

RUSSIAN FEDERATION

Total population: 143 457 000¹
Regionally high TB-priority country
Globally high MDR-TB burden country

Epidemiological burden and response monitoring²

Main impact indicators	Number	Rate per 100 000
TB burden estimates		
Incidence (including HIV+TB)	115 000	80.00
Mortality (including HIV+TB)	16 500	11.50
Incidence (HIV+TB only)	11 000	7.90
Mortality (HIV+TB only)	1 500	1.00
Incidence (RR/MDR-TB ^a only)	60 000	41.82

MDR-TB detection and care	Number	%
RR/MDR estimates among new TB		22.0
RR/MDR estimates among previously treated TB		53.0
RR/MDR estimates among notified pulmonary TB	42 000	
Tested for RR/MDR-TB	46 641	100
Detected with RR/MDR-TB from estimates	17 132	40.8
RR/MDR-TB started SLD ^b treatment	17 132	100
Successfully treated (RR/MDR-TB only)	8 802	48.3

TB detection and care	Number	%
Total TB new and relapses detected	99 590	86.6
Pulmonary TB	92 645	93.0
Bacteriologically confirmed	45 600	49.2 ^c
TB detected with rapid diagnostics	–	– ^d
Successfully treated	53 266	69.1

HIV/TB detection and care	Number	%
TB cases tested for HIV status	65 585	95.3 ^e
HIV/TB cases detected from estimates	6 407	58.2
HIV/TB cases on ARV ^f	–	– ^d
Successfully treated (HIV/TB only)	–	–
HIV diagnosis and care		
Newly diagnosed HIV cases	112 020	
HIV cases started IPT ^g	9 449	9.4

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

^b SLD = second-line drug.

^c Additional number of cases confirmed by other methods (polymerase chain reaction, histology, screening and other).

^d TB patients' rosters are being developed and the respective data will be refined.

^e HIV testing data of new TB cases in civilian sector only.

^f ARV = antiretroviral treatment.

^g IPT = isoniazid preventive therapy.

Major challenges

The Russian Federation is one of the 18 high-priority countries to fight tuberculosis in the WHO European Region, 30 high multidrug-resistant tuberculosis (MDR-TB) burden countries in the world, and is in the top 20 by estimated absolute number. Despite appropriate diagnostic and treatment coverage and the availability of drugs, TB and multidrug and extensively drug-resistant (M/XDR-TB) treatment success rate remains insufficient; the M/XDR-TB rate is not decreasing and TB/HIV co-infection is steadily growing. The national TB control strategy is consistent with WHO recommendations, but treatment practices do not always strictly follow established standards. TB education and training curricula need to be updated to reflect contemporary data, innovative methods of TB management and evidence from research studies. New forms of training and sources of training materials for self-education need to be developed. Nationwide data on drug resistance is insufficient. In the light of increasing numbers of TB/HIV co-infection cases and other co-morbidities, multisectoral approaches to, and collaboration in, TB control efforts require further strengthening.

Achievements

Achievements in collaboration with WHO are as follows.

- The Ministry of Health (MoH), other government agencies and WHO have reached a qualitatively new level of interaction over the last 10 years through transformation of efforts to achieve consistency in technical and policy approaches, constructive cooperation and fruitful interaction in achieving common goals and objectives regionally and globally.
- The Russian Federation developed an initiative to host the Global TB Ministerial Conference in November 2017 and entered agreement with WHO on its preparation and conduct.

¹ United Nations estimates are lower than those registered by the Federal State Statistics Service of the Russian Federation.

² 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>).

- National strategies and guidelines on M/XDR-TB and TB/HIV prevention, diagnosis, treatment and care have been developed and updated regularly in accordance with WHO recommendations.
- State funding for TB control programme activities remains high, and the Government guarantees procurement of costly second-line drugs.
- The High-level Working Group on TB (HLWG) mechanism is operational, supported by the MoH. It remains instrumental in maintaining policy and technical dialogue between WHO and the Government and promoting an international approach to TB diagnosis, treatment and care.
- Around 100 mid–senior TB control programme managers have been trained in programmatic M/XDR-TB management over the last three years.
- Senior TB health professionals actively participate in WHO international advisory and working groups and are involved in developing international recommendations: the MoH chief TB specialist is a member of the WHO Strategic and Technical Advisory Group for TB (STAG-TB).
- Reports on best practices in TB control in the country are delivered regularly at international forums and published in international professional journals.
- Based on WHO recommendations, a system of active cohort-monitoring of innovative TB drug use (COMPAS-TB) has been developed and introduced throughout the country.
- Two WHO collaborating centres on TB control (the Central TB Research Institute in Moscow and the Novosibirsk TB Research Institute) actively promote WHO's End-TB Strategy; three laboratories are Centres of excellence (CoE) of the WHO Supranational Reference Laboratories Network.

WHO activities

Planned WHO activities are to:

- hold two meetings of the HLWG on TB (May and autumn 2017);
- provide technical and management assistance:
 - in developing an updated curriculum for TB-related components in pre- and postgraduate health education and training programmes for civil activists and volunteers, related technical information sources, a textbook and guidelines through HLWG's thematic working group (TWG) mechanism;
 - in developing and updating TB/HIV-related regulatory documents, technical information sources, management procedures and guidelines through the TWG mechanism; and
 - to the MoH in preparing for the Global Ministerial TB Conference in Moscow planned for 16–17 November 2017;
- hold two workshops on programmatic management of M/XDR-TB for mid–senior TB control managers;
- hold an M/XDR-TB management workshop for senior TB control managers/heads of TB chairs of medical universities; and
- provide technical assistance in involving the new TB drug-use monitoring database in the WHO central database.

Main partners

WHO's main partners are:

- Ministry of Health
- Federal Service for Surveillance in Health
- Federal Service for Sentence Execution
- Federal Service for Consumer Rights Protection and Human Well-being
- Research Institute of Phtisiopulmonology of I.M. Sechenov First Moscow Medical University
- Central TB Research Institute
- Novosibirsk TB Research Institute
- Ural Research Institute of Phtisiopulmonology
- Saint-Petersburg Research Institute of Phtisiopulmonology
- Central Research Institute of Health-care Organization and Informatics
- Moscow City Research and Practice Centre for TB Control
- Federal System for External Quality Assurance of Clinical Laboratory Studies
- Russian Society of Phtisiatrists
- International Organization of Migration
- Lilly MDR-TB Partnership
- International Federation of Red Cross and Red Crescent Societies/Russian Red Cross Society
- Médecins Sans Frontières
- Partners in Health
- World Bank
- TB People.