2011-05-02

Fråga-svar

Behandling mot multiresistenta tuberkulosbakterier i Azerbajdzjan

Fråga

Finns det behandling mot multiresistenta tuberkulosbakterier i Azerbajdzjan?

Svar

World Health Organization (WHO) (2006) uppger att dödstalet från tuberkulos är 10 gånger större än det europeiska medeltalet, och nämner bland annat följande utmaningar för sjukvården i Azerbajdzjan:

> Unequal access to health services especially in rural areas and vulnerable groups; inadequate quality control of services […] Inadequate physical infrastructure; poor access to essential drugs (WHO, 2006)

I en intervju med International Committee of the Red Cross (ICRC) (2010-03-22) säger ICRC:s medicinske representant i Baku att behandlingen mot multiresistenta tuberkulosbakterier är lång och dyr. Enligt honom kvarstår utmaningar för Azerbajdzjan även om myndigheterna idag ”betalar för kalaset” (egen översättning av ”footing the bill”) och hoppas kunna få situationen under kontroll. ICRC:s medicinske representant tillägger att de framgångar som nåtts av ett behandlingsprogram i fängelsemiljö är svårt för Azerbajdzjan att reproducera i en civil kontext, inte bara när det gäller att identifiera nya fall och att försäkra tillgång till behandling, men också gällande problemet med stigma som många lidande går till mötes.

ICRC (2010-05-19, s. 269) rapporterar om ett behandlingsprogram i fängelsemiljö:

> The authorities pursued efforts to tackle the MDR TB epidemic in prisons, with ICRC technical and financial support, including for the implementation of a directly observed treatment, short

> course (DOTS)-plus pilot project […] Following the signing of a memorandum of understanding in March, the Health and Justice Ministries and the ICRC began cooperating in following up 17 detainees with MDR TB after their release, providing them with medical treatment, food and hygiene items, and subsidizing their transport to health facilities. (ICRC, 2010-05-19, s. 269)

US Department of State (2010) om behandling mot multiresistenta tuberkulosbakterier i fängelser i Azerbajdzjan:

> TB remained the primary cause of death in prisons; the Ministry of Justice reported that it treated 889 prisoners and detainees for TB. The ICRC positively assessed the government's pilot program, established in April 2007, which treated 96 prisoners for multidrug-resistant TB (MDR-TB) and placed 779 in category II therapy during the year. According to the ICRC, the prison hospitals' MDR-TB wards were state of the art, well ventilated, and had indirect ultraviolet lights. The ICRC reported that the government's active and passive efforts were effective in screening inmates for TB. The ICRC reported that 18 inmates died from the disease during the year, down from 52 in 2008. (US Department of State, 2010)

European Court of Human Rights (2007, s. 13-14):

> The delegation [European Committee for the Prevention of Torture and inhuman or degrading Treatment or Punishment (CPT)] was informed that upon the expiry of their sentences, multi-resistant prisoners would be referred to specialised establishments under the Ministry of Health. […] At the outset of the visit, the ward's head doctor informed the delegation that multi-resistant patients received only symptomatic treatment (e.g. vitamins). The DOTS+ treatment had not yet been introduced, although the Ministry of Justice, in co-operation with the ICRC, was apparently working on this issue. However, it subsequently emerged that some 30 to 40% of the prisoners in the ward were receiving tuberculostatic medicines utilised in case of multi-resistance, which were being provided by their families. At the same time, the rest of the prisoners – who had lost contact with their families or had no financial resources – did indeed receive only symptomatic medication. (ECHR, 2007, s. 13-14)

European Observatory on Health Systems and Policies (EOHSP) (2010) rapporterar bland annat om internationellt finansierade behandlingsprogram i Azerbajdzjan. EOHSP säger också att en hög förekomst av multiresistenta tuberkulosbakterier kan ses som en indikator för möjliga svagheter i sjukvården och att den i Azerbajdzjan tyder på ett för tillfället ineffektivt förebyggande och tillhandahållande av behandling och kontroll av tuberkulos:

