Organization of TB services in correctional facilities:

EXAMPLE OF AZERBAIJAN

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UNION webinar
TB in correctional facilities

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## Azerbaijan

### Population
9.6 mln.

### GDP
18,700 USD

### Health expenditure
5.6% of GDP

### TB incidence
77 per 100,000

#### MDR-TB among new cases
13%

#### MDR-TB among retreatment cases
28%

http://www.who.int/tb/country/data/profiles/en/

Penitentiary system (PS) of Azerbaijan

<table>
<thead>
<tr>
<th>Population</th>
<th>16,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>25 penitentiary facility:</td>
<td></td>
</tr>
<tr>
<td>Pre-trials</td>
<td>3</td>
</tr>
<tr>
<td>Colonies</td>
<td>19</td>
</tr>
<tr>
<td>Prison</td>
<td>1</td>
</tr>
<tr>
<td>General Prison Hospital</td>
<td>1</td>
</tr>
<tr>
<td>TB Hospital</td>
<td>1</td>
</tr>
</tbody>
</table>

_TB Control in Azerbaijan Penitentiary System is managed by the Main Medical Department of the Ministry of Justice of Azerbaijan_
Evolution of TB Control Programme in PS

1995 - DOTS piloted by ICRC

2006 - Sub-recipient of the GF TB Grant

2011 – Principal Recipient of the GF TB Grant

2014 – WHO CC on TB prevention and control in prisons
TB notification in PS (per 100,000)

- Notification (new+relapse cases), PS
- Notification (new+retreatment cases), PS
- Notification (new+retreatment cases), country
TB Screening in PS

**Entry screening: pre-trials**
- Clinical examination
- X-ray
- Xpert MTB/RIF

**Mass screening: prisons**
- Clinical examination
- X-ray
- Liquid culture
Since 2005 annually certified by SNRL, Borstel, Germany

Executes all WHO recommended techniques:

1995 – Smear’s light microscopy
1995 – Culture on solid media
1998 – Drug sensitivity testing for FLD
2006 – Culture on liquid media
2007 – Drug sensitivity testing for FLD
2009 – Xpert TB/RIF
2011 – Smear’s LED microscopy
2011 – HAIN test
2015 – Fingerprinting
TB treatment is centralized at the PS TB Hospital

- All inmates have equal and free access to TB services
- Treatment initiated based on rapid diagnostic tests results
- TB treatment performed under strict DOT and in accordance with WHO recommendations
- Strict IC measures implemented at the TB Hospital (administrative, environmental, individual)
- All TB patients ensured with adherence support and psychological help
- Regular performance monitoring by international partners
Follow-up of patients after release from prison with aim to ensure completion of full TB treatment course

2009-2010
Memorandum of Understanding among MoJ, MoH and ICRC

2011 – by now
Agreement between MoJ, MoH and NGO with GF support

Education and information exchange before release

Follow-up and support after release
Treatment outcomes of DS-TB patients in PS, %

- Successfully treated
- Died
- Lost to follow-up
- Failed

12,378 patients completed FLD treatment
Treatment outcomes of RR-TB patients in PS, %

- Cured
- Died
- Lost to follow-up
- Failed

536 patients completed SLD treatment
444 patients with pulmonary RR-TB, who started treatment in the PS of Azerbaijan, 2007-2013

**RR-TB patients with normal chest X-ray at the start of treatment, as well as BMI ≥ 18.5 had significantly higher chances for cure in:**

- All cases (aOR=1.98 and aOR=1.97, respectively) and
- Retreatment cases (aOR=2.26 and aOR=1.90, respectively).
444 patients with pulmonary RR-TB, who started treatment in the PS of Azerbaijan, 2007-2013

<table>
<thead>
<tr>
<th>Category</th>
<th>TOTAL (%)</th>
<th>Cured* (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All patients with RR-TB</td>
<td>444 (100)</td>
<td>348 (78.4)</td>
</tr>
<tr>
<td>Mono-RR-TB</td>
<td>8 (1.8)</td>
<td>8 (100)</td>
</tr>
<tr>
<td>MDR-TB</td>
<td>365 (82.2)</td>
<td>293 (80.3)</td>
</tr>
<tr>
<td>Pre-XDR-TB</td>
<td>61 (13.7)</td>
<td>45 (73.8)</td>
</tr>
<tr>
<td>XDR-TB</td>
<td>10 (2.3)</td>
<td>2 (20)</td>
</tr>
<tr>
<td>HIV-positive</td>
<td>36 (8.1)</td>
<td>28 (77.7)</td>
</tr>
<tr>
<td>HCV-positive</td>
<td>283 (63.7)</td>
<td>229 (81.0)</td>
</tr>
<tr>
<td>Out of all RR-TB patients with DM</td>
<td>18 (4.1)</td>
<td>11 (61)</td>
</tr>
</tbody>
</table>

*Only 1 patient had treatment outcome “treatment completed” and was included in the group of „cured“.
444 patients with pulmonary RR-TB, who started treatment in the PS of Azerbaijan, 2007-2013

- The prison-related factors (type of sentence, number of previous imprisonments etc.) did not significantly influence to treatment outcomes.

- High cure rates can be achieved among prisoners if comprehensive TB control measures are in place.

International recognition

- “Healthcare in Prison” Award by International Corrections and Prisons Association, USA
- Good practices in strengthening health systems for the prevention and care of tuberculosis and drug-resistant tuberculosis, WHO, 2015
- More than 30 scientific and public health publications
Next steps

Introduction of new anti-TB drugs and regimens

Conclusion

Government commitment is the main factor ensuring effective and sustainable TB control in prisons

Implementation of WHO TB Control Strategies is possible and highly effective in correctional facilities
Il International Training Course on “Strengthening TB Control in prisons of M/XDR-TB high-burden countries”

May 16-20, 2016

BAKU, AZERBAIJAN

GOAL:
To strengthen the capacity on preventing and controlling Drug Resistant Tuberculosis in Penal institutions according to the most updated, evidence-based, internationally-recognized policies and guidelines.

FACULTY:
Staff from WHO Regional Office for Europe (Denmark); GDF (Headquarters), ICRC Health in Detention team (Switzerland); the Main Medical Department of the Ministry of Justice (Azerbaijan), Specialized Treatment Institution for detainees with TB (Azerbaijan)

For more info follow the link:

or email to:
training_centre@prisonhealth.az
Thank you!

Questions?

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