

World Tuberculosis Day, March 24, 2026

FIGHTING TUBERCULOSIS IN TIMES OF WAR: RESILIENCE AND LIFE-SAVING RESULTS

Despite entering the fifth year of the full-scale war, Ukraine’s tuberculosis (TB) response continues to function and save lives. Healthcare workers, civil society organizations, and international partners are constantly finding new ways to reach people in need — in communities under threat of shelling, in remote or hard-to-reach areas, and among populations that are most vulnerable or have limited access to healthcare.

In these challenging conditions, the fight against tuberculosis has become not only a matter of healthcare, but also a demonstration of solidarity, humanity, and shared responsibility for public health.

While the overall number of newly registered TB cases in Ukraine has decreased by 14%, tuberculosis detection among the most vulnerable groups remains consistently high — reflecting the APH’s targeted focus and sustained efforts to reach those at greatest risk.

YES!
WE CAN END TB

20% of Ukraine’s territory remains temporarily occupied by russia

2,551 healthcare facilities have been damaged or destroyed

\$19 billion in documented damage to health infrastructure

72% of Ukrainians surveyed reported symptoms of anxiety or depression over the past year

“We are working at the limits of our capacity, but today we are not only talking about resilience — we are delivering results. Where the risks are highest, we are seeing real progress: more people are being reached, more cases are detected early, and 100% of patients start treatment.”

In 2025, we identified 21 times more TB cases among internally displaced persons compared to 2021 — not because the epidemic is growing, but because we are actively finding cases and expanding access.

Since the start of the full-scale invasion, 5,167 TB cases have been diagnosed among key populations through APH-supported programs. This proves that our approach works even in times of war. And we will continue to scale it up to ensure that everyone has access to diagnosis and treatment.”



Andriy Klepikov, Executive Director of the Alliance for Public Health (APH)

2025 RESULTS: COVERAGE AND TRENDS



75,000 people

from key and vulnerable populations were screened for TB using a questionnaire-based approach



1,159 TB cases were detected through APH programs in 2025 — **100% of patients initiated treatment**



TB detection efficiency improved by 16% among key populations in 2025 compared to 2024 (measured by NNI — the number of people screened to detect one TB case)



Early TB detection among military personnel in the Central region included **over 9,400 chest X-rays** and **330 GeneXpert tests**, resulting in **45 TB cases identified** — **100% initiated treatment**



Treatment retention improved through psychosocial support: the proportion of patients lost to follow-up decreased to 4% in 2025, compared to 5.8% in 2024



Depression was identified nearly 1.5 times more frequently in 2025 than in 2024 **among the same target groups**, highlighting growing needs and reinforcing the importance of integrating mental health services into TB care



Community-led monitoring of TB programs continues to expand: in 2025, TBpeopleUkraine recorded 3,384 inquiries through the OnImpact Ukraine digital platform, including 337 legal cases. Through a network of paralegals, 99.8% (336) of cases were successfully resolved

ALLIANCE FOR PUBLIC HEALTH RESULTS AND STRATEGIES FOR REACHING THE MOST VULNERABLE POPULATIONS

The results achieved have been made possible by the APH's comprehensive approach to working with the most vulnerable populations, combining medical, social, and innovative interventions.

By using multiple entry points to reach patients — including active TB case finding in communities, contact tracing, mobile clinics, telemedicine platforms, and community-led support — APH ensures more effective detection and treatment of TB among high-risk groups.

The key areas of this work are outlined in more detail below.



1. ACTIVE TB CASE FINDING AMONG VULNERABLE POPULATIONS

Strategy

APH, together with its partners, implements active TB case finding in communities among the most vulnerable populations — including people experiencing homelessness, former prisoners, internally displaced persons (IDPs), and Roma communities— through a combined approach.

This includes community-based TB screening using questionnaires, referrals to healthcare facilities for diagnostic testing, and ensuring access to high-cost examinations (such as CT scans) to confirm diagnoses.

Geographic coverage: 19 regions of Ukraine and the city of Kyiv, in partnership with 20 civil society organizations.

