

**THE ACTIVITY
OF NON-GOVERNMENTAL ORGANIZATIONS
WORKING IN TB DURING THE STATE OF
EMERGENCY AND RESPONSE TO
THE COVID-19 PANDEMIC**

As everyone comes together to tackle the COVID-19 epidemic, people undergoing treatment for tuberculosis (TB) and those who have had TB in the past represent a high risk group for COVID-19 and should be fully protected from interaction with third parties by staying under home-quarantine and by avoiding travel by public transportation. Home quarantine increases the intradomestic exposure of household members in case of non-adherence to treatment. This fact requires changes in the provision of medical and non-medical services offered by medical institutions, as well as by non-governmental organizations.

On the other hand, under the conditions imposed by the COVID-19 epidemiological situation, the service providers must ensure the continuity of the services in safe environments for their own health and for the health of those around them.

Non-governmental organizations engaged in the National Tuberculosis Control Program will continue their activities by adjusting the service provision to the new conditions, in agreement with the National Program Coordinator, the main recipient and the sub-recipient of the funding grant.

General Recommendations:

- 1) The personnel that comes in contact with people who reach the NGO should wear protective equipment at the workplace (N95, FFP1 respiratory masks or surgical gloves, etc.), should observe hygiene and disinfect hands.
- 2) If two or more persons share one office they should adjust the work schedule in such a way that there is only one person working at a time in the office.
- 3) Disinfection of the work surfaces should be carried out every 2 hours and at the end of the workday.
- 4) The beneficiaries admitted to the NGO's premises should wear masks and/or they should be provided with a mask during their stay at the NGO offices and hand sanitizers at the entrance into the office.
- 5) The visits should be scheduled in order to avoid the presence of more than one beneficiary in the office. The 1.5 - 2m social distance should be ensured in the corridors.

Recommended activities for the NGO Manager

- 1) Inform each worker of COVID-19 infection: symptoms, transmission routes, prevention measures (equipment and rules on its use, recommended disinfectants, the algorithm for addressing the medical system, etc.)
- 2) Estimation of the necessary protective equipment for the team based on their activities. The following should be taken into consideration:

- Type FFP3 respirators should be provided to the personnel who are involved in screening and DOT activities, from the consideration of using one respirator per week or until its physical deterioration;
 - Office staff and drivers should wear surgical masks. The masks should be changed every 2 hours. Cloth masks are not recommended under any circumstances;
 - Hand hygiene - the NGO staff should be provided with soap and disinfectants, including products packed in small bottles so that the workers can carry them if they have to visit the patients/beneficiaries at their houses;
 - Wearing medicinal gloves during interaction with patients/ beneficiaries and changing them after contact with each patient/beneficiary;
 - Disposable medical robes should be worn by the workers providing screening and DOT services, from the consideration of using one robe per week or until its physical deterioration.
- 3) Conduct organizational meetings with physical interaction only if strictly necessary and coordinate the activities by telephone, e-mail, etc. as often as possible.
 - 4) Suspend any kind of group activity inside or outside the NGO and seek ways to organize them remotely with the help of digital technologies.
 - 5) Adjust the working hours of the employees in order to reduce the stay within the NGO's premises as much as possible.

Activities recommended to the psychologist

- 1) Activities related to counseling patients, family members, assessing the risk of non-adherence, etc. should be carried out by telephone or through other available digital communication means.
- 2) The information, communication and education events with face-to-face interaction should be suspended until the code red situation ends.

Activities recommended to the social workers

- 1) Identifying social issues should be done by telephone through discussions with the patients, relatives, neighbors, representatives of the local public authorities and should be addressed remotely.
- 2) Solving the social issues should be carried out remotely as often as possible: the request for provision of identity documents, the request for social/material support, etc.
- 3) Assist the home-isolated patients in the use of food vouchers.

Activities recommended to the personnel involved in screening and DOT services.

- 1) Monitoring that all TB patients under ambulatory conditions receive continuous treatment by communicating with primary care workers and community centers.
- 2) Ensure the administration of the treatment at home to the patients who cannot move around, who are on quarantine, elderly patients (over 63 years old), patients who live in localities with no medical workers or where the medical workers have been outplaced to fight the COVID-19 infection, observing the personal protection rules (respirator, gowns, gloves, disinfectants, social distance etc.).
- 3) During home visits for DOT treatment, patients and the family members should be screened for TB and/or COVID-19 suggestive symptoms.
- 4) Record any adverse reactions in patients receiving DOT treatment and communicate with the phthisiopneumologist doctor on further measures to be undertaken.

All NGO workers, in case of suspected infection with COVID-19 in the monitored patients or the persons in their surroundings, will inform the NGO manager and subsequently the phthisiopneumologist doctor in the territory.

Monitoring visits should be suspended during the period of extraordinary situation.