

Grant Confirmation

1. This **Grant Confirmation** is made and entered into by **the Global Fund to Fight AIDS, Tuberculosis and Malaria** (the "Global Fund") and **Ministry of Health of the Republic of Azerbaijan** (the "Principal Recipient") on behalf of the Republic of Azerbaijan (the "Grantee"), as of the date of the last signature below and effective as of the start date of the Implementation Period (as defined below), pursuant to the Framework Agreement, dated as of 26 May 2016, as amended and supplemented from time to time (the "Framework Agreement"), between the Global Fund and the Grantee, to implement the Program set forth herein.
2. **Single Agreement.** This Grant Confirmation, together with the Integrated Grant Description attached hereto as Schedule I, sets forth the provisions (including, without limitation, policies, representations, covenants, Program Activities, Program budget, performance framework, and related implementation arrangements) applicable to the Program, and forms part of the Grant Agreement. Each capitalized term used but not defined in this Grant Confirmation shall have the meaning ascribed to such term in the Framework Agreement (including the Global Fund Grant Regulations (2014), available at <http://www.theglobalfund.org/GrantRegulations>). In the event of any inconsistency between this Grant Confirmation and the Framework Agreement (including the Global Fund Grant Regulations (2014)), the provisions of this Grant Confirmation shall govern unless expressly provided for otherwise in the Framework Agreement.
3. **Grant Information.** The Global Fund and the Grantee hereby confirm the following:

3.1	Host Country or Region:	Republic of Azerbaijan
3.2	Disease Component:	HIV/AIDS, Tuberculosis
3.3	Program Title:	Scaling up the response to the HIV epidemic through strengthening national capacities, prevention and treatment services for most at risk population and maintaining access to and quality of essential MDR/XDR TB services in the Republic of Azerbaijan
3.4	Grant Name:	AZE-C-MOH
3.5	GA Number:	1864
3.6	Grant Funds:	Up to the amount of USD 17,261,208 or its equivalent in other currencies
3.7	Implementation Period:	From 1 January 2021 to 30 June 2024 (inclusive)

3.8	Principal Recipient:	Ministry of Health of the Republic of Azerbaijan Mirkasimov str. 1a AZ-1022 Baku Republic of Azerbaijan Attention: Mr. Yashar Orujov Telephone: +994124982001 Facsimile: +994124933570 Email: director@gfatm.az
3.9	Fiscal Year:	1 January to 31 December
3.10	Local Fund Agent:	United Nations Office for Project Services Maison Internationale de l'Environnement, 11-13, Chemin des Anémones, Châtelaine CH-1219 Geneva Swiss Confederation Attention: Dinara Abbas Team Leader Telephone: +99 4503100670 Facsimile: +994 12 537 10 68 Email: dinaraa@unops.org
3.11	Global Fund contact:	The Global Fund to Fight AIDS, Tuberculosis and Malaria Global Health Campus, Chemin du Pommier 40 1218 Grand-Saconnex, Geneva, Switzerland Attention: Dumitru Laticevschi Regional Manager Grant Management Division Telephone: +41587911700 Facsimile: +41445806820 Email: dumitru.laticevschi@theglobalfund.org

4. **Policies.** The Grantee shall, and shall cause the Principal Recipient to, take all appropriate and necessary actions to comply with (1) the Global Fund Guidelines for Grant Budgeting (2019, as amended from time to time), (2) the Health Products Guide (2018, as amended from time to time), and (3) any other policies, procedures, regulations and guidelines, which the Global Fund may communicate in writing to the Grantee and the Principal Recipient, from time to time.

5. **Representations.** In addition to the representations set forth in the Framework Agreement (including the Global Fund Grant Regulations (2014)), the Principal Recipient hereby represents that the Principal Recipient has all the necessary power, has been duly authorised by or obtained all necessary consents, approvals and authorisations to execute and deliver this Grant Confirmation and to perform all the obligations on behalf of the Grantee under this Grant Confirmation. The execution, delivery and performance by the Principal Recipient on behalf of the Grantee of this Grant Confirmation do not violate or conflict with any applicable law, any provision of the Grantee's and Principal Recipient's constitutional documents,

any order or judgment of any court or any competent authority, or any contractual restriction binding on or affecting the Grantee or the Principal Recipient.

6. **Covenants**. The Global Fund and the Grantee further agree that:

6.1 In accordance with the Global Fund Sustainability, Transition and Co-financing Policy (GF/B35/04) (the “STC Policy”), the Grantee shall:

(1) progressively increase government expenditure on health to meet national universal health coverage goals; and increase domestic funding of Global Fund-supported programs, with a focus on progressively absorbing the costs of key Program components. The Principal Recipient acknowledges that the Global Fund may reduce Grant Funds during the Implementation Period in the event the Grantee fails to meet these requirements; and

(2) comply with the requirements to access the ‘co-financing incentive’ as set forth in the STC Policy (the “Co-Financing Incentive Requirements”). The commitment and disbursement of USD3,452,242 (the “Co-Financing Incentive”), is subject to the Global Fund’s satisfaction with the Grantee’s compliance with the Co-Financing Incentive Requirements. The Global Fund may reduce the Co-Financing Incentive during the Implementation Period, or from the subsequent allocation, proportionate to non-compliance with the Co-Financing Incentive Requirements.

6.2 Personal Data

(1) Principles. The Principal Recipient, on behalf of the Grantee, acknowledges that Program Activities are expected to respect the following principles and rights (“Data Protection Principles”):

(a) Information that could be used to identify a natural person (“Personal Data”) will be: (i) processed lawfully, fairly and transparently; (ii) collected for specified, explicit and legitimate purposes and not further processed in a manner not compatible with those purposes; (iii) adequate, relevant and limited to what is necessary for the purposes for which they are processed; (iv) accurate and, where necessary, kept up to date; (v) kept in a form which permits identification of the individuals for no longer than is necessary for the purposes for which the Personal Data is processed; and (vi) processed in a manner that ensures appropriate security of the Personal Data; and

(b) Natural persons are afforded, where relevant, the right to information about Personal Data that is processed; the right to access and rectify or erase Personal Data; the right to data portability; the right to confidentiality of electronic communications; and the right to object to processing.

