

Total population: 9 753 968  
Regionally high TB-priority country  
Globally high MDR-TB burden country

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

<b>Main impact indicators</b>	Number	Rate per 100 000
Incidence (including HIV+TB)	6 800	69.0
Mortality (including HIV+TB)	58	0.59
Incidence (HIV+TB only)	110	1.10
Mortality (HIV+TB only)	20	0.21
Incidence (RR/MDR-TB <sup>a</sup> only)	2 500	25.63

<b>TB detection and care</b>	Number	%
Total TB new and relapses detected	5 456	80.2
Pulmonary TB	4 363	80.0
Bacteriologically confirmed	2 607	59.8
TB detected with rapid diagnostics	2 339	42.9
Successfully treated	1 349	83.1

<b>MDR-TB detection and care</b>	Number	%
RR/MDR estimates (new TB)		13.0
RR/MDR estimates (previously treated TB)		29.0
RR/MDR estimates (notified pulmonary TB)	1 400	
Tested for RR/MDR-TB	3 687	49.2
Detected with RR/MDR-TB from estimates	1 171	83.6
RR/MDR-TB started SLD <sup>b</sup> treatment	827	70.7
Successfully treated (RR/MDR-TB only)	382	59.0

<b>HIV/TB detection and care</b>	Number	%
TB cases tested for HIV status	6 964	82.8
HIV/TB cases detected from estimates	112	101.8
HIV/TB cases on ARV <sup>c</sup>	89	79.5
Successfully treated (HIV/TB only)	–	–
<b>HIV diagnosis and care</b>		
Newly diagnosed HIV cases	459	
HIV cases started IPT <sup>d</sup>	179	39.0

<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**

Azerbaijan is among the 18 high-priority countries to fight tuberculosis (TB) in the WHO European Region and 30 high multidrug-resistant TB (MDR-TB) burden countries in the world. The drug-resistance survey (DRS) in 2013 showed drug resistance of 13.1% and 27.5% among new and re-treated cases respectively. The Ministry of Health (MoH) is committed to improving the situation and achieving high-level results through implementing the national TB control programme (NTP), administering the Global Fund grant and addressing recommendations from the 2012 NTP review.

The NTP has implemented new and rapid diagnostics for detection of MDR-TB (Xpert MTB/RIF), but the laboratory network needs further strengthening to enhance diagnostic capacity and scale-up the use of new diagnostic methods (drug-susceptibility testing for second-line TB drugs continues to be done at the National Reference Laboratory using conventional methods). The country updated treatment regimens and introduced new treatment guidelines for drug-sensitive TB and now needs to conduct refresher training on case management and treatment outcome-monitoring for existing and new personnel.

The implementation of an electronic TB registry has started, but its suboptimal use and low coverage represents a bottleneck to a sustainable and efficient recording and reporting system. Expanding the laboratory and drug management/treatment module and providing on-the-job training for end-users are vital necessities. The management of TB/HIV co-infected patients showed progress in relation to universal detection, but coverage of antiretroviral therapy (79.5%) continues to be low. Limited country capacity in TB drug management induced gaps in the supply and distribution of first-line drugs. The procurement of second-line and new TB drugs (bedaquiline and delamanid) for M/XDR-TB patients remains under the Global Fund grant. Coordination with neighbouring countries to ensure cross-border TB control and care needs to be continued. Early detection of M/XDR-TB cases and scale-up of programmatic activities to prevent and treat M/XDR-TB has been started and needs further support.

<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>).

## Achievements

Achievements in collaboration with WHO are as follows.

- In response to a request from the Minister of Health, WHO provided technical assistance to design, implement and analyse the nationwide drug resistance survey.<sup>2</sup> Monitoring and quality control of the survey was provided in close collaboration with the Supranational Reference Laboratory.
- Following a request by the Country Coordination Mechanism and MoH, WHO supported country dialogue to develop the concept note to the Global Fund to sustain the NTP and facilitated the grant-application process. A new Global Fund project for 2016/2017 has been approved and started.
- The national strategic plan to end TB for 2016–2020 has been developed and endorsed by the Government.
- An action plan for implementation of new TB drugs has been developed and endorsed by the MoH.
- A workshop was conducted on TB service-delivery models, including TB care, criteria for hospitalization and alternative models of financing.
- An epi-review mission was conducted at the end of 2016 and the report is being prepared.
- The regional Green Light Committee (GLC) continues to support and monitor country efforts on treatment, drug management and laboratory diagnosis of TB and M/XDR-TB prevention, detection and management.
- TB and MDR-TB treatment guidelines were revised and endorsed by the MoH.
- A TB-REP (TB in Eastern Europe and Central Asia Project) working group was established under the umbrella of the MoH.
- Continuous support has been provided to the MoH in strengthening TB infection control measures.
- An international course on TB care in prisons has been implemented by the WHO Collaborating Centre on TB Care in Prisons in Baku.

## WHO activities

Planned WHO activities are to:

- continue support for the roll-out of the electronic TB registry to achieve countrywide coverage, including the prison sector, and transfer to the new version;
- update recording and reporting forms in line with the WHO case definition and recommendations of the epi-review mission for endorsement by the MoH;
- support the MoH with implementation and follow-up of the national strategy plan 2016–2020 and operationalize it to consider country need and the regional TB action plan 2016–2020;
- support the MoH on implementing the TB-REP project within activities for health system strengthening;
- support the development of guidance and an implementation plan on active drug-safety monitoring;
- provide further support to strengthen the laboratory network system, and introduce and implement new diagnostic methods to improve early diagnosis of M/XDR-TB;
- coordinate upcoming country support missions from TB-REP, the regional GLC, Global Drug Facility and European Laboratory Initiative to strengthen TB and M/XDR-TB prevention and control;
- continue providing support and assistance to the WHO Collaborating Centre on TB in Prisons; and
- monitor and follow up implementation of the countrywide expansion of programmatic management of TB and M/XDR-TB, and support self-assessment and application of infection control measures.

## Main partners

WHO's main partners are:

- MoH Scientific-Research Institute of Lung Diseases of Azerbaijan;
- Medical Department of the Ministry of Justice;
- Country Collaboration Mechanism;
- Azerbaijan Medical University;
- National AIDS Centre;
- Analytical Centre of Expertise of the MoH;
- Republican Centre of Hygiene and Epidemiology;
- Global Fund to Fight AIDS, Tuberculosis and Malaria;
- Global Fund Project Implementation Unit of the MoH;
- nongovernmental organizations: "Support to Health", "Hayat", "Assistance of Health Care Development", "Azerbaijan Health Communication Association", Azerbaijan Red Crescent Society and "People living with HIV/AIDS"; and
- the Global Drug Facility.

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<sup>2</sup> Alikhanova N, Akhundova I, Seyfaddinova M, Mammadbayov E, Mirtskulava V, Rüsç-Gerdes S et al. First national survey of anti-tuberculosis drug resistance in Azerbaijan and risk factors analysis. *Public Health Action* 2014;4(Suppl. 2):S17–23.