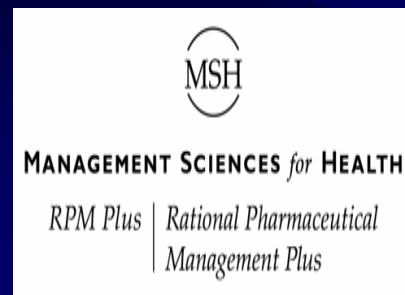


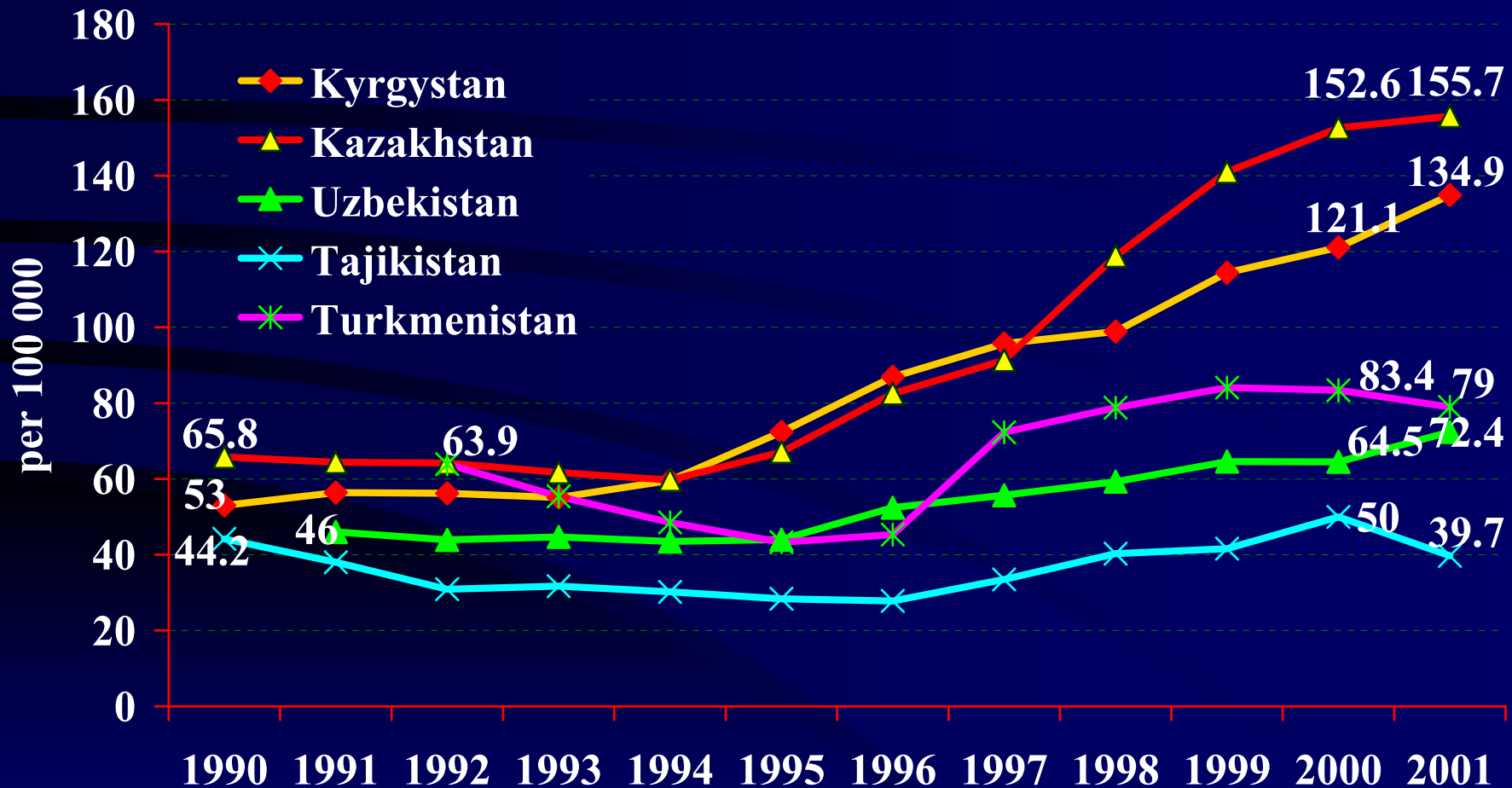
TB Control Program in Central Asian Region