(2) Limitations. Where collection and processing of Personal Data is required in order to implement Program Activities, whether by the Principal Recipient, a Sub-recipient, or Supplier, the Principal Recipient should respect the Data Protection Principles:

(a) to the extent that doing so does not violate or conflict with applicable law and/or policy; and

(b) subject to the Principal Recipient balancing the Data Protection Principles with other fundamental rights in accordance with the principle of proportionality, taking into account the risks to the rights and freedoms of natural persons.

6.3 With respect to Section 7.6 (Right of Access) of the Global Fund Grant Regulations (2014), (1) the Global Fund may collect or seek to collect data, and it is possible that such data may contain Personal Data, and (2), prior to collection and at all times thereafter, the Principal Recipient shall take all necessary actions to ensure that the transfer of such information to the Global Fund shall not violate any applicable law or regulation.

6.4 The Program budget may be funded in part by Grant Funds disbursed under a previous Grant Agreement, which the Global Fund has approved to be used for the Program under the current Grant Agreement (“Previously Disbursed Grant Funds”), as well as additional Grant Funds up to the amount set forth in Section 3.6. hereof. Accordingly, the Global Fund may reduce the amount of Grant Funds set forth in Section 3.6. hereof by the amount of any Previously Disbursed Grant Funds. Previously Disbursed Grant Funds shall be governed by the terms of the current Grant Agreement.

6.5 The regional Green Light Committee (the “GLC”) shall provide technical and advisory support, including capacity building, to the Principal Recipient with respect to monitoring and scaling-up of DR TB-related in-country services, and the Principal Recipient shall cooperate fully with the GLC to allow the GLC to perform its services. Up to a maximum of USD50,000 in Grant Funds annually may be used by the Global Fund to pay for GLC services and the Global Fund may disburse such Grant Funds directly to the GLC.

6.6 In accordance with the Global Fund Board Decision on additional support for country responses to COVID-19 (GF/B42/EDP11), the Program budget of the previous grant includes USD1,107,834 in funding granted under the Global Fund COVID-19 Response Mechanism (“C19RM Funds”) programmed towards activities to respond to the COVID-19 pandemic (“Approved C19RM Activities”). Notwithstanding the Global Fund Guidelines for Grant Budgeting (2019, as amended from time to time), C19RM Funds must remain invested in the Approved C19RM Activities and may only be reprogrammed or carried over to a subsequent Implementation Period upon prior written approval by the Global Fund, provided that in no event shall C19RM Funds be used later than 30 June 2021, unless otherwise agreed in writing by the Global Fund.

6.7 No later than 31 March 2021, the Principal Recipient shall submit to the Global Fund, in form and substance satisfactory to the Global Fund, the national strategic plans for tuberculosis (“TB”) and HIV programs for 2021-2025, endorsed by the relevant authorized representative of the PR. For the avoidance of doubt, the new strategic plans should include the shift from a hospital-based care system to a decentralized outpatient care with milestones and strategies to scale-up the rapid diagnostic for presumptive TB cases that will result in timely enrollment of rifampicin-resistant (“RR”) / multidrug-resistant (“MDR”) TB treatment

6.8 No later than 31 March 2021, the Principal Recipient shall submit to the Global Fund, the national monitoring and evaluation (“M&E”) plan for 2022-2026, endorsed by the relevant authorized representative of the PR, which should be part of the

national disease strategies. The national M&E plan is expected to include the

program reviews, evaluations and surveys; monitoring and evaluation

the budget and the workplan.

Unless otherwise notified by the Global Fund in writing, prior Funds to finance the procurement of anti-tuberculosis drugs and for each disbursement request that includes funds for the procurement of anti-tuberculosis drugs, the Principal Recipient shall deliver to the Global Fund written confirmation of the price estimate and quantities of the anti-tuberculosis drugs for MDR/ extensively drug resistant ("XDR") patients that will be procured by the Principal Recipient from the Global Drug Facility's procurement agent, in form and substance satisfactory to the Global Fund. For the avoidance of doubt, the quantification of the anti-tuberculosis drugs submitted by the Principal Recipient to the Global Fund should be based on the revised national treatment guidelines for management of MDR/XDR tuberculosis

Prior to use of Grant Funds by the Principal Recipient to finance (i) procurement of vehicles, (ii) procurement of equipment, (iii) procurement of consumables, (iv) renovation of the new opioid substitution therapy ("OST") sites, and/or (v) payment of incentives to human resources for OST program; the Principal Recipient shall

No later than

Fund, the updated National Guidelines on Hepatitis B and C testing and treatment. The work on update of the National Guidelines should consider the necessity for the Principal Recipient and/or the Grantee to reallocate the governmental resources to ensure availability for full coverage of treatment and diagnostics needs for Hepatitis B virus and/or hepatitis C virus infection in the country, in line with the WHO recommendations, specifically for confirmatory testing for the key populations to ensure that key populations tested with the Global Fund funded procurement are provided with further treatment.

[Signature Page Follows.]

IN WITNESS WHEREOF, the Global Fund and the Principal Recipient, acting on behalf of the Grantee, have caused this Grant Confirmation to be executed and delivered by their respective duly authorized representatives on their respective date of signature below.

