**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>22 (22-23)</td>
<td>15 (15-16)</td>
</tr>
<tr>
<td>Prevalence</td>
<td>160 (72-330)</td>
<td>126 (50-231)</td>
</tr>
<tr>
<td>Incidence</td>
<td>140 (120-160)</td>
<td>98 (84-112)</td>
</tr>
<tr>
<td>Case detection rate</td>
<td>81 (71-94) %</td>
<td></td>
</tr>
</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>19 (17-21)</td>
<td>20 (18-22)</td>
</tr>
<tr>
<td>MDR-TB among new cases</td>
<td>25 (23-29)</td>
<td>46 (41-52)</td>
</tr>
<tr>
<td>MDR-TB among previously treated cases</td>
<td>18.9</td>
<td>137***</td>
</tr>
</tbody>
</table>

Estimated prevalence of HIV among TB (number, percentage): 9 300 (7 400-11 000), 6.7 (5.7-7.7)%.

<table>
<thead>
<tr>
<th>Treatment outcome 2010</th>
<th>Successfully treated (%)</th>
<th>Died (%)</th>
<th>Failed (%)</th>
<th>Lost to follow up** (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>New laboratory confirmed pulmonary cases</td>
<td>53.1</td>
<td>11.7</td>
<td>23.1</td>
<td>12.1</td>
</tr>
<tr>
<td>New laboratory unconfirmed/extrapulmonary cases</td>
<td>72.7</td>
<td>4.5</td>
<td>9.3</td>
<td>13.5</td>
</tr>
<tr>
<td>Previously treated cases</td>
<td>34.1</td>
<td>12.0</td>
<td>33.4</td>
<td>20.5</td>
</tr>
<tr>
<td>MDR-TB cohort 2008****</td>
<td>50.9</td>
<td>8.1</td>
<td>14.1</td>
<td>26.9</td>
</tr>
</tbody>
</table>


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

***The percentage of notified MDR-TB cases on treatment exceeds 100% because of TB programme backlog.

****Treatment outcomes of the MDR-TB cohort represent data from 2008, since no data was reported for the 2009 cohort.

**Major challenges**

The Russian Federation is among the 27 high multidrug-resistant tuberculosis (MDR-TB) burden countries in the world. Despite rapid scale up of diagnostic and treatment coverage, there are challenges in TB and M/XDR-TB control in the country. The national TB control strategy is following WHO recommendations for TB control but treatment practices do not always follow international standards and infection control measures in some of the health care facilities are inadequate. The management of anti-TB drugs and the monitoring of anti-TB drug supplies needs to be strengthened to avoid stock-outs of quality assured drugs. Nation-wide data on drug resistance is lacking and a national drug resistance survey is needed. The TB laboratory network needs strengthening for rapid and quality assured diagnosis of TB and MDR-TB. It is also in need of coordination and standardization through designation of a national reference laboratory by the Ministry of Health. TB/HIV co-infection is increasing, which requires intensified collaboration and joint action by the HIV and TB control programmes. In addition, there is a challenge of aging and retiring of specialist staff for the diagnosis, treatment and care of TB patients.

**Achievements in collaboration with WHO**

- Support to the development of a draft National M/XDR-TB Response Plan.
- The development of the national TB control strategy was supported through the mechanism of the High-Level Working Group (HLWG) and its Thematic working groups.
- Technical support was provided to introduce rapid methods of TB laboratory diagnosis, strengthening of the laboratory network and establishment of a national reference laboratory.
- Experts of the National TB Programme (NTP) developed new concepts on TB chemotherapy and TB laboratories, incorporating WHO recommendations on TB treatment and promotion of rapid methods for TB diagnostics.
- Comprehensive training courses on MDR-TB management and TB laboratory diagnostics for postgraduate medical education were developed by the NTP in collaboration with partners and with technical advice from WHO.
- Development of National guidelines for drug-resistant TB surveillance and supported the work plan development for the nationwide drug resistance survey.
Development of the new draft order on TB surveillance and monitoring, including surveillance and monitoring of M/XDR-TB.

National guidelines on infection control in TB control settings have been finalised and prepared for publication.

The annual Analytical Review on TB in Russia for 2010 was published both in Russian and in English, and the new Review was developed for 2011 in collaboration with the Ministry of Health and leading NTP experts.

Training Centres of the WHO Collaborating Center (Central TB Research Institute) in Moscow continued efforts to develop human resources for MDR-TB control through training courses on MDR-TB management (Orel) and Infection Control (Vladimir).

The regulatory documents on TB/HIV care were reviewed to define the areas for further technical support by WHO.

A comprehensive advocacy, communication and social mobilization (ACSM) campaign devoted to World TB Day was organized.

WHO facilitated effective collaboration and coordination of national and international partners involved in TB control.

The two WHO collaborating centres on TB control (Central TB Research Institute in Moscow and Novosibirsk TB Research Institute) continued to actively support implementation of the Stop TB Strategy.

Planned WHO activities

- Technical support to finalize the National M/XDR-TB Response Plan in line with the Regional M/XDR-TB Action Plan.
- Technical support to strengthen the national health system for effective TB control through activities of the High Level Working Group and Thematic Working Groups lead by the Ministry of Health in collaboration with the NTP.
- Technical assistance to improve the TB/MDR-TB surveillance and monitoring system to ensure complete reporting to the Global TB Report and annual analysis of the TB control situation in the country.
- Technical assistance for development and implementation of national guidelines for DR TB surveillance.
- Advocacy and promotion of WHO endorsed rapid methods for the laboratory diagnosis of TB and MDR-TB.
- Technical assistance to the WHO Collaborating Centers for TB and MDR-TB Training in Moscow and Novosibirsk to strengthen the human resource capacity for MDR-TB control.
- Coordination of international partners involved in TB control activities in the Russian Federation.
- Dissemination of the best practices and experiences to other countries of the WHO European Region.

Main partners of WHO

- Ministry of Health and Social Development of the Russian Federation
- National TB Programme, including:
  - Chief TB specialist of the Ministry of Health and Social Development, St. Petersburg Research Institute of Phthisiopulmonology
  - Research Institute of Phthisiopulmonology, 1st Moscow State Medical University named after I. M. Sechenov
  - Central TB Research Institute, Russian Academy of Medical Sciences
  - Novosibirsk Research Institute of Phthisiopulmonology
  - Ural Research Institute of Phthisiopulmonology
- Federal Correctional Service of the Ministry of Justice of the Russian Federation
- Central Research Institute of Public Health Organization and Informatization
- Federal System for External Quality Assurance
- Russian Red Cross Society
- Partners in Health
- Finnish Lung Health Association (Filha)
- Norwegian Heart and Lung Patient Organization (LHL)
- International Organization for Migration (IOM)
- International Union Against Tuberculosis and Lung Disease (The Union)
- Medecins Sans Frontieres (MSF), The Netherlands
- Eli Lilly MDR-TB Partnership
- The World Bank
- Koch-Metschnikov Forum