> …prevention of communicable diseases is a significant health issue, particularly in relation to TB as rates of multiple drug

> resistant TB (MDR-TB) are among the highest in Europe (EOHSP, 2010, s. 9)
> […]
> Some drugs for outpatients are also covered by the state, such as those included in various state health programmes for specific conditions (cancer, diabetes, TB, etc.). (ibid, s. 26)
> […]
> The Global Fund has signed four grant agreements with the Ministry of Health. […] The second two-year grant of US$ 4.3 million aims at strengthening and expanding the 'directly observed treatment, short-course' (DOTS [Directly Observed Treatment]) TB programme. In October 2008, Azerbaijan also received additional TB funds for the management of drug-resistant TB […] The approved two-year budget for first phase of the drug-resistant tuberculosis grant is US$ 9.2 million. (ibid, s. 32)
> […]
> The national TB programme is supported by international donors such as Global Fund, USAID and others. The funding from Global Fund is aimed at strengthening and expanding the DOTS programme in the country as well as scaling up the management of drug-resistant TB. In 2009, USAID launched a two-year programme to provide technical assistance to the Ministry of Health in designing and implementing national TB policies. (ibid, s. 70)
> […]
> …there is some evidence that the health system is not fully effective in reaching certain patients. For example, the very high incidence of primary MDR-TB [multidrug-resistant tuberculosis] in Azerbaijan suggests that the health system is currently not effective in providing coverage with TB prevention, treatment and control […]Occurrence of MDR-TB is a useful marker for potential health system weaknesses: health systems that are carefully regulated and well managed, providing accurate diagnosis, appropriate treatment, reliable pharmaceutical supplies and careful follow-up are unlikely to experience high rates of antibiotic resistance (ibid, s. 104)

Today.az (2010-12-01), en azerbajdzjansk nyhetsportal, skriver att ICRC lämnar över genomförandet av behandlingsprogram för tuberkulos i fängelser till Azerbajdzjans justitiedepartement. Sedan ICRC började samarbeta med Azerbajdzjan 1995 har 300 patienter med multiresistenta tuberkulosbakterier fått behandling, enligt Today.az.

Enligt USAID (2009) har Azerbajdzjans regerings åtgärder fokuserats på byggandet av sjukhus och laboratorier samt att utrusta dessa. Myndigheterna har åtagit sig att tillhandahålla bra sjukvård till tuberkulospatienter och ser över den nationella strategin för 2008-2015. USAID säger emellertid att framgångar i behandling liksom identifiering av fall ligger betydligt under WHO:s mål och nämner följande möjliga orsaker:

> Reasons for this may include continued use of non-standardized and incomplete treatment regimens, insufficient work on case

> finding and prevention and stopping transmission, high levels of stigma related to the disease, as well as the existence of financial and geographical barriers to care. While DOTS is the officially recognized strategy for TB treatment in Azerbaijan, the government is not providing sufficient support to implement it nationwide. (USAID, 2009)

Statistik från USAID (2010) angående multiresistent tuberkulos:

> The successful treatment of non-resistant Tuberculosis strains is just 58% and nearly a quarter of all new TB cases (22.3%) were multi-drug resistant. Only 3.8% of MDR-TB patients receive treatment. (USAID, 2010)

Giffin och Robinson (2009) säger att ett år efter Azerbajdzjan sökte hjälp med finansieringen för ett behandlingsprogram för multiresistenta tuberkulosbakterier i fängelser, sökte de också hjälp för ett nationellt behandlingsprogram:

> In 2004 the ICRC assisted Azerbaijani authorities in submitting an application…to launch a pilot project to provide MDR-TB treatment in prisons. The following year Azerbaijan applied…for funding to provide MDR-TB treatment nationally…The first patients started the two-year course of MDR-TB treatment in the prison system in April of 2007 […] Because of lack of safe hospital facilities and an underdeveloped ambulatory care system, to date less than 15 patients (out of hundreds who have been identified) are receiving treatment in the civilian sector. (Giffin & Robinson, 2009, s. 71)