**The Global Fund to Fight AIDS,
Tuberculosis and Malaria**

By: _____

Name:

Title: Head, Grant Management
Division

Date:

**Ministry of Health of the Republic of
Azerbaijan**

on behalf of the Republic of Azerbaijan

By: _____

Name:

Title: Minister of Health of the
Republic of Azerbaijan

Date:



Acknowledged by

By: _____

Name:

Title: Chair Country Coordinating Mechanism of Republic of Azerbaijan

Date:

By: _____

Name:

Title: Civil Society Signatory Country Coordinating Mechanism of Republic of
Azerbaijan

Date:

Schedule I
Integrated Grant Description

A. PROGRAM DESCRIPTION

(the “Government”) has undergone significant changes. These include the nomination of a new Prime Minister and the appointment of several key ministers in charge of education, tax reforms, agriculture and rural development, the environment, and energy. The new government has been tasked with continuing the reforms in key sectors including health to recover economic growth.

There has been a health, which included funds for the implementation of the mandatory health insurance pilot and direct investment in strengthening primary health care (“PHC”). During the 6th Global the Government has that demonstrated Azerbaijan commitment to the Sustainable Development Goals and universal health coverage.

strengthen its health system (especially PHC), improve the quality of health services and decrease out-of-pocket spending on health. In 2016, the State Agency for Mandatory Health

the President of Azerbaijan endorsed the decree on establishment of the Administration of the Regional Medical Divisions (“TABIB”) to manage the healthcare facilities and to exercise supervision in the area of implementation of mandatory health insurance.

(including TB facilities but not HIV and narcological services) has been referred under the TABIB financing and governance.

Caused by COVID-19 crisis, the earlier anticipated increase of the Government funding for the TB program and over for health did not happen immediately despite the national roll out of the health insurance reforms.

HIV/AIDS

HIV prevalence is low (0.1%) among the general population, prevalence has been found to be higher among key populations at higher risk of HIV, including people who inject drugs (“PWID”)- 6.9%, female sex workers (“FSW”) – 3.5%, men who have sex with men (“MSM”) – 1.1% and prisoners –

new HIV cases is due to injection drug use.

challenges being to strengthening HIV diagnosis and ART enrolment and adherence for PWID and MSM populations. Only 54.2% of the estimated total number of PWID and 38.1%

of the estimated total number of MSM living with HIV had been tested as per 2018 Integrated Biological and Behavioural Survey (“IBBS”).

The national HIV program is focusing on achieving 90-90-90 by 2025 through strengthening of quality of services provided by communities, integrating communities into primary healthcare service delivery and ensuring that civil society organizations (“CSOs”) complement HIV prevention, treatment and care services provided by public sector. 90% of ART procurement and diagnostics costs are financed from the government budget.

TB

TB is decreasing with a 2018 estimated incidence (all forms) of 63 cases per 100,000 population. In 2018, 5,038 cases were notified, missing 1,200 (19%) of the estimated cases. The proportion of bacteriologically-confirmed cases among individuals with pulmonary TB (“PTB”) has increased from 61% in 2016 to 75% in 2018. This is due to the increased availability of GeneXpert machines and sputum transportation. TB case notification varies geographically from 13.4 cases per 100,000 population in Naxchivar region to 85.6 cases per 100,000 population in Siyazan region.

Azerbaijan is classified as a high burden drug-resistant (“DR”) TB country, with 13% of new and 28% of previously treated patients having RR/MDR TB and 7.6% of MDR/RR patients had extensively XDR TB. The detection of MDR/RR TB cases has remained stable (925 cases in 2016 to 938 in 2018). Treatment success among new and relapse cases was 84% in the 2017 cohort, and 60% among MDR/RR-TB patients. There are significant regional variations in the MDR/RR TB treatment success, ranging from 25% to 60%. Hospitalization rates for TB treatment continue to be very high, with 50% of drug-susceptible (“DS”) TB and 60% of DR TB cases being hospitalized, with an average hospital stay of 56 and 88 days, respectively.

Azerbaijan TB program implemented in penitentiary sector performs with good outcomes. Cure rates are over 90% for detainees with drug-sensitive tuberculosis, and more than 84% for patients with MDR TB.

The National TB program has ambitious goals of controlling TB in the country. With government and Global Fund funding (allocation and PAAR funding), the country will notify and enrol on treatment 95% of all estimated TB cases; 87% of all TB forms and 85% of RR/MDR TB cases and 65% of all XDR cases will be successfully treated by 2024.

The Ministry of Health of Azerbaijan is the Principal Recipient of this program.

2. Goals, Strategies and Activities

I. Goal

To reduce HIV incidence and AIDS related mortality through scaled access of key affected populations to essential HIV prevention, diagnostic, treatment, care and support services and to reduce the socio-economic burden of TB through significant decline in TB (including DR TB) incidence, prevalence, and mortality in Azerbaijan

II. Objectives include the following:

- (a) To implement scaled evidence-based preventive activities focused on key affected populations;

- (b) To achieve 90-90-90 HIV targets;
- (c) Support health systems strengthening and integrate HIV/TB services to maximize health outcomes for patients;
- (d) Ensure integrated, patient-centered care for TB with increased treatment success; and
- (e) Ensure program transition to national funding and sustainability.

III. **Modules** include the following:

- (a) Prevention;
- (b) Differentiated HIV testing services;
- (c) Treatment, care and support;
- (d) TB/HIV;
- (e) MDR TB;
- (f) Reducing human rights-related barriers to HIV/TB services;
- (g) Resilient and Sustainable System for Health (“RSSH”): Health management information systems and monitoring and evaluation (“M&E”; and
- (h) RSSH: Human resources for health, including community health workers.

IV. **HIV Strategies** include the following:

- (a) To implement evidence-based preventive activities focused on key affected populations;
- (b) To ensure universal access to comprehensive HIV treatment, care and support; and
- (c) To create enabling environment and ensure program sustainability.

