressed in your country. Please tell us how you plan to contribute and ensure continuity of these interventions. Is provision of psychosocial support included in a transition plan or other relevant documents, etc.?*			
Links, supportive materials, photos, etc. *Please provide any relevant links, documents, materials, photos, etc., if available, to support your experience/project.*			

Thank you again for your time and efforts in completing the table!

Annex 3

Practices in providing psychosocial support to people affected by TB, HIV/AIDS and viral hepatitis

The following tables present original data provided by 24 organizations in 10 countries on practices in providing psychosocial support to people affected by TB, HIV/AIDS and viral hepatitis.

A3.1 Practices in providing psychosocial support to people affected by TB

Armenia

Armenian Red Cross Society (ARCS)

Project title	–
Implementer	ARCS. Founded and formally recognized in 1920 by presidential decree of the Republic of Armenia as auxiliary to the government in the humanitarian field.
Goal(s)	To reduce vulnerability of the population through mobilization of the power of humanity, to get prepared to cope with situations which may cause vulnerability among the population, as well as assisting vulnerable people affected by harsh socioeconomic conditions.
Duration *(pilot, regular, standardized)*	Since 2000, regular
Donor/funding sources	ARCS, in cooperation with Eli Lilly & Co. LLC, MSF and GFATM, has been implementing various TB-related projects.
Target groups	TB patients, their family members; in current project, all TB patients at outpatient stage and family members
Geographical coverage	Countrywide
Outcomes/results	• Education and social support provided to TB and MDR-TB patients. • Social support provided and paediatric TB department renovated in Republican anti-tuberculosis dispensary. • Nursing care of TB patients provided in polyclinics and at home, using DOTS therapy; reimbursement from home to polyclinic; providing food and hygiene kits; awareness campaign, networking and experience exchange among patients. • Education and social support provided for TB patients in penitentiary institutions. • TB active case finding conducted within risk groups, X-ray observation. • Awareness-raising campaigns conducted among general population aim to reduce stigma and discrimination. • Psychosocial support provided to all TB patients at outpatient stage to enhance treatment follow-up.
Types of psychological, social support	Psychological, social, legal, awareness-raising
Frequency of provided support	Regular, based on needs
Providers of services	Psychologists, trained volunteers, social workers, peer educators
Adaptation of services	On basis of needs and risks assessment, providing specific trainings for target groups and their family members, awareness-raising campaigns

Belarus

Belarus Red Cross Society (BRCS)

Project title	–
Implementer	BRCS
Goal(s)	Psychosocial support for people with special forms of TB at outpatient stage of treatment
Duration *(pilot, regular, standardized)*	More than 10 years
Donor/funding sources	UNDP
Target groups	People with MDR-TB and XDR-TB (up to 300 people)
Geographical coverage	–
Outcomes/results	• 290 patients motivated for treatment as a result of psychosocial support method
Types of psychological, social support	Psychosocial support via video-controlled treatment at outpatient stage of MDR-TB treatment
Frequency of provided support	Daily volunteer support
Providers of services	Psychosocial support is provided by university-educated specialists (psychologists, psychiatrists, psychotherapists). In addition, psychosocial support is provided by trained volunteers and psychologists, who received certificates from IFRC and donor projects.
Adaptation of services	There are no psychosocial support modules adapted by BRSC. BRSC uses IFRC or donor modules.

Georgia

Georgia Union of Patients

Project title	Multidisciplinary approach (group consisting of a psychologist, a social worker and a peer educator – a person with TB) to improve adherence to MDR-TB treatment
Implementer	Georgia Union of Patients
Goal(s)	To unite people affected by TB.
Objective(s)	Improving the health and well-being of people treated for TB
Duration *(pilot, regular, standardized)*	2017–2018
Donor/funding sources	GFATM
Target groups	People with MDR-TB and their families. The pilot project included 240 beneficiaries.
Geographical coverage	Batumi, Ozurgeti, Kutaisi, Zugdidi, Gori, Tbilisi, Rustavi, Akhalkalaki, Telavi
Outcomes/results	• Improved treatment adherence, reduced treatment interruption: 219 MDR-TB patients enrolled in the project were supported during their treatment; 15 people who stopped treatment were supported to continue treatment. • 87 families were informed and supported with knowledge about TB. • Stigma reduction: the major interest of patients, enhanced to engage and strengthen the community. Positive feedback received from all beneficiaries. By the end of the project one of the active beneficiaries had been elected and become director of the Georgia Union of Patients.

Activity related to psychosocial support	Formation of multidisciplinary group consisting of a psychologist, a social worker and a peer educator – a person with TB – to provide individual counselling.
Types of psychological, social support	Individual counselling (psychologist, social worker and former TB patients), actively identifying barriers to treatment and accompaniment to improve adherence.
Frequency of provided support	Individually on daily basis
Providers of services	Nongovernmental thematic organization, Georgia Union of Patients

Kazakhstan

Private psychologist

Project title	–
Implementer	Private psychologist, Dr Marat Gusmanov
Goal(s)	To provide psychological counselling, Balint groups, supervision of NGOs working with key populations.
Objective(s)	Trainings of NGOs
Duration *(pilot, regular, standardized)*	As and when necessary
Donor/funding sources	AFEW Kazakhstan
Target groups	NGOs working with key groups: TB, HIV; people with HIV syndrome, TB and hepatitis
Geographical coverage	–
Outcomes/results	• Enabled further training/enhancing qualification of NGO workers in provision of services to key groups; their rehabilitation during emotional burnout; assistance in solving personal problems that hinder effectiveness of working with target groups.
Types of psychological, social support	Supervision, Balint groups, personal therapy (individual counselling)
Frequency of provided support	Several trainings for AFEW Kazakhstan; addressed individually, privately.
Providers of services	Private psychologist, Dr Marat Gusmanov
Adaptation of services	As is common in psychological counselling, the psychologist adapts practice to the needs of people as much as possible.

Kazakhstan

Public Fund “Sanat Alemi”

Project title	“Improving the treatment and prevention of TB/HIV coinfection – creating models for the future”
Implementer	AFEW Kazakhstan
Goal(s)	To provide psychosocial support for people with TB and increasing adherence to treatment.
Objective(s)	• To provide social escort • To provide psychologist consultation • To provide legal advice
Duration *(pilot, regular, standardized)*	Pilot

Donor/funding sources	AFEW Kazakhstan
Target groups	TB patients, M/XDR-TB patients, TB/HIV-coinfected patients
Geographical coverage	Almaty city
Outcomes/results	• For the first time in Kazakhstan, two self-support groups have been created and are functioning successfully, with more than 50 patients. • At the initiative of TB patients, a patient council consisting of five people was created and the council conducted 252 self-support group meetings. • During the project implementation 1188 patients with TB, M/XDR-TB, TB/HIV coinfection were reached. • 496 patients enrolled in the social support programme. • 70 patients successfully completed treatment, of which 29 belonged to socially vulnerable groups. • To date, social benefits have been allocated to 1491 patients, at a total cost of 9 533 600 tenge.
Activity related to psychosocial support	• During the project implementation, the foundation, working with psychologists, conducted 153 individual consultations. • 11 trainings, involving trainers and psychologists, were organized and conducted. • During the project implementation, legal support was provided to 61 patients. • Five patients' identity documents were recovered. • 27 patients were assisted with their residence registration. • With the support of our social workers, 19 applications were sent to banks with a request to find opportunities to suspend or reduce monthly payments on loans to our patients due to long-term of inability to work. • Monthly payments on bank loans were reduced twice for 10 patients. • Monthly payments owed by two TB patients were suspended until completion of their treatment. • By reaching a mutual understanding with the responsible bank officials, the foundation managed to achieve leniency in the case of five patients who fully repaid loans.
Types of psychological, social support	Individual psychologist consultations, psychological trainings, legal and social support, weekly meetings of a self-support group, monthly allowances to cover transport costs, etc.
Frequency of provided support	Support is available on a continual basis.
Providers of services	• Foundation psychologist • Legal support to project partners through a referral system
Adaptation of services	In Kazakhstan, all conditions have been created so that all people affected by TB and TB/HIV coinfection receive psychosocial support that meets their needs. In the period of state independence (since 1990), a number of state documents have been adopted on the provision of social support for the population. Types and forms of social support for TB and MDR-TB patients provided in the country include: material support; free hot meals – social and advisory support.

Kyrgyz Republic

Red Crescent National Society of the Kyrgyz Republic Public Association (RCSK)

Project title	(1) "Effective control of tuberculosis and HIV in the Kyrgyz Republic" (2) "Reinforcement of treatment adherence among people with drug-resistant TB (DR-TB) in Kyrgyzstan"
Implementer	RCSK
Goal(s)	Project 1: To prevent the spread of drug resistance and further reduce the incidence and mortality from TB in Kyrgyzstan, by providing universal access to timely diagnosis and quality treatment. Project 2: To increase treatment adherence by using a combination of traditional and new methods (electronic dose monitors, video-observed treatment, public helpers).
Objective(s)	Project 1 Objective 1: Create peer support groups based on the principle of peer treatment. Objective 2: Raise awareness among TB patients and their families to prevent TB infection and increase commitment. Objective 3: Delivery of TB drugs to TB patients in Bishkek receiving treatment at home, according to severity of condition and family circumstances. Project 2 Handover to the state health system of developed combination models of traditional and innovative methods to treat DR-TB.
Duration *(pilot, regular, standardized)*	Project 1: 1 August 2018 to 31 December 2019; standardized Project 2: 1 October 2018 to 31 March 2020; pilot
Donor/funding sources	Project 1: UNDP Project 2: Stop TB Partnership/TB REACH
Target groups	• Project beneficiaries (230 people, on average) • Relatives of TB patients
Geographical coverage	Project 1: Bishkek city Project 2: Bishkek city and Chui province (Alamedin district, Sokuluk district, Jayil district, Issyk-Ata district, Tokmok city)
Outcomes/results	Expected outcomes • Improved treatment adherence among RCSK beneficiaries with DR-TB. • Several combination models of traditional and innovative methods to increase treatment adherence in DR-TB cases developed. • Comparative analysis of different combinations (mentioned above) produced.
Activity related to psychosocial support	According to RCSK status law of the Kyrgyz Republic, RCSK provides psychological support for vulnerable groups in the population. In this regard, RCSK implements the following activities for TB patients: Self-support groups Volunteers (from among TB cases) are involved in support groups, who explain from personal experience that TB is treatable and how they fought the disease. Such examples are necessary to improve adherence and complete the course of treatment for TB patients. A group is held in a conversational format in which information is provided on TB (TB treatment, why treatment should not be interrupted, preventive and precautionary measures, infection control measures, family protection).

	For this activity, the project budget provides a certain amount necessary for purchase of food for coffee breaks in the self-support group framework. Social support for TB patients in the project An important component of the programme is social support for TB patients in the project in the form of vouchers provided with a list of hygiene and other essential products. Patients can use these vouchers in stores which have entered into an agreement with RCSK. This type of activity is aimed at improving nutritional status and nutrition, which contribute to better tolerance of drugs and stimulates patients to continue treatment. As part of this component of the programme, visiting nurses also advise patients on issues of balanced, rational and nutritious diet.
Types of psychological, social support	Psychological support • individual psychological support • self-support groups Social support • vouchers • seasonal used clothes
Frequency of provided support	Social support • provision of vouchers – once a month • seasonal clothing – as needed Psychological support • individual psychological support – daily (at home or by phone) • self-support groups – 1–3 times per month (depending on the project)
Providers of services	• visiting RCSK nurses • project volunteers
Adaptation of services	Self-support groups were conceived with the aim of keeping TB patients in treatment, creating a favourable psycho-emotional environment for patients. Psychological care should be widely used for MDR-TB patients, as they often have psychological problems associated with long-term use of a large number of drugs and more pronounced side effects of medications, which can cause patients to become depressed and may also lead to loss of motivation and separation from treatment. Volunteers (drawn from people who have had TB) are involved in self-support groups and explain, from personal experience, that TB is treatable and how they fought the disease. Such examples are necessary to improve adherence and completion of treatment by TB patients. In addition, it is very important that patients in groups provide assistance to each other, on a peer-to-peer basis, and take part in determining their own needs, challenges and ways to overcome them.

