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## **LEGAL ISSUES OF STRUGGLE AGAINST TUBERCULOSIS IN KAZAKHSTAN**

The paper discloses the problematic aspects of legal regulation of tuberculosis control in the Republic of Kazakhstan and foreign countries. Despite the inception of modern treatments and public health interventions, tuberculosis (TB) remains a significant public health threat in Kazakhstan and abroad in the twenty-first century. The challenge of controlling TB in its traditional and new multidrug-resistant forms requires public health agencies at the high levels to develop and apply new tools. Among these tools is the use of law to support efforts to effectively monitor cases of tuberculosis. The purpose of this article is not to consider all socially significant diseases, but a detailed analysis of the legal regulation of the control of tuberculosis patients in the Republic of Kazakhstan based on international experience. The authors detailed the legal and regulatory framework for the prevention, diagnosis and control of infection with the bacterium *Mycobacterium tuberculosis*. Also measures of compulsory treatment of patients with tuberculosis, their rights and duties are described. For the disclosure of the topic, the methods of historical research and the system method were used in the article. The article is intended for a wide range of readers interested in medicine, jurisprudence and international attitudes.

**Key words:** The Republic of Kazakhstan, Tuberculosis, prevention, treatment, control.

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### **Қазақстандағы туберкулезге қарсы күрестің құқықтық мәселелері**

Мақалада Қазақстан Республикасындағы және шетелдегі туберкулезбен күрестің нормативті-құқықтық аспектілері қарастырылған. Заманауи емдеу тәсілдері мен қоғамдық денсаулық сақтауда жаңа іс-шаралардың жүзеге асырылып жатқанына қарамастан, туберкулез ХХІ ғасырда Қазақстан мен шетелдік денсаулық сақтау саласында қауіп төндіретін ауру түрлері қатарына кіреді. Дәстүрлі және жаңа нысандағы көптеген және ауқымды дәрілерге көнбейтін туберкулезбен күрес қоғамдық денсаулық сақтау орындарынан жоғарғы деңгейдегі күресу механизмдерін енгізуді қажет етеді. Осындай механизмдер қатарына туберкулезді анықтау мен қадағалауда және аталған ауру түрімен күресуде заңнаманы оңтайлы пайдалану кіреді. Аталған мақаланың мақсаты барлық әлеуметтік-маңызды аурулары қарастыру емес, дүниежүзілік тәжірибеге сүйене отырып, Қазақстан Республикасындағы туберкулезбен ауыратын азаматтардың құқықтық реттелуі мен қадағалануын қарастыру. Авторлар *Mycobacterium tuberculosis* бактериясын жұқтырған азаматтарды анықтау, емдеу және мәжбүрлі емдеуге бағытталған НҚА егжей-тегжейлі баяндайды. Тақырыптың мәнін ашу үшін мақалада тарихи зерттеу және жүйелі зерттеу тәсілі қолданылады. Мақала медицина, заң және халықаралық құқыққа қызығушылық танытатын оқырмандарға арналады.

**Түйін сөздер:** Қазақстан Республикасы, туберкулез, алдын алу, емдеу, қадағалау.

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### Правовые вопросы борьбы с туберкулеза в Казахстане

В статье раскрываются нормативно-правовые аспекты регулирования борьбы с туберкулезом в Республике Казахстан и зарубежных странах. Несмотря на использование современных методов лечения и проведение мероприятий общественного здравоохранения, туберкулез (ТБ) по-прежнему представляет значительную угрозу для общественного здравоохранения в Казахстане и за рубежом в XXI веке. Задача борьбы с туберкулезом в его традиционных и новых формах с множественной лекарственной устойчивостью требует, чтобы учреждения общественного здравоохранения на высоких уровнях разрабатывали и применяли новые инструменты, такие как использование закона в поддержку усилий по эффективному контролю за случаями туберкулеза. Целью данной статьи является не рассмотрение всех социально значимых заболеваний, а подробный анализ правового регулирования и контроля больных туберкулезом в Республике Казахстан, исходя из международного опыта. Авторы подробно изложили НПА по предотвращению, диагностике и контролю лиц, зараженных с инфекцией *bacterium Mycobacterium tuberculosis*. Также расписаны меры принудительного лечения больных туберкулезом, их права и обязанности. Для раскрытия темы в статье были использованы методы исторического исследования и системный метод. Статья предназначена для широкого круга читателей, интересующихся медициной, юриспруденцией и международными отношениями.

