Europe
Despite the momentum created by the 2007 Berlin Ministerial Declaration of commitment to TB control and by recent achievements in diagnosis and treatment, European countries are still short of reaching their shared objectives of controlling and stopping tuberculosis. The WHO Global Report 2010 shows a very slow reduction of less than 1 percent per year in the TB incidence rate. In addition, the region faces the world’s highest levels of multi-drug resistant and extensively drug-resistant tuberculosis, as well as a doubling in the rate of newly diagnosed PLHIV (people living with HIV infection) from 44 cases per million in 2000 to 89 per million in 2008. This reinforces KNCV Tuberculosis Foundation’s determination to assist countries in scaling up their efforts to fight TB.

The Facts
According to the WHO Global TB Report 2011, European countries in 2010 notified 355,258 patients suffering from TB (39.6 patients per 100,000) and over 61,000 deaths due to TB. TB incidence in Europe varies significantly between countries. Overall, the rates are higher toward the East. TB control in Eastern Europe faces the challenges of the socio-economic crisis and the collapse of medical infrastructure in the 1990s. Countries making up the former Soviet Union (FSU) have witnessed a sharp increase in TB incidence (doubling from the 1990 level), high levels of TB drug resistance, and the emergence of a TB/ HIV co-epidemic.

High-Priority TB Countries in Europe
Eighty-six percent of TB notifications and over 75 percent of TB deaths in Europe occur in the FSU countries, Romania, Bulgaria, and Turkey. These are referred to as the eighteen WHO EURO High-Priority Countries (HPCs). KNCV Tuberculosis Foundation supports the implementation of the Stop TB Strategy in the HPCs. We participate in evaluations of national TB programs (NTPs) and assist in proposal development and the implementation of GFATM-funded projects. In addition, we support the efforts of national NGOs to improve TB control in civil society. One example is Moldova, where we have collaborated with CarLux, an NGO active in supporting TB control in prisons.

M/XDR-TB on the Rise
From 2009, we have seen a very slow reduction of less than 1 percent in annual incidence each year. But drug-resistant forms of TB are still on the rise. In 2009, 11.7 percent of new TB cases and 36.6 percent of re-treatment TB cases in the European Region were reported as multidrug-resistant TB (MDR-TB). In the Russian Federation, 38,000 patients develop MDR-TB each year. The worldwide estimate of MDR-TB was 440,000 patients in 2009; fifteen of the twenty-seven MDR-TB high-burden countries are in the European Region.

What is KNCV Tuberculosis Foundation doing to fight TB in Europe?
- We support the implementation of the Stop TB Strategy in the high-priority countries of Eastern Europe.
- We help national NGOs in their efforts to improve TB control in civil society.
- We support NTPs in Eastern Europe in their programmatic management of MDR-TB.
- We strengthen collaboration between TB and HIV programs.
- We support policy development for TB control in prisons with the Health in Prison Project.
- We support policy development for improving quality TB control through the Stop TB Strategy including MDR-TB, TB/HIV, and TB infection control.
- Together with WHO EURO, we convene the Wolfheze Workshops on TB control in Europe.
- We assisted WHO EURO in developing a Road Map for the Implementation of the Consolidated Action Plan to Prevent and Combat Multidrug- and Extensively Drug-Resistant Tuberculosis in the WHO European Region, 2011–2015.
- We assisted WHO EURO in developing a Monitoring and Evaluation Framework for the implementation of the Berlin Declaration in 2011 and provide implementation assistance.
Extensively drug-resistant TB (XDR-TB), a form of MDR-TB that is resistant to two main groups of second-line drugs, is an even more dangerous form of TB with little chance of treatment with currently available drugs. Worldwide, eight countries have reported XDR-TB in over 10 percent of MDR-TB cases; six of these countries are located in Eastern Europe and Central Asia.

**Fighting Drug Resistance**

MDR-TB is the result of the inadequate treatment of TB, which can then be transmitted within the community and/or through poor airborne infection control in health care facilities and communal settings. It is also the result of differential exposure to risk factors and inequitable access to health and social protection systems.

In 2009, of an estimated 81,000 MDR-TB patients, only 27,765 cases (34 percent) were notified owing to limited laboratory capacity. Of these, only 61.8 percent (17,169 cases) were reported as receiving adequate treatment with quality second-line drugs.

