

Azerbaijan MCH Program Description



Overall MCH and health sector situation

Azerbaijan, an important U.S. ally due to its strategic geopolitical location, has a population of 8.12 million. It is a predominantly Muslim nation with a secular democracy. Despite the country's growing oil wealth, about one-third of its people live below the poverty line.

Key health indicators have declined dramatically since Azerbaijan became independent in 1991. The most vulnerable demographic groups are children under 5 and women of childbearing age. Azerbaijan has a high U5MR for the E&E region, although there has been significant improvement from 92/1,000 births in 2001 to 50 in 2006. Azerbaijan has a very high abortion rate (71/1,000 women of reproductive age), a consequence of very low utilization of modern contraceptive methods, which is approximately 14 percent and among the lowest worldwide. The number of new HIV infections has been steadily increasing since the 1990s, and the estimated prevalence is 0.1 percent. Prevention and treatment of HIV and other STIs remain largely inadequate. Incidence of TB has increased by 50 percent since 1995 and is about 75 cases per 100,000 per year. (TB prevalence is at 87/100,000) Proper screening and reporting does not exist in the civil sector, but it is suspected that there are high rates of multidrug-resistant

tuberculosis (MDR-TB). According to the most recent WHO drug resistance surveillance report, the highest MDR-TB rate was recorded in Baku, Azerbaijan, where nearly a quarter of all new TB cases (22.3 percent) were reported as MDR-TB.

As of 2004, Azerbaijan spent only 0.9 percent of its GDP on public health expenditures, the lowest in the E&E region and fifth lowest in the world. The quality and access to health care services in the country, including reproductive health and family planning, remain serious concerns. While the MOH budget increased approximately 60 percent in real terms over the past 2 years, and the World Bank has provided a \$50 million loan to support health care reform, the health care system remains severely underfunded and poorly managed. A potential exists for increased public investment in health from oil revenues.

MCH interventions at the Mission level

Priority areas for MCH interventions include improving primary health care services, which are focused in five pilot districts, care for marginalized children reaching approximately 11,300 children, and a family planning and reproductive health program covering six rural regions and two urban areas of Baku City and Absheron. Assessments in the private sector to improve FP/RH services through that sector were also conducted, and interventions are being designed based on the recommendations. There is a need for a much larger and more integrated MCH/FP program in the country, based on the health indicators above.

Delivery approaches and mechanisms supporting expanded coverage/use of interventions

USG health-related assistance supports the improvement of primary health care services through provision of technical assistance to design and implement the country's new Primary Health Care Reform Agenda. Many of the targeted health facilities are for the first time beginning to meet international standards. Integrated management of childhood illness protocols were initiated in nine districts. Additionally, networks of local health departments, NGOs, communities, and the private sector are collaborating to improve the quality and access to local FP/RH services.

Specific actions supported as part of the MCH approach

Health sector reform forms a significant part of the Mission portfolio. These activities are implemented by the Primary Health Care Strengthening Project, in collaboration with the Health Sector Reform Project. These activities are co-funded by the MOH, World Bank, USAID, and WHO. USG assistance in this area focuses on increasing public expenditure, improving the quality and resource allocation for PHC services, improving the legal framework for an improved PHC sector, and promoting personal responsibility for better health. These efforts help to ensure greater efficiency in health budget allocations aimed at expanding access to high-quality services. Improved health sector governance will be achieved through creation of reliable and accurate information systems, ensuring a cadre of trained health care professionals, improving financial management, and increasing interaction of health care professionals and policymakers with community civilian and local governments.

The USAID program's geographic focus

Since the Mission's efforts are focused on assisting the government of Azerbaijan in designing and implementing the country's new PHC Reform Strategy, the impact of our assistance will affect the entire country. This will be achieved in partnership with MOH, World Bank, UNICEF, and WHO.

The Mission program's relationship to the country's health sector and development plans and strategies

The Mission's program complements the work of the Government of Azerbaijan's Health Sector Reform Project by providing technical assistance to MOH staff to build the MOH's capacity to design and implement reforms.

Potential for linking Mission MCH resources with other health sector resources and initiatives

The USG (\$8 million) works closely with WHO (\$40,000), UNICEF (\$470,000), The World Bank (\$50 million), and the MOH (\$28 million) National Center of Public Health Reforms to co-finance and partner in the institutionalization of National Health Accounts, development of the primary health care master plan, and piloting PHC models in target districts. The USG collaborates with WHO and UNFPA in expanding FP/RH services. This ensures better coordination and regular sharing of information and experiences. For example, the USG, WHO, and UNFPA worked closely to provide TA to the MOH in the development of the National Reproductive Health Strategy (NRHS). The USG will pilot test selected models and interventions regarding RH and contraceptive choices, while UNFPA works with adolescents to increase their awareness of FP/RH and sustain behavior change, improve logistics management systems, and establish emergency RH services in remote areas. All these activities together will help advance the GOAJ's health reform agenda. The USG complements UNFPA's efforts by creating a more favorable policy environment, broadening the availability of contraceptive services, and increasing public awareness of FP/RH.

Planned results for the Mission's MCH investments over the next 5 years

This initiative will allow the Mission to begin developing a strategic plan to address MCH indicators.

MCH COUNTRY SUMMARY: AZERBAIJAN	VALUE
MCH FY08 BUDGET	744,000 USD
Country Impact Measures	
Number of births annually*	129,000
Number of under-5 deaths annually	6,500
Neonatal mortality rate (per 1,000 live births)	28
Infant mortality rate (per 1,000 live births)	43
Under-5 mortality rate (per 1,000 live births)	50
Maternal mortality ratio (per 100,000 live births)*****	82
Percent of children underweight (moderate/severe)	8%
Birth Preparedness and Maternity Services	
Percent of women with at least one antenatal care (ANC) visit	77%
Percent of women with at least four antenatal care (ANC) visits*****	45%
Percent of women with a skilled attendant at birth	89%
Percent of women receiving postpartum visit within 3 days of birth	66%
Newborn Care and Treatment	
Percent of newborns whose mothers initiate immediate breastfeeding	32%
Immunization	
Percent of children fully immunized at 1 year of age**	60%
Percent of DPT3 coverage**	71%
Percent of measles coverage**	74%
Maternal and Young Child Nutrition, Including Micronutrients	
Percent of mothers receiving iron-folate	23%
Percent of children receiving adequate age-appropriate feeding	44%
Percent of children under age 5 receiving vitamin A supplement in the past 6 months	4%
Percent of children under 6 months exclusively breastfed	12%
Treatment of Child Illness	
Percent of children with diarrhea treated with ORT	31%
Percent of children with diarrhea treated with zinc	N/A
Percent of children with pneumonia taken to appropriate care	N/A
Water, Sanitation, and Hygiene	
Percent of population with access to improved water source***	78%
Percent of population with access to improved sanitation***	80%
<small>* Census International Database ** This refers to children 18-29 months. *** Joint Monitoring Programme for Water Supply and Sanitation 2008 Report **** WHO Maternal Mortality Report 2007 ***** This number is based on mothers whose last live birth occurred in the 5 years preceding the survey. Unless otherwise noted, the data source is the 2006 Preliminary Demographic and Health Survey)</small>	