Republic of Moldova

Moldova National Association of Tuberculosis Patients "SMIT" (Society of Moldova against TB)

Project title	Support groups for TB-affected people in Drochia, Floresti and Sangerei
Implementer	Moldova National Association of Tuberculosis Patients "SMIT" (Society of Moldova against TB)
Goal(s)	To increase treatment adherence by ensuring timely and adequate access to information and education activities for the population affected by TB, as well as to community decision-makers.

Objective(s)	• To strengthen the capacities of the affected community (people with TB and contacts/relatives) by providing informative, educational activities and emotional support. • To provide information to community decision-makers about TB, elucidate patient problems, and involve the community in TB care and control.
Duration *(pilot, regular, standardized)*	2015–2017; pilot
Donor/funding sources	GFATM
Target groups	People affected by DS-TB, MDR-TB and XDR-TB, their families and community decision-makers
Geographical coverage	Drochia, Floresti and Sangerei rayons
Outcomes/results	Improved treatment adherence, reduced treatment interruption/lost-to-follow-up; informing, increasing knowledge of patients and families; stigma reduction. Activity in figures: • support/peer-to-peer groups and individual meetings – 636 TB patients • support groups – 800 TB contacts • meetings and round-tables – 1096 representatives of primary health care, social assistance, local public authorities • school informative meetings/lessons – 683 pupils and students TB indicators: treatment success and lost-to-follow-up rates in the three rayons. The joint efforts and partnerships of TB services, social services and local authorities produced the following figures (according to the Moldova National Tuberculosis Monitoring Database (http://simetb.ifp.md)): • the average DS-TB treatment success rate in 2013–2017 remained the same (75%), while the lost-to-follow-up rate decreased from 2.1 in 2013 to 1.9 in 2017 – a decrease of 40%; • the average MDR-TB success rate rose from 55.3 in 2013 to 78.8 in 2017, constituting an increase of 40%, while the lost-to-follow-up rate decreased from 17.7 in 2013 to 10.9, a decrease of 39%.
Activity related to psychosocial support	Support groups were the main interventions related to emotional and social support. The groups aimed to (1) contribute to treatment adherence; (2) boost recovery by building/rebuilding/strengthening social networks; (3) enhance motivation, and (4) reduce distress and increase emotional well-being. Interventions were based on providing information and emotional support via communication and dialogue with people affected by TB and their relatives. This activity led to improvement in treatment adherence and reduced emotional distress.
Types of psychological, social support	Informational, emotional, social network support, and tangible support (conceived as physically providing goods and services needed by beneficiaries)
Frequency of provided support	Regular on weekly and monthly basis
Providers of services	NGO team – mainly peer supporters
Adaptation of services	When solicited, support was provided as frequently as needed to ensure desired impact (increased adherence).

Russian Federation

Saint Petersburg Charitable Foundation “Humanitarian Action”

Project title	–
Implementer	Saint Petersburg Charitable Foundation “Humanitarian Action” in partnership with: • SPb GBUZ “City TB hospital No. 2” • SPb GBUZ “City Narcological Hospital” • Clinical Infectious Diseases Hospital named after SP Botkin • SPb BOO “Nochlezhka”
Goal(s)	To improve the quality of life, helping to solve health problems and reducing the risks of HIV and TB transmission in drug-addicted people with HIV who are at high risk of becoming infected or coinfected with TB in Saint Petersburg.
Objective(s)	• Rapid assessment of the needs of the target group • Comprehensive support on medical and social issues for drug addicts with HIV who are at high risk of infection or coinfection with TB • Strengthening interagency collaboration of partner organizations • Assessment of the quality of services provided
Duration *(pilot, regular, standardized)*	2017–2019. Regular work searching for new approaches and directions. The fund has been working with drug-addicted people at high risk of HIV infection and TB for about 10 years.
Donor/funding sources	Presidential Grants Fund (grant “Comprehensive support for drug-addicted people with HIV at high risk of infection or coinfected with tuberculosis in Saint Petersburg”). Sidaction Foundation (procurement of necessary medical supplies; a mobile unit to assist the work of the team helping patients with limited mobility). Sir Elton John Foundation (remuneration of social workers, psychologist, purchase of medical supplies). Canadian Legal Network (procurement of medical supplies, social workers, legal client support). Subsidies of the Committee for Social Policy of Saint Petersburg (peer consultants, outreach workers, purchase of medical supplies, printing of booklets on prevention of TB, combined infections, etc.). Subsidies of the Health Committee of Saint Petersburg (rapid testing, escort to AIDS centre, printing of booklets on prevention of HIV infection, hepatitis, coinfections, etc.).
Target groups	Annually, over 300–350 drug-addicted people with TB and HIV infection are identified and receive assistance within the framework of the fund’s projects.
Geographical coverage	Providing comprehensive assistance to the target group: Saint Petersburg, Leningrad region. Exchange of experience, training of specialists of NGOs and government agencies, internships: regional, national.
Outcomes/results	For the period 1 September 2017–30 November 2018, the number of drug-dependent people who received comprehensive assistance: • assessed for TB risk during the survey – 860; • received comprehensive support – 436; • accompanied to a TB specialist – 436; • escorted to the AIDS centre infectionist – 340; • escorted to a narcologist – 419; • received specialist consultation on support for adherence to treatment of HIV infection, TB, drug treatment – 362;

	• received treatment, care and follow-up services at home from health-care professionals – 322; • received temporary registration for a period of one year in Saint Petersburg NGO "Nochlezhka"/for a period of three months in a TB hospital – 303; • had passport, compulsory medical insurance policy, other documents reinstated – 203; • received social services (disability pension, separate housing, allowances and benefits, etc.) – 201; • received legal advice from the foundation – 101; • are undergoing TB treatment (those who started and continue treatment from among those adopted for support) – 144; • receiving ART for treatment of HIV infection among those adopted for support – 117.
Types of psychological, social support	• advice from a psychologist, lawyer, peer consultant, social worker, medical specialist; • recovering lost documents, processing disability pensions, benefits; • legal support, restoration of parental rights; • assistance in gaining access to therapy (ART, anti-TB); • rapid testing, escort to medical institutions for confirmation of diagnosis; • medical and social support; • home care for non-mobile patients.
Frequency of provided support	Comprehensive care programmes for drug addicts related to TB work daily, all year round, excluding weekends and holidays.
Providers of services	Saint Petersburg Charity Fund "Humanitarian Action"
Adaptation of services	At the project level, the needs of the target group are regularly (annually) assessed, and on the basis of the results of analysis of data received, interventions are planned and changes in activities made.

Serbia

Association "Health Mission"

Project title	Delivery of food parcels to TB patients during continuation phase of TB treatment
Implementer	Red Cross of Serbia
Goal(s)	To contribute to improvement of public health by empowering individuals and supporting the health-care system through implementation of public health projects.
Objective(s)	–
Duration *(pilot, regular, standardized)*	This activity has been regular only in the capital of Serbia (Belgrade) since 2016.
Donor/funding sources	Red Cross of Serbia
Target groups	TB patients during continuation phase of TB treatment
Geographical coverage	Nationwide – but regular only in Belgrade
Outcomes/results	• Increased adherence to treatment of five DS-TB and two MDR-TB patients
Activity related to psychosocial support	Serbia is now in the preparation phase of the National Tuberculosis Programme. It is expected that proposals related to psychological support will be included based on the results of a 2014 study (Stosic M, Vukovic D, Babic D, Antonijevic G, Foley KL, Vujcic I et al. Risk factors for multidrug-resistant tuberculosis among tuberculosis patients in Serbia: a case-control study. BMC Public Health. 2018;18(1):1114).

Types of psychological, social support	Coordination, education and counselling. Several project proposals for funding of psychological, social activities have been submitted to national institutions.
Frequency of provided support	Regular
Providers of services	Red Cross of Serbia

Tajikistan

Association "Stop TB Partnership, Tajikistan"

Project title	Together we are strong
Implementer	Stop TB Partnership, Tajikistan
Goal(s)	To promote improved access to early TB detection and treatment using the outpatient treatment model and providing TB care to key populations.
Objective(s)	• To create an innovative community-based model, involving community leaders, especially religious leaders; sponsorship for people with TB, based on the results. • To create benevolent communities through individual and mass information campaigns to inform the population, with the aim of reducing stigma and discrimination against people with TB and reducing their social exclusion.
Duration *(pilot, regular, standardized)*	2017 to present, regular in pilot districts
Donor/funding sources	(1) GFATM (2) Stop TB Partnership
Target groups	People with DR-TB
Geographical coverage	Dushanbe, Yovon, Vakhsh, Vose, Farkhor districts. Mass media campaigns cover the whole country.
Outcomes/results	• 13 agreements on collaboration between the council of imams (Religious organisation) and people with TB have been signed in five districts. 13 people with MDR-TB on ambulatory treatment receive financial, psychological support from mosques. Imams have undertaken an information campaign to raise awareness among parishioners about the symptoms of TB, as well as vulnerability and the financial burden of individuals and families affected by TB. • 310 people with TB receive counselling and psychosocial support from TB support group members. • Over 300 people with TB have received social support facilitated by a social enterprise, "Helping Hand to End TB". • There have been a number of media productions addressing economic and psychosocial needs of people with TB and their families: o 10 series of TV chat *show the wisdom of healing* and 10 radio programmes were produced, endorsed by working group members and broadcast via national TV channel Jahonnamo and national radio channel Farhang; o 10 newspaper articles were published; o psychological support reading materials: two literature books were produced by a famous journalist (member of team "Our champions: No TB!"), one book translated into Tajik, and one nationally famous book (*Don't be sad*) were printed and provided in Republican TB sanatorium wards and distributed among people with TB on ambulatory care.

