

COMMUNITY REPORT

Tuberculosis in Azerbaijan

Public Hearing Held in Azerbaijan Parliament
30 January 2018

REPORT



Sağlamlığa Xidmət Public Union
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BACKGROUND

Azerbaijan is one of the 30 countries identified by the WHO with the highest burden of MDR-TB. The country located in the Eastern Europe and Central Asia (EECA) region which is home to the world's fastest growing drug-resistant TB epidemic. The key populations for TB include; prisoners, who have 20 times the national incidence at 1,270/100,000, people living with HIV, injecting-drug users, migrant workers and poor people living in rural areas.

A drug resistance survey carried out in 2013 revealed a prevalence of MDR-TB of 13 percent among new cases and 28 percent among retreatment cases. XDR-TB is detected in 18-19 % of MDR-TB patients. Successful treatment outcome is low for drug-resistant TB (at 53 %). Every year 600 DR-TB patients are treated with 2nd line TB drugs. Since June 2017, the country has launched the treatment of XDR-TB patients with group 5 anti-TB drugs. By today 185 XDR-TB were enrolled in treatment (In-hospital treatment 66 and out-patient 117).

The country introduced Mandatory Health Insurance Fund in two regions and government's plan is to scale-up it from two regions to five by 2018.

Most of the international donors have ceased their support due to economical rise of the country. The Global Fund, the main donor has also been decreasing its funding to Azerbaijan year by year. The main constrains that hampering the effective TB control and care are; low treatment adherence; TB stigma among general population, particularly in rural areas from where TB detected individuals seek treatment in big cities rather than his/her home place; TB treatment is free of charge and there is sufficient TB drugs provided by the government and TB drugs of group five is procured by GF, but there are lack of auxiliary drugs for side-effect management which is required during TB treatment and often patients in outpatient treatment have to buy those drugs from pharmacy with their own money.

TB FUNDING IN AZERBAIJAN

The Government of Azerbaijan has significantly increased its commitments for funding the TB response by taking over the gradually over the last five years. The procurement of 1st and 2nd line anti TB drugs are financed and procured by the government and Working Group on Transition/Financial Sustainability were set up. However, there are number of activities need to be funded and continued by the government after GF stops its funding.

Azerbaijan has requested USD 6,5 million from GF for TB response for the following three years (2018-2020) focusing on the scale up of outpatient care and introduction of rapid diagnosis and effective treatment of XDR-TB patients.



The government has planned to scale-up the Mandatory Health Insurance Fund from two regions to five by 2018. However, it has not been expanded to other regions, yet.

The budget requested from GF doesn't comprise the social support (incentives and enablers as transport fee) to patients. Since 2011 Drug-resistant TB patients used to receive 70 AZN as an incentive to pay their transport fee to arrive to DOT centers for taking their daily dosage. This kind of social support and care had a great impact on ensuring treatment adherence, especially

among vulnerable communities; ex-prisoners, refugees, migrants and other poor population groups.

The TB budget for Azerbaijan CSOs as small grants within the GF funding is only 0,6 % for the grant implementation period -3 years.

CIVIL SOCIETY

Civil Society organizations provide different services including social and psycho-social support to



MDR/XDR TB patients, the distribution of anti TB drugs among DR-TB patients released from the prisons. In addition NGO representatives participate in the sputum collection and delivering it to TB laboratory. With the support from different service providers, there is minimal risk of “loosing” the patient after release. There are mainly 5 TB focused organizations in the country formed a coalition of Azerbaijan TB NGOs (TBAZC) ; “Saglamliga Khidmat” public union (SKPU), “Hayat” public association, Azerbaijan Red Crescent Society,

“Unite of Phtisiologists and Pulmonologists” public union and “Towards Free TB Future” TB community organization. These CSOs are represented on CCM by Elchin Mukhtarli who is the head of TBAZC. Civil Society, non-government organizations and key affected communities experience constrains from insufficient finance. Funds as a small grant for CSOs during 2018- 2020 is very miser, just only 0.6% from total grant amount.