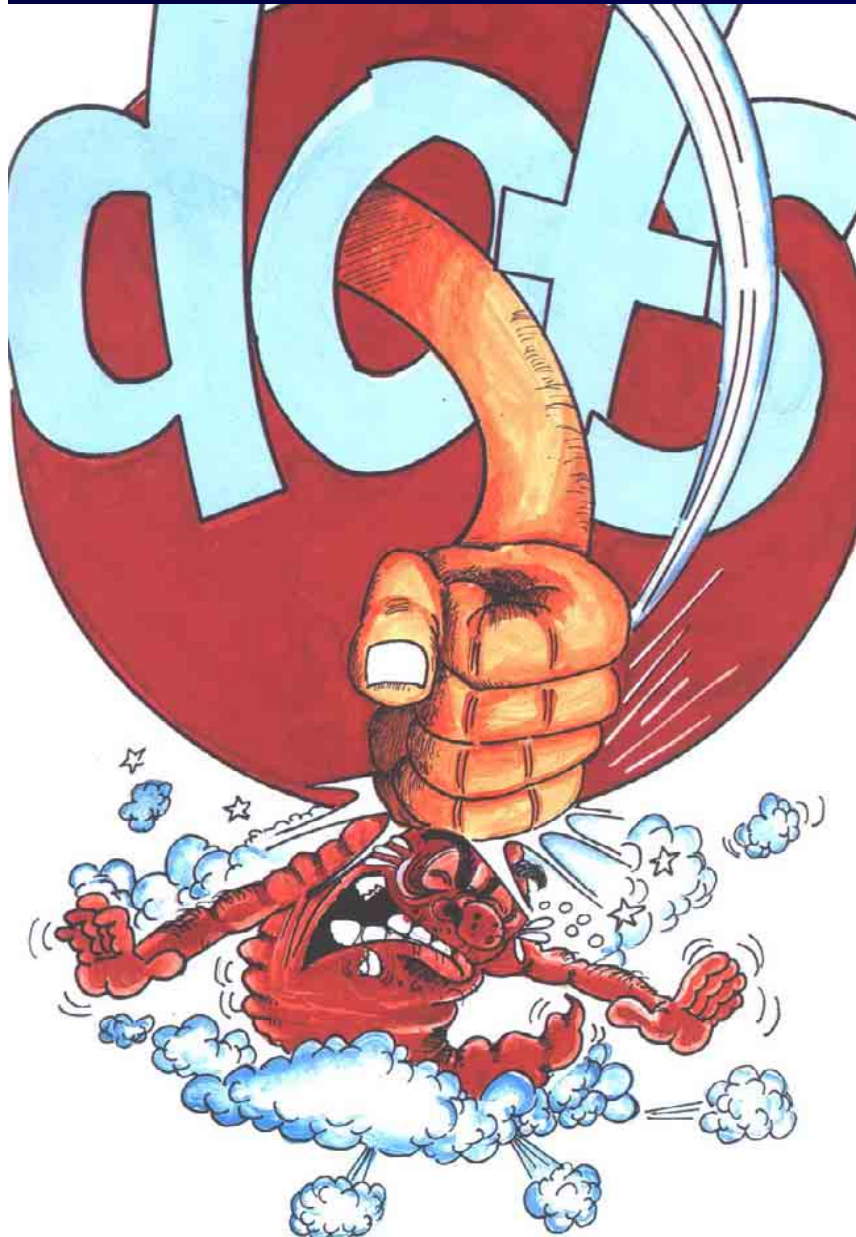
Dr. Indira Aitmagambetova, Ph.D.