Activity related to psychosocial support	Implementation of the results-based sponsorship model in partnership with the Committee on Religion and Regulation of National Traditions, Festivities and Ceremony of the Republic of Tajikistan has improved adherence indicators. In five regions, 13 agreements on cooperation between the council of imams (religious organisation) and people with MDR-TB have been signed, with the latter now receiving monthly financial support from mosques, helping them to adhere to treatment. Imams keep regular contact with people with MDR-TB to provide psychological support. Imams also work on raising awareness of the faithful about TB symptoms and the need to be tolerant of people affected by TB. Under the Stop TB Partnership, Tajikistan, a network of support group volunteers (SGVs) has been created to support decentralization of TB care in Tajikistan. SGVs include TB survivors, their family members, social workers and nurses. Supported by MSF Tajikistan and the national TB programme, the SGVs have been trained in peer support (medical and psychosocial training). In total, there are 31 SGVs who operate in 14 administrative areas/districts. They support people with DR-TB, providing psychological support; promote adherence to treatment; establish communications between official health-care facilities and communities; and try, as far as available means allow, to address some of the social determinants associated with TB in Tajikistan. Social entrepreneurship, supported by establishment of the car service centre "Helping Hand to End TB", has been developed in collaboration with an entrepreneur. This project generates income to support the ongoing work of SGVs and provide direct aid to people affected by TB and their families, contributing substantially to treatment adherence. A team called "Our champions: No TB!" has been created, which includes popular actors, comedians, singers, Olympic champions, journalists, businesspeople and benefactors. The team has developed an action plan to help increase public awareness, destigmatize TB, address economic and psychosocial needs of people with TB and their families, and end TB in Tajikistan. There have been regular media productions by TB community activists and collaboration with national celebrities and national TV and radio channels to run an information campaign and boost TB advocacy, addressing the economic and psychosocial needs of people with TB and their families.
Types of psychological, social support	Knowledge/information, counselling/advisory, psychological support, monetary support
Frequency of provided support	• council of imams (religious organisation) support – once a month • telephone contact with people with DR TB – daily • social entrepreneurship support – regularly, depending on income and need • media productions on the topic – on average, once every three weeks
Providers of services	Council of imams, SGVs, social entrepreneurship, TB community activists in collaboration with national celebrities, national TV and radio channels

Tajikistan

International Organization for Migration (IOM)

Project title	USAID TB Control Program
Implementer	IOM, Tajikistan
Goal(s)	–
Objective(s)	–

Duration *(pilot, regular, standardized)*	2014–2018, pilot
Donor/funding sources	USAID
Target groups	Migrant workers and their families
Geographical coverage	Baljuvon, Danghara, Temurmalik and Farkhor districts
Outcomes/results	• 180 migrants and their family members were diagnosed with TB as a direct result of IOM activities within the USAID TB Control Program. They were detected among 2517 migrants and their families who passed TB diagnostic. 23 TB cases among 180 TB patients were found by volunteers and peer educators; other cases were found by the multidisciplinary team – migration service, local healthy lifestyle promotion centres, primary health care and community leaders.
Activity related to psychosocial support	During one of the working meetings conducted in the field, social workers raised the issue of the gender aspects of the needs of TB patients. The majority of the migrants who return with TB are men, who traditionally are breadwinners in their families. But sickness, lack of job opportunities in the home community and financial problems in families negatively impact the mental health of TB patients and weaken adherence to TB treatment. Some women diagnosed with TB face gender-based violence when their husband or mother-in-law expels them from the home because of the TB diagnosis. In such situations, women lose the financial support provided by their husband and may come back to their parents' home and have to support themselves. To empower TB patients, IOM piloted a new approach by providing income-generation support to the most vulnerable TB patients. The livelihood support approach was piloted in four target districts: Baljuvon, Danghara, Farkhor and Temurmalik of the Khatlon Oblast. In the 2016–2017 period, 18 TB patients received the following in-kind grants: cattle, a cow with calf, a welding machine, a sewing machine, a hammer drill, an angle grinder, a cordless drill, and a chain saw, for the sum total of USD 5344.47. The income-generation support contributed to an increasing rate of successfully completed TB treatment. Of 18 TB patients (eight with MDR-TB), 12 (67%) successfully completed treatment, four are still on treatment, one died, and one interrupted treatment. Piloting of the new approach was possible thanks to the project "Empowering victims of trafficking, vulnerable migrants, their families and communities in central Asia", supported by the Norwegian Ministry of Foreign Affairs in synergy with the USAID TB Control Program.
Types of psychological, social support	Psychological, livelihood support to the most vulnerable migrants with TB, MDR-TB, etc.
Frequency of provided support	Regular
Providers of services	A multidisciplinary team, including the migration service and local healthy lifestyle promotion centres, was responsible for awareness-raising and detection; primary health care and community leaders were responsible for treatment adherence support.

Tajikistan

KNCV branch office in Tajikistan

Project title	USAID Challenge TB project in Tajikistan
Implementer	KNCV branch office in Tajikistan
Goal(s)	To improve the National Tuberculosis Programme capacity and quality of care for patients with DR-TB through implementation of new tools and innovative approaches to diagnosis and treatment

Objective(s)	To support piloting and further countrywide scale-up of rapid laboratory testing for detection of drug resistance and introduction of new regimens for treatment of DR-TB patients under programmatic conditions. The project focus is on preparation and implementation of shorter regimens and regimens containing new drugs for treatment of MDR-TB and XDR-TB patients.
Duration *(pilot, regular, standardized)*	Challenge TB started activities in two pilot districts and gradually expanded to 40 districts in the country.
Donor/funding sources	USAID
Target groups	85% (364) of DR-TB patients on treatment received psychosocial support from Challenge TB sites.
Geographical coverage	Challenge TB is implemented in 40 cities and districts of the country, including Dushanbe, all districts of DRS (Districts of Republican Subordination) and Khatlon Oblast.
Outcomes/results	• The project enrolled a total of 423 DR-TB patients on new treatment regimens in 40 Challenge TB sites: 182 on shorter treatment regimen and 241 on individual treatment regimens with new drugs.
Activity related to psychosocial support	Challenge TB provides psychological support to patients on new treatment regimens, using the services of psychologists, local community-based organizations and local authorities to improve treatment adherence.
Types of psychological, social support	Challenge TB hired two psychologists to provide psychological support to patients on treatment to support them to improve treatment adherence and reduce the number of treatment interruption cases. In addition, the project involves community leaders and mosques in provision of psychological and social support to patients in need.
Frequency of provided support	At least once per quarter, and more often (weekly) for patients who are at risk of treatment interruption.
Providers of services	TB, primary health-care services, NGOs and CBOs
Adaptation of services	Because of timely support provided by psychologists and Challenge TB, the number of patients at risk of treatment interruption has fallen.

Tajikistan

Médecins Sans Frontières (MSF) in Tajikistan

Project title	Paediatric DR-TB project
Implementer	MSF Tajikistan Dushanbe project
Goal(s)	To develop a comprehensive model of care for the diagnosis and treatment of paediatric TB (DS-TB and DR-TB) that can be adopted in different MSF contexts and/or in former Soviet Union countries.
Objective(s)	• To work alongside and empower the Ministry of Health to conduct activities (e.g. contact tracing) independently of MSF presence. • To continue providing capacity-building, internal and external trainings (for family doctors and nurses, TB doctors and nurses) and on-job coaching (for TB specialists) on paediatric case identification, diagnosis and management. • To continue collaborating with the Stop TB Partnership to ensure that paediatric case finding is conducted in areas outside MSF operations and high-quality peer support is provided to DR-TB patients. • To simplify family-based DOT programme to allow scaling-up across the project and increased level of direct participation of Ministry of Health staff in the programme.

	Mental health consultations (individual/group) and psychosocial sessions targeting 2059 consultations: • individual counselling: 579 • group counselling: 669 (626 family and 43 group) • psychosocial sessions: 811 % of new TB patients receiving treatment counselling within first month of initiation of TB treatment according to guidelines: 100%.
Duration *(pilot, regular, standardized)*	Ongoing project with yearly planning and funding, since 2011
Donor/funding sources	MSF
Target groups	Paediatric MDR/XDR-TB patients, both ambulatory and inpatient. All patients in the cohort (approximately 70) benefit from these services. The MSF psychosocial team consists of adherence support workers and a social worker. The team is involved with paediatric patients and their families at the initiation of treatment, during hospitalization, and then in the ambulatory phase. The adherence support workers provide health education, counselling for psychosocial problems that interfere with adherence, and therapeutic play programmes for hospitalized children, including children hospitalized with either DS-TB or MDR-TB. They provide peer support activities and run a caregiver group for ambulatory patients. The social worker evaluates a family's need for social assistance, including food packages or other services.
Geographical coverage	MSF Dushanbe covers four areas in and around Dushanbe (Hissor, Rudaki, Vahdad and Dushanbe), covering an area within 90 km of Dushanbe, the capital of Tajikistan.
Outcomes/results	Patients are visibly grateful for the help given by MSF, as they get access to good TB drugs and care thanks to the project. Targets for 2018: • total number of mental health consultations: 1248 • individual mental health consultations: 528 • counselling sessions with patients and parents: 444 • group mental health consultations: 36 • therapeutic play sessions: 104 • celebrations: 6 • awareness sessions: 450 • total psychosocial sessions: 560 • 100% of new patients receiving treatment counselling assessment within first month of treatment initiation • all patients enrolled in our cohort assessed for the signs of domestic violence
Activity related to psychosocial support	The MSF project has a psychosocial team, which has been allotted a portion of the overall budget. An international staff psychologist oversees activities of four lay counsellors and a social worker. The team works collaboratively with the nurses and doctors, and they visit patients together. As per our country plan, our psychosocial care unit will continue to provide psychosocial support as part of our work.
Types of psychological, social support	Adherence counselling sessions (individual and family), health education sessions, caregiver groups, and therapeutic play groups for patients and parents of patients with TB are provided. We also provide social support in the form of (for example) nutrition, and celebrations for patients six times yearly.

Frequency of provided support	Each ambulatory patient is seen once a month, and patients at TB hospitals attend therapeutic play groups once a week. A caregiver group takes place twice a month at hospital.
Providers of services	MSF lay counsellors and social worker
Adaptation of services	Psychosocial support is currently targeting treatment adherence and is aware of the extensive stigma that exists in the country, which may influence where/how services are provided.

Tajikistan

Project HOPE in Tajikistan

Project title	USAID TB Control Program in Tajikistan
Implementer	Project HOPE in Tajikistan
Goal(s)	To ensure more effective and more accessible TB diagnosis and treatment for all, including vulnerable populations, so as to reduce the burden of TB and the development of DR-TB in Tajikistan.
Objective(s)	(1) More equitable access to comprehensive and appropriate TB diagnostic and treatment services for vulnerable populations. (2) Laboratory services to provide more timely, high-quality TB and MDR-TB diagnosis. (3) Patient-centred system for TB and MDR-TB implemented widely across the region. (4) Enhanced enabling environment promoting TB services that meet international standards. (5) Human and institutional capacity of health systems to manage TB and MDR-TB services strengthened. (6) Improved coordination and linkage of TB with other health sectors and CSOs. (7) TB service providers and managers using electronic TB MIS (management information system) and using high-quality data for evidence-based decision-making at all levels.
Duration *(pilot, regular, standardized)*	September 2014–August 2019. The programme was implemented in three pilot regions: DRS, Khatlon and Sughd.
Donor/funding sources	USAID
Target groups	Prisoners/ex-prisoners, PWID, PLHIV, migrants, general population, women and children, TB patients, M/XDR-TB patients, contacts of TB patients
Geographical coverage	The programme was implemented in three pilot regions (27 pilot districts): • DRS: Nurobod, Rasht, Lyakhsh, Sangvor, Tojikobod • Khatlon: Temurmalik, Farkhor, Baljuvon, Danghara • Sughd: 18 districts
Outcomes/results	Under the USAID TB Control Program, the project ran from September 2014 to August 2019 and achieved the following results: • 179 923 representatives of vulnerable population groups were covered by informational TB awareness campaigns and received topical information on TB symptoms, transmission routes and prevention, and passed TB screening. As a result of this screening, 12 646 people with possible TB symptoms were referred to TB diagnostics and 606 new TB cases were detected. • In addition to the activities conducted with vulnerable population groups, TB awareness-raising campaigns were conducted among the general population. During programme implementation, 646 027 people from the general population were covered by TB mini-sessions; 15 881 of these were referred to TB diagnostics and 803 new TB cases were detected.