Results in 2025

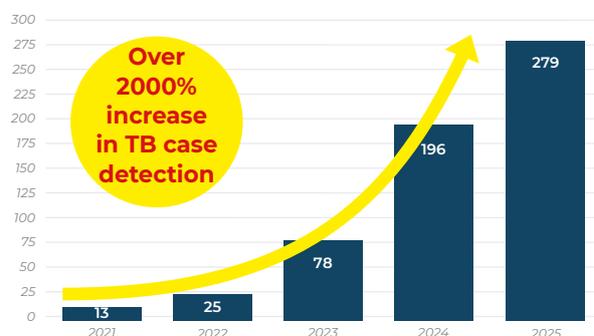
- **Over 75,000 people** from vulnerable populations were screened for TB in community settings
- **23,446 individuals** underwent diagnostic testing in healthcare facilities; approximately 100% of those with TB-related symptoms were tested
- **2,026 people** without identification documents received access to diagnostic services through the project
- **339 clients** received high-cost diagnostic examinations (computed tomography) to confirm diagnosis
- **722 new TB cases** were detected among vulnerable populations — 100% of patients initiated treatment
- Among those diagnosed, **39%** (279 out of 722) were internally displaced persons (IDPs)

Russia's full-scale invasion has led to the most significant increase in new TB cases among internally displaced persons (IDPs), surpassing all other high-risk groups. Alliance for Public Health plays a critical role in identifying cases early and ensuring immediate initiation of treatment.

In 2025, the number of TB cases detected among IDPs was 21 times higher than in pre-war 2021, demonstrating the effectiveness of the APH's targeted approach to case finding in this population. Importantly, 100% of identified patients initiated treatment.



Active TB cases among IDP identified by APH



279 cases in 2025 — this represents **68%** of all TB cases among IDPs in Ukraine.

Strategy Effectiveness

The NNI indicator (Number Needed to Investigate — the number of people screened to detect one TB case) among internally displaced persons (IDPs) decreased from 134 in 2023 and 57 in 2024 to 37 in 2025 — representing a 3.6-fold improvement in efficiency.



Vladyslava's Story

Vladyslava's story illustrates how active TB case finding among internally displaced persons (IDPs), combined with the persistent efforts of social workers, enables timely diagnosis even in the challenging conditions of war.

During screening at a transit centre for IDPs in Pavlohrad, Vladyslava — who had been evacuated from Donetsk region — reported symptoms consistent with tuberculosis. Initially, she refused further examination, attributing her condition to a common cold, despite a persistent cough, weakness, and elevated temperature.

She had spent a prolonged period in extremely difficult conditions, sheltering from shelling in a cold and damp basement together with others — circumstances that significantly increased health risks. After evacuation, she was placed in temporary accommodation, where she was reached through screening activities.

Thanks to the persistence of a social worker, who provided individual counselling and explained the importance of timely diagnosis, Vladyslava eventually agreed to undergo further examination. Additional tests confirmed a diagnosis of tuberculosis.

Ongoing social and psychological support helped her overcome fear, distrust, and concerns about stigma and disclosure. As a result, Vladyslava initiated treatment and successfully completed the full course of therapy.

This case highlights that a combination of active case finding, dedicated social work, and comprehensive support is critical for ensuring timely diagnosis and successful TB treatment among internally displaced populations.

2. TB DETECTION AMONG CONTACTS OF PEOPLE WITH TUBERCULOSIS

Strategy

APH applies a combined approach to TB detection among contacts of patients with confirmed tuberculosis. This includes active engagement of contacts through social workers and medical partners, ensuring screening for both active TB and latent TB infection (LTBI).

Treatment and preventive support are provided, including psychosocial assistance to ensure completion of the full course of preventive therapy.

