

Total population: 29 893 488
Regionally high TB-priority country
Globally high MDR-TB burden country

Epidemiological burden and response monitoring¹

Main impact indicators	Number	Rate per 100 000
TB burden estimates		
Incidence (including HIV+TB)	24 000	79.00
Mortality (including HIV+TB)	2 920	9.77
Incidence (HIV+TB only)	1 200	3.90
Mortality (HIV+TB only)	320	1.10
Incidence (RR/MDR-TB ^a only)	10 000	33.45

TB detection and care	Number	%
Total TB new and relapses detected	16 315	68.0
Pulmonary TB	14 231	87.2
Bacteriologically confirmed	4 791	33.7
TB detected with rapid diagnostics	–	–
Successfully treated	14 215	87.1

MDR-TB detection and care	Number	%
RR/MDR estimates among new TB		24.0
RR/MDR estimates among previously treated TB		63.0
RR/MDR estimates among notified pulmonary TB	5 800	
Tested for RR/MDR-TB	7 558	39.7
Detected with RR/MDR-TB from estimates	2 149	37.1
RR/MDR-TB started SLD ^b treatment	2 149	100.0
Successfully treated (RR/MDR-TB only)	1 390	52.5

HIV/TB detection and care	Number	%
TB cases tested for HIV status	13 058	80.0
HIV/TB cases detected from estimates	841	70.1
HIV/TB cases on ARV ^c	409	48.6
Successfully treated (HIV/TB only)	–	–
HIV diagnosis and care		
Newly diagnosed HIV cases	3 683	
HIV cases started IPT ^d	1 806	49.0

^a RR/MDR = rifampicin-resistant multidrug-resistant TB.

^b SLD = second-line drug.

^c ARV = antiretroviral treatment.

^d IPT = isoniazid preventive therapy.

Major challenges

Uzbekistan is among the 18 high-priority countries to fight tuberculosis (TB) in the WHO European Region and 30 high multidrug-resistant TB (MDR-TB) burden countries in the world. Uzbekistan has significantly increased universal access to diagnosis, treatment and follow-up of TB and M/XDR-TB patients by developing and adopting several important programmatic and policy documents, but the national TB control programme (NTP) is still facing some challenges that were identified in the 2014 review of the NTP. These challenges are as follows.

- There is significant delay in diagnostic in some cases of TB and M/XDR-TB.
- Improvement is needed to more systematically connect TB laboratories in a comprehensive network.
- TB doctors in oblasts and districts have limited knowledge of multidrug and extensively drug-resistant TB (M/XDR-TB) clinical management.
- Prison notification and treatment-outcomes data are not incorporated into the national report and collaboration between civil and penitentiary sectors could be further improved.
- Introduction of health financing reforms is a key factor for sustainability of TB control activities.
- There is limited availability of the fifth group of anti-TB drugs for treatment of pre-XDR-TB and XDR-TB patients.

Achievements

Achievements in collaboration with WHO are as follows.

- The NTP prepared the consolidated national strategic plan for TB in Uzbekistan for 2016–2020 in 2015 and submitted it to the Ministry of Health (MoH) for approval. This document is aligned with the roadmap to implement the TB action plan for the WHO European Region 2016–2020.
- The NTP developed and adopted several important programmatic and policy documents, including the consolidated TB order, guidelines on programmatic management of drug-resistant TB, monitoring and evaluation (M&E), infection control and childhood TB (the first ever guideline on paediatric TB), the TB programme special order on TB/HIV collaborative activities, a set of standards and regulations on TB infection control.

¹ European TB surveillance and monitoring report in Europe 2017. Copenhagen: WHO Regional Office for Europe; 2017 (<http://www.euro.who.int/en/health-topics/communicable-diseases/tuberculosis/publications/2017/tuberculosis-surveillance-and-monitoring-in-europe-2017>).

- A new infection control guideline has been introduced and training conducted by WHO for TB health staff from national and province levels.
- The MoH endorsed and adopted the first ever national guidelines on identifying and treating MDR-TB. The guidelines were developed by a national TB working group led by WHO experts under the framework of a joint WHO and United States Agency for International Development (USAID) project.
- A new document for the psychosocial care and support of TB patients was developed and will sent for MoH approval. This protocol, which will broaden the range of available TB care, has been developed in cooperation by WHO and the MoH. Recommendations on the organization of psychological and social support for TB patients will ensure TB patients receive care through a multidisciplinary team approach. Used by medical and non-medical specialists, the protocol will help people better manage their condition and ensure greater quality of life. It will facilitate the development of quality services to provide counselling and assistance to TB patients in institutions and is designed to reflect the requirements of the TB patients' charter.
- All provinces were covered by programmatic management of M/XDR-TB in 2013. More than 11 000 patients with M/XDR-TB started appropriate treatment between 2009 and 2015: 409 in 2009; 628 in 2010; 863 in 2011; 1491 in 2012; 2047 in 2013; 3665 in 2014; and 2149 in 2015.
- The MoH committed to procuring first-line anti-TB drugs centrally by 2016 (central purchasing of second-line drugs is expected from 2018 onward).
- WHO has embarked on a comprehensive effort to strengthen M&E capacity of the NTP through a partnership with the MoH. The new approach extends on-site quarterly monitoring to more than 200 health-care facilities in all 14 regions which previously had been limited to regional-level TB hospitals counting the number of TB cases. It uses a holistic method of M&E that examines the diagnostic process, HIV test data, laboratory quality, individual patient records and treatment outcomes. These data are then compiled and shared at district, regional and national levels to ensure consistent high-quality TB control and treatment throughout the country.
- WHO conducted several events (training, workshops and meetings) in line with the Challenge-TB project for revision of the national TB order and implementation of new TB drugs and regimens recommended by WHO. These activities are likely to continue in 2017.

WHO activities

The MoH is going to create and implement an e-health platform for recording, reporting and surveillance of diseases, one module of which will be dedicated to TB case management (recording, reporting and surveillance). The NTP urgently needs to implement an interim MS Access-based TB registration system prior to its introduction. This MS Access-based register is already successfully used in other countries. It was decided during a partners' meeting organized by WHO that the NTP will approach the MoH (Uzmedinfo) to gain consent to implement the interim TB registration system, which can be done by WHO in line with the Challenge-TB project.

Main partners

WHO's main partners are:

- Ministry of Health;
- Multisectoral Expert Council for HIV, Tuberculosis and Malaria Control;
- NTP;
- USAID;
- Global Fund to Fight AIDS, Tuberculosis and Malaria;
- German Development Bank;
- Médecins Sans Frontières;
- Project HOPE (funded by USAID); and
- other United Nations agencies and programmes: United Nations Development Programme, United Nations Volunteers and United Nations Trust Fund for Human Security.