	• The USAID TB Control Program pays significant attention to a patient-oriented approach in provision of psychosocial support to TB patients and their family members to support their treatment adherence and sustainable moral conditions through various innovative approaches. From the beginning of the programme, psychosocial support was provided by: o patients support groups – 14 894 TB patients and their family members o patient schools – 9664 TB patients o community health committees – 16 354 TB patients and their family members o local khukumats – 2063 TB patients (social benefits and humanitarian assistance) o religious committees – 620 TB patients o CSOs – 302 TB patients.
Activity related to psychosocial support	Seventeen patient schools, 34 patient support groups and 143 community health committees were organized during the programme implementation. All these activities were included in the USAID TB Control Program strategy. These groups conducted their activities at no cost and were not financed. At the end of the programme, coordination of these groups was due to be transferred to the national TB programme (patient schools, patient support groups) and the Republican Centre for Healthy Lifestyle (community health committees).
Types of psychological, social support	Psychosocial support within the framework of the Program is provided on the facility and community level. On the facility level, the support is provided by medical specialists – nurses, trained by the Program (PS and PSG). On the community level, psychosocial support is provided by Jamoat representatives, Youth committees, Women committees, religious leaders, community activists, teachers and coordinators who are representatives of the district healthy lifestyle centers as well as social and outreach workers (CHC, CSO, Khukumats and Religious committees).
Frequency of provided support	Based on the working plan and programme strategy on provision of psychosocial support, this assistance was provided on a regular basis. Psychosocial support at the facility level was provided once a month.
Providers of services	• patient schools – nurses • patient support groups – paramedics of TB service • community health committees – *jamoat* representatives, youth committee representatives, women's committee representatives, religious leaders, community activists, teachers, coordinators, representatives of district healthy lifestyle centres • CSOs – social and outreach workers • khukumats – *jamoat* representatives
Adaptation of services	Within the framework of the programme, in order to best meet people's needs, representatives from the same community as TB patients were involved in provision of psychosocial support. Medical staff working in the area of TB were also involved, as required by the situation and needs of TB patients and their family members.

Ukraine

ICF "Alliance for Public Health"

Project title	Providing medical and social support for patients with TB/DR-TB. Formation of patients' adherence to TB treatment.
Implementer	• Volynskaya region – Volyn Regional Organization of the Red Cross Society of Ukraine (RCSU) • Donetsk region (controlled territory) – Donetsk Regional Organization of RCSU • Transcarpathian region – Transcarpathian public association RCSU

	• Kyiv region – Kyiv Regional Organization of RCSU • Lviv region – All-Ukrainian Network of People Living with HIV/AIDS "Lviv" • Nikolaev region – Nikolaev Regional Organization of RCSU • Odessa region – NGO Mutual Assistance Club "Life Plus" • Kherson region – Kherson Regional Organization of RCSU
Goal(s)	To provide daily controlled treatment of people with TB/DR-TB and provide comprehensive psychosocial care focused on people's needs.
Objective(s)	
Duration *(pilot, regular, standardized)*	Regular since 2015; currently from 1 January 2018 to 30 June 2019. From 2015 to 2017, the Alliance provided assistance throughout Ukraine for people with DR-TB; implementer – RCSU funded by GFATM. From 2018, the Alliance provided assistance in eight regions of Ukraine for people with DS-TB and DR-TB.
Donor/funding sources	GFATM
Target groups	• people with TB • people with DR-TB • people with TB/HIV In 2018, 3930 people with DS-TB and 2314 people with DR-TB were covered in eight regions of Ukraine by services providing medical and psychosocial support (MPSS); a total of 6244 people.
Geographical coverage	Eight regions: Volyn, Donetsk (controlled territory), Transcarpathian, Kyiv, Lviv, Nikolaev, Odessa and Kherson
Outcomes/results	• Covered by MPSS services for people with DS-TB – 3930 (coverage plan for 2018 was implemented at 102.7%); people with DR-TB – 2314 (coverage plan for 2018 was 94.2% complete). • Successfully treated patients with DS-TB in the project (cohort 2017) was 90.9%; with DR-TB (cohorts 2 and 3, 2016) – 88.7%.
Activity related to psychosocial support	The draft Law of Ukraine "On the consolidation of the proprietary price of social programmes for tuberculosis for 2018–2021" is being approved. The programme provides psychosocial services and funding is expected from local budgets.
Types of psychological, social support	• DOT (in primary health care, at home, video DOT) • grocery supplies • compensation for transport costs • compensation for examinations expenses • mobile phone recharge/costs • consultation with psychologist • legal advice Other types of support are also provided on the basis of patients' individual needs (housing search, recovery of documents, provision of clothing, etc.).
Frequency of provided support	Before involving a patient for MPSS in the project, an "Assessment of the needs of the patient with TB/DR-TB" is carried out. Various types of support are provided, focusing on the individual needs of the client.
Providers of services	RCSU patronage nurses, NGO social workers, and primary/secondary level nurses.
Adaptation of services	As part of the reform of the health-care system in Ukraine, it is planned to develop a regulatory framework for psychosocial support.

Ukraine

National Institute of Phthisiology and Pulmonology named after FG Yanovsky, National Academy of Medical Sciences of Ukraine (NIFP NAMS)

Project title	–
Implementer	NIFP NAMS
Goal(s)	To achieve cure in people with MDR/XDR-TB as part of a people-centred approach to treatment.
Objective(s)	For people with MDR/XDR-TB, to study the effect of different psychological support techniques on: (1) level of adherence to treatment (2) level of stigma (3) level of knowledge about TB (4) psychological state of people (5) reducing the number of breaks from treatment.
Duration *(pilot, regular, standardized)*	July 2017 to present
Donor/funding sources	Main financing is from the state budget; supplemented by Challenge TB project/PATH/USAID.
Target groups	Patients with MDR/XDR-TB who received individualized chemotherapy regimens recommended by WHO in 2016–2018 at the NIFP NAMS clinic. People with MDR/XDR-TB who received treatment at the clinic NIFP NAMS – 192 people (as of June 2019); recruitment of participants in psychological support groups continues to present day.
Geographical coverage	Nationwide
Outcomes/results	• According to a survey of patients with MDR/XDR-TB who received treatment according to new WHO recommendations including bedaquiline and reprofiled drugs, 17.4% of patients required psychological support. • Carrying out various types of psychological support increases the knowledge level of patients with TB by 13.4%; reduces the severity of symptoms of anxiety–depressive disorders by 30%; and reduces the level of stigma by 33.3%. • According to preliminary data, art therapy has the greatest positive effect on people's psychological state.
Types of psychological, social support	The studies were carried out by a primary questionnaire (at the beginning of treatment) of all people who received treatment with bedaquiline; a repeat questionnaire was carried out after eight months (on average). The questionnaire was conducted in the following forms (the same for the initial and repeat questionnaires): • socio-psychological assessment – depression self-assessment scale (Patient Health Questionnaire – PHQ-9); • questionnaire to determine patient's location for medical treatment according to Morisky's technique (Morisky Medication Adherence Scale-8); • questionnaire to determine level of knowledge and stigma of patients with TB (four blocks of questions). During treatment, a cycle of group psychological correction was carried out at NIFP NAMS, consisting of lectures on TB lasting 1.5–2 hours. Art therapy classes were also held once a month.

Frequency of provided support	Questioning was carried out during hospitalization and upon discharge from hospital. Group lessons once a month.
Providers of services	Phthisiatrists, psychologists, nurses

Ukraine

Labor and Health Social Initiatives (LHSI)

Project title	(1) "You need to know about tuberculosis" (2) "Adherence to treatment using digital technology" (3) Study – "Determining the level of access of internally displaced persons and participants of the anti-terrorist operation (ATO) to the detection of tuberculosis in Kyiv"
Implementer	LHSI
Goal(s)	To ensure early detection of TB among internally displaced persons (IDPs) and their adherence to treatment.
Duration *(pilot, regular, standardized)*	(1) Project is recurring (2) Pilot project (3) One-time study
Donor/funding sources	Alliance for Public Health/PATH
Target groups	IDPs (immigrants), participants in the anti-terrorist operation in eastern Ukraine
Geographical coverage	Donetsk, Lugansk, Kharkov, Odessa, Nikolaev regions
Outcomes/results	• For 2018, for the first time, 52 000 IDPs underwent screening – questioning on TB. • 1000 patients with TB have received controlled treatment using SMART-boxes. • During the study, 105 ATO participants and 213 IDPs were surveyed; 26 experts were questioned (10 of them were interviewed).
Activity related to psychosocial support	The national TB programme has not yet been adopted. However, social support is provided as part of the GFATM programmes in the country.
Types of psychological, social support	Consultation by social workers
Frequency of provided support	As required – regular
Providers of services	Social workers working on a peer-to-peer basis (from among IDPs). Partners – social workers from the social services centres for families of children and youth.
Adaptation of services	Recount of social services approved by order of the Ministry of Social Policy.

Ukraine

TBpeople Ukraine

Project title	(1) "Support and institutional development of the TB community"; in collaboration with the Charity Organization "Light of Hope" (2) "Strong communities – a catalyst for changes in TB treatment and prevention"; in collaboration with the Public Organization "Infection Control of Ukraine" (3) "Adaptation of the mobile application for people with TB OneImpact"
Implementer	TBpeople Ukraine
Goal(s)	TB community development to provide an effective response to the TB epidemic in Ukraine.

Duration *(pilot, regular, standardized)*	(1) 2018–2020 (2) 2019 (3) 1 February–9 September 2019
Donor/funding sources	(1) GFATM (2) GFATM (3) Stop TB Partnership
Target groups	People with TB
Geographical coverage	10 regions of Ukraine, regional and national level
Outcomes/results	• Systematic training provided to regional teams in the areas of policy-making; ensuring sustainability of TB services in the transition period; social accountability. • Trainings conducted for health workers aimed at reducing stigma and discrimination against TB patients. • Meetings held with chief physicians and employees of TB facilities. • Support group for patients. • Procurement of social support services for TB/MDR-TB patients was carried out. • Monitoring of access to treatment and the state of social conditions of stationary TB facilities in 11 regions of Ukraine conducted by the community. • Community mobilized.
Activity related to psychosocial support	As part of the reform of TB services, the model of treatment and provision of services will focus on the needs of patients. This implies an integrated approach, including provision of psychological support, but, to date, the concept of the national TB programme has not been adopted and is under consideration by the health committee.
Types of psychological, social support	Social support services – support of a social worker. Advocacy for the introduction of inpatient staff – a psychologist or social worker. Conducting support groups for patients – peer to peer.
Frequency of provided support	Regular
Providers of services	Psychosocial support services can be provided by both medical institutions and NGOs. In Ukraine, there is a social order mechanism in which state funds are allocated for the purchase of a range of support services. The posts of social worker and psychologist are also introduced into hospital.
Adaptation of services	Based on studies, international recommendations with community involvement.

A3.2 Practices in providing psychosocial support to people living with HIV/AIDS

Armenia

Armenian Red Cross Society (ARCS)

Project title	–
Implementer	ARCS. Founded and formally recognized in 1920 by the presidential decree of the Republic of Armenia as auxiliary to the government in the humanitarian field.
Goal(s)	To reduce vulnerability of the population through mobilization of the power of humanity, to get prepared to cope with situations which may cause vulnerability among the population, as well as assisting vulnerable people affected by harsh socioeconomic conditions.
Duration *(pilot, regular, standardized)*	Regular till 2017
Donor/funding sources	GFATM, Partner NS ARCS, partnership with American Red Cross
Target groups	PWID in Vanadzor, Lori region, 116 beneficiaries (2006), schoolchildren, youth
Geographical coverage	Within the framework of the "Harm Reduction" project (2006), financed by the GFATM, the premier recipient was Mission East Armenia; the ARCS was the secondary recipient and implementer of the programme. PWID in Vanadzor city, Lori region, were targeted. The project aimed to reduce vulnerability of PWID to HIV, hepatitis and other bloodborne and sexually transmitted infections (STIs). Within the framework of the programme, voluntary counselling and testing (VCT), legal and psychosocial counselling were conducted. Within other HIV/AIDS-related projects, activities were mainly focused in Yerevan and in Lori region.
Outcomes/results	• Beneficiaries were regularly provided with means of prevention, including disposable syringes, alcohol pads and condoms. They also received educational materials. The doctor involved in the project conducted training sessions with PWID, as well as providing them with psychological counselling to help overcome stigma and discrimination and medical assistance for conditions such as skin lesions.
Types of psychological, social support	Legal, psychosocial counselling, information sessions
Frequency of provided support	Regular
Providers of services	Psychologist, doctor, peer educators
Adaptation of services	Reflecting needs and risk assessments, providing specific trainings for target group and their family members, awareness-raising campaigns.

