
Advancing Tuberculosis Care in Russia

In November 2004, twenty Russian physicians assembled for a two-week course on the latest and most effective techniques for diagnosing and treating multidrug-resistant tuberculosis (MDR TB). The course is one component of a three-part MDR TB training and research initiative generously funded by the Eli Lilly Foundation. Ironically, the conference center which housed the training used to be an isolated Siberian tuberculosis sanatorium, only recently renovated to accommodate conferences and functions. Physicians attending the November session were the third group to participate in a comprehensive training program conducted by Partners In Health and Brigham and Women's Hospital (BWH) staff.

The physicians represented a broad range of civilian and prison health care systems but shared a common focus on combating the growing MDR TB epidemic in Russia,

where the burden of disease is among the highest in the world. Although the trainees are experienced tuberculosis physicians, most are limited in their ability to effectively treat MDR TB, due primarily to an endemic dearth of specialized training as well as a lack of the administrative support required for the effective management of MDR TB programs. Until recently, these circumstances left many doctors without a full supply of the second-line medications needed to treat their patients. The challenge for TB physicians is daunting, especially in light of coexisting conditions that undermine treatment of this pernicious disease, such as patients' poor nutritional status, high rates of alcoholism, and inadequate housing and transportation. The unpleasant side effects of treatment are another barrier which patients must overcome in order to consistently adhere to their prescribed regimens. Fortunately, through direct funding

from the Russian Ministries of Health and Justice, loans from the World Bank, and grants from the Global Fund to Fight AIDS, Tuberculosis, and Malaria, resources to support MDR TB treatment are now more obtainable in Russia. The availability of second-line drugs, combined with a growing knowledge base of the most effective treatment models, have made our training sessions a timely and valuable resource for Russian physicians eager to improve their ability to care for patients.

Each day, the training participants settled into the small classroom for a full schedule of group discussions and lectures by experienced TB physicians from both the prison and civilian health systems in Tomsk, Moscow, and Novosibirsk, as well as PIH/BWH faculty based in Russia and in Boston. Sequestered in the back corner of the room was a highly skilled interpreter who simultaneously translated the proceedings into Russian or English for the attendees, who wore headsets similar to those used at the United Nations. The course drew on the experiences of PIH-supported treatment programs in Russia, Haiti, and Peru and included presentations on clinical guidelines, patient-centered care delivery models, and research methods. An introduction to the use of computers for patient care and data collection also was offered.

Under the three-part training program, a few months after the intensive didactic course, participants return for a first-hand look at treatment and diagnostic facilities and protocols in Tomsk area hospitals, ambulatory facilities, and labs. Several months later, PIH/BWH faculty and Tomsk



Russian physicians examine X-rays at a PIH/BWH-led training session.



A physician examines a former prisoner with MDR TB in the Tomsk Hospital.

TB physicians visit the home facilities of the trainees. These site visits are designed to support the physicians and their colleagues in applying the tools discussed during the training under local conditions. On-site technical support with electronic databases and communications, using computers provided to the participants by the Eli Lilly Foundation, is also offered.

The formal and informal feedback

received from participating physicians and faculty has been uniformly positive, both regarding the quality of the lectures and the value of the content. In true Russian style, a number of trainees offered eloquent accolades at the closing ceremony and celebratory dinner, stating that it was the best course they'd ever attended. Official endorsement of the training program came in the form of Continuing Medical Education credits awarded by the Ministry of Health and the Novosibirsk TB Research Institute to those who completed the program.

To date, 57 physicians have participated in this MDR TB training program. We expect that number to more than double under the two and a half years of additional funding assured us by the Lilly Foundation. We hope to involve participants from other regions of Russia, as well as other countries of the former Soviet Union, in future training courses. However, even with this extended program, only a fraction of the physicians who would benefit from specialized training can be included. A long-term goal is to encourage integration of the content, principles, and methods of this initiative into the official Russian medical education curriculum, ensuring that this vital

information is broadly and consistently disseminated. 

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Russia's epidemic of drug-resistant tuberculosis is one of the worst in the world. Economic decline, the breakdown of social safety nets, alcoholism, and a high incarceration rate have been key factors in the dramatic increase of tuberculosis and the subsequent rise of multidrug-resistant strains. In the population of Tomsk Oblast, Siberia—where Partners In Health has been working since 2000 to expand its successful MDR TB treatment model—11.2 percent of new TB infections are drug-resistant. In the rest of Russia, MDR TB rates range from 5 to 45 percent of new cases. This high rate makes the epidemic quite complex, especially in the prison system, where drug resistance is even more prevalent. In 2002, more than 79,000 prisoners in Russia had active TB, with multidrug-resistant strains in 16 percent of newly diagnosed prisoners and in 50 percent of chronic patients.