**Ключевые слова:** Республика Казахстан, туберкулез, предотвращение, лечение, контроль.

### Introduction

Socially significant diseases are among the most urgent problems of modern health and the main threats to public health. To carry out effective prevention of these diseases, it is necessary to involve not only medical workers, but also the public, authorities, education, culture, etc. Socially significant diseases cause enormous damage to society caused by temporary and persistent disability, huge costs of prevention, treatment and rehabilitation, premature mortality. And what are socially significant diseases? Socially significant diseases (in the Soviet literature the term «social diseases» was used) are diseases that originate and (or) spread to a great extent depends on socioeconomic conditions, which cause damage to society and require social protection of a person. The main feature and at the same time the key problem of socially significant diseases is the ability to widely spread (mass). In the modern time the list of socially significant diseases is approved by the Government of the Republic of Kazakhstan, based on the high level of primary disability and mortality of the population, reducing the life expectancy of the sick.

So, according to the Order of the Minister of Health and Social Development of the Republic of Kazakhstan (Приказ Министра здравоохранения и социального развития Республики Казахстан) socially significant diseases include: tuberculosis,

disease caused by the human immunodeficiency virus, chronic viral hepatitis and cirrhosis, Malignant neoplasms, diabetes mellitus, mental disorders and behavior disorders, cerebral palsy, acute myocardial infarction (first 6 months), rheumatic fever, systemic involvement of connective tissue, degenerative diseases of the nervous system, demyelinating lesions or central nervous system, orphan disease which specific determined by the Minister of Health and Social Development of the Republic of Kazakhstan. So, patients with socially significant diseases affect not only the health of a particular patient, but also presents a danger to the environment, influences the reduction of socio-economic indicators in the state as a whole. Considering the dangerous citizens suffering from socially significant diseases and posing a danger to others, medical and social assistance, and dispensary observation are provided free of charge and on preferential terms.

The purpose of this article is not to consider all socially significant diseases, but a detailed analysis of the legal regulation of the control of tuberculosis patients in the Republic of Kazakhstan based on international experience. Because, tuberculosis (TB) is one of the top 10 causes of death worldwide. In 2016, 10.4 million people fell ill with TB, and 1.7 million died from the disease (including 0.4 million among people with HIV) (Tuberculosis). In 2017, in the Republic of Kazakhstan, 52.2 per 100 thousand of the population are sick with tuberculosis, and the

death rate is 3.0 per 100 thousand of the population (Заболееваемость туберкулезом в Казахстане).

And what is tuberculosis? TB is an airborne, communicable disease caused by infection with the bacterium *Mycobacterium tuberculosis*. Infection occurs typically when a person inhales microscopic droplet nuclei containing viable bacteria, usually acquired as a result of droplet nuclei spread through coughing or sneezing by persons who have infectious TB (Tuberculosis Control Laws and Policies). An undiagnosed, untreated person with active pulmonary TB disease can infect an estimated 10-14 people in a year (Kaye, 1996) It is commonly believed that the historic threat of TB has diminished because of effective public health interventions and the availability of antibiotic treatments. However, TB remains a major global health problem. Approximately 2 billion people globally are infected with *M. tuberculosis*, and about 9 million people develop TB disease each year (The Global Fund to Fight AIDS, Tuberculosis, and Malaria). Many of these persons live in developing countries or low-income regions of the world where public health interventions and access to effective treatment are limited.

### Methods

This section outlines the approach used for this legal environment assessment. The research process started with the statistical data of TB and legal definition of this disease. Historical methods of research also used in this article to demonstrate beginning of the work to identification, treatment of TB patients and to control of this sphere in the territory of the Kazakhstan. Historical methods as usual promote to understand process of formulation of legal regulation of control of TB by the State.

The article also uses a systematic method that involves considering legal phenomena as a whole set of interrelated elements, each of which is part of a higher order system. More often than not, the term «system» is used to determine the structure of an object, as well as to establish the functional interaction between the elements entering into this structure and the goals of the system as a whole (Швакин). Using the system method, it is possible to determine the principles of functioning and trends in the development of legal regulation of this sphere, and also to establish the process of development of control in the Republic of Kazakhstan. Also, the system approach allows to understand the object of research not only from a legal point of view, but also to uncover the whole process of providing a guaranteed volume of free medical care for tuberculosis pa-

tients. In addition, systematic approach to the study of medical and legal issues can contribute to find out not only the internal process of this problem, and also to understand individual moments of interaction between the two branches of science.