V. **HIV Activities/interventions** include the following:

- (a) Comprehensive prevention programs for PWID and their partners (including Opioid substitution therapy and other medically assisted drug dependence treatment);
- (b) Comprehensive prevention programs for sex workers and their clients;
- (c) Comprehensive prevention programs for MSM;
- (d) Comprehensive prevention programs for transgender;
- (e) Comprehensive prevention programs in prisons and other closed settings;
- (f) Differentiated HIV testing services for PWID and their partners;
- (g) Differentiated HIV testing services for sex workers and their clients;
- (h) Differentiated HIV testing services for MSM;
- (i) Differentiated HIV testing services for transgender;
- (j) Differentiated HIV testing services for people in prisons and other closed settings;
- (k) Differentiated ART service delivery and HIV care;
- (l) Capacity building for health workers, including those at community level; and
- (m) Implementation of IBBS.

VI. **TB Strategies** include the following:

- (a) Strengthening laboratory network and improving case-finding strategies including for key populations;
- (b) Expanding access to treatment for RR/MDR TB and XDR TB patients, improving case management and treatment strategies; and

- (c) Implementation of patient-oriented TB and RR/MDR TB management based on ambulatory model.

VII. **TB Activities/Interventions** include the following:

- (a) Strengthen TB/HIV collaborative interventions and management of comorbidities;
- (b) Case detection and diagnosis of MDR/XDR TB;
- (c) Treatment of RR/MDR/XDR TB patients;
- (d) Community MDR TB care delivery;
- (e) Enhance TB control in prisons insuring follow up patients after release from penitentiary system;
- (f) Capacity building for health workers, including those at community level; and
- (g) Continuation of program monitoring/supervision and improving Health management information systems.

3. Target Group/Beneficiaries

I. **HIV Target Group/Beneficiaries** include the following:

- (a) PWID and their partners;
- (b) Sex workers and their clients;
- (c) MSM;
- (d) Transgender people;
- (e) Prisoners and population of other closed settings;
- (f) People living with HIV/AIDS; and
- (g) Internally displaced persons ("IDPs").

II. **TB Target Group/Beneficiaries** include the following:

- (a) RR/MDR-XDR TB patients;
- (b) Prisoners and population of other closed settings;
- (c) People living with HIV;
- (d) IDPs;
- (e) Presumptive TB cases; and
- (f) Latent TB infection (LTBI) cases.

B. PERFORMANCE FRAMEWORK

Please see attached.

C. SUMMARY BUDGET

Please see attached.

Country	Azerbaijan
Grant Name	AZE-C-MOH
Implementation Period	01-Jan-2021 - 30-Jun-2024
Principal Recipient	Ministry of Health of the Republic of Azerbaijan
Reporting Periods	
Start Date	01-Jan-2021
End Date	31-Dec-2021
PU includes DR?	Yes
	Yes
	Yes
	No

Program Goals, Impact Indicators and targets

- 1 To reduce HIV incidence and AIDS related mortality in Azerbaijan through scaled access of key affected populations to essential HIV prevention, diagnostic, treatment, care and support services
- 2 To reduce the socio-economic burden of TB in Azerbaijan through significant decline in TB (including drug-resistant TB) incidence, prevalence, and mortality

Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	Responsible PR	2021	2022	2023
						N: D: P: %	N: D: P: %	N: D: P: %
HIV I-11 M: Percentage of people who inject drugs who are living with HIV	Azerbaijan	N: D: P: 6.9%	2018 BSS (Behavioral Surveillance Survey)	Gender,Age	Ministry of Health of the Republic of Azerbaijan			
1						Due Date:	Due Date: 01-Mar-2023	Due Date:
Comments								
HIV I-10 M: Percentage of sex workers who are living with HIV	Azerbaijan	N: D: P: 3.5%	2018 BSS (Behavioral Surveillance Survey)	Gender,Age	Ministry of Health of the Republic of Azerbaijan	N: D: P: %	N: D: P: 2.50%	N: D: P: %
2						Due Date:	Due Date: 01-Mar-2023	Due Date:
Comments								
HIV I-9a M: Percentage of men who have sex with men who are living with HIV	Azerbaijan	N: D: P: 1.1%	2018 BSS (Behavioral Surveillance Survey)	Age	Ministry of Health of the Republic of Azerbaijan	N: D: P: %	N: D: P: 1.10%	N: D: P: %
3						Due Date:	Due Date: 01-Mar-2023	Due Date:
Comments								
HIV I-12 Percentage of other vulnerable populations (specify) who are living with HIV	Azerbaijan	N: D: P: 1.9%	2018 BSS (Behavioral Surveillance Survey)		Ministry of Health of the Republic of Azerbaijan	N: D: P: %	N: D: P: 1.50%	N: D: P: %
4						Due Date:	Due Date:	Due Date:

Comments

- 4 Indicator refers to the persons detained in correctional facilities. Baseline source is BBS 2018. A SRS survey was implemented among prisoners in Baku prisons (2) by involving of 400 prisoners in total. Given figure represents the average prevalence across the survey sites in Baku (presented in BSS report). Data will be collected by MMD MoJ, through a Behavioral Surveillance Survey (BSS) to be conducted in 2020 and 2022. Targets are in line with the National Strategic Plan for 2021 -2025.

HIV I-9b: ^M Percentage of transgender people who are living with HIV	Azerbaijan	N: D: P:	BSS (Behavioral Surveillance Survey)	Age	Ministry of Health of the Republic of Azerbaijan	N: D: P: %	N: D: P: 1.10%	N: D: P: %
5						Due Date:	Due Date:	Due Date:

Comments

There are no available baseline data source as BSS among TG was not conducted. IBBS 2020 has been already launched. International expert was selected to provide quality assurance of IBBS 2020. IBBS protocol developed and it is expected to start field works in the mid of August 2020. In case of no delay related to COVID 19, it is planned to finalize IBBS by the end of January 2021. As soon as the result of IBBS 2020 are available, the baseline will be defined and targets revised accordingly. Data will be collected by RAC, through Behavioral Surveillance Survey (BSS) to be conducted in 2020 and 2022. Targets are in line with the National Strategic Plan for 2021 -2025.