The social support to DR-TB patients funded by GF is also stopped since 1 January 2018 and the government is not substituting. The CSOs have started to advocating the issue at different stakeholders. TB REP civil society focal point as a head of TBAZC has addressed several government officials including State Oil Company of Azerbaijan (SOCAR) requesting financial support to DR-TB patients released from prison who are one of the most vulnerable (jobless, hom/peless) people in the country. Waiting for the answer from the company

TB COMMUNITY NETWORK

With the support of CSFP of TB REP in Azerbaijan, very strong patient organization was established



in September last year. Various trainings on capacity building, advocacy and as well as TB services and care were conducted for TB community group to encourage and assist them as patients community group. Members of this community group which is led by a former TB patient Chingiz Ramazanli, an active TB advocate were empowered to represent TB affected community in TB working group. The

TB community organization which was named as “Towards TB Free Future” is very good in building bridges between patients and health personnel and willing to perform TB advocacy activities at different levels. The TB community was assisted by SKPU to have a voice on CCM as a TB affected community representatives. Chingiz Ramazanl and his community members regularly visiting TB affected families, listening to their problems and monitoring the progress in TB services throughout the country.

With the support of CSFP for TB REP, representative of TBcommunity - Chingiz Ramazanli has become a member of TB people’s community group led by Timur Abdullayev. As a member of international ‘TB people’ coalition, Mr. Ramazanli has attended the workshop organized for TB experienced people on 16-19 September 2017, in Tbilisi, Georgia and also participated at “TB peoples” meeting held on 12-14 December 2017 in Minsk, Belorussia.

TB REP PROJECT IN AZERBAIJAN



care in Azerbaijan

EECA TB project has been implemented in Azerbaijan for the 2nd year. Due to the grant registration restrictions of the government, Grantee Saglamliga Khidmat NGO could not receive funds. Head of the NGO Mr Elchin Mukhtarli was assigned as TB REP Civil Society Focal Point (CSFP) in Azerbaijan to provide technical assistance for advocacy, communication and social mobilization in promoting people-centered model of TB care through: communicating and advocating TB issues and barriers to decision-makers and key stakeholders; providing support to the NTP, government and TB services in their commitment to scaling up the outpatient model of TB; building capacity of community based organizations and patient community groups involved in TB and part of the TB Azerbaijan Coalition promoting outpatient model of TB

The consultant serves as a focal point and liaison person to ensure necessary framework to coordinate top-down advocacy with the bottom-up country efforts in Azerbaijan, within the Program “TB Regional EECA Project (TB-REP) on Strengthening Health Systems for Effective TB and DR-TB Control” implemented by Center for Health Policies and Studies (Center PAS) as Principal Recipient.

Within The TB REP project the following



progress were made;

- TB Azerbaijan Coalition was strengthened through trainings and meetings on Advocacy, capacity building, TB legislation, etc
- Strong partnership was established between CSO and Members of parliaments, NTP, government institutions, etc
- Successful TB community was established named “Towards TB Free Future” patient



organization and assisted to have a voice on CCM.

- Collaboration with media was achieved through who many interviews taken from patients and TB health staff and TB stakeholders. Also very close collaboration was made with national NGO TV who often broadcasting news on TB in the country and do public interviewing.
- Video educational material developed (1 minute video spot and currently 15 minute educational film production is on the way)
- Created close collaboration with parliamentarians who are the members of Global TB Caucus through hard work of GTBC regional coordinator – Tsira Chakaia and team of Sa]amliga Khidmat NGO

GLOBAL TB CAUCUS and NATIONAL CAUCUS

Azerbaijan is one of the member of Global TB Caucus (GTBC) – Members of Parliament are Ms



Sedaqet Valyieva and Ms Malahat Ibragimgizi from Azerbaijan attended the European TB Summit in Bratislava in June 2016. Considering TB as one of the most important public health issues for the government of Azerbaijan, MPs put forward the idea of establishing the National TB Caucus within the Azerbaijan parliament, the MPs Ms Valiyeva and Ms Ibrahimqizi were very committed in this issue and

managed to create the National Caucus on December 2017 with the valuable support from Tsira Chakaia, the GTBC regional coordinator, TB REP civil society focal point (CSFP) and TB Azerbaijan coalition. Sa]amliga Khidmat public union who is the member of TBAZC, regularly exchanged TB related information between CSO and MPs focusing on the need for transition to people-centered health care and providing information about real TB situation in the country. The National TB Caucus is expected to be committed in helping other decision-makers in the country to contribute to the fight against drug-resistant TB in the country.

