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KAZAKHSTAN

CASE STUDY

Supporting Multi-drug Resistant TB Patients

USAID improves management and social support to MDR-TB patients, to help lower TB rates



Photo: Ms. Ainagul Asyibekova

Oryngaishy Sadykova, above, is a MDR-TB patient and has benefitted from psycho-social services. After stopping her treatment once, she started psycho-social support and is now back on her treatment and without interruption.

“I’m very grateful to the nurse and psychologist for supporting me and motivating me. They’ve listened to me and helped me solve my problems. The food parcels I’ve received from the psycho-social group have helped to keep my family [daughter and grandson] alive.”

—Oryngaishy Sadykova, patient

CHALLENGE Tuberculosis (TB) disproportionately affects the poor. TB programs need to ensure that economically, socially and psychologically disadvantaged groups do not face barriers that keep them from seeking or completing treatment. Additionally, there is considerable social stigma around TB and both past and current patients generally don’t want to be identified or share their experiences.

INITIATIVE Since January 2009, USAID has sought to improve the management and social support of multi-drug resistant tuberculosis (MDR-TB) cases in East Kazakhstan. USAID is supporting a project that started a working group on psycho-social support for TB patients. The working group supervises and coordinates activities related to psycho-social support for TB patients in the region.

RESULTS State funds for social support to TB patients in East Kazakhstan have increased more than three times as government recognizes the importance of this serious public health issue. Together with the region’s health, social and prison system organizations, the project developed a model for psycho-social support to TB patients. Patient support groups include psychologists, TB nurses and social workers who support more than 200 MDR-TB patients complete their treatment successfully. During the project, 85 percent of MDR-TB patients received psychological support and 90 percent received social support. In just one year, TB treatment adherence in the region has gone from 52 percent to 96 percent.

According to anonymous interviews with 190 beneficiaries, 44 MDR-TB respondents interrupted treatment before starting the psycho-social support program. After starting psycho-social support, there was only one MDR-TB patient who interrupted treatment because of alcoholism. The psycho-social support was so effective that local governments have decided to include psychologists and social workers as a core element for TB services. Based on this success, the head of the regional government is planning to appoint coordinators to be responsible for social support for TB patients at regional and district levels.

Oryngaishy Sadykova, an MDR-TB patient, interrupted her treatment because she didn’t have housing and enough money for food or transportation. Since October 2010, after joining a patient support program, she has been on her treatment course without interruption. The patient support group has made it possible for her to complete her treatment at home by providing support and by organizing her treatment at her home. The psycho-social support program encouraged some patients to be involved in patient support work as well. Two local NGOs are in the process of registering so that patients can be organized to support other patients. These are the first NGOs for TB patients in Central Asia. Everyone involved hopes they can share the success of this program and help to lower the incidence of TB and MDR-TB.