TB I-3: ^M TB mortality rate per 100,000 population	Azerbaijan	N: 4.4 D: P:	2019	Database of Statistical Department of the MoH	Ministry of Health of the Republic of Azerbaijan	N: 4 D: P: %	N: 3.6 D: P: %	N: 3.1 D: P: %
6						Due Date: 30-Apr-2022	Due Date: 30-Apr-2023	Due Date: 30-Apr-2024

Comments

Baseline data source is an Annual Country Report 2019. Mortality rate represents death cases excluding HIV cases. The data for the indicator is collected by Statistics Department under the Ministry of Health and further transferred to the State Statistics Committee and WHO for TB Global report. Numerator: Number of deaths caused by TB (all forms) in HIV-negative people per year, according to the ICD10 definition Denominator: Number of people in the population Baseline description: 440 deaath cases x 100,000 population/9,904,283 population of the country in a given year = 4.4 per 100,000 population. The figures will be provided in frame of routine reporting. The absolute number of TB death and the actual country population will be indicated in comments. The targets are in line with the National Strategic Plan for 2021-2025

TB I-4: ^M RR-TB and/or MDR-TB prevalence among new TB patients: Proportion of new TB cases with RR-TB and/or MDR-TB	Azerbaijan	N: D: P: 11.5%	2019	Routine Drug Resistance Surveillance system	Ministry of Health of the Republic of Azerbaijan	N: D: P: 11.50%	N: D: P: 11.50%	N: D: P: 11.00%
7						Due Date: 30-Apr-2022	Due Date: 30-Apr-2022	Due Date: 30-Apr-2022

Comments

Baseline data source is an Annual Country Report 2019. The data is collected in frame of routine Drug Resistance Surveillance system. Numerator: Number of new TB cases with RR-TB and/or MDR-TB x 100 Denominator: Total number of new TB cases with DST results/ Xpert result Baseline description:- 219 new laboratory confirmed RR and MDR- TB cases identified x 100% / 1,911 total number of new TB cases with DST results/Xpert results = 11.5%. The indicator demonstrates decreasing trends falling from 13% in 2013 up to 11.5% in 2019. It is expected that the trend will be kept up during the next project period. The targets are in line with the National Strategic Plan for 2021 -2025.

TB I-Other 1: RR-TB and/or MDR-TB prevalence among previously treated TB patients	Azerbaijan	N: D: P: 24.0%	2019	Routine Drug Resistance Surveillance system	Ministry of Health of the Republic of Azerbaijan	N: D: P: 24.00%	N: D: P: 23.00%	N: D: P: 23.00%
8						Due Date: 30-Apr-2022	Due Date: 30-Apr-2022	Due Date: 30-Apr-2022

Comments

Baseline data source is an Annual Country Report 2019. The data is collected in frame of routine Drug Resistance Surveillance system. Numerator: number of relapse cases and other previously treated cases with RR and MDR. Denominator: Total number of previously treated TB cases with DST results/ Xpert result Baseline description: 533 previously treated laboratory confirmed RR and MDR-TB cases identified x 100% / 2,183 total number of previously treated TB cases with DST/GeneXpert results = 24%. The indicator demonstrates decreasing trends falling from 28% in 2013 up to 24% in 2019. It is expected that the trend will be kept up during the next project period. The targets are in line with the National Strategic Plan for 2021-2025.

Program Objectives, Outcome Indicators and targets

- 1 To implement scaled evidence-based preventive activities focused on key affected populations
- 2 To achieve 90-90-90 HIV targets
- 3 Support health systems strengthening and integrate HIV/TB services to maximize health outcomes for patients
- 4 Ensure integrated, patient-centered care for TB with increased treatment success

5 Ensure program transition to national funding and sustainability

Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	Responsible PR	2021	2022	2023
						N: D: P: %	N: D: P: %	N: D: P: %
HIV O-6 ^{1M} Percentage of people who inject drugs reporting the use of sterile injecting equipment the last time they injected	Azerbaijan	N: D: P: 80.6%	2018 BSS (Behavioral Surveillance Survey)	Gender,Age	Ministry of Health of the Republic of Azerbaijan	Due Date:	Due Date: 01-Mar-2023	Due Date:
Comments								
HIV O-5 ^{1M} Percentage of sex workers reporting the use of a condom with their most recent client	Azerbaijan	N: D: P: 53.5%	2018 BSS (Behavioral Surveillance Survey)	Gender,Age	Ministry of Health of the Republic of Azerbaijan	Due Date:	Due Date: 01-Mar-2023	Due Date:
Comments								
HIV O-4a ^{1M} Percentage of men reporting the use of a condom the last time they had anal sex with a non regular partner	Azerbaijan	N: D: P: 68.8%	2018 BSS (Behavioral Surveillance Survey)	Age	Ministry of Health of the Republic of Azerbaijan	Due Date:	Due Date: 01-Mar-2023	Due Date:
Comments								
HIV O-12 Percentage of people living with HIV and on ART who are virologically suppressed	Azerbaijan	N: 3,421 D: 4,270 P: 80.1%	2019 Program records	Gender	Ministry of Health of the Republic of Azerbaijan	Due Date: 01-Mar-2022	Due Date: 01-Mar-2023	Due Date: 01-Mar-2024
Comments								
HIV O-21 Percentage of people living with HIV not on ART at the end of the reporting period among people living with HIV who were either on ART at the end of the last reporting period or newly initiated on ART during the reporting period	Azerbaijan	N: 177 D: 5,086 P: 3.5%	2019 Program records	Age,Treatment outcome,Gender	Ministry of Health of the Republic of Azerbaijan	Due Date: 01-Mar-2022	Due Date: 01-Mar-2023	Due Date: 01-Mar-2024
Comments								
Progress on this indicator will be reported on annual basis. Data are collected from the RAC. A moderate decrease in level is planned, since an increasing number of PWIDs will be enrolled in treatment annually . Numerator: Number of PLHIV reported on ART at the end of the last reporting period plus number of PLHIV newly initiated on ART during the current reporting period, that were not on treatment at the end of the current reporting period (including those who died, stopped treatment, and been lost-to-follow-up (LTFU). Denominator: Number of people reported on ART at the end of the last reporting period plus new on ART during the current reporting period. The number of PLHIV reported on ART at the end of 2018 was 4397 and number of PLHIV newly initiated on ART during 2019 was 689.								