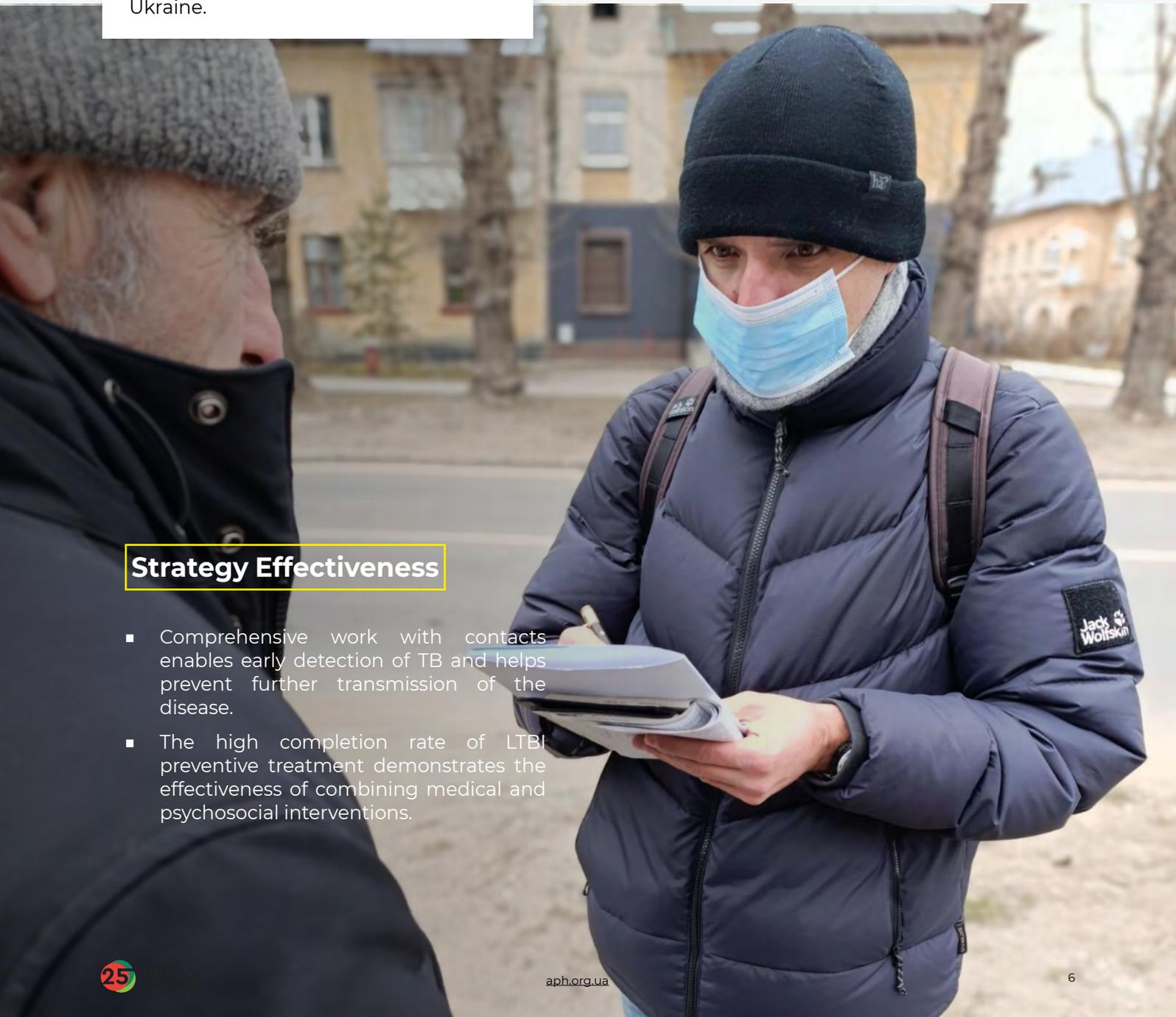
APH collaborates with civil society organizations across 15 regions of Ukraine.

