



FACT SHEET

TUBERCULOSIS IN EUROPE AND EURASIA 2008

Overview: Tuberculosis (TB) in Eastern Europe and Eurasia¹ (E&E) has dramatically increased since the collapse of the Soviet Union due to socioeconomic decline, health system failures, outdated treatment practices and poor disease control. Throughout the region, **countries are faced with some of the highest rates of multi-drug resistant TB (MDR-TB) and extensively drug resistant TB (XDR-TB) in the world.** Additionally, there are a growing number of HIV-positive individuals who are categorically more vulnerable to tuberculosis infection, disease, and death.

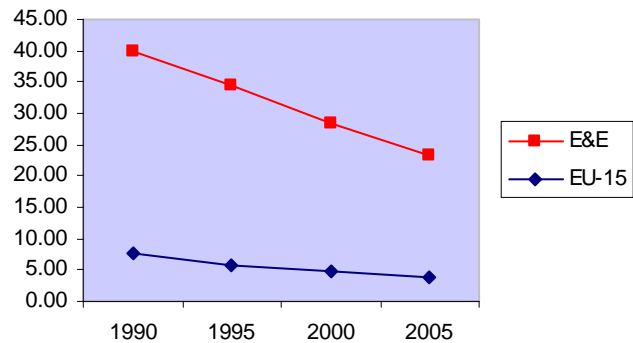
USAID supports the WHO Stop TB Strategy, which includes DOTS (Directly Observed Treatment, Short Course). USAID collaborates with host country governments to provide financial and technical assistance for programs, increase human resource capacity, and develop and disseminate new tools and approaches.

TB Statistics

	E&E	EU-15
Incidence of TB (per 100,000)	67.9	13.3
Prevalence of TB (per 100,000)	79.2	10.8
Deaths due to TB among HIV-negative people (per 100,000)	9.6	1.3

(statistics and graph) *Source: WHOSIS, 2007. Data from 2006.*

TB Incidence 1990-2006



Important TB Issues in Europe and Eurasia

- Russia ranks 16th among the World Health Organization's list of 22 countries which when combined, account for 80% of the global burden of TB (WHO, 2008).
- More than 80% of confirmed TB cases occur in the economically productive age group between 15 and 54 years. **In the Russian Federation, the World Bank has projected that without effective TB control measures, GDP could fall by as much as 1% annually.**
- MDR-TB and XDR-TB are occurring at alarming rates. **MDR-TB is more difficult to diagnose, up to 1,400 times more expensive to treat, and has a longer treatment time than drug-susceptible TB.**
- **Prisons in Ukraine and Russia report incidence rates 20 times higher than the civilian sector** due to overcrowding, poor ventilation and inadequate infection control measures.
- Ukraine reported over 47,000 TB cases in 2004, almost a 10 percent increase from 2003. DOTS coverage remains limited, despite a WHO call for redoubled efforts.
- The rapidly escalating TB problem is exacerbated by one of the fastest-growing HIV/AIDS epidemics in the world.

¹ Countries include Eastern Europe and the Former Soviet Union. Though several countries are now EU members and the Central Asian Region is now managed through USAID's Asia Bureau, the 28 countries are tracked for comparisons and trends.



Examples of USAID TB Programs

- Russia's "Tuberculosis Control Activities" funded by USAID assists the Russian healthcare system to decrease TB incidence and mortality rates by introducing and adapting the WHO's Stop TB strategy.

Implementer: IFRC and WHO

- The USAID Support for Tuberculosis Control in Belarus project seeks to revise national TB policies and guidelines according to the most recent international recommended standards; promotes and facilitates the collaboration of TB institutions with general health services and the expansion of TB diagnostics and care at the primary health care level; promotes and assists implementation of collaborative TB/HIV activities; and assists with establishing an effective drug supply

Implementer: World Health Organization

- USAID's TB Control project aims to help the government of Ukraine to achieve a TB case detection rate of 70% and a treatment success rate of 85% by 2011. The project works with national counterparts to implement the Stop TB strategy throughout the country. *Implementer: Program for Appropriate Technologies in Health (PATH)*



Figure 2. Case discussion during MDR-TB expert consilium in Latvia. Photo Credit: USAID

USAID TB Success Stories

- 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.
- Between 2000 and 2004, in collaboration with national health authorities and WHO, USAID supported a DOTS pilot in Donetsk *oblast*, demonstrating the feasibility of a DOTS approach in Ukraine. DOTS coverage in Donetsk (10 percent of the country) is now 100 percent, including the penal system, and significant milestones have been achieved including a reduction in TB incidence and mortality.

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

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