

Epidemiological burden and response monitoring¹

Main impact indicators	Number	Rate per 100 000
TB burden estimates		
Incidence (including HIV+TB)	3 800	70.0
Mortality (including HIV+TB)	460	8.56
Incidence (HIV+TB only)	–	–
Mortality (HIV+TB only)	0	0
Incidence (RR/MDR-TB ^a only)	850	15.82

TB detection and care	Number	%
Total TB new and relapses detected	3 028	79.7
Pulmonary TB	1 514	50.0
Bacteriologically confirmed	1 045	69.3
TB detected with rapid diagnostics	–	–
Successfully treated	1 797	84.7

MDR-TB detection and care	Number	%
RR/MDR estimates among new TB		14.0
RR/MDR estimates among previously treated TB		38.0
RR/MDR estimates among notified pulmonary TB	–	–
Tested for RR/MDR-TB	–	–
Detected with RR/MDR-TB from estimates	270	–
RR/MDR-TB started SLD ^b treatment	270	100.0
Successfully treated (RR/MDR-TB only)	–	–

HIV/TB detection and care	Number	%
TB cases tested for HIV status	–	–
HIV/TB cases detected from estimates	0	–
HIV/TB cases on ARV ^c	0	–
Successfully treated (HIV/TB only)		
HIV diagnosis and care		
Newly diagnosed HIV cases	–	–
HIV cases started IPT ^d	–	–

^a RR/MDR = rifampicin-resistant multidrug-resistant TB.

^b SLD = second-line drug.

^c ARV = antiretroviral treatment.

^d IPT = isoniazid preventive therapy.

Major challenges

Turkmenistan is among the 18 high-priority countries to fight tuberculosis (TB) in the WHO European Region. Turkmenistan faces a number of challenges in effectively controlling TB.

- The quality of TB services needs improvement, given the suboptimal level of infection control in TB facilities, and lack of effective diagnosis of TB due to the absence of clear criteria for sending sputum for culture examination and drug-susceptibility testing.
- The system of recording and reporting on anti-TB drugs is not unified.
- Management of anti-TB drugs at central level could benefit from further improvement. Although a national drug coordinator has formally been appointed, most of the functional responsibilities remain distributed among employees at the National Centre of TB Prevention. Consequently, anti-TB drugs lack quality assurance and can be obtained over the counter.
- Despite recent improvements, the laboratory network lacks capacity to perform culture and drug-susceptibility testing, and rapid diagnostics. Fifty-five peripheral laboratories currently perform Ziehl-Neelsen microscopy for TB diagnosis, but the workload in some is too low, suggesting that the TB laboratory network needs to be rationalized.

Achievements

Achievements in collaboration with WHO are as follows.

- Technical assistance has been provided to:
 - introduce elements of directly observed therapy short-course countrywide, including 100% coverage of the penitentiary system;
 - optimize the TB laboratory network and introduce new methods for laboratory diagnosis of TB;
 - integrate primary health care with anti-TB services across the country, including training for family doctors and nurses;
 - develop a protocol for a nationwide anti-TB drug-resistance survey;
 - develop treatment protocols and a diagnostic algorithm for multidrug-resistant TB (MDR-TB) patients; and

¹ European TB surveillance and monitoring report in Europe 2017. Copenhagen: WHO Regional Office for Europe; 2017 (<http://www.euro.who.int/en/health-topics/communicable-diseases/tuberculosis/publications/2017/tuberculosis-surveillance-and-monitoring-in-europe-2017>).

- revise recording and reporting forms.
- An electronic TB register has been established.
- European Green Light Committee missions are regularly conducted and an infection control assessment mission has taken place.

WHO activities

Planned WHO activities are to:

- update the national multidrug and extensively drug-resistant TB (M/XDR-TB) response plan to align it with the regional M/XDR-TB action plan for 2016–2020;
- provide technical assistance to: improve the quality of the Stop TB Strategy throughout the country, including laboratory diagnosis of TB; introduce new drugs and new treatment regimens; and update the country on new definitions and registration forms; and
- provide two-months in-country technical assistance to support the programmatic management of MDR-TB patients in line with WHO recommendations and infection control requirements.

Main partners

WHO's main partners are:

- Ministry of Health
- United Nations Development Programme, the principal recipient of the Global Fund TB grant
- United States Agency for International Development
- National Red Crescent Society.