

Azerbaijan

Total population (millions): 9.2
High TB priority country
High MDR-TB burden country

Epidemiological profile 2010**

Estimates of TB burden	Number (thousands)	Rate (per 100 000)	MDR-TB burden	Number (thousands)	%
Mortality	0.9 (0.6-1.4)	10 (6.6-15)	Estimates among notified TB:		
Prevalence	15 (6.3-26)	166 (69-279)	MDR-TB among new cases	1.0 (0.8-1.1)	22 (19-27)
Incidence	10 (8.3-12)	110 (90-131)	MDR-TB among previously treated cases	1.1 (1.0-1.2)	56 (50-62)
Case detection rate	63 (53-77)%		Notified MDR-TB cases on treatment	0.29	52

Estimated prevalence of HIV among TB (number, percentage); 140 (74-220); 1.4 (0.8-2.2)%.

Treatment outcome 2009	Successfully treated (%)	Died (%)	Failed (%)	Lost to follow up* (%)
New laboratory confirmed cases	62	3.1	7.3	27.6
New laboratory unconfirmed /extrapulmonary	67.1	3.1	2.8	27.0
Previously treated cases	53.2	5.7	9.4	31.8
MDR-TB cohort 2008	56.5	8.7	34.8	0

*Includes those cases that defaulted from treatment, those that were transferred out and those that were not evaluated.

**Data provided here are based on the latest WHO global TB database accessed on 9 December 2011. Extended epidemiological profiles can be found at: <http://www.who.int/tb/country/data/profiles/en/index.html>

Major challenges

Political support for the National Tuberculosis Programme (NTP) in Azerbaijan is suboptimal. Models of care, including treatment, early diagnosis and treatment of latent tuberculosis (TB) infection should be improved in line with international standards. The laboratory network also needs strengthening. There is insufficient support for directly observed therapy (DOT) for susceptible TB at primary health care level. Azerbaijan is among the 27 high multidrug-resistant (MDR) TB burden countries in the world with the third highest MDR-TB rate worldwide. Released prisoners are followed up by nongovernmental organizations and managing the continuum of care in this way is not sustainable.

Achievements in collaboration with WHO

- The laboratory network includes the National Reference Laboratory, accredited by the Supranational Reference TB Laboratory in Borstel, Germany, which recently supported the establishment of several second-level regional laboratories based on international standards, with correct infection control measures.
- In 2011, WHO coordinated a number of missions for the Green Light Committee (GLC)/Europe and supported the development of national TB and TB infection control guidelines, as well as the preparation of a procurement list for the National Reference Laboratory for rapid molecular diagnosis of TB and MDR-TB.
- WHO also supported the organization of training courses for TB laboratories within the Foundation for Innovative Diagnostics (FIND) project for the civil and penitentiary systems, and provided technical assistance with developing an application to the Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund).
- A WHO TB laboratory mission to strengthen the TB laboratory network has taken place, which aimed to assist with developing/updating a laboratory plan based on an assessment of the TB laboratory network. This included diagnostic algorithms at different levels of the network, and guidelines and training materials for TB laboratory services, in order to review the current policies and practices for QA of laboratory services for smear microscopy, culture and anti-TB drug susceptibility testing. The TB recording and reporting form was revised with the support of WHO experts, approved by the MoH and is in use since January 2012.
- A protocol for an anti-TB drug resistance survey is under development.

- In collaboration with the MoH and WHO headquarters, a two-day workshop on TB Ethics was organized on 8–9 December 2011 in Baku. The heads of TB facilities from Baku and the regions, representatives from the Ministry of Justice, Public Health and the Reform Centre, as well as the United Nations Educational, Scientific and Cultural Organization (UNESCO), participated in the seminar. Through the second workshop of this kind, awareness was raised of ethical human rights issues based on the recent guidelines.

Planned WHO activities

- Technical assistance with important measures to reduce the risk of TB transmission, including increasing the awareness and training of health care workers; improving the ability to diagnose TB, including upgrading of laboratories with rapid methods to detect rifampicin-resistant TB; reducing the need for hospitalization of TB patients by strengthening primary health care and improving access to DOT; and strengthening infection control measures.
- The National M/XDR-TB Response Plan will be updated in accordance with the Regional M/XDR-TB Action Plan.
- Extensive review of the NTP.
- Technical assistance with updating the law on TB; improving the monitoring and evaluation system and developing standard tools; strengthening the TB laboratory system; and TB drug management (including capacity building, standard operating procedures for inventory management, registration, calculations, etc.).
- Further support for implementation of the FIND project.
- Coordination of upcoming GLC missions in support of M/XDR-TB control.
- Technical assistance with developing infection control plans for TB facilities in the civilian and prison sectors, including infection control training.
- Support for implementation of an electronic surveillance system and a countrywide anti-TB drug resistance survey.
- Promoting the Practical Approach to Lung Health (PAL) at primary health care level (developing the strategy and national guidelines).
- Management of co-infections; strengthened TB/HIV collaboration; updating the HIV/TB protocol based on the latest WHO recommendations.

Main partners of WHO

- Ministry of Health; National Tuberculosis Programme (NTP)
- Medical Department of the Ministry of Justice
- The Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund)
- United States Agency for International Development (USAID)
- Abt Associates
- Green Light Committee (GLC)
- TBTEAM
- Nongovernmental organizations (NGOs): “Support to Health” “Hayat”, “Assistance of Healthcare Development”, “Azerbaijan Health Communication Association”, Azerbaijan Red Crescent Society
- Global Drug Facility (GDF).