

Reducing TB Among Central Asia Labor Migrants

BY BAKHTIYAR BABAMURADOV, ALEXANDER TRUSOV, MARIAM SIANOZOVA, AND ZHANNA ZHANDAULETOVA

Tuberculosis (TB) is a highly infectious and deadly disease, yet it can be prevented by identifying new cases and cured by completing treatment. In Central Asia the large flow of migration poses significant challenges for preventing the spread of TB. According to the Central Tuberculosis Research Institute of the Russian Academy of Medical Science, the incidence of TB and multidrug- and extensively drug-resistant TB is 2.5 times higher among labor migrants than among the general population. Cramped and poorly ventilated living conditions and lack of access to TB diagnostic and treatment services contribute to a heightened risk of infection among labor migrants and of cross-border TB outbreaks. Language barriers and fear of deportation can deter labor migrants from seeking health services. A regional TB control strategy is necessary to mitigate these risks.

With support from the Global Fund to Fight AIDS, Tuberculosis, and Malaria, Project HOPE initiated a three-year program in Kazakhstan in late 2014 to address cross-border TB control among labor migrants. In partnership with the World Health Organization (WHO), International Organization for Migration, UNAIDS, and the International Federation of Red Cross and Red Crescent Societies, the program is working to improve TB case notification among labor migrants and increase initiation of appropriate treatment among those with



Aplyazimov Bakyt (center), an outreach worker, provides TB information materials to Muradov Uktamzhon, a labor migrant, during a World TB Day event in Taraz City, Kazakhstan.

TB and drug-resistant TB. The program is aligned with WHO recommendations for cross-border TB control in Europe and Kazakhstan's national plan to combat TB. In addition to prevention and treatment services, these plans emphasize the need for a regional dialogue on TB control among labor migrants.

In partnership with six local nongovernmental organizations, the program is working in the seven sites in Kazakhstan with the highest concentration of labor migrants to increase access to TB education and diagnostic and treatment services. The program has collaborated with sixty-five medical facilities to provide access to such services for labor migrants regardless of their documentation status. Since July 2015 more than 80,000 migrants have received TB education, and approximately 23,000

migrants have been screened for TB. Of these, 944 migrants—243 from outside and 701 from inside Kazakhstan—were diagnosed with TB and started on treatment, a critical step toward preventing further TB infection.

A key program component is advocacy to improve national and regional policies on TB control and care among labor migrants. A working group on migration and TB in Kazakhstan was established to develop control and care standards. The government of Kazakhstan and the program held two annual high-level meetings that supported the establishment of a regional working group—the first of its kind—with the goal of reducing the spread of cross-border TB infection. Led by Kazakhstan, the group has drafted agreements between Kazakhstan and both Kyrgyzstan and Tajikistan on cross-border TB control among labor migrants. The draft agreements are pending official approval. The hope is that these agreements, if adopted, will help Central Asian countries fight TB and serve as a model for international cooperation. ■

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Project HOPE, an international nonprofit health organization, has published Health Affairs since 1981. Project HOPE brings "health opportunities to people everywhere" through community education, building capacity of health care providers, strengthening health systems, and delivering humanitarian assistance.