Uzbekistan

Total population (millions): 27.8
High TB priority country
High MDR-TB burden country

Epidemiological profile 2011*

<table>
<thead>
<tr>
<th>Estimates of TB burden</th>
<th>Number (thousands)</th>
<th>Rate (per 100 000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortality</td>
<td>1.7 (1.4 -2.0)</td>
<td>6.1 (5.0-7.2)</td>
</tr>
<tr>
<td>Prevalence</td>
<td>49 (24-84)</td>
<td>177 (86-303)</td>
</tr>
<tr>
<td>Incidence</td>
<td>28 (23-33)</td>
<td>101 (83-119)</td>
</tr>
<tr>
<td>Case detection rate</td>
<td>52 (44-63)%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>MDR-TB burden</th>
<th>Number (thousands)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimates among notified TB cases:</td>
<td></td>
<td></td>
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<tr>
<td>MDR-TB among new cases</td>
<td>2.4 (1.8-3.0)</td>
<td>23 (18-29)</td>
</tr>
<tr>
<td>MDR-TB among previously treated cases</td>
<td>0.67(0.56-0.76)</td>
<td>62 (52-71)</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>MDR-TB-TB cases on treatment</th>
<th>Number</th>
<th>%</th>
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<tbody>
<tr>
<td></td>
<td>0.855</td>
<td>62</td>
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</table>

Estimated prevalence of HIV among TB (number, percentage); 960 (780-1 200), 3.4 (3.2-3.7)%.

Treatment outcome 2010

<table>
<thead>
<tr>
<th>New smear-positive cases</th>
<th>Successfully treated (%)</th>
<th>Died (%)</th>
<th>Failed (%)</th>
<th>Lost to follow up** (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>81.1</td>
<td>5.8</td>
<td>5.9</td>
<td>7.3</td>
</tr>
<tr>
<td>New smear-negative/extrapulmonary cases</td>
<td>88.2</td>
<td>3.2</td>
<td>0.7</td>
<td>7.9</td>
</tr>
<tr>
<td>Previously treated cases</td>
<td>72.5</td>
<td>10.1</td>
<td>5.0</td>
<td>12.3</td>
</tr>
<tr>
<td>MDR-TB cohort 2009</td>
<td>61.4</td>
<td>9.3</td>
<td>10.8</td>
<td>18.5</td>
</tr>
</tbody>
</table>


**Includes those cases that defaulted from treatment, those that were transferred out and those that were not evaluated.

Major challenges

Uzbekistan is among the 27 high multidrug-resistant tuberculosis (MDR-TB) burden countries in the world. The increasing MDR-TB rates underline the need for improved diagnosis of TB, better patient and drug management, and infection control measures in line with international standards. The management of anti-TB drugs is suboptimal and as a consequence, anti-TB drugs can be obtained without a doctor’s prescription. In addition, second line anti-TB drugs are not available throughout the whole country. Case management of children with TB, including dosages of anti-TB drugs, and duration of treatment and hospitalization of children with TB, need to be revised and updated. To increase the country’s diagnostic capacity, rapid diagnostics for detection of MDR-TB are being implemented and four new culture laboratories have been established.

However, the staff in these new culture laboratories is insufficiently trained and expansion and training is needed for the new diagnostics. Case detection rates are low and primary health care needs to be improved to increase these rates. The measures to prevent nosocomial transmission of TB need to be intensified and the recording and reporting system should be optimized in order to prevent double reporting and better serve surveillance.

The country lacks coordination with neighbouring countries to ensure cross-border TB control and care. Within country coordination of activities between the Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund), the DOTS centre and the National Tuberculosis Programme (NTP) also needs to be strengthened. The Karakalpakstan region has increased rates of TB morbidity, including MDR-TB and mortality rates, and this region therefore needs additional support to strengthen TB control.