Results in 2025

- Through targeted awareness-raising and counselling, **more than 7,000 additional contacts** were reached and engaged in screening
- **364 individuals** with active TB were identified — 100% initiated treatment
- All engaged contacts without active TB were tested for latent TB infection (LTBI)
- **797 cases of LTBI** were detected; 98% of patients initiated preventive treatment, and over 90% have already completed it

Strategy Effectiveness

- Comprehensive work with contacts enables early detection of TB and helps prevent further transmission of the disease.
- The high completion rate of LTBI preventive treatment demonstrates the effectiveness of combining medical and psychosocial interventions.



3. MEDICAL AND PSYCHOSOCIAL SUPPORT FOR TB PATIENTS

Strategy

APH integrates medical, psychological, and social interventions to provide comprehensive support to TB patients.

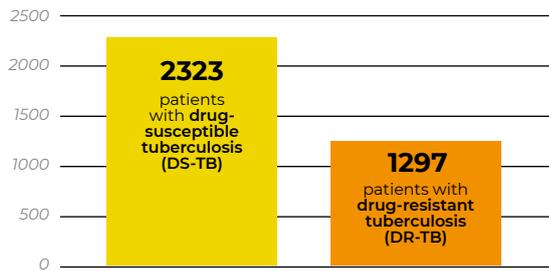
The approach includes:

- Medical and psychosocial support throughout the treatment process
- Motivational support (food packages, grocery vouchers, and financial incentives)
- Reimbursement of transportation costs
- Coverage of mobile communication and internet expenses
- Addressing individual client needs that positively influence treatment adherence
- Special attention is given to integrating mental health support into TB care services.



2025 Results

Patients reached through support



In 2025, mental health support was fully integrated into the tuberculosis treatment system, promoting a comprehensive approach to patient care and rehabilitation.

Direction	Patients Assessed	Positive Screening	Depression Confirmed	Psychiatrist Treatment
Drug-Susceptible Tuberculosis (DS-TB)	2,307	527	89	81
Drug-Resistant Tuberculosis (DR-TB)	1,293	341	60	59

In 2025, 3,600 patients were assessed for psycho-emotional status, including:

- **868 patients** with a positive screening result
- **149 patients** with confirmed depression
- **140 patients** who received psychiatric treatment

This allowed the integration of mental health support into the tuberculosis treatment system.

Effectiveness

According to cohort analysis, TB treatment success rates were:

- **84.4%** among patients with drug-susceptible TB
- **76%** among patients with drug-resistant TB

Early detection, comprehensive support, and psychosocial care reduce the risk of treatment interruption and contribute to limiting further infection spread.



The Story of Tetiana and Her Daughter

Support from non-governmental organizations helped Tetiana and her daughter overcome fear and distrust of tuberculosis treatment and gain full access to necessary care.

