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of Red Cross and Red Crescent Societies

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Communities fight Tuberculosis in Central Asia

Published: 3 April 2001 0:00 CET



Doctor Nina Solomatina is caring for Manarbek Kushtobaev, 68. Kushtobaev is getting the initial DOTS-treatment in Kara Balta hospital. (6285)

Erja-Outi Heino in Kara Balta

Tuberculosis is increasing in Central Asia at an alarming rate. The International Red Cross/Red Crescent is carrying out community-based pilot projects in Kyrgyzstan, Kazakhstan, Uzbekistan and Turkmenistan to support the governments' fight against tuberculosis - before the situation gets out of hand.

Ivan Golovko was a bus driver in Kara Balta city, western Kyrgyzstan. Last August Ivan noticed that something was wrong. He had high temperature and pain in his lungs. Medical examination proved his fear right: it was tuberculosis. Now, after seven months of illness and treatment, Golovko, 57, claims he is an old man. He is doubtful whether he will ever be able to work again.

The region suffers from unemployment and even young and strong wander about idle. Many choose to get on board the direct train from Kara balta to Moscow. Many also return, not much richer than they were before - but definitely sicker.

"Tuberculosis is a disease of the poor, and the migration increases it. Tuberculosis has become our main public health problem", Lidia Belikova, Red Crescent branch chairwoman says.

The city of Kara Balta has 50 000 inhabitants and 300 cases of tuberculosis. Golovko suspects he was infected while serving the bus passengers, but in fact, that is only one possibility out of many. Following the economic crisis and the disruption of the Soviet Union, tuberculosis has been spreading at a disquieting speed in the newly independent Central Asian republics. In Kyrgyzstan, the detected TB-cases have doubled in five years.

Kyrgyzstan is one of the more advanced countries in the region in tackling the epidemic. The government has adopted the World Health Organization-recommended DOTS-strategy. DOTS stands for "Directly Observed Treatment, Short-course" and is the most cost-effective way to cure tuberculosis.

With DOTS, hospital treatment is limited to two or three months. After that, the patients return home, but the

medication continues. It is not easy to swallow 3-5 strong drugs every day over several months. This is where Red Cross and Red Crescent visiting nurses step in: they support the patients and inform both the families and the community at large about tuberculosis, the ways to prevent it and the importance of finishing the full course of treatment.

"Patients are tempted to stop taking the drugs once they start feeling better. It promotes the multi-drug resistant tuberculosis that is very difficult and expensive to treat", Dr. Bradley Hersh warns. He works as a medical epidemiologist at the secretariat of the International Federation. "The Red Cross/Red Crescent can play a major role both by providing community-based support for the national TB-programs and by advocating DOTS. This has already been proven through our experience from Russia, Ukraine, Belarus and Moldova.

"Anastasia is playing with a Barbie-doll. The doll is her special treasure and has a similar blond, wavy hair as the eight-year-old girl herself. Anastasia's father entered the Kara Balta TB-hospital around the New Year. He had been sick since the summer and his wife insisted that he should go to see a doctor. Being an alcoholic, he resisted as long as he possibly could before he gave in and went to hospital. In January, Anastasia was also tested for tuberculosis. The test results revealed that she was infected with the TB-bacteria. Now she is taking medicine to prevent the development of severe tuberculosis.

The best way to prevent tuberculosis is to make sure that existing TB-patients are cured. This is a conviction that the Red Crescent visiting nurses in Kara Balta share. The nurses feel proud of their role in raising the public awareness and promoting early diagnosis. They visit schools and marketplaces and four months after the program started, they can clearly see some progress.

But the work has also proven hard: "The patients are from poor families. In the hospital they get treatment, food, everything. Then they return home. Because of the sickness, the situation is even more difficult than before and most families have nothing to live on. It is very painful to see that without being able to help", says Natalia Skvarnik, one of the five visiting TB-nurses in Kara Balta.

Central Asian pilot programs need further funding. So far only the ones in Kazakhstan have been able to support TB-patients with the essential food aid.

In the last days of March, the Federation's regional delegation hosted a TB-conference in Almaty, Kazakhstan. The participants included representatives from the Central Asian health ministries as well as from the involved international agencies. The goal was to advocate DOTS and the community approach to combat tuberculosis in the region.

"Tuberculosis is a tricky opponent. You throw one antibiotic at bronchitis and the bacteria surrender whereas tuberculosis-bacteria have a strong shield and don't give up before you bombard them with several drugs during a long period of time", describes Dr. Manan Ganguli, the International Federation's regional health delegate.

Dinara Soltobaeva, 23, is a living example of Ganguli's depiction. She is slowly recovering from tuberculosis – the second time in three years. Dinara went with her two children to a shelter in Kara Balta. She dreads the return to her own home where several members of the extended family are repeatedly sick with tuberculosis.

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