Achievements in collaboration with WHO

- A nationwide anti-TB drug resistance survey coordinated by WHO was carried out in 2010-2011 and finalized in 2012.
- An extensive review of the NTP was carried out and formed the basis of the approval of the governmental programme on TB control for the period 2010–2015.
- WHO provided technical assistance with an assessment of TB recording and reporting, which led to the implementation of e-TB manager in collaboration with Management Sciences for Health (MSH).
- The WHO CO is coordinating the implementation of the Practical Approach to Lung Health (PAL) Strategy in line with the United Nations Trust Fund for Human Security (UNTFHS) project framework in Karakalpakstan.
- The National M/XDR-TB plan was developed and submitted to the Ministry of Health (MoH).
- The strategy for the implementation of the Xpert MTB/RIF technology, including a diagnostic algorithm, is finalized by the national working group.
- The National Guideline on Infection Control was developed and submitted to MoH for approval.
• A joint WHO and United States Agency for International Development (USAID) mission took place in October, 2012, to
discuss and share the new WHO/USAID “TB Partnership project” with relevant partners from the MoH, the NTP, and
other partners working in the field of TB in Uzbekistan.
• In December 2012, a mission was organized to support the development of a National Strategy on TB Laboratory
Development, in collaboration with the Supranational Reference Laboratory in Gauting, Germany.
• The following educational activities were organized:
  - On 21-25 August 2012, a training of trainers on the implementation of the PAL strategy was held in Nukus for group
    of trainers from Karakalpakstan.
  - A workshop on consensus building for staff of the medical department of the prison sector and the NTP was held on
    18-20 September 2012. The main objective was to increase political commitment to (MDR-) TB control in prisons
    and strengthen coordination and collaboration between prison and civil TB services.
  - A national workshop on infection control at was conducted on 23-25 July, 2012.
  - In July 2012 and December 2012, national workshops were provided to support the implementation of a rapid test for
    the diagnosis of MDR-TB (the Xpert MTB/RIF assay).

**Planned WHO activities for 2013**

In line with the WHO/USAID “Partnership Project for TB Control” the following activities are planned:

• Establishment of a committee to coordinate TB control activities among prisoners, migrants and children, including
technical support to routine intersectoral meetings of this committee on all TB issues, as well as on M/XDR-TB issues.
• Development of a National TB Laboratory Plan.
• Technical support to revise the national guidelines for drug-resistant TB management.
• Technical support to develop a policy for TB control in the prison sector., as well as a needs assessment and
development of a training program for the prison sector.
• Organization of the annual National TB conference.
• Technical support to develop a set of monitoring and evaluation tools for TB control activities on site and to elaborate
  national standards and criteria for regular evaluation of data quality.
• Technical assistance to roll out the e-TB manager software in 11 regions and development of a program for on site
  training.
• Interactive training material on e-TB Manager will be developed to increase the countrywide capacity on the use of this
  software. The training will be web-based or supported by electronic data carriers and will be followed by on-the-job
  training of TB service staff. Under coordination of WHO CO supervision visits will be conducted by the NTP Central Unit
  team to 14 oblast centers and selected districts within the oblasts: twice a year to follow up expansion of MDR-TB case
  management countrywide, implementation of Infection Control measures, implementation of e-TB manger and reporting
  and recording system.
• Technical support to the working group on infection control to develop an implementation plan for adequate infection
  control in TB facilities at the national level.
• Technical assistance to the Working Group on Advocacy Communication and Social Mobilization (ACSM).
• Analytical review of available guidelines and regulatory documents on pediatric TB management and revision of these
documents in line with the most recent WHO recommendations.
• Information materials on TB for the general population and for TB patients will be printed.

Within the framework of the WHO/TB CARE I project the following activities are planned:

• Organization of working meetings for the development of a psycho-social patient support model.
• Organization of technical assistance and a round table discussion on the development of a national protocol on
  outpatient care.
• Development and printing of informational materials on TB for prisoners and ex-prisoners.
• Procurement of infection control measurement equipment to be used in both the civil and prison sectors.
• Printing of the approved infection control guideline.

**Main partners of WHO**

• Ministry of Health of the Republic of Uzbekistan
• Ministry of Interior
• Multisectoral Expert Council for HIV, tuberculosis and malaria control
• National tuberculosis Programme (NTP)
• United States Agency for International Development (USAID); Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund)
• German Development Bank (KfW)
• Médecins Sans Frontières (MSF)
• Project HOPE (funded by USAID)
• Other United Nations agencies (United Nations Development Programme (UNDP), United Nations Volunteers (UNV), United Nations Trust Fund For Human Security (UNTFHS)).