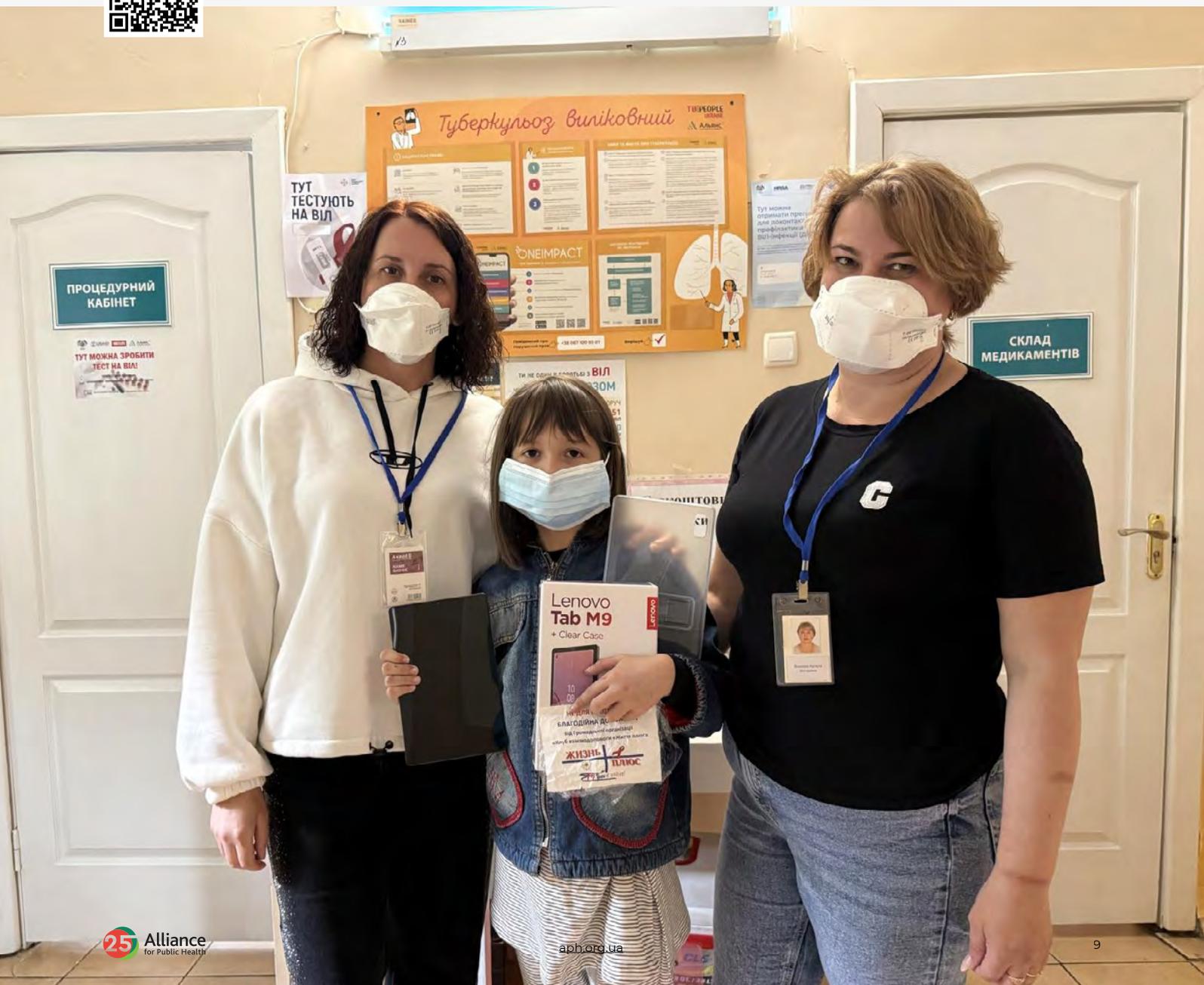
When Tetiana's daughter, Oleksandra, was diagnosed with tuberculosis, it was a shock for the family. Distrust of the diagnosis and fear of treatment made it difficult for them to come to terms with the situation.

After social support from the NGO "Life Plus Mutual Aid Club" was provided, the family gradually received the assistance they needed. The social worker maintained continuous contact, guided them through the treatment process, and answered all questions. Psychological support helped reduce anxiety and tension for both the mother and child.

As part of the program, the family also received material support, including food vouchers, which improved the child's nutrition—an important factor for successful treatment. Additionally, Oleksandra was provided with a device for remote learning during shelling.

Thanks to comprehensive medico-psycho-social support, the family was able to overcome barriers related to fear and distrust, ensure timely treatment, and maintain stability in daily life.

This story demonstrates how the combination of medical, psychological, and social support improves treatment adherence and contributes to recovery, even under the challenging conditions of war.



4. EARLY TUBERCULOSIS DIAGNOSIS AMONG MILITARY PERSONNEL

Strategy

Alliance for Public Health implemented a mobile tuberculosis screening system for military personnel in collaboration with the Armed Forces of Ukraine in the Central Military Region. The system includes a vehicle equipped with a modern radiology unit and GeneXpert systems for molecular diagnostics.

This mobile approach allows screening directly at military deployment sites, providing regular access to advanced diagnostics without requiring personnel to leave their service or travel to stationary facilities.