Belarus

Belarus Red Cross Society (BRCS)

Project title	–
Implementer	BRCS
Goal(s)	Psychosocial support for PWID and their inner circle during the period of replacement therapy programme.
Duration *(pilot, regular, standardized)*	IFRC; Italian Red Cross (2010) UNDP (2005; 2010; 2015–2019)
Donor/funding sources	IFRC; Italian Red Cross, UNDP

Target groups	PWID (700 people) People with life-limiting illnesses (palliative care – 50 people)
Geographical coverage	Grodno, Gomel, Brest, Minsk regions
Outcomes/results	The projects did not have a separate indicator for psychosocial support for clients; however, the psychosocial counselling improved the quality of life of the clients of the programme: • support for families with HIV (2010; Grodno region); • HIV prevention in the Republic of Belarus (Gomel, Brest, Minsk region 2005); • HIV/AIDS prevention and treatment in the Republic of Belarus (2015); • HIV/AIDS prevention and treatment in the Republic of Belarus (2016); • curbing the HIV epidemic and reduction of HIV morbidity and mortality in the Republic of Belarus (2017); • curbing the HIV epidemic and reduction of HIV morbidity and mortality in the Republic of Belarus (2018); • strengthening the national HIV/AIDS and TB prevention, treatment and care system in the Republic of Belarus (2019).
Types of psychological, social support	• anonymous counselling units for PWID • humanitarian aid • one-off psychosocial counselling • home care for patients with AIDS
Frequency of provided support	• anonymous counselling units – daily (except for weekends) • humanitarian aid – once a week • one-off psychosocial counselling – once a week • home care for patients with AIDS – in accordance with the schedule, at least every two days
Providers of services	• anonymous counselling units – manager of units, psychologist, volunteers • humanitarian aid – volunteers • one-off psychosocial counselling – psychologist, psychologist volunteer • home care for patients with AIDS – visiting nurse
Adaptation of services	There are no psychosocial support modules adapted by BRSC. BRSC uses IFRC or donor modules.

Kyrgyz Republic

Red Crescent National Society of the Kyrgyz Republic Public Association (RCSK)

Project title	HIV/AIDS prevention activities
Implementer	RCSK
Goal(s)	To reduce vulnerability to HIV and its consequences in the Kyrgyz Republic by strengthening knowledge and skills in the field of HIV; conducting information sessions among the population, especially among young people and adolescents: raising awareness among young people about HIV prevention, and forming young people's skills and responsibility for their health by using the technology of "peer educators".
Duration *(pilot, regular, standardized)*	Standardized
Donor/funding sources	RCSK statutory obligation
Target groups	migrants (internal); vulnerable teenagers; sex workers; PWID; PLHIV; service personnel; drivers (truckers, taxi drivers) – around 104 people, according RCSK data for 2018

Geographical coverage	Nationwide (in seven provinces)
Outcomes/results	• enhanced awareness of HIV/AIDS prevention in the target population
Types of psychological, social support	psychological support • self-support groups social support • seasonal used clothes
Frequency of provided support	Social support • seasonal clothing – as needed Psychological support • self-support groups – once a quarter, depending on need
Providers of services	Social and psychosocial support provided by RCSK volunteers and staff
Adaptation of services	Psychosocial support for this target group is implemented in the same way as self-support groups for TB patients, as follows. Self-support groups were created with the aim of keeping TB patients on treatment, by producing a favourable psycho-emotional environment for them. Psychological care should be widely used for MDR-TB patients, as they often have psychological problems associated with long-term use of a large number of drugs and more pronounced side effects of medication, which can cause patients to become depressed and may also lead to loss of motivation and withdrawal from treatment. Volunteers (drawn from those who have had TB) are involved in self-help groups, as they can explain from personal experience that TB is treatable and how they fought to overcome it. Such examples are necessary to improve adherence and for TB patients to complete the course of treatment. Also, it is very important that patients in groups provide assistance to each other, on a peer-to-peer basis, taking part in determining their own needs, challenges and ways to overcome them.

Republic of Moldova

Association Youth for the Right to Life

Project title	(1) "Prevention of HIV/STI/viral hepatitis and Tuberculosis based on the Harm Reduction Strategy among drug users and sex workers in Balti" (2) Operational Research "Test and Treat"
Implementer	Association Youth for the Right to Life, Balti
Goal(s)	(1) Reducing the spread of HIV and other socially caused diseases, improving detection of new cases, inclusion in treatment and adherence among vulnerable groups in Balti. (2) Development and implementation of an effective integrated model for detection and treatment of HIV and TB among risk groups in Balti.
Objective(s)	HIV and drug use prevention; psychosocial support for people affected by the HIV epidemic, TB and addictions.
Duration *(pilot, regular, standardized)*	(1) The project is a regular activity of an organization implemented over the past 19 years. (2) Operational research as temporary activities (2018–2019) aimed at improving indicators in the context of introducing a cascade of HIV and TB services.
Donor/funding sources	(1) Country-level GFATM; National Health Insurance Company Prevention Fund (2) Alliance for Public Health

Target groups	Target groups and number of people covered by services for 2018: • drug users – 3264 • sex workers – 1426 Of these, the number receiving psychosocial support services: • drug users and sex workers in the framework of harm reduction from use – 1014 • patients on substitution therapy – 211 • drug users and sex workers in the treatment of TB – 107 • drug users and sex workers living with HIV during ART treatment – 147 • drug users with HIV in the process of prophylactic treatment with isoniazid
Geographical coverage	Balti
Outcomes/results	Number of people covered by harm reduction and psychosocial support services for 2018: drug users – 3264 sex workers – 1426 Of which: • 1242 screenshots on TB; 20 of these confirmed cases with TB (included and supported in treatment) • 3365 testing for HIV; 18 of these new positive cases • 1660 testing for syphilis; 32 of these new positive cases • 714 testing for HCV; 156 of these positive cases Data (including epidemic data) situation for the first half of 2018: • A large amount of organizational activities were carried out in the period 2017–2018: documentary level; acquisitions; meetings; thematic TB screening training; HIV testing, treatment, etc. • The incidence of TB in the first six months of 2018 decreased by 17% compared with the first six months of 2017. However, in April–June 2018, there was an increase in registered cases of TB by 4% with a decrease in the proportion of destructive forms (from 52% to 29%). The number of cases of contact also increased (from 8.3% to 20.0%). This may indicate an increase in screening activity among people at risk for TB or symptomatic symptoms. • The prevalence of TB/HIV coinfection decreased from 31.3% (six months in 2017) to 22.5% (six months in 2018). • During implementation of the project, treatment outcomes improved both among TB patients and among MDR-TB cases, including TB/HIV coinfection. • The total number of people receiving ART increased by 3.5% in the first half of 2018. For the second half of the year and for the whole of 2018, data are now being processed.
Activity related to psychosocial support	Each stage of work with drug users and sex workers, from information gathering and testing to treatment, is accompanied by psychosocial support. The depth and specificity of support is determined depending on each individual case, the specific situation, and the desire and willingness of a person to move forward along the cascade of services provided by the organization. The main tools and forms of psychosocial support used are: • peer support and counselling on prevention, treatment, social and legal issues • motivational counselling • case management and social assistance support • psychological counselling and support • legal advice and support • self-help groups

	In the Republic of Moldova, the National HIV Prevention and Control Programme provides psychosocial support for vulnerable groups, especially treatment initiation, and support to ensure adherence. However, there is a lack of funding resources to ensure sustainable provision of high-quality psychosocial services. In 2019, harm reduction programmes in the country were allocated a separate line in the budget for provision of psychosocial services, but the general lack of funding and the large number of clients meant that there were no major changes in the quality and complexity of services throughout the country.
Types of psychological, social support	• psychosocial support for drug users as part of harm reduction issues • psychosocial support for patients on substitution therapy • psychosocial support for drug users and sex workers on TB treatment • psychosocial support for drug users and sex workers living with HIV during ART • psychosocial support for drug users with HIV in the process of prophylactic treatment with isoniazid
Frequency of provided support	This support is provided on an ongoing basis, both within the framework of the Centre for Integrated Support of the Association Youth for the Right to Life and as part of fieldwork or work organized through a mobile outpatient clinic.
Providers of services	• outreach workers, social workers, peer counsellors • social assistant (certified specialist in case management) • psychologist • lawyer
Adaptation of services	Any programme, intervention or action for psychosocial support is based on the specific needs of the target group. Specialists, individual and group events, information materials – all take into account the needs of the target group. The space used to provide services also takes into account the situation of the individual concerned.

Republic of Moldova

Public organization for the protection of rights and reintegration of the HIV community in the Republic of Moldova "CREDINTA" (Member of the League of PLHIV of the Republic of Moldova)

Project title	–
Implementer	Public organization for the protection of rights and reintegration into the HIV-infected community in the Republic of Moldova "CREDINTA" (Member of the League of PLHIV of the Republic of Moldova)
Goal(s)	The main goal of JSC CREDINTA is rehabilitation and reintegration into society of PLHIV and people with AIDS, formation of a tolerant attitude towards people infected with HIV, community mobilization, and involvement of PLHIV in useful social events, as well as involvement in counteracting the spread of the HIV/AIDS epidemic in the Republic of Moldova.
Objective(s)	• Protection of human rights, promotion of the principles of non-discrimination against HIV-infected people. • Rehabilitation and reintegration into society of PLHIV and people with AIDS, offering them legal, medical and psychological support. • Enhancing international contacts and cooperation with regional and national centres to form partnerships for the prevention and control of the spread of HIV/AIDS.

