

### Epidemiological burden and response monitoring<sup>1</sup>

Main impact indicators	Number	Rate per 100 000
Incidence (including HIV+TB)	1 600	56.00
Mortality (including HIV+TB)	238	8.26
Incidence (HIV+TB only)	60	2.00
Mortality (HIV+TB only)	8	0.27
Incidence (RR/MDR-TB <sup>a</sup> only)	360	12.51

TB detection and care	Number	%
Total TB new and relapses detected	1 395	87.2
Pulmonary TB	1 260	90.3
Bacteriologically confirmed	1 183	86.2
TB detected with rapid diagnostics	0	0
Successfully treated	1 034	80.7

MDR-TB detection and care	Number	%
RR/MDR-TB estimates among new TB		12.0
RR/MDR-TB estimates (previously treated TB)		47.0
RR/MDR-TB estimates (notified pulmonary TB)	270	
Tested for RR/MDR-TB	1 221	81.0
Detected with RR/MDR-TB from estimates	248	91.8
RR/MDR-TB started SLD <sup>b</sup> treatment	248	100.0
Successfully treated (RR/MDR-TB only)	76	29.7

HIV/TB detection and care	Number	%
TB cases tested for HIV status	984	70.5
HIV/TB cases detected from estimates	37	61.7
HIV/TB cases on ARV <sup>c</sup>	–	–
Successfully treated (HIV/TB only)	18	72.0
HIV diagnosis and care		
Newly diagnosed HIV cases	63	
HIV cases started IPT <sup>d</sup>	–	–

<sup>a</sup> RR/MDR = rifampicin-resistant multidrug-resistant TB.

<sup>b</sup> SLD = second-line drug.

<sup>c</sup> ARV = antiretroviral treatment.

<sup>d</sup> IPT = isoniazid preventive therapy.

### Major challenges

Lithuania is one of the 18 high-priority countries to fight tuberculosis (TB) in the WHO European Region. Despite the decline in TB incidence in recent years, the TB epidemiological situation remains a serious public health concern, with high rates of multidrug-resistant TB (MDR-TB) and TB/HIV co-infection. Although recent policy documents have been developed to address TB prevention, control and care, implementation plans have not yet been developed and actioned. The Government and its partners have made efforts to make first- and second-line drugs available for TB treatment, but accurate use of the medicines needs to be strengthened. Infection prevention and control measures need to be applied and observed at all levels where a risk of infection exists to prevent nosocomial TB and multidrug and extensively drug-resistant TB (M/XDR-TB). More attention needs to be given to ambulatory care, with a focus on directly observed treatment short-course development.

### Achievements

Achievements in collaboration with WHO are as follows.

- WHO led a joint WHO/European Centre for Disease Control (ECDC) TB and MDR-TB prevention, control and care review in October 2016, following an invitation from the Ministry of Health (MoH).
- The MoH has provided significant political support, as evidenced by several policy documents developed to support TB control.
- Overall TB incidence has been decreasing continuously since 2007.
- The latest WHO global TB report shows the percentage of TB patients for whom the diagnosis is bacteriologically confirmed by a laboratory is high among pulmonary cases (86%).
- The nationally contracted, centralized public-procurement and supply process for first- and second-line drugs has been available since June 2016: this represents an important step in ensuring countrywide access to all main drugs.

<sup>1</sup> 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>).

**WHO activities**

Planned WHO activities are to:

- finalize and publish the report of the joint WHO/ECDC TB and MDR-TB prevention, control and care review that took place in October 2016;
- provide technical assistance for implementing and expanding outpatient TB case management;
- support activities to improve TB patient adherence, such as patient education and social support;
- provide technical assistance for primary health-care facilities with directly observed therapy and social support for TB patients during the continuation phase of treatment to prevent default and improve treatment success rates;
- support implementation of recently developed national TB prevention and control policy documents;
- provide technical assistance to develop algorithms for rapid diagnosis of TB and drug-resistant TB to optimize use of available rapid diagnostic technologies; and
- provide technical assistance to support the country in meeting WHO-recommended infection prevention and control measures.

**Main partners**

WHO's main partners are:

- Ministry of Health
- Ministry of Justice
- local nongovernmental organizations
- Green Light Committee.