CDC'S Global Health Activities in

THE NEW INDEPENDENT STATES

Along with the Soviet Union's collapse in 1991 came the disintegration of many aspects of the country's centralized and effective public health system, with dire consequences. Infectious disease rates soared as vaccination levels decreased and practices became far less uniform; sporadic health care, coupled with extreme socioeconomic changes, created fertile ground for multidrug-resistant strains of TB. Chronic diseases – already fueled by high rates of smoking, alcohol consumption, and poor diets – escalated.

By 1994, these trends had quickly converged to decrease life expectancy of Russian men to a nadir of 57.6 years– a reversal unheard of in industrialized nations until then. Since that low point, however, there have been some signs of progress, although profound challenges remain. The life expectancy at birth of Russian men is now 66.9 years – an improvement, but still relatively low compared to industrialized countries.

In Russia and the 14 other nations that make up the New Independent States (NIS), CDC is actively involved in projects that seek to rebuild a comprehensive public health infrastructure, exchange useful new knowledge, and target specific disease burdens posed by vaccine-preventable diseases, multidrug-resistant TB, a burgeoning HIV/AIDS epidemic, heart disease, and environmental health hazards. Although CDC has worked on health projects throughout the region for over 30 years, the anchor for CDC's activities since 1994 has been the U.S.-Russia Health Committee , part of the U.S.-Russia Joint Commission on Economic and Technological Cooperation.

Examples of these activities are provided below, grouped in CDC's five global health strategy areas.

Public Health Surveillance and Response

Staff from CDC's National Center for Health Statistics (NCHS) have collaborated with Russia's Ministry of Health on data analysis, comparisons of U.S. and Russian health data, and reports on health status in Russia. To create these analyses, NCHS staff have provided technical assistance on revising Russian birth and death certificate forms and have developed a computer-based training course on coding morbidity and mortality data according to international clarification standards.

In 1996, Russian Ministry of Health staff sought help from CDC in developing a behavioral risk factor surveillance system, since there was no existing system for collecting behavioral risk factor data at the regional or national levels. In 2000, years of collaborative efforts led to the first tests of a full-fledged Behavioral Risk Factor Surveillance System (BRFSS) in Russia. A parallel effort to implement Youth Risk Behavior Surveys (YRBS) in Russia began even earlier and is still ongoing, along with surveillance efforts targeting particular risk factors for chronic disease and their consequences.

Public Health Infrastructure and Capacity-Building

Strong surveillance and laboratory systems are key to tracking both old and new health threats in the NIS. Several CDC projects support rebuilding or expanding these important aspects of the public health infrastructure. For example, staff from the National Center for Infectious Diseases (NCID) provided diagnostic test training to staff from Russia's Central Institute for Skin and Venereal Diseases in Moscow. The Center's

laboratory will serve as a model for other laboratories throughout the Russian Federation so that they can assist health officials in determining the prevalence of STDs – such as gonorrhea, chlamydia, and syphilis – among various populations.

In Kyrgyzstan, Azerbaijan, Moldova, and Georgia, staff from CDC's National Immunization Program (NIP) provided technical assistance on polio eradication activities, particularly the strengthening of disease surveillance systems throughout the region. In addition, NIP staff helped colleagues in Kyrgystan strengthen the infrastructure and capacity required to provide measles vaccine and, ultimately, to contribute to the elimination of that disease from the NIS.

Disease and Injury Prevention and Control

In the early 1990s, after the dissolution of the Soviet Union, a combination of drug shortages and poor access to treatment created ideal conditions for multi-drug resistant (MDR) TB. Latvia, one of the new independent states, experienced one of the highest rates of drug resistance in the world – a situation that persists today. In 1999, 10 percent of the country's new TB patients were diagnosed with MDR strains (compared to 1.6 percent of new patients in the United States and fewer than 1 percent of patients in African countries). To help address this problem in Latvia and other new republics, CDC's National Center for HIV, STD and TB Prevention (NCHSTP) and USAID joined forced with Latvian health agencies, the World Bank, and several Nordic countries to establish a center of excellence for the diagnosis and management of MDR TB in Latvia. The Center emphasized building the expertise of Latvian physicians by strengthening their clinical practice and management, developing and implementing infection control guidelines, and organizing MDR TB training for physicians from Estonia, Lithuania, and other NIS.

Applied Research for Effective Health Policies

In many of the countries that comprise the NIS, residents find themselves living in close proximity to potentially dangerous contaminants – such as the Kazakhstan populations living near a former Soviet nuclear test site. Scientists from the Agency for Toxic Substances and Disease Registry (ATSDR) collaborated with a group of researchers from Kazakhstan who designed a research study on the health effects of environmental contaminants on children living near nuclear test sites.

Exchange of Information and Lessons Learned

Physicians from CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) and the Office of the CDC Director participate in the Eurasian Medical Education Program – a partnership among the American College of Physicians, the American Society of Internal Medicine, and the Institute for Health Policy Analysis. Through voluntary contributions from practicing U.S. physicians, the partnership aims to supplement the continuing medical education of health professionals in the Russian Federation. This effort involves demonstrating American diagnosis, treatment, and prevention methods for hypertension, diabetes, and TB. The American physicians offer train-the-trainer workshops for Russian counterparts, as well as specific seminars, workshops, and clinical rounds.