



**Médecins  
Sans Frontières  
in Eastern  
Europe  
and Central  
Asia**

**2020**

**Médecins Sans Frontières/Doctors Without Borders (MSF)** is an international medical humanitarian organisation. MSF provides medical assistance to people affected by conflict, epidemics, disasters, or exclusion from healthcare.

MSF provides assistance regardless of race, religion, creed or political convictions, and is guided by medical ethics and the principles of impartiality, neutrality and independence. Almost 95% of MSF's funding comes from private donations worldwide.

MSF was founded in 1971 in Paris by a group of journalists and doctors.

In 1999 MSF was awarded the Nobel Peace prize.

Today, MSF is a worldwide movement of more than 67,000 people, including health professionals, logistic and administrative staff. MSF currently works in more than 70 countries around the world.

**MSF in Eastern Europe and Central Asia**

MSF launched its first response in what was then the Soviet Union in 1988, following the earthquake in Armenia. In the years since MSF has run various programmes in Armenia, Belarus, Georgia, Kyrgyzstan, Moldova, the Russian Federation, Turkmenistan, Uzbekistan, Ukraine, Tajikistan and Kazakhstan.

Today in Eastern Europe and Central Asia MSF currently supports tuberculosis (TB) treatment programmes in Belarus, Kyrgyzstan, the Russian Federation, Tajikistan, Ukraine and Uzbekistan. MSF has been involved in TB care for 30 years, often working alongside national health authorities to treat patients in a wide variety of settings, including chronic conflict zones, urban slums, prisons, refugee camps and rural areas.

Now, MSF is one of the largest non-governmental providers of TB treatment worldwide. In 2018, 16,500 people were started on first-line treatment in MSF programmes worldwide, with 2,840 patients on drug-resistant treatment in MSF programmes.

MSF's other work in the Eastern Europe and Central Asia region centres around HIV and hepatitis C care.

After more than 30 years of collaboration, MSF closed its projects in Armenia in 2019.

**The end of an era for MSF in Armenia**

MSF first launched medical activities in Armenia in 1988, providing medical care following the Spitak earthquake. This was followed later by other projects, including the provision of medical equipment and support during the Nagorno-Karabagh war (1992–1997), a TB project in Nagorno-Karabakh (1997–2002), and a project for children living in difficult conditions in a special education complex in Yerevan (1997–2004).

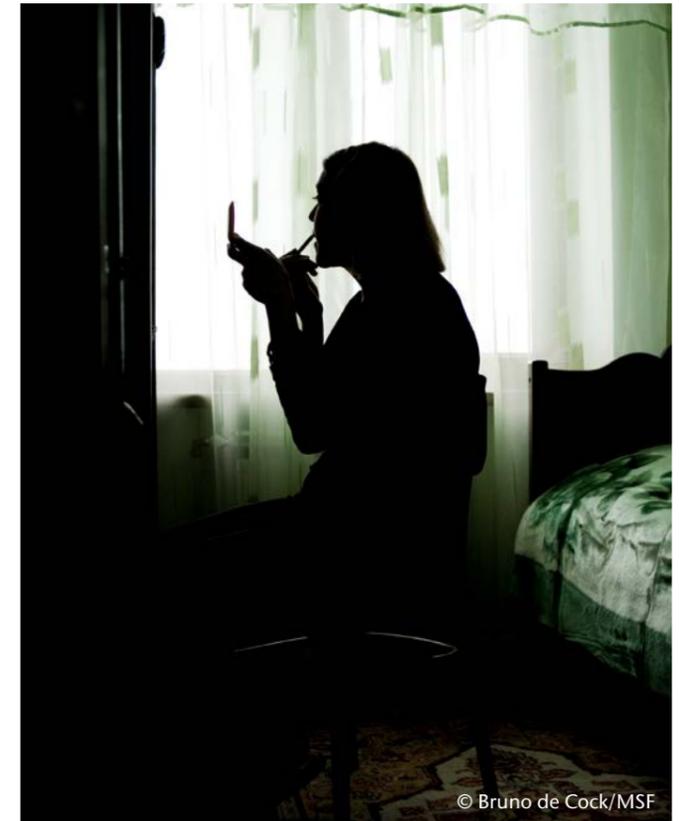
In 2005, MSF started supporting the National Tuberculosis Program to provide treatment for drug-resistant TB (DR-TB) in Yerevan. Over the years, this included setting up the National Referral Laboratory and expanding access to DR-TB treatment country-wide.