Duration *(pilot, regular, standardized)*	In the period 2010–2019, projects implemented by JSC CREDINTA were part of the general programme "Risk Reduction". The indicated project has been implemented on an ongoing basis since 2010 from general grants from GFATM in Moldova 2010–2017 and 2018–2020 and covers the services of PLHIV beneficiaries from the central region of the Republic of Moldova and, upon request, from other territories in the country. The northern and southern regions are covered by other organizations.
Donor/funding sources	• GFATM grant through the subrecipient SOROS Moldova Foundation (2010–2017) • GFATM grant through the principal recipient, Public Institution Coordination, Implementation and Monitoring Unit of the Health System Projects (2017–2019)
Target groups	Every year, at least 1500 beneficiaries receive comprehensive psychosocial support services. The main beneficiaries are HIV-positive people: (1) PLHIV living in the central region of the Republic of Moldova; (2) family members of PLHIV, children affected by HIV, as well as orphans and relatives; (3) all PLHIV from all over the Republic of Moldova who apply for services, regardless of their place of residence or citizenship; (4) discordant couples; (5) youth population of the central region of the Republic of Moldova. Indirect beneficiaries: (1) heads and employees of institutions subordinate to the Ministry of Health of the Republic of Moldova; (2) infection doctors from the central region of the Republic of Moldova; (3) mayors and public social assistants of mayors of the central region of the Republic of Moldova; (4) heads and employees of institutions of the Ministry of Education; (5) heads and employees of law enforcement bodies and human rights organizations;
Geographical coverage	While the primary focus of services provided is PLHIV in the central area of the country, support is extended on request to other applicants, irrespective of their place of residence or citizenship. Annually, the Association tries to expand the circle of organizations with which it collaborates and diversify forms of cooperation. As part of the implementation of the GFATM projects, all NGOs participating in implementation of GFATM grants effectively cooperate with each other: escort of beneficiaries to representatives of NGOs in the community at the place of residence; verification of codes and data; mutual information, joint planning and implementation of necessary measures. More than 20 governmental and nongovernmental organizations and institutions of the Republic of Moldova are key partners of the Public Association "CREDINTA".
Outcomes/results	As a result of these psychosocial support projects, more than 1500 beneficiaries receive assistance annually, thanks to measures aimed at improving the quality of life of PLHIV and access to quality and timely treatment. In addition: • increased detection of new infections through rapid testing; • improved access to specialized medical care for the most vulnerable PLHIV; raised awareness among PLHIV and their families resulting in faster acceptance of status, timely initiation of treatment and hence reduction of the burden of the epidemic on society; increased access to treatment and an increase in the number of people receiving ART, which can positively affect the prevention of concomitant infections and reduce the number of deaths; increased adherence to ART; increased level of rehabilitation and resocialization of PLHIV by developing relationships with the community and access to existing resources and services in the community; HIV prevention in different population groups; involvement of family members in the process of supporting HIV-positive people; improved communication

	and mutual assistance between people infected with HIV, greater involvement in the process of care and support based on the peer-to-peer principle; reduction of stigma and discrimination against PLHIV; reduced spread of HIV infection; • expansion of psychosocial support services for PLHIV at the level of state institutions; • improving the quality of medical care for HIV-infected patients; • changes in public attitudes towards PLHIV (organized informational and educational events, seminars, lectures, round tables, and seminars aimed at raising awareness of both beneficiaries and the general population in the field of HIV infection have also contributed to the formation of more tolerant attitudes).
Types of psychological, social support	(1) Information on access to services of the social health centres and other basic social services using printed materials (business cards, brochures, leaflets). (2) Development of an individual support plan for the beneficiary (case management). (3) Redirection to other social services and special services; providing necessary contacts for other specific services. (4) Peer-to-peer consultation. (5) Advice on adherence to ART and coinfections of TB and hepatitis. (6) Psychological counselling for adults and children. (7) Counselling people close to PLHIV (working with family). (8) Identification of legal problems, initial consultation, referral to specialized legal services. (9) Self-help groups for different categories of beneficiaries. (10) Counselling for HIV-positive pregnant women. (11) Tips for discordant couples. (12) Consultations for representatives of vulnerable groups: LGBT, sex workers. (13) Counselling for PWID (referral to specialized services). (14) Telephone consultations. (15) Programmes for children infected/affected by HIV. (16) Socio-psychological assistance to HIV-positive children and their families; disclosure of HIV status in children. (17) Organization of cultural events, trips, theatre visits, etc. (18) Information programmes, “patient school”. (19) Information programmes for young PLHIV and the youth/volunteer movement. (20) Lobbying for the benefit of beneficiaries at all levels. (21) Advocacy in public institutions and in partnership with them (at different levels of institutions of the Ministry of Health, Labour and Social Protection).
Frequency of provided support	Organization-based services are provided daily.
Providers of services	Psychological support and care services for PLHIV in the Republic of Moldova, as well as peer-to-peer services, are provided only through NGOs and four regional social centres for PLHIV.
Adaptation of services	As part of a joint programme of United Nations agencies in the Republic of Moldova, it is planned: (1) to evaluate the national HIV prevention and control programme (specific components) and develop a new draft national HIV programme, taking into account new WHO recommendations; (2) for the national working group to translate local evidence and best international practices, through consultation with WHO international experts, to develop a national HIV programme;

	(3) to introduce an integrated approach based on working with people, which is aimed at strengthening continuity and communication with medical care, including for key populations; (4) to integrate gender-specific HIV services into psychosocial support programmes; (5) to organize a series of training events for NGO staff, health workers, police, etc. on counselling, testing, treatment, care and support.

Russian Federation

Regional Public Fund for Assistance to Various Categories of the Population of Sverdlovsk Region "New Life"

Project title	(1) "Together: plus and minus" – Prevention of HIV infection in discordant couples (2) "Positive Life" – A commitment to treatment among HIV-positive convicts
Implementer	Regional Public Fund for Assistance to Various Categories of the Population of Sverdlovsk Region "New Life". Presidential Grants Fund.
Goal(s)	Activities in the field of health care, prevention and protection of the health of citizens, and promotion of a healthy lifestyle; promotion of such activities; fostering and sustaining treatment for HIV and related diseases in PLHIV; social support for people living with HIV and related diseases; motivating PLHIV to go to health and social care institutions; social services, social support and protection of citizens; information and consulting assistance, legal advice and support.
Objective(s)	• to assist in increasing the efficiency of interaction between state bodies, local governments, commercial and non-profit organizations, and citizens in solving social problems • to provide comprehensive support to non-profit organizations created to achieve social, charitable, cultural, educational or scientific goals, in order to protect the health of citizens, develop physical culture and sports, satisfy spiritual and other intangible needs of citizens, protect the rights and legitimate interests of citizens and organizations, providing legal assistance as well as serving other purposes aimed at achieving public goods • to promote the development and improvement of state support for non-profit organizations • to identify, generalize and disseminate best practices of non-profit organizations and to popularize such activities • to develop a competency system and professional communities, giving assistance in the implementation and improvement of educational programmes in the field of social design and organization of activities of non-profit organizations • to promote the development of charity and volunteering Within the framework of these goals, one of the main objectives of the fund is to ensure the comprehensive support of non-profit organizations. **Grant directions** • social services, social support and protection of citizens • protecting the health of citizens, promoting a healthy lifestyle • support for family, motherhood, fatherhood and childhood • support for youth projects • support for projects in the field of science, education, enlightenment • support for projects in the field of culture and art • saving historical memory • protecting the rights and freedoms of citizens, including protection of the rights of prisoners • environmental and animal protection

	• strengthening interethnic and interreligious harmony • developing public diplomacy and support for compatriots • developing civil society institutions
Duration *(pilot, regular, standardized)*	Project 1: December 2017–November 2018. Pilot. Project 2: December 2018– November 2019. Seven years of work with prisoners with diseases such as HIV, TB and hepatitis.
Donor/funding sources	Presidential Grants Fund
Target groups	Project 1: PLHIV and their partners, 1260 people. Project 2: PLHIV serving sentences in correctional facilities in the Sverdlovsk Region – 974 people; 494 PLHIV released from correctional facilities in the Sverdlovsk Region.
Geographical coverage	Sverdlovsk Region
Outcomes/results	Project 1 • In Yekaterinburg, a non-medical service was created for the first time for discordant couples – a counselling and testing centre run by NGOs. This service made it possible to increase the knowledge level of project clients regarding pregnancy planning, HIV prevention, viral hepatitis, the birth of healthy children, and prevention of risky behaviour (contraceptive use). • Attitudes to the need for follow-up and treatment of HIV infection changed. After the staff of the multi-professional team included AIDS centre employees, project clients realized that there was a trusted doctor who could be consulted if necessary. This showed an increased level of trust in medical facilities. Work was intensified with representatives of vulnerable groups — people who use drugs freed from places of detention and marginalized groups. In five cities of the Sverdlovsk Region there are now discordant couples who are ready to give advice on a peer-to-peer basis. Information materials that may be useful in the work of employees of medical institutions and NGOs have been created and distributed. For the first time, large amounts of information about discordant couples were disseminated through the media, and people had an opportunity to learn about this phenomenon in society, helping to counteract stigma and discrimination against HIV-positive people. Project 2 • The technology of peer-to-peer counselling has been introduced in working with PLHIV serving sentences in correctional institutions (penitentiaries) in the Sverdlovsk Region and those released from prison. • A system of counselling and support is being created for PLHIV serving sentences in correctional facilities in the Sverdlovsk Region and those released from such facilities, in order to solve medical, social, labour, psychological and legal problems. • A systematic approach has helped to change negative attitudes towards HIV treatment in mental health facilities, filling gaps in knowledge about this chronic disease, destroying myths and distrust in the system of medical care provided by state institutions, and reducing stigma and discrimination.
Types of psychological, social support	Individual and group events involving a psychologist; consultations with peer consultants; seminars and trainings for project participants; social support; distribution of food packages; travel cards; employment advice; clothing; legal advice; referrals and escort to trusted doctors.
Frequency of provided support	Project 1: support group – once a week; psychologist consultation – twice a week; other support – on request Project 2: events in prisons – eight correctional facilities per year; four visits within the framework of the project to each correctional institution; assistance to those released upon request

Providers of services	AIDS centres, social service institutions, NGOs
Adaptation of services	Services are adapted if support is provided by NGOs; if support comes from government agencies, then it is strictly regulated and often has a formal character.

Russian Federation

Saint Petersburg Charitable Foundation "Humanitarian Action"

Project title	–
Implementer	Saint Petersburg Charitable Foundation "Humanitarian Action" in partnership with: • SPb GBUZ "Centre for the Prevention and Control of AIDS and Infectious Diseases" • Clinical Infectious Diseases Hospital named after SP Botkin • SPb GBUZ "City Narcological Hospital" • SPb GBUZ "Interdistrict Narcological Dispensary No. 1 • SPb BOO "Nochlezhka"
Goal(s)	To improve the quality of life, helping to solve health problems and reducing the risks of HIV and TB transmission in drug-addicted people with HIV who are at high risk of becoming infected or coinfected with TB in Saint Petersburg.
Objective(s)	• Rapid assessment of the needs of the target group. • Comprehensive support on medical and social issues for drug addicts with HIV who are at high risk of infection or coinfection with TB. • Strengthening interagency collaboration of partner organizations. • Assessment of the quality of services provided.
Duration *(pilot, regular, standardized)*	2017–2019. Regular work searching for new approaches and directions. The fund has been working with drug-addicted people at high risk of HIV infection and TB for about 10 years.
Donor/funding sources	Presidential Grants Fund (grant "Comprehensive support for drug-addicted people with HIV at high risk of infection or coinfected with tuberculosis in Saint Petersburg"). Sidaction Foundation (procurement of necessary medical supplies; a mobile unit to assist the work of the team helping patients with limited mobility). Sir Elton John Foundation (remuneration of social workers, psychologist, purchase of medical supplies). Canadian Legal Network (procurement of medical supplies, remuneration of social workers, legal client support). Subsidies of the Committee for Social Policy of Saint Petersburg (peer consultants, outreach workers, purchase of medical supplies, printing of booklets on prevention of TB, combined infections, etc.). Subsidies of the Health Committee of Saint Petersburg (rapid testing, escort to AIDS centre, printing of booklets on prevention of HIV infection, hepatitis, coinfections, etc.).
Target groups	Annually, over 300–350 drug-addicted people with TB and HIV infection are identified and receive assistance within the framework of the fund's projects.
Geographical coverage	Assisting clients: Saint Petersburg, Leningrad region. Exchange of experience, training of specialists of NGOs and government agencies, internships: regional.
Outcomes/results	For the period 1 September 2017–30 November 2018, the number of drug-dependent people who received comprehensive assistance:

	• assessed for TB risk during the survey – 860; • received comprehensive support – 436; • accompanied to a TB specialist – 436; • escorted to the AIDS centre infectionist – 340; • escorted to a narcologist – 419; • received specialist consultation on support for adherence to treatment of HIV infection, TB, drug treatment – 362; • received treatment, care and follow-up services at home from health-care professionals – 322; • received temporary registration for a period of one year in Saint Petersburg NGO "Nochlezhka"/for a period of three months in a TB hospital – 303; • had passport, compulsory medical insurance policy, other documents reinstated – 203; • received social services (disability pension, separate housing, allowances and benefits, etc.) – 201; • received legal advice from the foundation – 101; • are undergoing TB treatment (those who started and continue treatment from among those adopted for support) – 144; • receiving ART for treatment of HIV infection among those adopted for support – 117.
Types of psychological, social support	• advice from a psychologist, lawyer, peer consultant, social worker, medical specialist; • recovering lost documents, processing disability pensions, benefits; • legal support, restoration of parental rights; • assistance in gaining access to therapy (ART, anti-TB); • rapid testing, bringing to medical institutions; • medical and social support; • home care for non-mobile patients.
Frequency of provided support	Comprehensive care programmes for drug addicts related to TB work daily, all year round, excluding weekends and holidays.
Providers of services	Saint Petersburg Charity Fund "Humanitarian Action"
Adaptation of services	At the project level, the needs of the target group are regularly (annually) assessed, and on the basis of the results of analysis of data received, interventions are planned and changes in activities made.