							N: D: P: 85.00%	N: D: P: 86.00%	N: D: P: 87.00%
	TB O-2a Treatment success rate of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapse cases	Azerbaijan	N: 3,940 D: 4,636 P: 85.0%	2019 R&R TB system, yearly management report	Ministry of Health of the Republic of Azerbaijan		Due Date: 01-Mar-2022	Due Date: 01-Mar-2023	Due Date: 01-Mar-2024
6 Comments									
	TB O-4 M Treatment success rate of RR TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated	Azerbaijan	N: 624 D: 1,042 P: 59.9%	2019 R&R TB system, yearly management report	Ministry of Health of the Republic of Azerbaijan	N: D: P: 70.00%	N: D: P: 75.00%	N: D: P: 85.00%	
7 Comments									
							Due Date: 01-Mar-2022	Due Date: 01-Mar-2023	Due Date: 01-Mar-2024
	TB O-5 M TB treatment coverage: Percentage of new and relapse cases that were notified and treated among the estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed)	Azerbaijan	N: 5,038 D: 6,300 P: 80.0%	2018 WHO, Global Tuberculosis report		N: D: P: 85.00%	N: D: P: 87.00%	N: D: P: 90.00%	
8 Comments									
							Due Date: 31-Oct-2022	Due Date: 31-Oct-2023	Due Date: 31-Oct-2024

Coverage indicators and targets

CI Number	Population	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Disaggregation	Include in GF Results	Responsible PR	Cumulation Type	01-Jan-2021 31-Dec-2021	01-Jan-2022 31-Dec-2022	01-Jan-2023 31-Dec-2023	01-Jan-2024 30-Jun-2024
Prevention													
1	People who inject drugs and their partners	KP-1d M Percentage of people who inject drugs reached with HIV prevention programs - defined package of services	Country: Azerbaijan;										

Comments

The baseline figure represents the programmatic results for 2019 year, is reported annual basis by RAC, based on NGOs' HR database. PWID is considered to be reached with HIV prevention programs if he/she receives all elements of the minimal package of services during the reporting period (doesn't have to be simultaneously) which includes HIV/STI risk reduction communication and the provision of syringes and needles and condoms. Alcohol wipes will be available in all sites. It is expected that annually in average 180 needles and syringes, 52 condoms and 20 alcohol wipes, will be distributed per PWID reached. In addition depending on the client's needs beneficiaries can also receive referral to other services: HIV testing and counselling, medical (STI diagnosis and treatment, TB screening, Hepatitis testing, etc.), psychological and legal counselling, OST, ART. Numerator: Number of unique PWID reached by HIV/AIDS prevention programs during the reporting period. Denominator: Estimated number of PWID in the country. Baseline source is PSE 2018. The targets will be revised accordingly based on the new results of Population Size Estimation (SE) exercise to be conducted in 2020. Targets are in line with the National Strategic Plan for 2021-2025. By the end of 2024 will be reached 80% from the estimated number of PWID in the country. Indicator for Y4 is 6 month results as grant is by 30/06/2024. The government will support: procurement of Needle and Syringe, Alcohol wipes, Condoms: 40% in Y1, 45% in Y2 and 50% in Y3-4. Its planned that government will support harm reduction and HIV prevention programs implemented by NGOs starting from Y4 (20% calculated from national targets)

