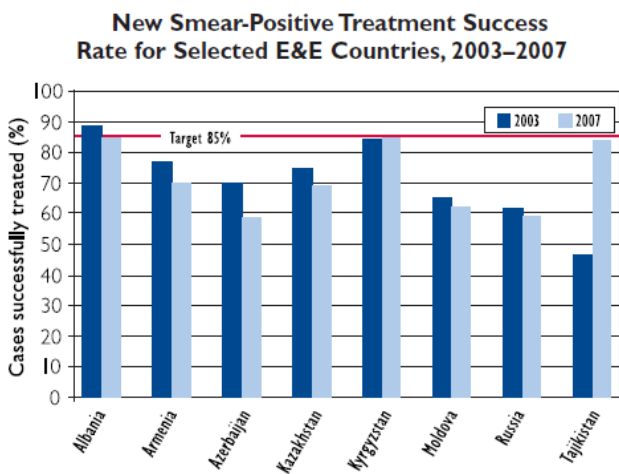




TUBERCULOSIS IN EUROPE AND EURASIA 2010

Overview: Tuberculosis (TB) in Eastern Europe and Eurasia has dramatically increased since the collapse of the Soviet Union due to socioeconomic decline, health system failures, outdated treatment practices and poor disease control. There are multiple challenges to controlling TB in the region including limited coverage and inequitable access to DOTS (Directly Observed Treatment, Short Course) services - the first component of the Stop TB Strategy recommended to control TB, high levels of drug resistant TB, growth of the HIV epidemic and HIV/TB co-infection, weak public health infrastructure, poor TB control in prisons and overall limited public knowledge of TB.¹

USAID supports the WHO Stop TB Strategy, which includes DOTS. USAID collaborates with host country governments to provide financial and technical assistance for programs, increase human resource capacity, and develop and disseminate new tools and approaches.



WHO, *Global TB Control, 2009 Short Update*



DOTS Supervision in Georgia

Important TB Issues in Europe and Eurasia

- The World Health Organization identified 22 high burden countries which combined account for 80% of the global burden of TB. **Russia is the only European country among the 22 TB priority countries.**
- MDR-TB and XDR-TB rates are alarming in E&E. **MDR-TB is more difficult to diagnose, up to 1,000 times more expensive to treat, and has a longer treatment time than drug-susceptible TB.**
- In the E&E region **doctors are limited by poor diagnostic equipment, supply shortages, lack of funding and difficulty finding up-to-date information in their native language.** Many of them do not have all the information they need about DOTS, a strategy for TB control recommended by WHO.
- **TB accounts for nearly 50 percent of the E&E region's mortality from infectious and parasitic diseases among people aged 25 to 64 years.**
- The rapidly escalating TB problem is exacerbated by one of the **fastest-growing HIV/AIDS epidemics in the world.**

¹ Plan to Stop TB in 18 High Priority Countries in the WHO European Region, 2007-2015



USAID
FROM THE AMERICAN PEOPLE

Examples of USAID TB Programs

In **Russia**, USAID supports efforts to introduce and expand TB treatment and infection control measures, refine TB-related national guidelines, and build the capacity of regional TB facilities. With multi-drug resistant cases of TB now accounting for almost 10% of all new cases, USAID is developing model TB control programs that can then be replicated throughout Russia in collaboration with local governments and other partners. As a result of USAID support, seven Russian regions have been approved by the World Health Organization's Green Light Committee and are now eligible to receive subsidized TB drugs. *Implementer: IFRC and WHO*



Case discussion in Latvia. Photo: USAID

The goal of the TB project in **Azerbaijan** is to assist the Government to reduce TB morbidity and mortality by successfully implementing international standards of TB control within primary health care settings. The TB interventions include introduction of international standards of TB control via legal and policy reform; revising clinical guidelines/protocols based on international evidence; integrating TB services into primary health care facilities and improving clinical practice. The project is also assisting with the development of appropriate treatment regimens, and closely collaborates with the National Tuberculosis Program to prioritize patients have drug resistant TB. *Implementer: Abt. Associates*

In **Georgia**, USAID focuses on the expansion of DOTS to ensure effective diagnosis and treatment of TB in Tbilisi and nationwide. The project supports the National TB Program to improve clinical and laboratory services for TB patients in Tbilisi, Poti, Adjara, and Guria as well as links HIV/AIDS and TB Programs, to avoid dual infection. After August 2008 war program expanded to Shida Kartli, to provide DOTS services to the population affected by the war. *Implementer: MSC1*

USAID TB Success Stories

In Russia, USAID has been very effective in **advocating for increased government funding for TB control** at both the federal and regional levels. Federal funds for TB control increased from \$100 million in 2005 to more than \$900 million in 2009.

In Tbilisi, Georgia, the **DOTS coverage was increased from 28% to 91%** and treatment success increased from 66% in 2003 to 71% in 2005. Georgia's USAID programs successfully treated more than 7,000 TB patients in pilot sites and contributed to successful treatment of 18,000 more, helping to prevent drug resistance.

With USAID-supported technical and financial assistance, **MDR-TB reported cases decreased** in the Balkans from 14.4% in 1996 to less than 9% in 2003.

In Ukraine, USAID assisted **implementation of laboratory quality control procedures** in 8 regions, resulting in 92 percent of USAID-supported laboratories now demonstrating high proficiency in laboratory-based TB diagnosis. USAID also collaborated with the Prison Support Network to improve adherence to TB treatment among prisoners both before and after release and conducted a workshop of TB infection control for 27 prison hospital physicians.

For more information on USAID supported TB programs, please visit:

http://www.usaid.gov/locations/europe_eurasia/health