Many Central Asian countries have only just begun the programmatic management of MDR-TB in small pilot projects. KNCV Tuberculosis Foundation supports NTPs in Eastern Europe in their programmatic management of MDR-TB and helps them to develop sustainable treatment programs using quality-assured TB drugs. For the Central Asian region, we coordinate these activities from our office in Kazakhstan. In Georgia, the NTP has succeeded in securing universal access to MDR-TB treatment for all patients. Prerequisites for the diagnosis and effective treatment of MDR-TB are adequate laboratory facilities, the training of staff, good infrastructure, the availability of second-line drugs, and extensive support for patients during the long treatment period of at least eighteen months. In August 2008, WHO issued a policy statement on the molecular diagnosis of MDR-TB/Line Probe Assay, a method that ensures an accurate, rapid diagnosis of the MDR-TB strain. The majority of HPCs do not yet have access to this method, however. We assist countries in introducing new diagnostic technologies in a rational, well-planned, and evaluated manner.

**TB and HIV/AIDS: A Deadly Cocktail**

TB is the leading cause of mortality among people living with HIV/AIDS. Because the Eastern European countries are home to the fastest growing HIV epidemic in the world, the threat of a dual TB/HIV epidemic is imminent. To improve the early diagnosis and management of TB/HIV co-infection, WHO released its policy on collaborative TB/HIV activities in 2004. Yet most countries in the region have failed to implement this strategy effectively. Barriers include the vertical nature of health systems, stigma, and difficulties in reaching intravenous drug users and other risk groups. The number of registered HIV co-infected TB patients increased from 2.3 percent in 2007 to 7.5 percent (13,821) in 2010. The increase is seen solely in non-EU/EEA countries and is most likely due to improvements in reporting and intensified HIV care services for TB patients rather than a true increase in co-infection prevalence. KNCV Tuberculosis Foundation tries to strengthen collaboration between TB and HIV programs by implementing a strategic plan countering both diseases in a combined effort. Apart from several improvements involving the referral of TB patients to HIV clinics and HIV testing, this has not yielded the desired results. We thus organize workshops in which representatives of both TB and HIV programs are trained in a model for collaboration. A collaborative laboratory function is disseminated, as this is vital to a proper diagnosis. Similarly, organizing proper referral systems is a crucial component.

**Prisons: Hot Spots for TB**

Each year, an estimated 30,000 prisoners in Eastern Europe are diagnosed with TB disease with incidence rates fifteen to fifty times higher than the country rates. Many of them do not continue their TB treatment after they are released from prison and thus spread the disease to the wider community. KNCV Tuberculosis Foundation strives, therefore, to improve collaboration between health services in and outside prisons and society at large. We collaborate in TB control projects in prisons in five FSU countries.

**Policy Development in TB control**

After the Berlin Ministerial Forum on TB Control in Europe in 2007, there was an initial follow-up during the Wolhzehe Workshop in May 2008. In June 2009, during a two-day meeting in Luxembourg, the EC, the ECDC, and WHO EURO agreed to ensure the support of, to monitor, and to increase awareness in European countries of TB control and elimination through EU-wide surveillance, research, and development aid. KNCV Tuberculosis Foundation followed this up together with WHO EURO with a review of the NTPs’ progress in controlling MDR-TB and TB in prisons during the Wolhzehe Workshop in 2010 and 2011. In 2010, the director of WHO EURO took the laudable initiative to develop a Road Map for the Implementation of the Consolidated Action Plan to Prevent and Combat Multidrug- and Extensively Drug-Resistant Tuberculosis in the WHO European Region, 2011–2015. The Road Map was adopted by the Member States in Baku in September 2011.

**Sources**


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The following factsheets are available from KNCV Tuberculosis Foundation:
- Tuberculosis: Facts and Figures
- Tuberculosis and HIV/AIDS
- Tuberculosis: Poverty and Health Systems
- Tuberculosis in Europe
- Tuberculosis: MDR-TB and XDR-TB
- Prevalence Surveys and Tuberculosis Control
- Tuberculosis and ACSM

All factsheets can be downloaded from www.kncvtbc.nl

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ALL FACTSHEETS ARE ALSO AVAILABLE ON WWW.KNCVTBC.NL