PUBLIC HEARING AT THE PARLIAMENT

The Public Hearing was held on 30 January, 2018 in Azerbaijan Parliament titled “Global calls and commitments- TB fight in Azerbaijan Republic”. The event was attended by Member of Parliaments (MPs) governmental, national and international organizations, TB Azerbaijan Coalition members (TBAZC) and mass media.



The following topics were covered; social support to TB patients, added values of CSOs in TB treatment and care, improving quality of TB treatment and care, need for government and civil

society efforts in addressing the increasing level of drug resistant TB in the country, fight with TB stigma, ensuring sustainability of TB services after the Global fund stops the funding, need for increasing TB awareness among general population and need for update of “Azerbaijan TB law”.

The Public hearing event was held very open and serious where each speaker touched the existing



problems and gaps in TB fight in Azerbaijan giving some global TB statistics as a comparison. The meeting was led by Mr. Ahliman Amiraslanov, Head of Health committee of Milli Majlis (Parliament) who made accent to TB burden in the country and generally in the world. Currently, Azerbaijan is one of the highest DR TB burden countries which is increasing year by year. We have Azerbaijan law on TB in action to regulate and monitor

TB issues, and also “Activity Plan of Cabinet of Ministers against TB” for 2016-2020 years, which considers improving of TB prevention, diagnostics and treatment.

SPEAKER: MS SADAGAT VALIYEVA, MP

Member of Health Committee in the Parliament and member of Global TB Caucus

The second speaker was Ms Sadagat Valiyeva, MP from health committee in the parliament and Member of Global TB Caucus who made power-point presentation on key TB facts. She noted that, TB mortality rate in Azerbaijan was terrifying in 1993 and WHO declared emergency TB situation in the country. However now, we have modern laboratories, effective diagnostic tools, drugs to treat MDR/XDR TB, and TB treatment is absolutely free of charge. It was mentioned that there hardworking active NGOs in the country, who were involved to ensure social support to TB patients during their treatment. In 2017, more than 600 MDR TB patients were involved to the treatment within NTP. She gave information about WHO End TB strategy that it has three main goals; to achieve 90% of treatment outcome, to reduce TB death to 95% and succeed 90% of TB incidence rate by 2030. Her suggestions towards achieving these goals are following:



- To increase number of Public hearings on TB
- Active involvement of Civil Society
- Demonstration of TB educational social video in the national TV channels, public places and educational facilities.
- Capacity building of TB healthcare providers
- Build up capacity of TB journalists and involve them to TB media researches
- To ease process of getting invalidity for MDR/XDR TB patients
- Provision of social allowance for TB patients during their treatment
- Supporting palliative care for the patients who refused the treatment

- Development and application of mandatory health insurance mechanisms to cover TB treatment expenses

SPEAKER: MS MALAHAT IBRAHIMQIZI, MP

Member of Health Committee in the Parliament and member of Global TB Caucus

Ms Ibrahimgizi, briefed the participants of the meeting about Global TB Caucus and newly established National TB Caucus, which was created within the health committee initiated by her and Sadaqat



Valiyeva. She also talked about the UNION conference in Barcelona which was attended by the representatives of 187 countries in 2014, where parliamentarians and political leaders from five continents signed the Barcelona Declaration on Tuberculosis, which hold them to account for political commitments to achieve SDGs. Soon after Barcelona declaration signed, a Special State Committee was created by Azerbaijan government, the members are

representatives of many ministries. She also stressed TB is devastating families and cause death of the people at their most productive years of life and so TB hampering economic productivity.