### History of establishment of tuberculosis facilities in Kazakhstan

The Soviet health system was considered as one of the defining features of Soviet socialism (Hoffmann, 2011). Soon after coming to power in 1917, the Bolsheviks established a highly centralized health care system based on the principles of social medicine. These principles, formulated at the Eighth Congress of the Russian Communist Party, held on March 18-23, 1919, included free and universal medical care, improved nutrition and the treatment of «social and domestic diseases». By social illnesses are meant diseases, the spread of which is due to socio-economic disruption of society. Tuberculosis, venereal diseases, alcoholism, and drug addiction, rheumatism and the trachea, called the transient effect on the dissemination of severe living conditions relate to social diseases (Программа 1983). In expectation of the declaration it was quoted countless times and was considered as an indisputable evidence of the government's concern for the protection of public health.

The fight against tuberculosis in the USSR was a state practice, it had to be solved immediately. In case this happens, the harm of the head of the medical department of the KNKZ Dr. O.A. Dudinova, also there is a table on the «Movement of Infectious Diseases» for the KSSR for 6 months in 1926, where all provincial, county-level cities and parishes are represented, where the second after malaria with 79331 patients, the second place is occupied by tuberculosis and syphilis patients, with the result 20125 and 16367, respectively (Дудинов, 1927).

After the Bolsheviks came to power, in 1918 a special section on tuberculosis control was set up in the People's Commissariat for Healthcare, the growth of the state network on tuberculosis control was started, working according to a single plan. The Soviet government issued a number of decrees and laws on labor protection and recreation of everyday life. In the fight against tuberculosis, the main place belongs to the code of labor laws, the decree on the health minimum, the decree on the social insurance of workers, the laws for the protection of motherhood and infancy, and on public amenities and public catering (Сахаров, 1936).

In prerevolutionary Kazakhstan, the tsarist government had absolutely no fight against tuberculosis among the indigenous population. On the whole vast territory of Kazakhstan there was not a single anti-tuberculosis institution (Зюзин 1938). After the organization of a special section on tuberculosis control, under the leadership of the tuberculosis section of the People's Commissariat of Health of the RSFSR, All-Russian congresses on social diseases were held, and as a result, directives and recommendations were developed for the creation of sections on tuberculosis in all provinces and the People's Commissariats of the Autonomous Republics. Since 1921, an anti-tuberculosis service has been established in Kazakhstan. It was based on the development of dispensary care.

In the autumn of 1921, a decision was taken to hold a separate Congress on the problems of tuberculosis in Petrograd (Ракишева, 2013). In all provincial health centers and uyezd physician posts of the RSFSR, including the KSSR, questionnaires were sent out with a list of questions about the state of medical care for patients with tuberculosis. The questionnaire also contained questions about the special tuberculosis department, institution and sanatorium. The answer to the questionnaire for Aktobe province is indicative: «There are no special inpatient facilities for tuberculosis patients in the province, patients, if necessary, are hospitalized in the therapeutic department of the provincial hospital; there are no specialists in phthisiatricians in the province, in the districts of tuberculosis patients fieldshers provide assistance; in the forest area it is extremely necessary to open summer colonies for children with anemia, which are many due to the famine in the province; there is no reserve for managers and nurses for dispensaries; sanitary and educational work in the province is not carried out, housing and sanitary supervision is carried out only in Aktobe» (Ракишева, 2013).

The first anti-tuberculosis dispensary in Kazakhstan was opened in 1922 in Orenburg. Then they were organized in other cities: in 1924 in Petropavlovsk and Semey, in Kyzylorda, and in 1925 in Shymkent. The dispensary in Oral city with a hospital for 20 beds was opened in the autumn of 1925. Later, dispensaries were opened in Guryev in 1930 and Shchuchinsk in 1931. In Alma-Ata, the dispensary was opened in 1927, where initially there were only 3 offices for outpatient admission of patients, a hospital for 30 beds appeared only in 1933 » (Ракишева, 2013).

