In three years over 44,000 labor migrants in Kazakhstan were examined for Tuberculosis with the assistance of the international organization Project HOPE

April 16, Almaty. A round table summarizing results of the Program “Addressing Cross-border Control and Treatment of TB, MDR-TB and TB/HIV among Labor Migrants” was held in Almaty on April 16. The international organization Project HOPE implemented the Program in Kazakhstan from 2014 to 2017 through the Global Fund to Fight AIDS, Tuberculosis and Malaria grant within the Comprehensive TB Control Plan of the Republic of Kazakhstan for 2014-2020.

Representatives of the Republic of Kazakhstan Ministry of Health (RK MOH), the RK MOH National Research Center for Phthisiopulmonology, the Ministry of the Interior Migration Service, the Global Fund, the International Organization for Migration (IOM), USAID, the STOPTB Partnership and other international organizations took part in the event organized by Project HOPE.
The experience of effective cooperation with government agencies, international organizations, NGOs, and health care organizations was presented in addition to the main results. The doctors involved in the Program and representatives of partner NGOs spoke about the specifics of work with labor migrants.

“The Program has pursued its main goal – to remove barriers that limit access to diagnosis and treatment of Tuberculosis (TB), to provide access to services by labor migrants, and to create effective mechanisms for TB cross-border control and treatment. Within three years, we have achieved good results in close collaboration with our partners. Thus, the improved access to TB examination by labor migrants has detected over 1,600 TB cases. The constructive cooperation that has been forged among all partners in the course of Program implementation allows addressing the problem more effectively, and is another result of no less importance,” says Bakhtiyar Babamuradov, the Global Fund Program Manager/ Project HOPE Representative in Kazakhstan.

“While the Program has been implemented in Kazakhstan, it includes a fairly significant regional component. Labor migration and TB problems cannot be resolved by a single country. It’s only the concerted efforts of all countries in the region to create joint mechanisms for control and treatment of this disease that can bring the result. I would like to note that inter-country bilateral agreements on cross-border control of TB in the Central Asian region have been drafted by now and three regional high-level meetings have been held. All this creates a solid foundation for further regional cooperation, which we will develop further within the Program’s continuation and with a new grant,” adds Mariam Sianozova, Senior Regional Director of Project HOPE for Europe and Eurasia.

Program Results

The international organization Project HOPE has implemented the Program “Addressing Cross-border Control and Treatment of TB, MDR TB and TB/HIV among Labor Migrants” through the Global Fund to Fight AIDS, Tuberculosis and Malaria grant in collaboration with the Republic of Kazakhstan Ministry of Health (RK MOH), the RK MOH National Research Center for Phthisiolepulonology, the RK Ministry of the Interior, the International Organization for Migration (IOM), Central Asia national TB Programs, Project HOPE, WHO, UNAIDS, USAID and International Federation of Red Cross and Red Crescent Societies' (IFRC) country teams, as well as non-governmental organizations: the Crisis Center “Zabota” (Almaty), the International Fund “Zharia” and the Red Crescent Society (Astana), the Public Association “Umit” (Karaganda), the Taldykurgan Employment Promotion Center (Almaty Region), the AIDS Service Organizations Association “Joldas” (Shymkent, Aktobe and Aktau) and the Public Association “Anti-HIV” (Taraz City).

• In the course of Program implementation, a network of migrant-friendly health care organizations has been developed covering over 60 polyclinics and 10 TB dispensaries, a model for NGO participation in TB control among migrants has been developed in eight pilot regions, an NGO country network has been established and NGOs have been trained to control TB among migrants.
• Over 44,000 migrants received access to TB screening and over 1,600 TB patients were detected; over 145,000 migrants received critical information through outreach work. Within the Program, most of these migrants with TB (internal and external) received monthly motivational support during their outpatient treatment.

• In collaboration with the IOM, a model for medical and social management of migrant TB patients has been tested. The model includes documentation, compliance with migration policy, and timely and controlled exit of sick migrants from Kazakhstan for further treatment in their countries of origin.

• A mechanism is being established for exchanging information on TB patients among countries through the EuroWHO TB electronic platform (tbconsilium.org). Information on migrant TB patients needing continued treatment has been transferred to their countries of origin.

• Drafts of intercountry bilateral agreements on cross-border TB control among migrants in the CAR have been developed and three regional high-level meetings held, a package of information and educational materials in the languages of CAR countries has been prepared for different target groups, and media events have been conducted both at the country and region levels.

• Work has begun to create and train the regional NGO network to engage NGOs in TB control among migrants and to increase the access of migrants with TB/HIV to antiretroviral therapy; dialogue between partners regarding a joint appeal to the RK Parliament Majilis has been initiated.

• Based on the Program’s implementation experiences a “Manual on TB Control among Migrants in the Republic of Kazakhstan” has been prepared and officially approved.

-End-