From April 2013, Armenia was the first country supported by MSF to introduce bedaquiline using the compassionate use mechanism, enabling patients with no other treatment options to have special access to the drug. From 2015, Armenia was one of the first countries to use delamanid, another TB drug which promised to be less toxic and more effective.

Working alongside the National Control Centre for Tuberculosis (NTCC), the MSF-supported project in Armenia was able to implement many innovative advances, including systematic testing for chronic active hepatitis amongst multidrug-resistant TB (MDR-TB) patients and treatment with direct acting antivirals.

Operational research had always been an integral part of the MSF programme, demonstrated in part by its participation in the endTB observational study in 2016–2017. This was a multicentre study of the effectiveness and safety of regimens containing bedaquiline and delamanid for MDR-TB.

A total of 1,735 DR-TB patients were enrolled in the MSF-supported TB programme between 2015 and 2019.



A DR-TB patient in the central TB clinic in the Armenian capital, Yerevan, 2010. © Bruno de Cock/MSF

-  **1,518** patients were given conventional DR-TB treatment.
-  **155** patients were given newer DR-TB drugs – of which **107** patients were participants of the endTB observational study.
-  **62** patients participated in the bedaquiline compassionate use programme.

MSF handed over activities to the NTCC once the endTB study was complete in 2019. Today the NTCC has introduced all-oral longer regimens for MDR-TB and is planning to introduce all-oral shorter regimens under operational conditions.



MSF began working in Belarus in 2015, and is focused on improving patients' adherence to the treatment of MDR-TB, as well as research into new TB treatments.

MSF is supporting the Ministry of Health in four TB facilities: the Republican Scientific and Practical Centre of Pulmonology and Tuberculosis (RSPC PT); 1st and 2nd City TB Dispensaries in Minsk; and the City TB Hospital in Volkovichi, Minsk region. The MSF team also regularly visits patients in a TB colony in Orsha to support the treatment of inmates with DR-TB and co-infections. As of the end of 2019, 70 patients with hepatitis C received treatment with direct-acting antiviral drugs.

**Treating vulnerable groups**

MSF uses and promotes a multidisciplinary person-centered approach and teams provide counselling and psychosocial support in order to help patients adhere to their treatment.

As alcohol use is one of the main risk factors for poor adherence, MSF has implemented a harm reduction programme for TB patients with alcohol dependence and is conducting a study to demonstrate its feasibility and effectiveness.

**Research into new TB treatments**

The RSPC PT in Minsk is one of the five sites of the MSF-sponsored TB PRACTECAL clinical trial, conducted in partnership with the London School of Hygiene and Tropical Medicine, other global leaders in medical research, as well as the Ministries of Health of Belarus, South Africa and Uzbekistan. TB PRACTECAL seeks to find injection-free, short, tolerable, and effective treatments for people with DR-TB.

Minsk is also one of the 17 sites of the endTB observational study which aims to generate evidence on the safety and efficacy of bedaquiline and delamanid. Recruitment of patients into the study is complete and patient follow-up is ongoing.



An MSF doctor and counsellor visit Leonid, a patient with XDR-TB, in the intensive care unit, 2018. Leonid had to be moved to an isolated room under close monitoring due to persistent nightmares and suicidal thoughts.



Patients play backgammon in a corridor at the TB hospital in Abastumani, a spa town in the country's mountainous Meskheti region, 2016.

After almost three decades MSF will close its projects in Georgia in 2020.

MSF began working in Georgia in 1993, providing healthcare to people affected by internal displacement and conflict. MSF's activities included surgery, vaccination, and the distribution of drugs to health facilities.

From 1994 to 1997, and then in the 2000s, MSF provided assistance to Chechen refugees in Pankisi Valley, through medical and surgical programmes as well as drug distributions.

Also in the 2000s, MSF launched projects providing primary healthcare for vulnerable people including the elderly, and provided treatment for visceral leishmaniasis

**Decades of TB care**

MSF supported local TB activities in Abkhazia and South Ossetia regions between 1993 and 1994, and DR-TB care in Abkhazia between 2001 and 2014 and in Samegrelo region between 2006 and 2010.

In 2014, MSF supported the use of bedaquiline in Georgia through the compassionate use mechanism, and in 2015, Georgia became one of 17 participating countries in the endTB observational study of treatment regimens using bedaquiline and delamanid for MDR-TB. There were 297 patients enrolled in this study.