Dispensaries were special institutions with a special psychology, a special approach to tuberculo-

sis, where doctors and other personnel needed a certain interest in the fight against tuberculosis and the resulting initiative, initiative and their own methods of work (Швайцар, 1923). The role of dispensaries was to prevent the spread of the disease. Dispensaries not only took responsibility for preventive functions, but also were responsible for diagnostic and treatment procedures. With the diagnostic work, all the further therapeutic and preventive measures were closely related. In the corresponding departments of the dispensary, all the necessary medical procedures, surgical treatment, medical treatment, using the methods of physiotherapeutic methods of treatment were performed. Also, each dispensary was supposed to have a cabinet on dental diseases associated with other departments in a single assessment and the impact of tuberculosis on the process (Швайцар, 1923. p. 22.).

Doctors would refer TB infected patients to the dispensaries, which would provide help, support and examination of the infected individual and his or her family. They also attempted to ascertain how the patient contracted the disease and whether others had contracted the disease because of contact with the patient (Schelde Moller, 1950, p. 74). The dispensaries themselves were little more than a room used linen, towels, disinfectants and spittoons (Schelde Moller, 1950, p. 76).

Until the 1930s, there was no coordination center for tuberculosis control in Kazakhstan, so in 1932 a research tuberculosis institute was established in Kazakhstan, which became the leading center for tuberculosis control in the country and a training school organized on the basis of Alma-Ata tuberculosis dispensary. The work of the institute began with the planning of the structure of the new institution, its branches. Now all the coordinating work was performed by the scientific institute. By 1935 the institute expanded, and several more dispensaries began their work, thereby multiplying the hospital beds (Ракишева, 2013)..

Since the organization and opening of the tuberculosis institute on the territories of Kazakhstan, all this work was carried out by this scientific institute. After 1935 in the country, and throughout in the whole Union, a sharp reduction in hospital beds began, and the closure of dispensaries. By the end of 1937 in the KSSR, in fact, there were only 13 dispensaries in the cities. It was necessary to strengthen the medical service, including the phthisiatric network, while increasing the training of specialists (Ракишева, 2013).

More and more, attempts have been made to capture greater involvement in the campaign for the

creation of workers. «The protection of the health of the working people, the work of the working people themselves» was the broadcast slogans of all the editions of that time, but in fact the highest leadership of Communist Party was responsible for the health of the people. Thus, the creation of centralized public health, contributed to the strengthening of Soviet power in yet another industry, in the medical sector. Therefore, the opening of anti-tuberculosis facilities and centralized Tuberculosis Institute testifies to monitoring the situation in the fight against tuberculosis and, at the same time, on the increase of the disease in the state.

### Legal regulation of tb patients in Kazakhstan

State activity in this sphere of public relations should be built in accordance with the legal norms of the Constitution of Kazakhstan. Since the Constitution has the highest legal force throughout in the whole territory of the Republic of Kazakhstan. In accordance with the p. 1 of Article 15 of the Constitution of the Republic of Kazakhstan, every person has the right to life, and the p. 1 of Article 29 establishes the right of everyone to protection of health, the second paragraph of the same article establishes that citizens of the Republic are entitled to receive a free guaranteed amount of medical assistance established by laws RK (Constitution of the RK). According to the Decree of the Government of the Republic of Kazakhstan «On approval of the list of guaranteed volume of free medical care», the guaranteed amount of free medical care is provided to citizens of the Republic of Kazakhstan and oralmans at the expense of budgetary funds and includes preventive, diagnostic and therapeutic medical services with the greatest proven effectiveness. This resolution says that the prevention, diagnosis and treatment of patients with tuberculosis is carried out at the expense of the state budget. Also the Code On public health and health care system of the Republic of Kazakhstan (The Code of the Republic of Kazakhstan dated on September 18, 2009 No 193-IV.) article 105. p. 1. sets up, that tuberculosis patients shall be subject to mandatory medical care and treatment and shall be provided with the necessary drugs within the guaranteed volume of free medical care. Thus, the implementation of measures to combat tuberculosis in the territory of the Republic of Kazakhstan is based on the fundamental principles of legality enshrined in the legislation, as well as the observance of human and citizen rights.

In the Republic of Kazakhstan, health organizations providing medical care for tuberculosis to adults and children carry out activities

aimed at the prevention, detection, diagnosis, treatment of tuberculosis patients in order to reduce morbidity, prevalence, disability and mortality from tuberculosis.

Medical care for tuberculosis in the Republic of Kazakhstan is carried out on 3 levels:

Medical assistance for tuberculosis at the first level is provided by organizations providing outpatient and outpatient care;

Medical assistance for tuberculosis at the second level is provided by organizations providing inpatient care (TB dispensary in the city of republican importance and the capital, in the regional center);

Medical assistance for tuberculosis at the third level is provided by the Scientific Organization in the field of health (**Приказ Об утверждении Инструкции по организации оказания медицинской помощи по туберкулезу**).

