Tuberculosis (TB) has re-emerged as a global public threat since the 1980s, rising in incidence throughout the world, coinciding with the rise of HIV. Economic disruption and political turmoil worsens the transmission of and deaths from infectious diseases, particularly through increased poverty, lack of resources, and restricted access to healthcare. Using the Baltic republics (Estonia, Latvia, and Lithuania) as a case study, factors affecting tuberculosis rates were tracked from the countries’ split from the Soviet Union in the early 1990s through their developmental period and subsequent acceptance into the European Union in 2004.

This study showed a significant correlation between the availability of physicians and changes in tuberculosis rates. However presence of physicians alone did not prevent increases in disease transmission and TB-related deaths. Instead, physicians in areas using the World Health Organization’s DOTS program for tuberculosis control alleviated the disease burden in Latvia and Estonia, while in Lithuania the presence of physicians without the DOTS method did not help suppress TB in the country.

Surprisingly, there was no correlation between HIV and tuberculosis rates in the Baltic region, which greatly differs from the global trend. Social and behavioral information would better illuminate the factors most responsible for the TB epidemic, but research showed a lack of these kinds of data being collected in the area during the 1990s. In order to better tackle the global tuberculosis burden, intensive implementation of the DOTS program is necessary. But collection of social and behavioral information on both the national and community level would better benefit control efforts by showing the patterns unique to a region, allowing healthcare workers to quickly prevent a disease epidemic from taking hold during a country’s crucial developmental period.