In February 2017, the first patient was enrolled in the endTB clinical trial – a randomised trial to find a shorter, more effective and less toxic treatment for MDR-TB.

Today, Georgia is one of only four of the 30 MDR-TB high-burden countries to have implemented all-oral MDR-TB regimens for more than 95 per cent of MDR-TB patients. When the last patients in the endTB trial complete their follow-up in 2020, MSF's TB activities in Georgia will be completed.

MSF has been working in Kyrgyzstan since 1996, with the current project established in 2006.

### Treating TB patients in prison

Between March 2006 and April 2014, MSF provided TB diagnosis and support to more than 3,000 prisoners in the penitentiary system with drug-sensitive and MDR-TB.

### Supporting TB innovations in Kara-Suu

MSF's project in Kara-Suu, Osh region, started in 2012. Using an outpatient model to care for those with DR-TB, the project allowed patients to follow treatment at home and reduced the time spent in hospital. MSF supported the case detection, contact tracing, diagnosis of TB, treatment of DR-TB and care of DR-TB patients and their families in the Kara-Suu region over a seven-year period. This included the provision of medications, diagnostics, medical equipment, construction/rehabilitation of health facilities, social support and capacity-building of local medical staff.



Kara-Suu rayon was **the first** to use GeneXpert in the south of Kyrgyzstan when it was introduced by MSF.



In total, more than **11,000** patients with suspected TB were tested with GeneXpert within MSF's project.



With the help of GeneXpert, **1,787** cases of TB were detected, and **705** patients with DR-TB were given treatment and received comprehensive social and psychological assistance.

The project participated in Output 1 of EndTB's study of a new treatment regimen using bedaquiline or delamanid for MDR-TB and extremely drug-resistant TB (XDR-TB) patients between April 2017 and the end of September 2018.

MSF also conducted a successful pilot of video-observed treatment (VOT) and the decentralisation of sputum collection from TB Cabinets to FAPs and FGPs. This project closed in December 2019.



An MSF doctor consults with a new mother in Aidarken project, 2018.

### Reducing exposure to heavy metal pollutants

In December 2016, MSF launched a project in Aidarken city, Kadamjay rayon, to address the high incidence of non-communicable diseases (NCDs), potentially caused by environmental pollution. MSF works in collaboration with the Ministry of Health to treat patients with NCDs, as well as providing maternal and child primary healthcare. MSF provides free medicines, support to Aidarken hospital laboratory, trainings for medical staff and carries out health promotion activities.

### Looking forwards

In August 2019, the Ministry of Health's Sanitary Epidemiological Department conducted an Environmental Risk Assessment in parts of the Kadamjay Rayon Batken region with the support of MSF and technical experts from Terra Graphics International Foundation (TIFO). This assessment will inform further health interventions to identify and cut human exposure to heavy metal pollutants.

A cervical cancer screening and pre-lesion treatment pilot project started at the end of 2019.

MSF has been working in the Russian Federation since the early 1990s. Over the years, MSF has run programmes in Moscow, Saint Petersburg, Kemerovo region, Chechnya, Ingushetia and Dagestan.

Relating to TB, MSF is currently supporting DR-TB patients in Arkhandelsk and MSF has previously worked with the Ministry of Health to respond to TB in the Chechen Republic

### Treating DR-TB in Arkhangelsk

In 2019, MSF started providing drugs and technical advice to support the treatment of patients with the most severe forms of TB in Arkhangelsk. The first patients started treatment in January following the latest WHO recommendations on DR-TB treatment. As of the end of 2019, MSF was supporting the treatment of 18 patients.

MSF collaborates with Arkhangelsk Regional Ministry of Health, Northern State Medical University and Arkhangelsk Clinical TB Dispensary to build on existing expertise and support with the implementation of state-of-the-art treatment of DR-TB. The aim of the collaboration is to improve treatment outcomes and reduce morbidity and mortality in the region.



Arkhangelsk Clinical Tuberculosis Dispensary in Arkhangelsk, Russia, 2020.

### Looking back: TB support in the Chechen Republic

In 2004, MSF started a joint TB programme with the Ministry of Health of the Chechen Republic. The programme started with support to TB facilities and the decentralisation of TB treatment, later expanding to diagnosis and treatment of DR-TB. By the end of 2013, the programme had further specialised in implementing new TB drugs and tools. Between 2004 and 2018, over 5,000 patients received treatment, including 371 patients with various drug-resistant forms of TB. The programme closed in 2018 having successfully reached its targets.