Tajikistan

Médecins Sans Frontières (MSF) in Tajikistan

Project title	Kulob HIV/AIDS Child and Family Project
Implementer	MSF Tajikistan Kulob project
Goal(s)	• To reduce morbidity and mortality in children with HIV/AIDS and their family members in Kulob region of Khatlon Oblast of Tajikistan (10 districts). • To focus on comprehensive care for children with HIV/AIDS, which includes facilitating diagnosis and treatment of opportunistic infections, early detection of HIV in pregnant women, prevention of mother-to-child transmission, and prevention of nosocomial transmission. • To promote and support counselling services for target population tested for HIV and HIV-positive children, adolescents and their family members.

Objective(s)	• To advocate for dedicated Ministry of Health staff (peer counsellor, nurse) responsible for counselling; and for training on counselling techniques in the agreed area of activities in the supported Ministry of Health facilities (pre- and post-test counselling, initiation of ART, follow-up/adherence counselling, disclosure of HIV status to children). • To develop and implement counselling schedule/timeline for patients initiated on ART and stable patients. • In collaboration with respective Ministry of Health counterparts, to provide adherence support counselling, with special focus on complex suspected failure cases (including active participation at case discussions) as part of multidisciplinary case approach. • To ensure that all children of 12 years and above have fully disclosed HIV status. • In collaboration with Ministry of Health, to continue support groups for parents of HIV-infected children and HIV-infected children and adolescents; to set up peer support groups in regional HIV centres. • To cooperate with local actors and advocate for social support for people living with HIV/AIDS, i.e. setting up support networks. • To assess/promote/organize activities that reduce stigma and promote psychosocial support for patients in cohort (e.g. family day, summer camp, HIV Day, etc.). • To assess schooling situation for HIV-positive children in order to promote integration of children under treatment. • In collaboration with Ministry of Health, to trace lost-to-follow-up patients. • To map existing network of social services available for the paediatric population and their family members (including partners focusing on domestic violence, children with disabilities, etc.). • To establish a referral system for cases of family violence to ensure confidential, reliable care is offered to victims.
Duration *(pilot, regular, standardized)*	Ongoing project with yearly planning and funding, since 2011.
Donor/funding sources	MSF
Target groups	HIV paediatric patients, their families and pregnant women The MSF psychosocial team consists of adherence support workers and a social worker. The team is involved with paediatric patients and their families at initiation of treatment, diagnosis, hospitalization, and as outpatients. The adherence support workers provide health education, counselling for psychosocial problems that interfere with HIV adherence, and therapeutic play programmes for hospitalized children, including children hospitalized with HIV. They facilitate HIV disclosure for adolescent children and arrange peer support activities and a caregivers' group for patients both positive and negative. The social worker evaluates a family's need for social assistance, including food packages or other services. The team is also responsible for holding summer camps for HIV-positive children.
Geographical coverage	Ten districts in Kulob Region of Khatlon Oblast of Tajikistan
Outcomes/results	By the end of 2018: • total number of mental health consultations – 1349 • individual mental health consultations/counselling sessions with patients and parents – 775 • group mental health consultations – 574 • play therapy sessions – 309 • group health education awareness sessions – 15 • % of children with fully disclosed status – 80.8%

	• % of children with partially disclosed status – 15.1% • % of children with undisclosed status – 4.1% Lobbying provided by MSF gave way to Ministry of Health having school testing and diagnosing more HIV-positive children in the Kulob Region.
Activity related to psychosocial support	The MSF project has a psychosocial team, which has been allotted a portion of the overall budget. An international staff psychologist oversees activities of four lay counsellors and a social worker. The team works collaboratively with nurses and doctors. The psychosocial team will continue to provide care as part of our programme. The Ministry of Health has not yet included psychosocial support as part of its national health strategy and there is no specific plan in the near future.
Types of psychological, social support	Adherence counselling, including support to children and their family members, HIV disclosures and peer groups.
Frequency of provided support	Each patient is seen during their visit to the facilities, normally once a month or more if required. The psychosocial team sees HIV inpatients regularly; outpatients when they visit the HIV centres.
Providers of services	MSF adherence counsellors and social worker.
Adaptation of services	Psychological support is targeting adherence to HIV and opportunistic treatment, taking into account social and cultural sensitivity.

Tajikistan

Public Organization (PO) "Guli Surkh"

Project title	USAID HIV project "Flagman" in central Asia
Implementer	PO "Guli Surkh"
Goal(s)	To increase the incidence of timely initiation of ART and reduce the number of treatment interruptions.
Objective(s)	• Early inclusion of PLHIV in ART. • Return to the follow-up cases (fallen from the epidemiological surveillance system). • Formation of adherence to ART. • Contributing to a sustained reduction in viral load. Within the framework of the project, the HIV/AIDS epidemic in Tajikistan is being controlled in accordance with implementation of the UNAIDS Strategy 90–90–90. Earlier, PO "Guli Surkh" implemented the UNICEF project on psychological support for children living with HIV and their parents, preparing children living with HIV for HIV diagnosis and status.
Duration *(pilot, regular, standardized)*	(1) USAID "Flagman" project – 2015–2020 (2) UNICEF project – 2013–2018
Donor/funding sources	USAID
Target groups	PLHIV, PWID
Geographical coverage	All regions of the country
Outcomes/results	• Over 200 people received psychosocial support. • Parents of children living with HIV were trained to provide psychological support to their children and disclosure of their status. • Regional health centre specialists were trained to work with children and adolescents living with HIV to provide psychological support and disclosure of their status.

Activity related to psychosocial support	Voluntary testing and counselling for HIV; psycho-emotional support during pre-test counselling and after-test counselling; psycho-emotional support for those taking ART and to encourage adherence to ART; adequate perception of diagnosis and life with HIV.
Types of psychological, social support	Counselling and psycho-emotional support
Frequency of provided support	Regularly – as required and requested by PLHIV.
Providers of services	Specialists of AIDS centres, narcological and TB services, City Infectious Diseases Hospital , skin-venereological dispensaries/STI clinics, gynaecologists, paediatricians, employees of public organizations, ranging from social workers to managers and coordinators.
Adaptation of services	In accordance with the national programme and strategic plan to fight the spread of HIV, a multisectoral approach to providing services to target groups was organized, where both government agencies and public organizations were involved in provision of services.

Tajikistan

Public Organization "Marvorid"

Project title	USAID HIV project "Flagman" in central Asia
Implementer	PO "Marvorid"
Goal(s)	To prevent and limit the spread of HIV/AIDS and other socially significant diseases among PWID, commercial sex workers, and other vulnerable groups through the introduction of harm reduction and drugs demand reduction programmes.
Duration *(pilot, regular, standardized)*	2015–2020
Donor/funding sources	USAID
Target groups	PWID, PLHIV
Geographical coverage	DRS (Districts of Republican Subordination)
Outcomes/results	–
Activity related to psychosocial support	The project involves psychologists.
Types of psychological, social support	Psychological counselling; peer-to-peer psychological support.
Frequency of provided support	As required and requested by PLHIV.
Providers of services	Project psychologist, peer supporters.
Adaptation of services	Psychologists working in the project have been trained to help PLHIV.

Tajikistan

Public Organization "Tajikistan Network of Women Living with HIV" (TNWPLUS)

Project title	USAID HIV project "Flagman" in central Asia
Implementer	PO "SPIN+", PO "Guli Surkh", PO "Ravnie vozmojnosti" (Equal opportunity)
Goal(s)	To contribute to reducing new HIV cases by increasing use of high-quality HIV prevention, diagnosis, treatment and care services for key populations. The project strategy is consistent with the UNAIDS 90–90–90 strategy, which guarantees that by 2020 90% of PLHIV will be diagnosed, 90% will be provided with ART, and 90% of those on ART should be suppressed.

Objective(s)	USAID's flagship central Asia HIV prevention project, funded by the US President's AIDS Relief Plan (PEPFAR), is designed to help save the lives of PLHIV/AIDS around the world.
Duration *(pilot, regular, standardized)*	2015–2020
Donor/funding sources	USAID
Target groups	PWID, PLHIV, men who have sex with men
Geographical coverage	Tursunzoda, Shahrinav, Hissor districts
Outcomes/results	• 4878 people from vulnerable groups and their sexual partners have been consulted and tested. • Over the course of three years, new cases of HIV were detected in 92 people. • 233 PLHIV in three regions returned to ART. • All these clients also received consultation on substitution therapy (methadone) for STIs, TB, hepatitis, HIV and ART.
Activity related to psychosocial support	Mutual assistance and self-help group is held twice a month.
Types of psychological, social support	Peer counselling, psychologist counselling, lawyer consultation, religious leader consultation, phthisiatrician and infectious disease specialist consultation.
Frequency of provided support	Daily; also, according to the needs of patients, various consultations are carried out with engagement of specialists.
Providers of services	Public organizations and state institutions
Adaptation of services	Unfortunately, psychosocial support, especially for vulnerable groups, is at a disadvantage, as there are no specialists (psychologists) working in this area and there are only a few who are paid for through projects. At the same time, there is no state money allocated to public organizations working in the field of HIV prevention and care to support equal-to-equal counsellors and psychologists based at AIDS centres (in spite of the fact that work in the field of HIV has already demonstrated the effectiveness of the equal-to-equal method).

