

The Dual Burden of TB and Diabetes in Kyrgyzstan

Dr Jolene Skordis-Worrall

Dr David Beran

In collaboration with: Dr Colin Provost, Aida Abdramova, Baktygul Akkazieva

UCL Institute for Global Health

University of Geneva

Background

- Incidence of TB and Diabetes **co-infection is rising**
- Little work has been done to understand the **implications for health systems** and patients
- Kyrgyzstan is one of the 18 priority countries in the WHO EURO region for TB control.
- Highly centralised, vertical TB control in Kyrgyzstan may hinder their ability to respond to a dual epidemic

Aims and Objectives

- Describe the current systems for TB and Diabetes care, from the patient and provider perspectives
- Explore how those **health systems might be better organised** to improve treatment outcomes
- Understand the environment in which health policy is decided, to facilitate transfer of evidence into policy.

Cross disciplinary approach to study design and analysis, using perspectives from Health Systems/ Management, Economics, Politics and Biomedicine.



Activities

Mixed methods approach for data collection, collecting qualitative health systems data and quantitative patient data:

- Semi-structured interviews with healthcare workers involved in diabetes and TB care, to understand how providers view effectiveness of care and identify areas for improvement
- Patient exit interviews collected socio-economic and disease data for people with diabetes, TB and both diabetes and TB.

Data collection was completed in early 2011. Analysis is complete.



Conclusions

- Co-infected patients experience greater barriers to care/less care (for both TB and Diabetes)
- Care for both diseases is provided through highly vertical systems
- Few providers understand how co-infected patients should be treated
- There appears to be a significant lack of awareness of TB at lower levels of care
- Most TB education is provided by donors and linked to HIV in that communication (while HIV is not a complicating factor in this setting)
- Care guidelines have been developed but implementation is hindered by a lack of understanding of the other disease
- Concern that treatment of co-infected patients seen as 'fighting yourself' as the two treatment regimens are not considered compatible.

Outputs and impacts

This research is the first of its kind in this area and thus sets an important precedent:

- Early findings have been shared with national policy makers
- Early findings have been shared with the World Health Organisation