MSF and Ministry of Health staff work together at the joint TB diagnosis and treatment programme in the Chechen Republic, 2017.

MSF first started working in Tajikistan in 1997, and today works with the Ministry of Health to improve access to TB care for children and their families.

### Detecting and treating paediatric TB

MSF has collaborated with the Ministry of Health in detecting and treating paediatric TB in Dushanbe since 2011. Children are particularly vulnerable to TB, and paediatric forms of the disease are especially challenging to diagnose and treat, so MSF is implementing international best practices and innovations to provide the best possible chance of a cure.

MSF is working with the Republican Centre for Protection of Population from Tuberculosis' National TB Programme (NTP) Consilium, the over-arching clinical decision-making body, to support the Ministry of Health in reviewing, monitoring and introducing a raft of measures to improve patients' experiences. These measures include active case finding, sputum induction, child-friendly drug formulations, new drugs and shorter regimens, enhanced infection control and holistic, person-centred models of care. One such example is a pilot programme for Family-Directly Observed Treatment (F-DOT), which allows children to receive daily care at home.

These advancements have generated significant momentum and are beginning to show beneficial outcomes for patients. As the programme gathers practice-based evidence, it contributes to the body of knowledge on paediatric MDR-TB across the region and globally.

In 2019, the project enrolled a four-year-old boy on a treatment regimen that included bedaquiline, making him the youngest ever child to receive the drug. The data collected from such cases can contribute to the evidence base that may increase the drug accessibility to those who need it the most.



MSF and MoH teams support families learning how to record and administer Family-Directly Observed Treatment (F-DOT) drug intake, 2018.

### TB treatment in the future

Together with the Ministry of Health, MSF is planning to launch a pilot programme to diagnose and treat latent TB amongst drug-sensitive TB household contacts in Dushanbe. MSF's work in Tajikistan also includes implementing TB LAM testing to identify TB in HIV patients, and a TB diagnostic pilot study using stool samples. The pilot study, launched in collaboration with the Ministry of Health in 2019, is assessing whether the enhanced sensitivity and specificity of newer GeneXpert cartridges may be able to diagnose DR-TB from stool samples. This would represent the least intrusive method for detecting TB in paediatric patients.

### Paediatric and family HIV care

In addition to the TB activities in Dushanbe, MSF has also been running a paediatric and family HIV programme in Kulob city and the surrounding Kulob district. The Kulob project aims to reduce the morbidity and mortality among children and their families living with HIV. MSF supports active case finding, diagnosis and treatment activities, as well as prevention and infection control measures at regional health facilities. MSF also provides support to families affected by HIV, including nutritional support when necessary and psychosocial care. MSF is now in the process of handing over these activities to the Ministry of Health and will close this project in spring 2020.

MSF first started working in Ukraine in 1999 and today, MSF's work in the country centres around infectious diseases such as TB, HIV and hepatitis C.

### Treating DR-TB patients in Zhytomyr

MSF's project in Zhytomyr uses a patient-centred approach at both hospital and ambulatory levels in partnership with the Ministry of Health and the National TB Institute. As of December 2019, a total of 268 DR-TB patients had been started on treatment. Of these, 61 are on the WHO recommended standardised shorter regimen and 71 are on individual treatment regimens with the newer TB drugs, bedaquiline and delamanid.

The remaining 136 patients have been enrolled into an operational research programme using an all-oral short-course regimen to treat DR-TB. The results will be used to illustrate the effectiveness of combining this innovative treatment with strengthened support for treatment adherence including the provision of psychosocial care and facilitation of treatment of comorbidities. The interim analysis of 25 patients who have reached six months of treatment is promising: 100 per cent of patients whose culture initially tested positive (20 patients) had their culture converted to negative by the six-month mark.

MSF is also constructing a state-of-the-art Biosafety Level 3 laboratory within the hospital. This new laboratory will be the first in Zhytomyr region able to test quickly for various types of TB drug resistance using Line Probe Assay (LPA) rapid diagnostics.

### Treating hepatitis C in southern Ukraine

In Mykolaiv region, MSF is treating patients with hepatitis C in partnership with the Ministry of Health, using the effective direct acting antivirals sofosbuvir and daclatasvir, which can cure a person in as little as 12 weeks.



The laboratory of the Mykolaiv Regional Center of Palliative Care and Integrated Services, 2018.