WHO (2011) nämner bland annat följande framsteg i Azerbajdzjan sedan 2009:

> …as of 2011, cultures are taken from all new patients and re-treatment patients. This allows quick identification of drug resistance and adequate provision of treatment.
> […]
> …a new TB control plan and strategy were approved by country authority for 2011–2015.
> […]
> In 2010, four second-level laboratories were established at inter-regional level. The NRL and third-level laboratory in the prison sector are fully equipped with reagents for culture and DST of first-line drugs.
> […]
> TB doctors were trained in MDR-TB management in WHO collaborating centers abroad in 2010. (WHO, 2011, s. 46)

WHO tillägger emellertid följande svårigheter under 2010:

> Laboratory capacity and quality assurance: limited laboratory capacity.

> Qualified M/XMDR-TB treatment (human resources, facilities): limited human resource capacity to manage MDR-TB.
>
> Financing: lack of funds for first-line drugs and weak commitment of NTP [national TB control programme]. (ibid, s. 46)

Källförteckning

European Court of Human Rights (2007-11-29), *Hummatov v. Azerbaijdan* http://www.unhcr.org/refworld/pdfid/474fcc072.pdf (Hämtad 2011-04-05)

European Observatory on Health Systems and Policies (2010), *Health Systems in Transition: Azerbaijan: Health System Review 2010* http://www.ecoi.net/file_upload/1226_1285243895_e94132.pdf (Hämtad 2011-04-05)

Giffin, Robert B. & Robinson, Sally (2009), *Addressing the threat of drug-resistant tuberculosis: a realistic assessment of the challenge : workshop summary* National Academies Press http://books.google.com/books?id=sVc_uCq4pxAC&pg=PA69&lpg=PA69&dq=mdr-tb+azerbaijan&source=bl&ots=qoEffp7_kW&sig=DpLinFouzLx4gIHqMgzS6OOYOpc&hl=en&ei=WiCcTdDCNIr6sgaI6MzLBg&sa=X&oi=book_result&ct=result&resnum=9&ved=0CFgQ6AEwCA#v=onepage&q=mdr-tb%20azerbaijan&f=false (Hämtad 2011-04-05)

International Committee of the Red Cross (2010-03-22), *Tuberculosis: stopping a killer that can't be kept behind bars* http://www.icrc.org/eng/resources/documents/interview/azerbaijan-interview-220310.htm (Hämtad 2011-04-05)

International Committee of the Red Cross (2010-05-19), *Annual report 2009: Azerbaijan* http://www.unhcr.org/refworld/pdfid/4d89aa2f3d5.pdf (Hämtad 2011-04-05)

Today.az (2010-12-01), *ICRC to end program for treatment of tuberculosis among prisoners in Azerbaijan* http://www.today.az/news/politics/77507.html (Hämtad 2011-04-06)

USAID (2009), *Azerbaijan tuberculosis profile* http://www.usaid.gov/our_work/global_health/id/tuberculosis/countries/asia/azerbaijan.pdf (Hämtad 2011-04-06)

USAID (2010), *Health in Azerbaijan, 2010* http://www.usaid.gov/locations/europe_eurasia/health/countries/docs/country_profile_azerbaijan.pdf (Hämtad 2011-05-06)

US Department of State (2010-03-11), *2009 Country Reports on Human Rights Practices: Azerbaijan* http://www.unhcr.org/cgi-bin/texis/vtx/refworld/rwmain?page=printdoc&docid=4b9e5315c (Hämtad 2011-04-05)

World Health Organization (WHO) (2011), *Towards universal access to diagnosis and treatment of multidrug-resistant and extensively drug-resistant tuberculosis by 2015: World Progress Report* http://whqlibdoc.who.int/publications/2011/9789241501330_eng.pdf (Hämtad 2011-04-06)

World Health Organization (WHO) (2006), *Country cooperation strategy at a glance: Azerbaijan* http://www.who.int/countryfocus/cooperation_strategy/ccsbrief_aze_en.pdf (Hämtad 2011-04-05)