		Country: Azerbaijan:										
10	People who inject drugs and their partners	KP - Other 1: Number and percentage of people who inject drugs receiving Opioid Substitution Therapy	Coverage: N: 520 Geographic: National, 100% of national program target	D: 60,250 P: 0.9%	2019 Program records	Yes	Ministry of Health of the Republic of Azerbaijan	N: 2,600 D: 60,250 P: 4.3%	N: 5,180 D: 60,250 P: 8.6%	N: 7,850 D: 60,250 P: 13.0%	N: 9,225 D: 60,250 P: 15.3%	
	Comments	<p>The baseline figure represents the programmatic results for 2019 year and will be reported annually by Republican Narcological Center. Numerator: Number of PWID on OST at the end of the reporting period; Denominator: Estimated number of PWID in the country. Baseline source is PSE 2018. The targets will be revised accordingly based on the new results of Population Size Estimation (SE) exercise to be conducted in 2020. Targets are in line with the National Strategic Plan for 2021-2025. Government will support procurement of methadone as well as medical staff salaries and health facilities maintenance. TGF will support performance-based incentives per new clients and their retention, sites renovation (29 new sites should be open during the grant implementation period), trainings, software. In addition depending on the client's needs OST patients can also receive referral to other services, such as, HIV testing and counselling, medical (STI diagnosis and treatment, HCV and HBV testing, TB screening, etc.), psychological and legal counselling if needed. By the end of 2025 will be reached 20% from the estimated number of PWID in the country.</p>										
11	People who inject drugs and their partners	KP-5 Percentage of individuals receiving Opioid Substitution Therapy who received treatment for at least 6 months	Coverage: N: 74 Geographic: National, 100% of national program target	D: 79 P: 93.7%	2019 Program records	Yes	Ministry of Health of the Republic of Azerbaijan	N: 338 D: 520 P: 65.0%	N: 1,330 D: 1,900 P: 70.0%	N: 1,858 D: 2,580 P: 72.0%	N: 1,028 D: 1,370 P: 75.0%	
	Comments	<p>Base line data represents the program results for 2019. According to the official data provided by the RNC, by the end of 2019, the number of new patients enrolled on the OST program was 173 (by the end of 2018-347 patients; by the end of 2019-520 patients), of which 79 were enrolled in first 6 months of 2019. 74 out of 79 patients were 6 months period and more in the program (continued their treatment until the end of December 31, 2019), three died and two left the program. Although baseline figure is very high, the targets for the next project years are relatively low. It is explained by that, due to the significant OST coverage, the number of patients' dropout is expected to be high. Numerator: Number of people from the cohort still in treatment 6 months after starting OST. Denominator: Number of people starting OST during the time period defined as the cohort recruitment period. Targets are inline with OST scale-up plan for 2020-2025 and National Strategic Plan for 2021-2025. For the 1st reporting period cohort of PWID enrolled in Jan-Jun 2021, for the 2nd reporting period cohort enrolled in Jul 2021-Jun 2022, for the 3rd reporting period July 2022-Jun 2023 and 4th period July-Dec 2023 will be reported. OST scale up plan is based on RBF model motivating medical establishments for each new patient enrolled and patient retention for 6-month period. Global Fund grant will pay for the per patient visit compensations as well as for equipment of the new OST sites while the government will fully cover 100% of the procured methadone.</p>										
2	Sex workers and their clients	KP-1c M Percentage of sex workers reached with HIV prevention programs - defined package of services	Coverage: N: 19,250 Geographic: National, 100% of national program target	D: 31,900 P: 60.3%	2019 Program records	Gender,Age	Yes	Ministry of Health of the Republic of Azerbaijan	N: 22,330 D: 31,900 P: 70.0%	N: 22,968 D: 31,900 P: 72.0%	N: 23,925 D: 31,900 P: 75.0%	N: 22,968 D: 31,900 P: 72.0%
	Comments	<p>The baseline figure represents the programmatic results for 2019 year, is reported annual basis by RAC, based on NGOs' HR database. SW is considered to be reached with HIV prevention programs if he/she receives such elements of the minimal package of services during the reporting period (doesn't have to be simultaneously) which includes HIV risk reduction communication and condoms, lubricants (will be available in all sites). It is expected that annually in average 260 condoms will be distributed per SW reached. In addition depending on the client's needs beneficiaries can also receive referral to other services: HIV testing and counselling, medical (STI diagnosis and treatment, TB screening, gynecological check-up, etc.), psychological and legal counselling and ART. Numerator: Number of unique SW reached by HIV/AIDS prevention programs during the reporting period. Denominator: Estimated number of SW in the country. Baseline source is PSE 2018. The targets will be revised accordingly based on the new results of Population Size Estimation (SE) exercise to be conducted in 2020. Targets are in line with the National Strategic Plan for 2021-2025. By the end of 2024 will be reached 80% from the estimated number of SW in the country. Indicator for Y4 is 6 month results as grant is by 30/06/2024. The government will support: procurement of Condoms: 40% in Y1, 45% in Y2 and 50% in Y3-4. Its planned that government will support harm reduction and HIV prevention programs implemented by NGOs starting from Y4 (20% calculated from national targets)</p>										
3	Men who have sex with men	KP-1a M Percentage of men who have sex with men reached with HIV prevention programs - defined package of services	Coverage: N: 12,537 Geographic: National, 100% of national program target	D: 23,900 P: 52.5%	2019 Program records	Age	Yes	Ministry of Health of the Republic of Azerbaijan	N: 14,340 D: 23,900 P: 60.0%	N: 16,730 D: 23,900 P: 70.0%	N: 17,925 D: 23,900 P: 75.0%	N: 17,208 D: 23,900 P: 72.0%
	Comments	<p>The baseline figure represents the programmatic results for 2019 year, is reported annual basis by RAC, based on NGOs' HR database. MSM is considered to be reached with HIV prevention programs if he receives all elements of the minimal package of services during the period (doesn't have to be simultaneously) which includes the provision of HIV risk reduction communication, condoms and lubricants. It's expected that 260 condoms and 40 lubricants will be distributed per reached MSM per year. In addition depending on the client's needs beneficiaries can also receive referral to other services: HIV testing and counselling, medical (STI diagnosis and treatment, TB screening, etc.), psychological and legal counselling and ART. Numerator: Number of unique MSM reached by HIV/AIDS prevention programs during the reporting period. Denominator: Estimated number of MSM in the country. Baseline source is PSE 2018. The targets will be revised accordingly based on the new results of Population Size Estimation (SE) exercise to be conducted in 2020. Targets are in line with the National Strategic Plan for 2021-2025. By the end of 2024 will be reached 80% from the estimated number of MSM in the country. Indicator for Y4 is 6 month results as grant is by 30/06/2024. The government will support: procurement of Condoms and lubricants: 40% in Y1, 45% in Y2 and 50% in Y3-4. Its planned that government will support harm reduction and HIV prevention programs implemented by NGOs starting from Y4 (20% calculated from national targets)</p>										
4	Transgender people	KP-1b M Percentage of transgender people reached with HIV prevention programs - defined package of services	Coverage: N: 797 Geographic: National, 100% of national program target	D: P:	2019 Program records	Age	Yes	Ministry of Health of the Republic of Azerbaijan	N: 900 D: P:	N: 1,000 D: P:	N: 1,100 D: P:	N: 1,200 D: P:
	Comments	<p></p>										

4 The baseline figure represents the programmatic results for 2019 year, is reported annual basis by RAC, based on NGOs' HR database. TG is considered to be reached with HIV prevention programs if he receives all elements of the minimal package of services during the period (doesn't have to be simultaneously) which includes the provision of HIV risk reduction communication, condoms and lubricants. All program clients will be provided with counselling on safe injection (if needed). it's expected that 260 condoms and 40 lubricants will be distributed per reacehd TG per year. In addition depending on the client's needs beneficiaries can also receive referral to other services: HIV testing and counselling, medical (STI diagnosis and treatment, TB screening, etc.), psychological and legal counselling and ART. Indicator for Y4 is 6 month results as grant is by 30/06/2024. TG Population Size Estimation (SE) not availabel in BSS 2018. Denominator will be availabel after BSS conduction in 2020 and will be revised after BSS 2020. Targets will be revised accordingly when new PSE results will be available . The government will support: procurement of Condoms and lubricants: 40% in Y1, 45% in Y2 and 50% in Y3-4. Its planned that government will support harm reduction and HIV prevention programs implemented by NGOs starting from Y4 (20% calculated from national targets)