As of the start of December 2019, a cohort of 889 patients have completed hepatitis C treatment. Of those who have completed treatment and have been tested for treatment success, 97.4 per cent have been declared cured.

MSF has signed an additional agreement with the Mykolaiv Regional Centre of Palliative Care and Integrated Services (MRCPCIS) and the Regional Ministry of Health to treat a total of 1,250 patients infected with hepatitis amongst high-risk groups including people living with HIV, people who inject drugs, ex-prisoners, men who have sex with men, commercial sex workers, partners of patients with hepatitis C, and healthcare workers. In 2019, MSF also began treating 40 healthcare workers infected with hepatitis C in Mykolaiv region.

MSF, in collaboration with the Ministry of Health, has implemented a simplified model of diagnosis and care for hepatitis in MRCPCIS. This model is more patient-friendly and requires less resources from healthcare providers. The project uses generic drugs which are cheap and have proven to be highly effective.

### MSF activities in eastern Ukraine

In December 2019, MSF concluded the transfer of its patients in Donetsk region to the Ministry of Health. Between 2015 and 2019, MSF operated 28 mobile clinics and provided more than 7,000 patients with medical care and mental health consultations. 90 per cent of patients were above the age of 50 and needed care for non-communicable chronic diseases, namely diabetes and hypertension.

In 2020, MSF is launching a project in collaboration with the Ministry of Health to ensure remote isolated communities along the contact line have access to primary healthcare and psychosocial support.

MSF also plans to open an advanced HIV project in Sievierodonetsk, Luhansk oblast. This follows an assessment which highlighted that the majority of patients who were newly diagnosed with HIV were already in the late stages of the disease. MSF hopes to reduce the shortcomings in diagnosis, late detection, and the management of opportunistic infections, thus reducing the high mortality rates observed.

MSF opened its first project in Uzbekistan in 1998, and together with the Ministry of Health is working hard to contribute to the global fight against TB through a person-centred approach and investment in research and development.

### **Comprehensive and innovative DR-TB care**

Currently, MSF works in close collaboration with the Ministry of Health, at both national and regional levels, to implement more person-centred models of care for MDR-TB and XDR-TB. At the end of December 2019 2,128 patients had started receiving treatment as part of the comprehensive care programme. Of these, 655 patients were taking treatment for DR-TB and 1,473 for drug-sensitive TB.



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*An MDR-TB patient on a two-year treatment regimen takes her daily medication at the Health Unit's DOT corner in Karakalpakstan, 2017.*

As part of MSF's commitment to introduce best practice guidance for TB care in Uzbekistan, MSF is supporting the Ministry of Health to implement the 2019 WHO guidelines to all 16 rayons in the republic. In addition, MSF is looking into innovative approaches to care, including the implementation of VOT and the inclusion of TB survivors (former TB patients) into MSF's community engagement and anti-stigma activities.

### **Researching improved treatment regimens**

MSF has introduced the use of new and repurposed drugs under operational research conditions and launched two sites for the TB PRACTECAL clinical trial which investigates shorter, less toxic regimens for DR-TB. The site in Karakalpakstan enrolled its first patient in January 2017 and the Tashkent site enrolled its first patient in January 2019. The MSF Biosafety Level 3 Laboratory that services the clinical trial also provides diagnostic support throughout the region to test for drug resistance.

### **Integrated HIV care**

MSF runs an HIV project in Tashkent in cooperation with Republican AIDS Center. MSF has worked closely with Ministry of Health counterparts to establish a "one-stop-shop" approach, which integrates the services for testing and treating HIV patients with services for coinfections like TB, hepatitis C, sexually transmitted infections and other opportunistic infections, under one roof.

In early 2018, MSF expanded testing and treatment services throughout the greater Tashkent area for key populations such as people who inject drugs and sex workers. MSF is currently moving forward with plans to implement TB LAM testing to improve identification of TB coinfection amongst HIV patients.



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*An MDR-TB patient shows her daily dosage of TB drugs, Karakalpakstan, 2017.*

Front cover photo by Oksana Parafeniuk:  
A Ministry of Health nurse distributing pills to the patients in the MDR-TB ward of the Zhytomyr Regional TB Dispensary in Zhytomyr, Ukraine, 2018.

Back cover photo by Cornelia Tobler/MSF:  
A consultation at a mobile clinic in Vodiane, Donetsk region, Ukraine, for communities affected by conflict, 2019.



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