



## TUBERCULOSIS PROFILE



Russia ranks 12th among the world's 22 countries with a high tuberculosis burden. After years of gradual decline, TB incidence doubled during the 1990s but has remained constant since 2000. According to the *WHO Global TB Report 2006*, the TB incidence rate in 2004 was 115 new cases per 100,000 people. Russia initiated Directly Observed Therapy, Short-Course (DOTS) in 1995, and population coverage has increased annually, reaching 100 percent in 2005. The 2004 DOTS detection rate of new sputum smear-positive (SS+) cases was 13 percent.

Russia's TB indicators reflect the deterioration of its health care system since the breakup of the Soviet Union in the early 1990s. This breakup facilitated the spread of infectious diseases, including TB and multidrug-resistant TB (MDR-TB), in many former Soviet Republics. Russia was unable to sustain the previous TB infrastructure and needed new approaches to combat the growing TB problem. Although TB specialists and political officials (who favored the Soviet approach to TB control) initially resisted the DOTS approach, their acceptance progressed and continues to grow as the government looks for new solutions.

The situation with TB in prisons is improving, but remains complicated. A growing concern in Russia is MDR-TB, including extensive drug resistance to second-line drug regimens and TB among prison inmates. The TB notification rate in the penitentiary system is approximately 20 times higher than in the civilian sector. DOTS is implemented in all prison health facilities, and TB incidence, prevalence, and mortality in correctional facilities are notably decreasing.

Country population	143,899,225
Global rank out of 22 high-burden TB countries	12
Estimated number of new TB cases	166,196
Estimated TB incidence (all cases per 100,000 pop.)	115
DOTS population coverage (%)	45
Rate of new sputum smear-positive (SS+) cases (per 100,000 pop.)	21
DOTS case detection rate (new SS+) (%)	13
DOTS treatment success rate in 2003 (new SS+) (%)	61
Estimated adult TB cases HIV+ (%)	6.8
New multidrug-resistant TB cases (%)	2.9

Note: All data are for 2004 except where noted otherwise.  
Source: Global Tuberculosis Control: WHO Report 2006.

### USAID Approach and Key Activities

USAID assistance in Russia began in 1998 with the objective of helping the government implement DOTS. Between 2000 and 2005, USAID funding for TB programming in Russia averaged \$3.5 million per year. Technical assistance began in Ivanovo, Orel, and Vladimir *oblasts* and expanded into six more pilot areas: Chuvashia Republic and Pskov *oblast* in 2001; Khakasia Republic and Belgorod *oblast* in 2002; Khabarovsk *kray* (the Russian Far East) in 2004; and the Republic of Adygeya (the North Caucasus region) in 2006.

USAID activities have focused on the following:

- Strengthening TB control and disease surveillance in the general population, with interventions extending into the prison system
- Establishing links between the civilian and prison health systems
- Developing national and *oblast*-level policies and training health care providers to understand DOTS
- Strengthening laboratories as well as capacity building for program monitoring and supervision
- Developing social and psychological support schemes for patients to improve adherence to treatment

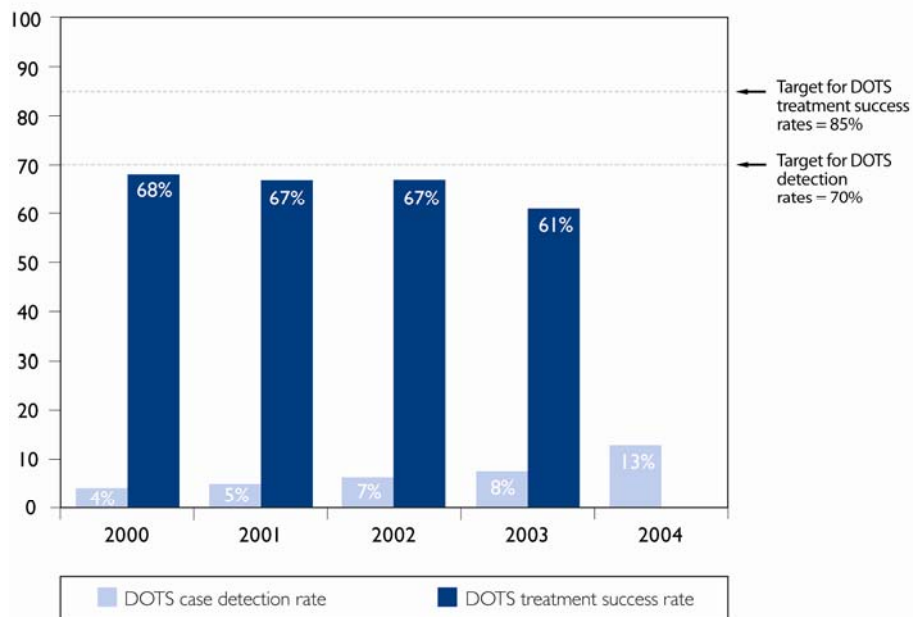
### USAID Program Achievements

USAID has played a major role in building political commitment in Russia for TB control and prevention based on the DOTS strategy. In partnership with WHO and others, USAID helped establish and support the High-Level Working Group on TB. At the program level, USAID support has expanded DOTS coverage to all Russia's territories.

Achievements also include:

- Implemented modern TB control systems in eight *oblasts* resulting in improved treatment success rates of up to 75 to 80 percent
- Implemented MDR-TB treatment programs in two *oblasts*, with approximately 240 patients enrolled and treatment success rates exceeding 70 percent
- Provided equipment for 12 microbiological laboratories
- Assisted the Ministry of Health and Social Development in issuing new executive orders on TB diagnosis and treatment, recording and reporting systems, and prevention and treatment of HIV/AIDS-associated TB
- Developed guidelines and training materials on the provision of TB care to people living with HIV/AIDS
- Improved infection control in four central *oblast* laboratories

Case Detection and Treatment Success Rates Under DOTS



Note: DOTS treatment success rate for 2004 will be reported in the 2007 Global Report.  
Source: Global Tuberculosis Control: WHO Report 2006.

- Provided technical assistance to the Russian Health Care Foundation, enabling it to receive a grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria to implement the first two years of a comprehensive five-year TB control program
- Collaborated on the design of the five-year TB control program, which is expected to reach \$91 million of funding
- Provided more than \$1 million in laboratory equipment for smear microscopy and bacteriology
- Strengthened practices of health care providers in DOTS strategy and other TB-related issues (more than 4,500 doctors, nurses, laboratory staff, prison health care staff, and general practitioners); MDR-TB diagnosis and treatment (more than 200 physicians); district-level TB management (more than 1,300 doctors and nurses); alcohol abuse management; and social support for TB patients (about 200 doctors, nurses, social workers, and Red Cross staff)
- Assisted in TB laboratory diagnostics, including smear microscopy, culture, and drug sensitivity testing (more than 700 laboratory personnel, including prison staff)

### **Partnerships**

USAID's partners include the Ministry of Health and Social Development and the Ministry of Justice at the national and *oblast* levels, WHO, the International Federation of Red Cross and Red Crescent Societies, the Russian Red Cross, and the U.S. Centers for Disease Control and Prevention.