A3.3 Practices in providing psychosocial support to people with viral hepatitis

Armenia

Armenian Red Cross Society (ARCS)

Project title	–
Implementer	ARCS. Founded and formally recognized in 1920 by presidential decree of the Republic of Armenia as auxiliary to the government in the humanitarian field.
Goal(s)	To reduce vulnerability of the population through mobilization of the power of humanity, to get prepared to cope with situations which may cause vulnerability among the population, as well as assisting vulnerable people affected by harsh socioeconomic conditions.
Duration *(pilot, regular, standardized)*	Within the frames of GFATM-funded programme, and also partner NS ARCS has also implemented HIV prevention programs targeting public, mainly youth with the aim of raising their awareness on HIV/AIDs through the public campaigns and events.
Donor/funding sources	GF, Partner NS ARCS
Target groups	PWID in Vanadzor, Lori region, 116 beneficiaries (2006)
Geographical coverage	Within the framework of the "Harm Reduction" project, financed by the GFATM, the premier recipient was Mission East Armenia; the ARCS was the secondary recipient and implementer of the programme. PWID in Vanadzor city, Lori region, were targeted. The project aimed to reduce vulnerability of PWID to HIV, hepatitis and other bloodborne and sexually transmitted infections (STIs). Within the framework of the programme, voluntary counselling and testing (VCT), legal and psychosocial counselling were conducted.
Outcomes/results	• Beneficiaries were regularly provided with means of prevention, including disposable syringes, alcohol pads and condoms. They also received educational materials. The doctor involved in the project conducted training sessions with PWID, as well as providing them with psychological counselling to help overcome stigma and discrimination and medical assistance for conditions such as skin lesions.
Types of psychological, social support	Legal, psychosocial counselling, information sessions
Frequency of provided support	Within the "Harm Reduction" project (2006)
Providers of services	Psychologist, peer educators

Belarus

Belarus Red Cross Society (BRCS)

Project title	–
Implementer	BRCS
Goal(s)	Psychosocial support for people with special forms of coinfection (HIV/hepatitis; TB/hepatitis)
Duration *(pilot, regular, standardized)*	More than 10 years
Donor/funding sources	UNDP
Target groups	Patients with special forms of coinfection (HIV/hepatitis; TB/hepatitis – 10 people)
Geographical coverage	
Outcomes/results	• The projects did not have a separate indicator on psychosocial support for clients; however, the psychosocial counselling improved the quality of life of the clients of the programme.

Types of psychological, social support	One-off psychosocial counselling
Frequency of provided support	Once a week
Providers of services	Trained volunteers
Adaptation of services	There are no psychosocial support modules adapted by BRSC. BRSC uses the IFRC or donor modules.

Ukraine

ICF "Alliance for Public Health"

Project title	(1) Demonstration project on assessment of simplified antiviral treatment strategy for hepatitis C in Ukraine (2) Scaling up accessible and effective hepatitis C virus treatment through community-based treatment model for most vulnerable populations in the resource-constrained Ukraine
Implementer	ICF "Alliance for Public Health"
Goal(s)	Project 1: To evaluate cost and treatment outcomes of a simplified HCV testing, treatment and care model integrated with HIV testing and treatment among key affected populations in Ukraine and their partners. Representatives of key populations will be screened for HCV and HIV and treated with direct-acting antivirals (DAAs); those with HIV/HCV coinfection will be referred for anti-retroviral drugs and will initiate ART. Project 2: To ensure access to effective and modern hepatitis C treatment with DAAs for key populations.
Objective(s)	Project 1 • To evaluate simplified testing and treatment strategy in HCV mono-infected and HIV/HCV coinfected individuals (HIV and HCV testing, transition to care, retention in care, and SVR12). • To estimate the cost of simplified HCV screening per patient screened and per case identified and the cost per successfully treated patient for HCV mono-infected and HCV/HIV coinfected participants. Project 2 • To scale up access of key populations to diagnosis and effective treatment of hepatitis C. • To cover 1500 representatives of key populations suffering from hepatitis C with DAA-based treatment. • To pilot an effective medical and social support model for treatment of hepatitis C among key populations. • To monitor and evaluate adherence of key population representatives to treatment and effectiveness of DAA-based hepatitis C treatment. • To analyse the prevalence and the factors underlying HCV reinfection, regression of liver fibrosis after effective treatment of hepatitis C using DAAs. • To include modern highly efficient DAA-based hepatitis C treatment regimens into the standards of medical care in Ukraine and into national clinical practice.
Duration *(pilot, regular, standardized)*	Project 1: September 2017–April 2019; pilot Project 2: April 2015–September 2018; pilot
Donor/funding sources	Project 1: EQUIP/USAID/PEPRAR Project 2: Gilead Sciences, GFATM

Target groups	The project beneficiaries were key population representatives, patients with HCV, and patients from key populations who had the HIV/HCV coinfection, namely: • active PWIDs • PWIDs in remission • opioid substitution therapy (OST) clients • sexual partners of PWIDs; • sex workers • men who have sex with men • individuals from key populations who were clients of HIV prevention, medical and psychosocial support projects • NGO activists from key populations • ATO (now Joint Force Operation) veterans diagnosed with hepatitis C or HCV/HIV coinfection. In total, 2595 people from key populations got innovative HCV treatment and thus benefited from the projects implemented by Alliance for Public Health. (All project participants belonged to the identified key groups and met the clinical inclusion criteria.)
Geographical coverage	Project 1 was implemented at the Clinic of LV Gromashevsky Institute of Epidemiology and Infectious Diseases (national level health-care institution). Project 2 was implemented in 19 regions of Ukraine; 25 health-care facilities and 19 NGOs were involved into implementation of its activities.
Outcomes/results	Project 1 • 433 patients from key populations completed full 12-week course of HCV treatment. • 45 newly detected HIV+ patients started ART (100% adherence to ART treatment). • 1000 people screened for HCV with rapid tests, with 366 HCV antibodies+ results. • 383 people (14 confirmed HIV/HCV cases) screened for HIV with rapid tests. • 500 persons screened for HBsAG, HBcor, HBsAb, HBeAg, HBeAb, with 10 HBsAg+; 89 HBcorAb+. • Inrceased HIV+ case finding due to integration of HIV screening in HCV infection screening, diagnostic and treatment. • Simplified model of treatment monitoring and treatment effectiveness launched. • Every enrolled patient (434) was granted social support. • High-level HCV treatment success (98.7%), high retention on treatment (99.8%) and 100% link to ART in newly detected HIV+ cases may boost the evidence for relevancy of social support services for key populations in the process of HCV treatment. Project 2 • Treatment regimens using DAAs – sofosbuvir and sofosbuvir/ledipasvir – were included in the Unified Clinical Protocol of the Primary, Secondary (Specialized), and Tertiary (Highly Specialized) Medical Care “Hepatitis C Virus in Adults” in Ukraine. • The price of sofosbuvir for public procurement in Ukraine was reduced to USD 250 per month of treatment, and of sofosbuvir/ledipasvir to USD 300 per month. • In 2016, DAAs procurement with funds from the state and local budgets started in Ukraine. • In 2015 and 2016, as a result of cooperation with the Ministry of Health of Ukraine, medicines procured with funds from the state budget of Ukraine were included in treatment regimens for the project’s patients.

	• The Alliance provided 1907 HCV treatment courses with DAAs (sofosbuvir and sofosbuvir/ ledipasvir) for representatives of key populations in 19 regions of Ukraine. • For the first time in Ukraine, high retention (98%) and treatment effectiveness (95%) levels for HCV treatment using DAAs were obtained among key populations. • As part of the project's implementation, the Alliance successfully implemented the community-based treatment model. • Operational research was conducted to determine the most effective treatment model for hepatitis C among key populations using DAAs and to assess the risks of HCV reinfection and fibrosis regression factors after an effective antiviral national programme strategic plan on elimination of viral hepatitis in Ukraine was developed but not adopted. The State Targeted Social Programme for Prevention, Diagnosis and Treatment of Viral Hepatitis for the period till 2016, adopted by the Cabinet of Ministers of Ukraine (CMU Resolution of 29 April 2013 No. 637), came to an end. As of now, the government of Ukraine is developing a political document on TB, HIV and viral hepatitis in the country.
Types of psychological, social support	In full accordance with the demonstration project on assessment of a simplified antiviral treatment strategy for hepatitis C in Ukraine and standard operating procedures (SOPs), case managers/social workers had the following responsibilities and functions: • to assess potential participants to check compliance with programming criteria (belonging to key populations, age) for inclusion in the project; • to identify adverse reactions and follow recording and reporting guidelines; • to ensure confidentiality of information and privacy of project participants; • to maintain communication with each project participant; • to maintain communication with the project coordinator at the designated site to ensure the project is fully provided with all necessary supplies and resources; • to interact with the doctor and the project team on site (health-care facility) to ensure each project participant's case is managed properly; • to maintain communication with the clinic and other partners to ensure effective coordination and provide assistance where it is advisable and practical; • to provide advice and guidance to project participants to assist in enhancing treatment adherence and compliance with scheduled health-care visits at planned intervals while they are participating in the project; • to ensure communication with the participant to monitor medication-taking behaviour and provide reminders about scheduled health-care visits and laboratory/diagnostic test; • to provide support to project participants during their scheduled health-care visits; • to provide information to participants on safety of medicines; • to provide participants' contact information or that of medical staff in case they develop adverse reactions or the medication regimen has not been followed; • to complete recording and reporting forms, as well as enter data into the patient database; • to cross-check data in project participants' files with medical records. Throughout the project, continuous two-way communication was maintained between the doctor/case manager and patients in different formats, as previously discussed with them (via telephone, social networks, electronic communication channels). Reminders were given to ensure patients made their scheduled health-care visits, and rescheduling arrangements and patient status monitoring were also in place. Counselling was provided when test results came back or adverse events occurred.

	To improve case-finding, social workers communicated with oblast AIDS centres and an extensive civil society network all over Ukraine, including local NGOs, HIV prevention and harm reduction community-based programmes, OST sites and rehabilitation centres. They also provided information on access to HCV treatment for key populations within the EQUIP project. Throughout the cascade of HCV care, from screening and entry into clinic (site 01) to moment of cure and post-treatment reinfection prevention, patients were constantly navigated through the process by experienced social workers on a case-by-case basis, using the peer approach. Within the project, case managers provided social and psychological support, as an integral part of clinical interventions, thereby establishing a consistent medical environment within a single clinic. Social support provided by case managers at site 01 was integrated at every step of the medical care paradigm, providing a background for high-quality patient-oriented medical services based on a multidisciplinary approach. Preliminary data provide evidence of a high level of HCV and HIV treatment success (98.7%) and retention on treatment (99.8%). The key components of social support for the project's patients under the HCV infection treatment model at the community level (Project 2) were as follows: (1) providing information on the conditions to access HCV treatment within the framework of the project; (2) counselling, psychological and practical assistance in the course of treatment; (3) support for adherence to treatment; (4) monitoring patient visits and their receipt of medicines; (5) referring patients to the physician at the first signs of possible complications; (6) control of targeted use of medicines by patients; (7) advising patients on safety of medicines; (8) three sessions on reinfection prevention; (9) motivational counselling on specific features of taking medications and complications resulting from non-compliance with treatment regimen.
Frequency of provided support	Social support methodology is shown in detail in the description of the HCV infection treatment model at the community level in the Alliance report (page 24) (http://aph.org.ua/wp-content/uploads/2019/01/Zvit-VGS__EN.pdf).
Providers of services	At the first stage of project implementation, the case manager provided social support to each patient. At the second and third stages, 19 NGOs engaged to work with patients allocated specialists for social support. Selection of NGOs was based on assessment of their previous experience of collaboration with the health-care facilities that provided HCV treatment for key population representatives. A list of NGOs engaged in project implementation is given in the Alliance report (page 30).
Adaptation of services	Social and psychosocial support granted under the HCV projects implemented by the Alliance is fully adjusted to the needs of patients affected by HIV/HCV coinfection. A detailed description of social worker/case managers' functions is given above. Training for social workers was organized by the Alliance prior to start of projects. The key topics were: enrolment in the project and the respective patient inclusion criteria; principles of multidisciplinary team formation; clinical features of HCV infection treatment with DAAs and patient follow-up. As part of the training, participants also received basic knowledge about HCV, distribution of roles for each team member in execution of and support for treatment, HCV screening for key populations, diagnosis, selection criteria and laboratory diagnostic tests prior to start of treatment, monitoring of treatment, prevention of complications and their correction, DAA treatment regimens, social support for treatment, teamwork skills, prevention of HCV reinfection, and motivation to change risky behaviour.

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