2025 Results

Operated in a mobile format for **over 230 days per year**, ensuring regular access to modern diagnostics for military personnel:

- **9,420+ radiological examinations**
- **330 GeneXpert tests**
- **45 TB cases** detected at an early stage
- **216+ cases** of other pulmonary pathology detected

Effectiveness

- Early detection prevents the spread of TB among military personnel and ensures timely treatment.
- The mobile format provides access to advanced diagnostics even in challenging conditions and frontline areas.



5. INNOVATIONS IN FRONTLINE AREAS. IN UKRAINE, TUBERCULOSIS DIAGNOSTICS ARE PROVIDED OUTSIDE TRADITIONAL HOSPITAL SETTINGS.

Mobile Clinics

APH mobile clinics, equipped with portable X-ray machines, GeneXpert diagnostic systems, and telemedicine tools, enabled rapid TB testing directly in communities—including hard-to-reach and recently de-occupied areas. This model ensures that life-saving diagnostics reach people who previously had no access to stationary medical care.

In 2025: **4,430 X-ray examinations** performed; **60 suspected TB cases** detected, of which **33 were confirmed**; **100% confirmed patients started treatment**.

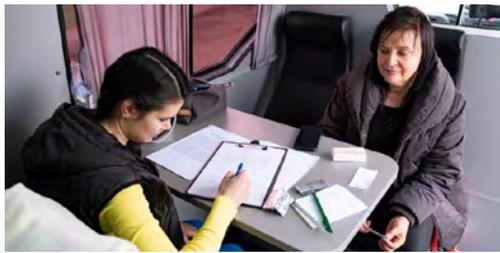
This model not only brings medical care closer to communities but also saves lives by guaranteeing access to diagnostics for those who need it most.



A short film was made about one mobile team on the frontline: "Dmytro and Yulia Deliver Life-Saving Medical Care to Frontline Areas in Ukraine."



SERVICES PROVIDED INCLUDE:



Primary health:

doctors counseling on general medical issues, including chronic and infectious diseases. The primary care doctor is the first line of response, conducting screenings and examinations, ensuring referral for diagnostics, and initiating appropriate treatment



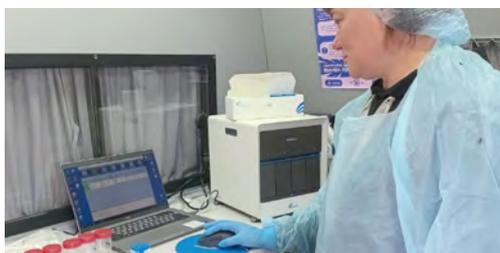
Mobile laboratory and diagnostic:

portable ultrasound, cardiograph, glucometer, tonometer, ultrasound, hematology, biochemical and immunofluorescence analyzers, rapid tests for HCV, HIV, syphilis, COVID, troponin, etc.



Mobile dentistry:

consultations, examinations, and essential dental care. Services are provided in Zaporizhzhia, Dnipro and Kharkiv regions.



Specialized TB screening and diagnostics:

TB screening and diagnostics with GeneXpert and ultra-portable X-ray in partnership with local TB clinics.



Sexual and reproductive health:

Sexual health clinic providing low-threshold care for vulnerable women, including gynecological counseling and examinations, HIV, HBV, and STI testing, laboratory diagnostics, PrEP and ART initiation, and GBV screening and referrals.



Home-based medical visits for low-mobility and bedridden elderly individuals:

providing medical consultations, essential medications, and basic medical equipment directly at their homes.

These mobile clinics prioritize people at highest risk, including those with limited mobility or disabilities, ensuring continuity of care under conflict conditions.

Small Mobile Teams

Containing the tuberculosis epidemic through early detection was implemented in Kherson region within a separate project using a collaboration model between a national NGO and a state healthcare facility. This model combines high-quality medical services, legal transparency, and operational resilience even under the challenging conditions of a frontline region.

Key Indicators (over 3 months in 2025)



42 trips
to remote
settlements



1771
people
screened



1 TB case
detected and referred
for timely treatment

Each diagnosis represents a life saved and prevention of further infection spread.

Additionally, small mobile teams deliver TB medications to patients in remote areas of Kherson who are on outpatient treatment, transport patients' sputum samples to the laboratory for treatment monitoring, and provide transportation for less mobile community members to screening sites.