**TB Activity Manager,
USAID/CAR**



TB Case Notification Rates in Central Asia, 1990-2001





Overall objectives of TB control:

- To reduce mortality, morbidity and disease transmission
- To prevent the development of drug resistance

Strategy for TB Control:

- Directly Observed Treatment, Short (DOTS) Course

Targets for TB Control

To cure 85% of detected new cases of sputum smear positive TB

To detect 70% of existing cases of sputum smear-positive TB

USAID/CAR pilots and population covered by DOTS program



- **Kazakhstan - 14.9 mln people, nationwide.**
- **Kyrgyzstan - 4.9 mln people, nationwide.**
- **Tajikistan - 834,000, two pilots (13.4% out of 6.2 mln)**
- **Turkmenistan - 760,350, two pilots (14.6% out of 5.2 mln).**
- **Uzbekistan - 8.0 mln, ten pilots (32.5% out of 24.6 mln).**
- **Covers 52.7% of total CAR population (29.4 mln out of 55.8 mln).**



TB control program in CAR

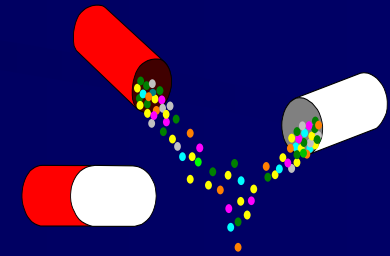
- The core of the program is to build capacity of local counterparts through TOTs and joint monitoring.
- Legal and regulatory work with the Governments.
- TB Electronic Surveillance Case-Based System is fully operational in Kazakhstan. It will be introduced in Kyrgyzstan and Uzbekistan (CDC).
- Recording and reporting system using standardised WHO recommended registers in pilots.
- Clinical and laboratory training (TOTs) for primary health care and a pilot prison staff (CDC, HOPE).

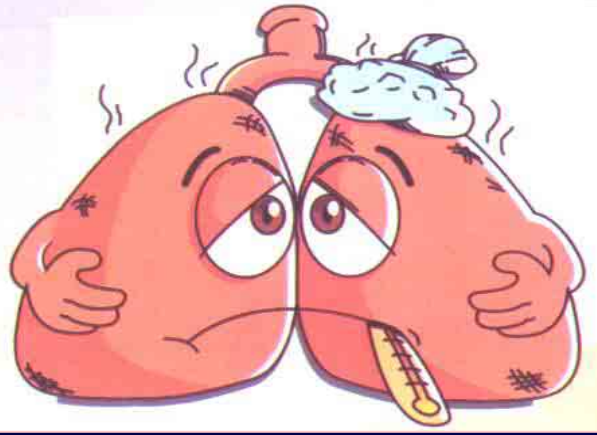




TB control program in CAR

- Supply of lab. and office equipment, TB drugs and diagnostic materials for pilots (HOPE, CDC).
- TB drug management training (RPM Plus).
- Standardized monitoring system for program supervision and evaluation (HOPE, CDC).
- TB in prison program has been started (HOPE, CDC)
- IEC component (HOPE, Abt Associates).





Challenges in DOTS implementation in CAR and USAID's response

Challenges:

- Weak ownership by some Governments for the DOTS strategy.
- Governments wish to implement DOTS on a nationwide scale in a short period of time.
- No real integration of TB program into PHC.

USAID's response:

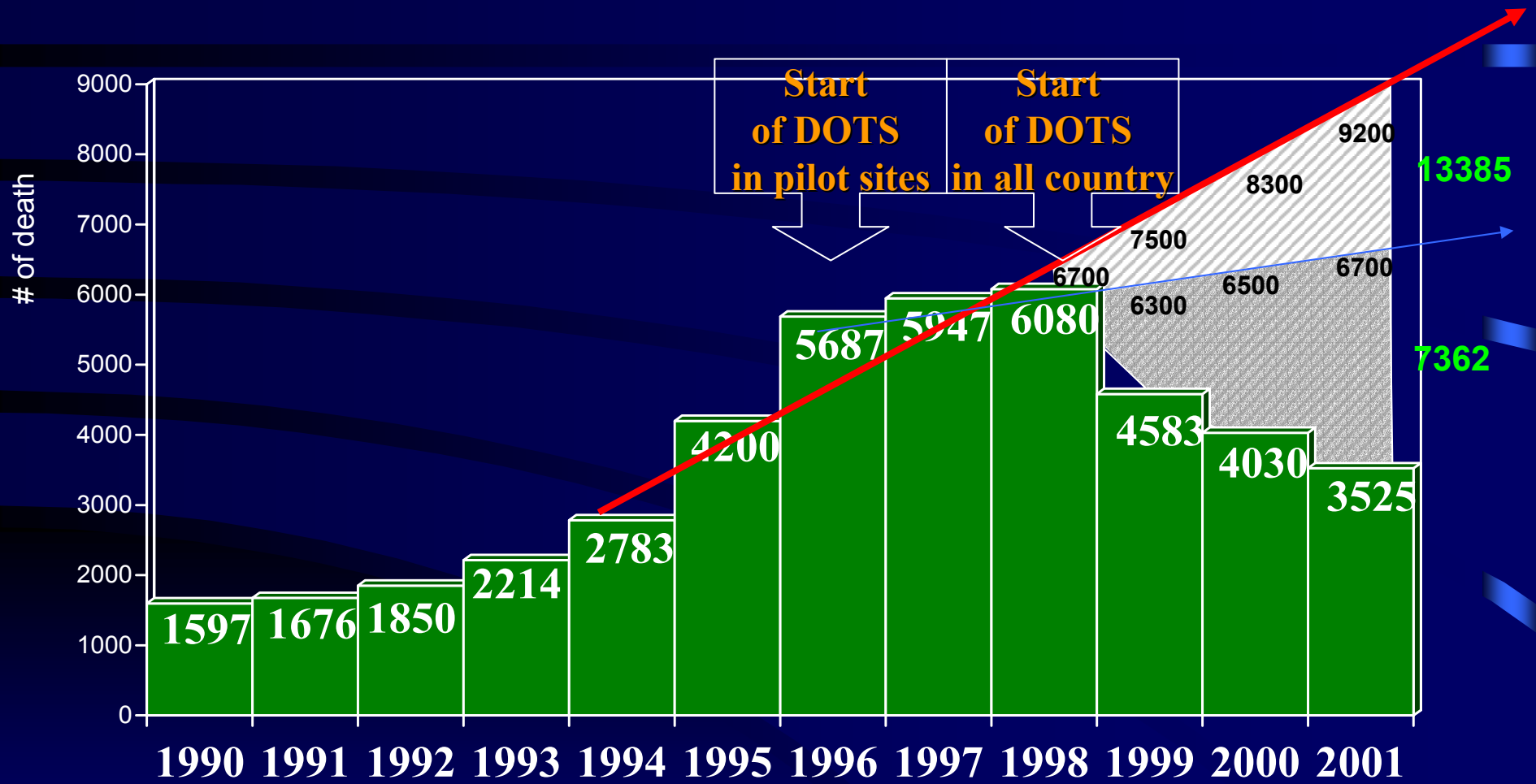
- Through training, build Governments' capacity and understanding.
- Comprehensive DOTS model development on a pilot basis and gradual roll-out of the program.
- More training and monitoring for PHC.

Challenges in DOTS implementation in CAR and USAID's response

- Poor patients' compliance to treatment during continuation phase.
- GOK moves too fast on DOTS + implementation.
- Some Governments do not provide TB drugs and rely on donors' support.
- Prisons form a huge reservoir of TB, including drug resistant TB.
- Poverty.
- Plans to introduce incentives on a pilot basis. Patient education.
- USAID/CAR will start DOTS+ pilot in Kz.
- TA in drafting GDF applications and in rational drug management.
- USAID started a DOTS program in one prison.



Key Results of DOTS Implementation: Number of Lives Saved, Kazakhstan



Key Results of DOTS Implementation:



- USAID/CAR DOTS program has a comprehensive approach including all elements of DOTS. It covers 52.7% of CAR's population (29.4 mln out of 55.8 mln people).
- TB case-based surveillance functions in 4 CARs. In Kazakhstan, it has been computerized and is fully operational (to-date, 78,000 cases are in the data base).
- USAID/CAR provides TA in developing applications to WHO's GDF. Two applications were approved. Kaz purchases anti-TB drugs from the GOK budget.
- Teams of trained trainers provide regular training in 4 countries. Standardized joint monitoring regularly occurs.
- Annual Training for TB managers.