While TB diagnosis and mortality rates have fallen in Russia since 2001, the country had more than 140,000 people with TB (total notified cases) and 41,000 estimated cases of MDR-TB in 2013, according to the WHO. MDR-TB cases represented 19% of all TB cases in the country.

The Russian Ministry of Health instituted a new approach to TB control and care in 2011 and new MDR-TB clinical guidelines in 2014. These efforts are backed by significant investment from the government and universal health coverage for Russian citizens. TB care in Russia is provided by specially trained TB staff and their training and capabilities vary greatly. This is critical as TB doctors in Russia are accountable for determining treatment regimens, which should ideally be based on evidence-based studies and approved protocols. Nurses and other healthcare providers are underutilized and TB awareness and prevention programs are limited.

In Russia, TB and drug-resistant rates are high among people living with HIV, people in prison settings, and homeless and migrant populations. Non-standard, targeted approaches are required to reduce the TB burden among these groups.

The Lilly MDR-TB Partnership in Russia

The partnership has been active in Russia since 2003, beginning with the technology transfer of cycloserine to JSC Biocom. In 2011, the partnership realigned its efforts in further support of Russia’s MOH objectives, with a focus on:

- Supporting federal and regional governments in expanding MDR-TB prevention and care models in selected regions
- Conducting MDR-TB diagnostics and treatment training

Program Officer Profile

Name: Mikhail Volik
Country: Russia
Global Health Program: Lilly MDR-TB Partnership

Partnership highlights Phase III (2012-2016)

The partnership is supporting international and national policies in Russia to decrease the incidence of TB by more than 50% and TB deaths by more than 40% from 2011-2020.

- We are doing this by helping expand the successful model in Tomsk to 2 additional regions—Voronezh and Petrozavodsk
- We are working with 2 major hospitals in these regions to adopt proven, effective TB models and guidelines
- We are building capacity among hundreds of healthcare providers across several regions of the Country And increasing TB awareness among millions of Russians through more frequent and better informed media coverage

3rd Highest

Russia has the third-highest burden of MDR-TB, after India and China

142,000

Total number of TB cases in Russia 2013

19%

MDR-TB rate among newly diagnosed cases in Russia

41,000

Estimated MDR-TB cases in Russia in 2013
for healthcare-providers, including doctors, nurses, and social workers
• Collaborating with journalists and other organizations to increase public awareness
• Facilitating interactions with the federal system (interventions in prison) and a more integrated healthcare approach (interventions for people living with TB and HIV, and migrants).

What’s next in Russia?
The partnership’s primary objective is to support the Russian Ministry of Health in its efforts to reduce its country’s TB burden by increasing the number of people at-risk of TB who seek care and the number of qualified healthcare-providers actively treating TB. We will do this by supporting the expansion and replication of PIH’s Tomsk model across Russia, and working with our other partners to further:
• Train and build capacity among healthcare-providers
• Increase the number of hospitals adopting advanced prevention, care, and training models
• Implement targeted, integrated care approaches for vulnerable populations
• Drive TB awareness through media training and awards
• Demonstrate that successful treatment of MDR-TB is possible, even in hard-to-treat populations

“During visits with patients and providers, in clinics and hospitals and prisons, I thought so often about how grateful we are to be at the front lines of such life-saving work, which has always involved—thanks to the Lilly MDR-TB Partnership—that magical combination of clinical care, training, and research. I think we can all take great pride in the dramatic improvements we’ve seen in Tomsk’s tuberculosis outcomes.”

Paul Farmer, M.D., Ph.D.
Chair, Department of Global Health and Social Medicine, Harvard Medical School, and co-founder of PIH