6. COMMUNITY-LED TB MONITORING

Strategy

The initiative aims to strengthen the role of the community in the tuberculosis response—from identifying barriers to medical and social services to actively participating in decision-making and policy development.

Through the digital platform **OneImpact Ukraine**, the partner organization **TBpeopleUkraine** records patient inquiries. A team of specialists analyzes the inquiries and forwards them to relevant institutions for resolution, while also reviewing TB-related regulations and proposing changes.

The program includes:

- Identifying and removing barriers to treatment
- Providing legal and psychological support
- Advocacy to improve regulations and standards for medico-psycho-social support

2025 Results

- **3,384 inquiries** recorded through the digital system, over 1,700 of them via the network of regional activists
- **Main patient barriers:**
 - Material/social – 46.3%
 - Psychological and stigma – 18.3%
 - Treatment issues – 12.2%
 - Legal/administrative – 10.5%
- **Legal support:** 16 paralegals in 14 regions reviewed 337 cases; **336 resolved successfully**
- **Psychological support:** 360 individual consultations for 41 patients; **100% of patients rated the services positively**
- **Advocacy achievements:**
 - Amendments introduced to regulatory acts
 - From 2026, the service “Support and treatment of TB patients at the primary care level” will become mandatory
 - Integration of patient management by family doctors is planned from **1 September 2026**



Oleksandr's Life: A Journey to Recovery

Oleksandr's life has never been easy. From an early age, he took responsibility for his brothers, one of whom has a hearing impairment and required constant support. The family lived very modestly, and temporary jobs—barely enough to cover basic needs—were his only source of income.

The greatest challenge came when he lost his documents. The loss of his birth certificate and lack of a passport closed many doors: he could not access stable employment or social benefits.

In March 2025, when Oleksandr was diagnosed with tuberculosis, he became a beneficiary of psychosocial support from the Donetsk Regional Branch of the Ukrainian Red Cross Society under the project “Time to Stop Tuberculosis”, implemented with financial support from the Alliance for Public Health. This marked the beginning of his journey to restore his documents, social status, and, most importantly, faith in his own future.

□ “For the first time in a long while, I believed that I was not alone with my problems. Holding a restored document in my hands felt like a part of me had been returned,” Oleksandr says.

During the support program, he received humanitarian, legal, and social assistance, as well as the most valuable gift—humanity and warmth.

In September 2025, he completed tuberculosis treatment and now has the opportunity to take a step forward—toward a more confident and dignified life.

7. DIGITAL INNOVATIONS ENSURING CONTINUITY OF TB TREATMENT DURING THE WAR



Telemedicine solutions have become a key tool for maintaining continuity of TB services during the war. The [Help24 \(h24.org.ua\)](https://h24.org.ua) platform provided over **142,557 consultations and services**, including TB-related risk assessments, ensuring access to doctors for members of key populations who cannot receive care offline, particularly in remote regions, among internally displaced persons, and Ukrainians abroad.

The virtual social worker [TWIIN \(twiin.apf.org.ua\)](https://twiin.apf.org.ua) complements this ecosystem, providing 24/7 anonymous support and navigation to HIV, TB, and mental health services. Since October 2024, users have completed over **57,000 TWIIN sessions** on various health issues, including tuberculosis, demonstrating high demand for digital, accessible, and confidential solutions.

Together, these tools not only expand access to services but also reduce the burden on the healthcare system, support early engagement, and ensure continuity of treatment — especially for people who avoid or lack access to traditional healthcare.

Watch:
TWIIN in action —
a real conversation
with an AI-consultant



CURRENT FUNDRAISING INITIATIVES



In frontline communities, unmanaged diabetes and cardiovascular disease are rising silently — causing preventable deaths.

Since December 2022, APH mobile clinics have reached 462 remote locations across five oblasts, often serving as the only source of care. In just six months, 2,808 people were screened for blood glucose: nearly half had elevated levels, and 12.6% required urgent intervention — many previously undiagnosed.

