

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

Main impact indicators	Number	Rate per 100 000
TB burden estimates		
Incidence (including HIV+TB)	800	41.00
Mortality (including HIV+TB)	90	4.57
Incidence (HIV+TB only)	210	10.00
Mortality (HIV+TB only)	27	1.40
Incidence (RR/MDR-TB <sup>a</sup> only)	99	5.00

TB detection and care	Number	%
Total TB new and relapses detected	697	87.1
Pulmonary TB	650	93.3
Bacteriologically confirmed	570	84.8
TB detected with rapid diagnostics	0	0
Successfully treated	561	83.1

MDR-TB detection and care	Number	%
RR/MDR-TB estimates among new TB		7.9
RR/MDR-TB estimates (previously treated TB)		30.0
RR/MDR-TB estimates (notified pulmonary TB)	75	
Tested for RR/MDR-TB	566	78.5
Detected with RR/MDR-TB from estimates	63	84.0
RR/MDR-TB started SLD <sup>b</sup> treatment	63	100.0
Successfully treated (RR/MDR-TB only)	54	68.4

HIV/TB detection and care	Number	%
TB cases tested for HIV status	436	62.6
HIV/TB cases detected from estimates	72	34.2
HIV/TB cases on ARV <sup>c</sup>	47	65.3
Successfully treated (HIV/TB only)	49	62.0
HIV diagnosis and care		
Newly diagnosed HIV cases	–	–
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

Latvia is one of the 18 high-priority countries to fight tuberculosis (TB) in the WHO European Region. Socioeconomic changes following the economic crisis have had a negative effect on TB control. The number of people belonging to high-risk social groups is increasing. Health system reforms have not contributed to more effective control of TB epidemic. TB personnel has reduced. Access to TB care in remote areas is limited, with primary healthcare (PHC) services not prepared to take on the responsibilities. The development and implementation of the national TB programme (NTP), including the quality of directly observed treatment, short-course and its components, management of drug-resistant TB cases, TB/HIV and strengthening of collaboration with PHC services, is the biggest challenge.

TB/HIV collaborative activities are not sufficiently integrated. There is a need to strengthen multidrug-resistant TB (MDR-TB)/HIV management, with intensified case-finding, active screening using radiological examinations for people living with HIV (PLHV), implementation of isoniazid preventive therapy for PLHV, and the development of home-based care for TB/HIV patients. Active screening of vulnerable populations, such as PLHV and those in congregate settings like prisons, is not fully developed. Contact-tracing and examinations are also suboptimal in these populations.

## Achievements

Latvia has a well-established TB and MDR-TB control programme, which is used as an example for other countries.

Achievements in collaboration with WHO are:

- rolling-out the country experience of TB control to other regions;
- organization of international training courses on drug-resistant TB by the Latvian WHO Collaborating Centre for Research and Training on MDR-TB Management;
- contributions to international multidrug- and extensively drug-resistant TB (M/XDR-TB) control from the National Reference Laboratory, which is assigned as the Supranational Reference Laboratory to Ukraine;
- participation in the TB roster and contributions to TB control in the WHO European Region from experts on MDR-TB management;

<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>).

- development of TB/MDR-TB guidelines for TB specialists, PHC doctors and other health-care providers; and
- the national public health strategy (NPHS) for 2014–2020, based on Health 2020 values and principles, has been developed with a focus on strengthening the cross-sectoral approach: the TB and MDR-TB action plan is part of the NPHS.

### **WHO activities**

Planned WHO activities are to:

- finalize the national M/XDR-TB response plan to ensure alignment with the post-2015 regional M/XDR-TB action plan;
- ensure adequate monitoring and evaluation of progress achieved and gaps in TB and M/XDR-TB control (a monitoring and evaluation unit and plan have been developed);
- provide technical assistance through monitoring missions;
- distribute national TB and MDR-TB guidelines for TB specialists, PHC doctors and other health-care providers, with provision of relevant training on the guidelines;
- expand the End-TB Strategy through collaboration with PHC;
- provide technical assistance to ensure that TB infection control is included in general infection control and the hygiene programme at country level, and that contact-tracing, contact investigations and active screening are expanded, particularly among vulnerable populations;
- provide technical assistance to establish an algorithm for the rapid detection of MDR-TB using WHO-recommended rapid molecular techniques and enrolment of MDR-TB patients on treatment;
- support continuing participation in clinical trials for new anti-TB drugs and new drugs for compassionate use;
- support the WHO Collaborating Centre to share the country experience of MDR-TB management; and
- support professional experts in Latvia to provide technical assistance to other countries.

### **Main partners**

- Ministry of Health
- European Centre for Disease Prevention and Control.