In any democratic country, the provision of anti-tuberculosis care of tuberculosis people is guaranteed by the state and is carried out by citizens with their voluntary treatment or with their consent. However, the law also provides for the compulsory treatment of people with tuberculosis, in order to protect the health, rights and legitimate interests of others. Thereby, the Code On public health and health care system of the Republic of Kazakhstan (The Code On public health and health care system of the Republic of Kazakhstan) article 105. p. 2. also in the Orders which was mentioned above compulsory treatment of patients with tuberculosis in specialized anti-tuberculous organizations and their discharge (**Приказ Об утверждении Правил принудительного лечения больных туберкулезом в специализированных противотуберкулезных организациях и их выписки**) sets up, that the patients with infectious tuberculosis shall be subject to mandatory hospitalization, treatment and rehabilitation. Article 107. p. 2 of this Code determined grounds and procedure for sending citizens suffering from tuberculosis to compulsory treatment the grounds for compulsory treatment of patients, suffering tuberculosis shall be their refusal of treatment prescribed by a doctor, as well as unauthorized leave and violation of the treatment regimen in anti-tuberculosis organizations and primary healthcare organizations, recorded in medical documentation. p. 3. The decision on compulsory treatment of citizens, suffering from tuberculosis and evading treatment shall be taken by the court on the recommendation of healthcare organizations. It must be emphasized that compulsory hospitalization will occur only after refusal or hiding from treatment of TB patients and only with the decision of the Court.

Preventive medical examinations of the population, which are directed for the timely detection of tuberculosis, are stipulated by the Order of the Minister of Health of the Republic of Kazakhstan «On approval of the Instruction on organization of medical care for tuberculosis». This measure is conducted in mass, group and individual order in accordance with the order approved by the Ministry of Health of the RK, using methods, techniques and technologies approved by the Ministry of Health of the Republic of Kazakhstan. Different categories of citizens are inspected at different times. The entire population is subject to preventive medical examination in order to detect tuberculosis at least once a year. In order to identify tuberculosis in a grouped order for epidemic indications, regardless of the presence of signs of tuberculosis, twice a year, for the following groups of citizens:

- 1) Accused persons and convicted,
- 2) Military personnel providing security institutions of the correctional system, to monitor and supervise the conduct of the persons detained in the penitentiary system institutions engaged in escorting prisoners and persons in detention, as well as participating in the protection of public order,
- 3) Conscripts for regular service.

In the same manner and for the same purpose, a group of people are subject to a preventive examination once a year:

- 1) Employees of medical organizations; employees of medical and social institutions (organizations);
- 2) Conscripts for military service;
- 3) Students of higher and secondary special educational institutions, students of colleges;
- 4) 15-17 year's children;
- 5) Women in the postpartum period before discharge from the maternity hospital;
- 6) Members of the family of the newborn without vaccination against tuberculosis until his discharge from the perinatal (maternity ward) center;
- 7) A contingent of persons receiving special social services in medico-social institutions (organizations) of a stationary type, psycho-neurological dispensaries;
- 8) Persons who arrived in the Republic of Kazakhstan for permanent residence;
- 9) Employees of the internal affairs agencies, including employees of the specialized security service, patrol police, road patrol and precinct services, pre-trial detention centers and correctional facilities, servicemen of the Armed Forces, other troops and military formations of the Republic of Kazakhstan;

10) Workers in the food industry, catering and food trade;

11) Employees of pre-school organizations, general and specialized schools, lyceums and gymnasiums;

12) Employees of higher and secondary special educational institutions;

13) Persons who arrived in the Republic of Kazakhstan for temporary residence, including for labor migration.

The regulatory framework in the country fully allows for the timely identification of tuberculosis patients. Since timely detection of TB is possible, due to rapid diagnostic methods and highly effective drugs, and tuberculosis is completely cured. Also TB patients shouldn't avoid treatment, because people who have been diagnosed with tuberculosis can learn, work, give birth to healthy children and live a full life after course of treatment.