APH will scale mobile screening, treatment initiation, telemedicine follow-up, and referrals, aligned with WHO PEN and integrated into the national system.

Impact: Prevent complications, ease hospital pressure, and protect vulnerable populations where facilities are destroyed.

Cost per mobile team:
USD 50,000–56,000 per year.



[Donate](#)



Inclusive Habilitation and Reintegration program for people with disabilities caused by the war (HAB Centre, Lviv)

War-related disability affects not only individuals but entire families. After medical rehabilitation ends, many veterans remain dependent, while families remain locked in survival mode.

The HAB Centre — Ukraine’s first inclusive assisted living facility for veterans and civilians with disabilities — provides a structured 21-day habilitation program focused on independence, daily living skills, and family reintegration.

Since 2024:

- 800+ veterans have completed the program successfully
- 15,000 completed trainings

Cost per 3-week course:
USD 1,300 per participant



[Donate](#)



“Touchpoint” project — Adaptation for Veterans Who Lost Their Sight

Hundreds of Ukrainian veterans have lost their vision due to war. Without specialized adaptation, blindness risks leading to isolation, unemployment, and severe psychological trauma. 56 participants successfully completed the course.

“Touchpoint” delivers a four-week intensive adaptation program including:

- Independent mobility training
- Digital literacy and assistive technology skills
- Physical rehabilitation
- Psychological counseling
- Post-program specialist support in home communities

Developed in partnership with WHO, Blind Veterans (UK), Ukrainian NGOs, Ministry of Veterans Affairs, and Ministry of Education and Science.

Cost per veteran
(4-week program + follow-up):
USD 4,400



[Donate](#)

ACKNOWLEDGMENT OF OUR PARTNERS & SUPPORTERS

Ukraine's resilience has been possible thanks to the unwavering support of government institutions, international organizations, donors, and humanitarian agencies. Alliance for Public Health expresses admiration and appreciation of the incredible work of all our partners, Network 100% Life, Public Health Center, Ministry of Health of Ukraine, Medical Forces of the Armed Forces of Ukraine, Ministry of Education and Science of Ukraine, Ministry of Veterans, Ministry of Social Policy of Ukraine, all implementing partners, community and civil society networks, NGO staff and social workers, doctors and nurses! You are amazing! We have achieved these results together!

We express sincere gratitude for the critical support from our donors. Your funding is essential for sustaining the HIV and TB response in EECA countries and in Ukraine, as well as for addressing emerging needs caused by the war. BIG THANKS to The Global Fund, US Government and PEPFAR, CDC, USAID, Deloitte Consultancy, IREX, SIDA, Expertise France, UNITAID, Frontline AIDS, Christian Aid, Disasters Emergency Committee (DEC), Act Church of Sweden (Svenska kyrkan), Irish Emergency Alliance, International AIDS Society, Stop TB Partnership, UNOPS, UK Government (FCDO), WHO, UNAIDS, FIND, EATG, Aidsfonds, Ukrainian Humanitarian Fund / Office For The Coordination of Humanitarian Affairs (OCHA), International Renaissance Foundation, The Foundation to Promote Open Society, Elton John AIDS Foundation (EJAF), All We Can, HEKS/EPER, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, Gilead, Payoneer, NIDA, Yale University, Boston Medical Center Corporation, Noaks Ark Association, The University of Bristol, Wellcome Trust, University of California, Stiftung WEEPI, HivNorge, Aids-Fondet, Danish Ministry of Foreign Affairs, Stichting Vluchteling to all other donors and individuals provided private donations! Your support saves lives!

We also express immense gratitude to the Ukrainian Army, defending not only Ukraine but also the fundamental principles of peace, freedom, sovereignty, and dignity.

THE ROAD AHEAD: REBUILDING UKRAINE

Ukraine's fight is not over yet. The war has inflicted immense damage, but our determination to rebuild is stronger than ever.

**TOGETHER, WE STAND STRONG
FOR UKRAINE'S RESILIENCE AND
A JUST PEACE.**

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