

The Republic of Moldova continues tuberculosis treatment for Ukrainian refugees



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“We were woken up at night by explosions. They continued into the morning. There was smoke and military gear on the street. We understood that the war had begun. It was scary.”

Hanna, an 18-year-old student from Ukraine, is one of 3 tuberculosis (TB) patients who fled to the Republic of Moldova after the Russian invasion of Ukraine in February 2022. One month earlier, Hanna had received her TB diagnosis.

“I never thought that I would catch this disease as, beforehand, I had only ever heard of it,” she says. “However, my family decided it was important for me to continue my treatment under normal conditions, so, 2 days after war broke out, I spoke to my doctor and told him I was going to the Republic of Moldova.”

Her doctor in Odessa discharged her and gave her TB medicines to last for a month, allowing Hanna to cross the border without a break in her treatment. She agreed to make contact with the nongovernmental organization SMIT as soon as she arrived in the country. SMIT would act as an intermediary platform between Hanna’s doctor in Ukraine and the Moldovan National TB Programme.

By this point, the national TB/HIV Joint Technical Working Group had already met to identify measures to ensure the continuity of treatment, testing and diagnosis of HIV and TB among Ukrainian refugees. The Ministry of Health of the Republic of Moldova had agreed to continue providing supervision and medical assistance to refugees suffering from TB or other diseases.

In this context, a referral mechanism for TB and HIV patients was created between countries. Dr Valentina Vilc, Manager of the Republic of Moldova’s National TB Programme, says the fact that refugees are

able to carry anti-TB drugs with them to last until they reach services in the country is a massive advantage.

“All patients arrived with records, including detailed descriptions of the disease, examination data and prescribed treatment,” she explains. “Patients here are examined and continue treatment on an outpatient basis. If the person needs inpatient treatment, they will be hospitalized at the Institute of Phthisiopulmonology ‘Chiril Draganiuc’.”

The day after her arrival in the Republic of Moldova, Hanna was indeed referred to the Institute of Phthisiopulmonology, which is the leading tertiary health centre for TB and pulmonary diseases in the Republic of Moldova. “I was examined thoroughly, given an X-ray and had all the tests – blood, urine, sputum,” she recalls.

“For now, I am continuing treatment on an outpatient basis, and then I will be examined again. I am in constant contact with doctors.”

Meanwhile, Dr Vilc points out that any humanitarian crisis is a risk factor for the spread of TB, and not just in one country. She explains that discontinuation of treatment of drug-susceptible TB can lead to the development of drug-resistant TB (DR-TB). If this happens, she warns, the disease will return in an even-worse form and will be very difficult, and sometimes impossible, to cure if treatment of DR-TB is then interrupted.

“When patients are stressed and overloaded, priorities change and there is a high risk that they will stop their treatment. In this case, a latent TB infection can progress to active TB, which can rapidly become drug-resistant. That is why it is necessary to provide support based on a patient’s needs and address issues that are critical and vital to them.”

To this end, asylum seekers suffering from active TB are helped by refugee organizations to find accommodation in the country when they arrive. Their treatment can be organized remotely through video observation, and they can then continue treatment for TB and DR-TB, including modified shorter treatment regimens. They are monitored according to treatment protocols that are the same in the Republic of Moldova and Ukraine.

More than 50 TB patients are expected to arrive in the Republic of Moldova from Ukraine in the first month alone, according to

preliminary WHO estimates. Dr Vilc says the National TB Programme has sufficient buffer stocks of drugs to treat both TB and DR-TB patients. Additionally, information on TB and HIV symptoms, and contact details of local institutions and organizations, are being placed in visible places in refugee centres.

“TB is a treatable disease,” Dr Vilc stresses. “You can heal completely but you need to take advantage of the chance to do so. If you give up, you won’t feel better, and all those close to you will suffer with you. The treatment is long-lasting, difficult and not always pleasant, but difficult does not mean impossible.”

For Hanna, the important thing now is to finish her treatment and return home. She misses her family in Ukraine, but she understands how crucial it is not to interrupt her treatment for TB under any circumstances.

“I am grateful to everyone for their help and support. The main thing for me is that everyone is alive and well. Most of all, I want this whole nightmare to end quickly and return home to my relatives and friends.”

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