SPEAKER: MS GANIRA PASHAYEVA, MP

Member of Health Committee in the Parliament

Ms Pashayeva talked about TB stigma in the country by saying that due to Stigma drug-resistance is developed and increasing year by year. She touched four main problems in TB fight;

1. Many TB patients are not registered officially because of the stigma, they try to seek for private treatment, and as a result these patients face catastrophic expenses, cannot get proper treatment, interrupt treatment and develop drug resistant TB. She stressed that TB stigma is high, especially, in the rural regions.
2. Terminaion of social support by GF to the patients, especially ex-prisoners, who are the most vulnerable group of the society, often they are jobless, homeless and in great need of help to continue their living, be able to take a complete treatment and recover from the disease. Ms. Pashayeva suggested that, TB patient’s social, economical and individual needs while on treatment should be seriously taking into consideration. Additionally she proposed to ensure provision of some incentives for primary health care providers, who are more likely to be infected with TB.



3. Ms Pashayeva proposed to increase level of TB knowledge of the general

population by raising TB awareness among the population with social educational TB video spots. “People prefer to receive information through TV channels and via internet”, she added.

At the end of the meeting, Elchin Mukhtarli and Parvana Valiyeva had 10 minute’s talk with Mrs. Pashayeva and Mrs. Sadaqat Valiyeva about social videos and need of transition to people-centred model of care. She promised to help in showing the social video spot, which was produced within the TB-REP project last year.

SPEAKER: MR MUSA GULIYEV, MP

Member of Health Committee in the Parliament

Mr Quliyev focused his speech on drug provision by saying that TB drugs are free of charge in the country; however the patients need to buy extra drugs to alleviate the side-effects of TB drugs during TB treatment. He suggested that these medications should be sufficiently provided by Ministry of Health.

SPEAKER: MS AGIYA NAKHCHIVANLI, MP

Head of Committee on Family, Woman and children related issues in the parliament



Ms. Nakhchivanli stressed importance of social videos, promotions to increase TB awareness among the people. She suggested broadcasting of video spots in public places, on billboards and educational facilities.

SPEAKER: MS HAGIGAT GADIROVA, MP

Director of Research institute for lung diseases in Baku

Ms. Gadirova brought some Tb figures to the attention of the participants such as, Azerbaijan carry 2 % of TB burden among WHO European region. There are 27% of MDR TB patients and 16 % of XDR TB patients among new cases. Due to long treatment period, social support for the patients is vital.

SPEAKER: MR RAFAIL MEHDIYEV, Ministry of Justice

Head of Main Medical Department of Ministry of Justice



Mr Mehdiyev, stressed the important role of NGOs in addressing TB issues, particularly provision of social support. “We had terrible situations regarding treatment adherence among ex-prisoners until involvement of NGOs. Governmental support to Civil Society organizations should be increased.” He also noted that conducting regular check-up of health care providers, doctors and nurses to

protect universal health coverage.

SPEAKER: MR RAFIK BAYRAMOV, TB expert

TB expert from Medical university of Azerbaijan Republic

Dr Rafiq Bayramov said that TB incidence rate was decreasing year by year in Azerbaijan. However, DR-TB burden is increasing in the country. Azerbaijan TB law was signed in 2000, May 2, when there were no complicated TB forms, such as MDR/XDR TB. According to Mr Bayramov, it would be better to update existing TB law and adopt necessary normative acts and address DR-TB epidemic.

SPEAKER: DINARA ABBAS, UNOPS

UNOPS country office representative

Ms Dinara Abbas, briefed about contributions of the GFATM on TB in Azerbaijan from 2005 to present. "Currently, new TB grant proposal of the country was approved and we will implement the new TB project for the following three years (2018-2020)". She indicated that financial support of the GFATM is already decreasing year by year for the country and it requires increase of national political commitments in responding TB. The GFATM is working on transition mechanisms to ensure sustainability before leaving the country.

CONCLUSION

It was the first meeting on TB, where TB civil society actors were invited to make their inputs in improving TB treatment and care. The meeting was very fruitful in terms of the coverage of key TB and DR-TB problems existing in the country. The speeches and approaches in public hearing were mainly in line with the requirements of internationally accepted strategies (END TB strategy and SDG)

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