It should be noted that legislation helps to reduce the growth of TB patients, and measures of forced isolation helps in the treatment of TB. When providing medical care to TB patients, the fundamental principle is respect the patient, his honor and dignity. Since according to the law On public health and the health care system of the Republic of Kazakhstan, the same rights are provided for TB patients as for other categories of patients. Even resorting to forced isolation, it is necessary to respect human rights and also adhere to ethical principles; this applies to all possible treatment options for TB and co-morbidities.

### Discussion

Despite the inception of modern treatments and public health interventions, TB remains a significant public health threat in the world in the twenty-first century. In this regard states used different measures to prevent and control infectious disease. In this regard states used different measures to prevent and control infectious disease.

Medical examination and treatment in the USA. Three fundamental interests support a state's use of compulsory examination or treatment in cases involving TB disease: (1) preserving an individual's own health or life; (2) preventing harm to others; and (3) avoiding the possible development of drug resistance (especially related to MDR TB and XDR TB) (Gostin, 2000.). In one state, for example, it appears that the State Board of Health may petition a probate court to order commitment of a nonadherent individual with TB disease for compulsory treatment (Alabama Code). Even in such instances, forcible

administration of examinations or treatments may not be permissible. If a patient refuses treatment, he/she may be ordered by a court to remain isolated until no longer considered a threat to public health (Alabama Code).

Monitoring of patients with tuberculosis is carried out in treatment-and-prophylactic specialized anti-tuberculosis institutions (departments, offices) at the place of residence, work, service, study, keeping the patient in the pre-trial detention center or the executive institution. Four categories of citizens are identified, subject to follow-up, the procedure for taking under supervision with registration and removal from the register. In cases of infringement by the patient of infectious form of tuberculosis of an order of dispensary supervision it is subject to obligatory inspection and treatment in a judicial order according to item. 10 of the Federal Law dated June 18, 2001 (Скляров, Некоторые организационные и правовые аспекты профилактики и лечения туберкулеза). It means that today, long-term hospitalization is still practiced in the Russian TB program, based on the need to isolate infectious patients from their families and society.

The national TB control program in Estonia offers flexible, patient-friendly options for free treatment, using outpatient services or home care, and since 1999 has offered various kinds of incentives and social support in connection with TB treatment. They are concluded «contract for treatment», and patients are warned about the consequences of failure to comply with the treatment regimen. A documented history of violation of treatment regimen (for example, refusal of treatment, abuse of alcohol or drugs) is important for providing relevant evidence and justification for obtaining a court order for treatment in conditions of forced isolation. The decision to file an action to obtain a court order for compulsory isolation must be made by the doctor on the basis of a medical examination and the initial data of laboratory tests and X-ray studies. In accordance with the Law of Estonia on the Prevention and Control of Communicable Diseases, Chapter 2, paragraphs 4 and 5 (2003) (22), the compulsory isolation of infectious TB patients must be supported by a court decision and can last up to 182 days (Отчет о региональном семинаре Европейское региональное бюро ВОЗ).

Tuberculosis remains a major global health problem and a leading cause of death worldwide.

Given this fact, as we see from the laws and regulations of foreign countries, virtually all countries take measures to prevent the spread of infections and provide for compulsory hospitalization in the event of evasion or refusal of treatment.

### Conclusion

TB patients can affect the health of the entire population. It is one of the leading killers among people of working age which creates and reinforces a cycle of ill-health and poverty, with potential catastrophic social and economic consequences for families, communities, and countries. Therefore, this type of disease practically all over the world refers to socially significant diseases and is strictly controlled not only at the national level, but also by World Health Organization. Measures to identify, diagnose, treat, and also isolation is necessary to prevent the spread of TB.

Thanks to the state policy in the field of public health protection and the guaranteed volume of free medical care, as well as the timely provision of medical care in 2016, the country has a stable epidemiological situation for tuberculosis. This is evidenced by a decrease in this indicator in the whole country for 9.9%, amounting to 52.7 per 100 thousand of the population against 58.5 in 2015. Reduction in the incidence is noted in all areas. The death rate from tuberculosis in the republic in 2016 decreased by 17% and amounted to 3.4 per 100 thousand of the population against 4.1 for 2015. The absolute number of newly diagnosed tuberculosis patients is reduced by 872 people from 10,255 in 2015 to 9,383 in 2016, and the number of deaths by 112 from 721 in 2015 to 609 in 2016 (Аналитический материал расширенной коллегии). This proves that regulatory framework of our country and the state policy provide clear diagnostic procedures, treatment of TB patients and insulation of TB patients helps to maintain the health of the population.

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