

Azerbaijan Health Security and Health System Brief

Overview of the needs identified¹

Azerbaijan's health system requires substantial support to improve its labs, procurement & supply, and governance. Additionally, it needs some support for improving its surveillance, One Health, rapid response, health services, HRH, cross-border collaborations, and health financing. E-SPAR 2021 IHR Country Average of all Capacities /Global Average of all Capacity scores: 84%/65%.² The 2021 GHS Index Country Profile: 34.7 Index Score; 100/195 Rank.³

Laboratory systems

Due to the Covid-19 pandemic, the number of labs conducting PCR analysis has increased from 11 in 2020 to 50 labs in 2021. They were performing an average of 14,000 tests per day. For such testing, the country uses WHO guidelines. However, public as well as private labs are not required to follow the respective international standards (e.g., ISO). The ambulance service is tasked with implementing specimen referral and transportation.

Real time surveillance and reporting

Azerbaijan's government operates an electronic reporting surveillance system at both national and sub-national level. It consists of seven key modules, including for human cases, vector surveillance, laboratories, and outbreaks. The Republican Center of Hygiene and Epidemiology (RCHE) is responsible for the national surveillance system of all infections. There are two E-Systems in place: EIDSS, which collects laboratory and other data in real time, and e-Tabib, which manages COVID-19 cases throughout the country. ICD-10 is used for case definitions; national SOPs for many especially dangerous infections have been developed; COVID-19 case reports are disaggregated by gender, age, and comorbidity. Surveillance for COVID-19 - including contact tracing - is conducted jointly by TABIB (Management Union of the Medical

Territorial Unions). TABIB and the RCHE conduct contact tracing, implementing it immediately upon identification of a COVID-19 cases. Major gaps include lack of sentinel surveillance of COVID-19 in the communities and outdated national SOPs for many especially dangerous diseases.

Data integration/One Health

The EIDSS system is used as a national electronic reporting system for selected human and veterinary diseases. It has been implemented at the Ministry of Health since 2010 and at the Ministry of Agriculture since 2011. In addition, for human diseases, Azerbaijan's Ministry of Health operates an electronic surveillance system for infectious diseases at national and sub-national level. For animal and zoonotic diseases, Azerbaijan operates a parallel system, run by the Ministry of Agriculture. The Biosurveillance Network of the Silk Road (BNSR) shares information regarding several zoonotic diseases with Georgia, Azerbaijan and Kazakhstan. Currently, the private sector is not involved in zoonotic disease surveillance. Regional veterinarians working in the public sector collect all the data. There is no dedicated single organization responsible for One Health, thus coordination between the sectors is a major challenge.

Rapid response teams/ systems

Even though the country has an Emergency Operations Center (EOC), it is not focused on managing public health emergencies, but on natural and manmade disasters. The cabinet of ministers issued an action plan in response to COVID-19 in 2020. The EOC headquarter consist of heads of relevant government agencies and institutions that have been established to prevent the threat of COVID-19 in the country. The government adopted a surveillance strategy based on the rapid identification and isolation of suspected cases. Major gaps include lack of evidence-based

¹ The majority of information in this brief is based on national assessments conducted between June 2021 and August 2021 under TA6535 and has not been updated unless otherwise specified.

² <https://extranet.who.int/e-spar>

³ <https://www.ghsindex.org/country/georgia/>

emergency joint risk assessments, lack of assessments of emergency resources (HR, supplies, equipment, etc.), and lack of effective multi-sectoral communication, coordination and collaboration.

Health service delivery

Azerbaijan had designated a total of 35 hospitals in Baku and in the regions for treatment of COVID-19 cases. The total number of beds in these facilities was over 8,000; amongst them 437 in ICUs with oxygen, equipped with a total of 267 ventilators. Two more hospitals have been transformed into quarantine hospitals. At the time, 5 of the 10 modular COVID-19 hospitals were in use. Using the WHO Hospital Readiness Checklist, the REACT-C19 team of doctors assessed selected capacities in different hospitals, made a joint action plan with hospital management, and started activities to address them. More than 400 healthcare workers including doctors, nurses, and auxiliary personnel in hospitals have been trained in emergency response. No accreditation system for public and private medical facilities exists. Routine assessment of the activities of medical facilities, including investigation of the occurrence of nosocomial infections, is carried out. Assessment of hospital bed capacity for emergency/inpatient care is needed.

Human Resources for Health

HRH registry is developed and available at MoH; there are 210 ICU specialists and 4,169 emergency care doctors involved in COVID-19 care in hospitals. In face of the needs and global standards, the available capacities are insufficient. No information was available about the number of Infectious Diseases Specialists. Training programs and materials on COVID-19 and related mental health issues exist. Azerbaijan does provide support for selected professionals to attend applied field epidemiology training program (FETP) in neighboring Georgia. Although Azerbaijan has a public workforce strategy in place, identifying fields with insufficient workforce and strategies to address these shortcomings, it does not specifically address the field of public health. There is a need in HRH

forecasting and planning, as well as in improving mutual recognition of skills of the medical workers in the region.

Cross-Border Coordination Mechanisms

The cross-border surveillance happens within the frame of the EIDSS, which has a major focus on animal disease surveillance. Different Ministries are responsible for various aspects at the borders and Points of Entry for human and animal health as well as for transportation of goods. In response to the COVID-19 outbreak, the government instituted restrictions/ bans on international travel. It has also adopted a surveillance strategy based on the rapid identification and isolation of suspected cases. Although Azerbaijan does conclude cross-border agreements with neighboring countries and regional groups on public health issues, evidence does not indicate that such agreements involve cooperation during public health or animal health emergencies. The country needs to improve cross-sector coordination on border biosafety and health issues at all levels, also to develop/update SOPs on screening, notification and quarantine procedures at entry points.

Procurement and supply chain

All procurements are carried out centrally in TABIB, in line with the Law on Public Procurement. UN, EU and ADB supported the procurement of medical supplies during the pandemic. Countries such as Turkey, China, South Korea, Poland, and United Arab Emirates also provided other forms of support for the procurement of medical supplies and equipment. A mechanism is in place for urgent procurement in case of public health emergencies, which helped the country to avert a serious shortage of PPE. There is a need to strengthen the national procurement protocol which can be utilized by entities such as the Ministries of Health and Agriculture for the acquisition of laboratory (e. g., equipment, reagents and media) and medical supplies (e. g., equipment, PPE) for routine needs. There is need to improve an infrastructure and system for storage and distribution.

Health financing

Mandatory health insurance for the population has been established in 2017. In 2019, the State Agency on Mandatory Health Insurance reported that for the first time in Azerbaijan, for the fiscal year 2020, health care allocations in the state budget will reach AZN1.4bn (US\$820m - an increase of 31% over the previous year). In the public sector, the government covers almost 100 % of all supplies for health facilities. According to WHO, public expenditure on health represents only about 20% of total expenditure on health. Given the low public expenditure on health, the country has the highest out-of-pocket expenditure in the region. Majority of OOP is spent on pharmaceutical products. Vulnerable groups suffer from financial barriers to access health services. The information about the general health expenditures and budget distribution for COVID-19 cases is not transparent.

Governance

The Cabinet of Ministers established a special Task Force and hosts operational headquarters to fight COVID-19. An action plan to prevent the spread of novel coronavirus in the country" and a "Strategy for Vaccination against COVID-19 2021-2022" are in place. Available evidence does not indicate that epidemics and pandemics are integrated into Azerbaijan's national risk reduction strategy. The country does not have a general, stand-alone risk-reduction strategy for a public health emergency.

Regional health cooperation

Priority areas⁴

- Strengthen cross-sector coordination on border biosafety and health issues, screening and quarantine at border entry points.
- Regional experience sharing for lab network development, lab-quality management and ISO accreditation.
- Technical support to introduce accreditation system for the public/private medical facilities.

- Develop SOPs on notification procedures in the region.
- Mutual recognition of skills of medical workers.

Active regional initiatives

- The Biosurveillance Network of the Silk Road (BNSR) – aiming at development of effectively-functioning disease surveillance network in Eastern Europe.
- Common GOST and SNIPs construction standards as well as mutual recognition of skills, under CIS.
- Cooperation in the field of health and medical science between the Government/ Ministry of Health of the Azerbaijan and Serbia, Turkey, Tajikistan, the Ministry of Health and Medical Sciences of Italy.
- CAREC sanitary and phytosanitary standards modernization project.

Policy documents with regional cooperation mentioned

- Azerbaijan 2020: Look into the Future" Concept of Development (defines strategic directions for international integration of the country in different sectors including health).
- Azerbaijan National Strategy for the Prevention and Control of Non-communicable Diseases 2015-2020.

National institutes responsible for or involved in regional cooperation

- Parliament of the Republic of Azerbaijan
- Department of International Relations, the Ministry of Health
- Administration of the Regional Medical Divisions
- State Agency for Compulsory Health Insurance
- Food Safety Agency of the Republic of Azerbaijan.

⁴ Defined based on results of the national assessment as well as outcomes of the CAREC workshop conducted in Tbilisi in October 2022, which are in line with the Regional Investment Framework.