Differentiated HIV Testing Services

		Country: Azerbaijan:									
		Coverage:	N: 25,157	2019	Age,Gender,HIV test status	Yes	Ministry of Health of the Republic of Azerbaijan	N: 31,722.3	N: 37,957.5	N: 40,669.2	N: 39,042
	HTS-3d ^{LM} Percentage of people who inject drugs that have received an HIV test during the reporting period and know their results	Geographic	D: 60,250 National, 100% of national program target	P: 41.8%	Program records			D: 60,250 P: 52.7%	D: 60,250 P: 63.0%	D: 60,250 P: 67.5%	D: 60,250 P: 64.8%

Comments

5 The baseline figure represents the programmatic results for 2019 year, is reported annual basis by RAC, based on NGOs' HR database and data from VCT points and mobile units. The indicator represents the percentage of PWID that have received an HIV test and know its result. Numerator: Number of unique PWID that have received HIV test (Eliza or rapid test) during the reporting period. Denominator: Estimated number of PWID in the country. Baseline source is PSE 2018. The targets will be revised accordingly based on the new results of Population Size Estimation (SE) exercise to be conducted in 2020. Targets are in line with the National Strategic Plan for 2021 -2025. It is planned to provide HIV testing to 90% of unique clients reached by HIV/AIDS prevention programs annually. Testing will be offered during the first contact so during the first half of the year testing coverage will be significantly higher than in the second one. HIV tests (both ELISA and rapid) for AIDS centers will be procured using government funds; HIV tests for NGO based testing will be procured from TGF grant. Indicator for Y4 is 6 month results as grant is by 30/06/2024.

		Country: Azerbaijan:									
		Coverage:	N: 15,507	2019	Age,Gender,HIV test status	Yes	Ministry of Health of the Republic of Azerbaijan	N: 20,097	N: 20,671.2	N: 21,532.5	N: 20,671.2
	HTS-3c ^{LM} Percentage of sex workers that have received an HIV test during the reporting period and know their results	Geographic	D: 31,900 National, 100% of national program target	P: 48.6%	Program records			D: 31,900 P: 63.0%	D: 31,900 P: 64.8%	D: 31,900 P: 67.5%	D: 31,900 P: 64.8%

Comments

6 The baseline figure represents the programmatic results for 2019 year, is reported annual basis by RAC, based on NGOs' HR database and data from VCT points and mobile units. The indicator represents the percentage of SW that have received an HIV test and know its result. Numerator: Number of unique SW that have received HIV test (Eliza or rapid test) during the reporting period. Denominator: Estimated number of SW in the country. Baseline source is PSE 2018. The targets will be revised accordingly based on the new results of Population Size Estimation (SE) exercise to be conducted in 2020. Targets are in line with the National Strategic Plan for 2021 -2025. It is planned to provide HIV testing to 90% of unique clients reached by HIV/AIDS prevention programs annually. Testing will be offered during the first contact so during the first half of the year testing coverage will be significantly higher than in the second one. HIV tests (both ELISA and rapid) for AIDS centers will be procured using government funds; HIV tests for NGO based testing will be procured from TGF grant. Indicator for Y4 is 6 month results as grant is by 30/06/2024.

		Country: Azerbaijan:									
		Coverage:	N: 10,109	2019	Age,HIV test status	Yes	Ministry of Health of the Republic of Azerbaijan	N: 12,906	N: 15,057	N: 16,132.5	N: 15,487.2
	HTS-3a ^{LM} Percentage of men who have sex with men that have received an HIV test during the reporting period and know their results	Geographic	D: 23,900 National, 100% of national program target	P: 42.3%	Program records			D: 23,900 P: 54.0%	D: 23,900 P: 63.0%	D: 23,900 P: 67.5%	D: 23,900 P: 64.8%

Comments

7 The baseline figure represents the programmatic results for 2019 year, is reported annual basis by RAC, based on NGOs' HR database and data from VCT points and mobile units. The indicator represents the percentage of SW that have received an HIV test and know its result. Numerator: Number of unique MSM that have received HIV test (Eliza or rapid test) during the reporting period. Denominator: Estimated number of MSM in the country. Baseline source is PSE 2018. The targets will be revised accordingly based on the new results of Population Size Estimation (SE) exercise to be conducted in 2020. Targets are in line with the National Strategic Plan for 2021 -2025. It is planned to provide HIV testing to 90% of unique clients reached by HIV/AIDS prevention programs annually. Testing will be offered during the first contact so during the first half of the year testing coverage will be significantly higher than in the second one. HIV tests (both ELISA and rapid) for AIDS centers will be procured using government funds; HIV tests for NGO based testing will be procured from TGF grant. Indicator for Y4 is 6 month results as grant is by 30/06/2024.

		Country: Azerbaijan:									
		Coverage:	N: 637	2019	Age,HIV test status	Yes	Ministry of Health of the Republic of Azerbaijan	N: 810	N: 900	N: 990	N: 1,080
	HTS-3b ^{LM} Percentage of transgender people that have received an HIV test during the reporting period and know their results	Geographic	D: National, 100% of national program target	P:	Program records			D: P:	D: P:	D: P:	D: P:

Comments

8 The baseline figure represents the programmatic results for 2019 year, is reported annual basis by RAC, based on NGOs' HR database. TG Population Size Estimation (SE) not availabel in BSS. Denominator will be availabel after BSS conduction in 2020 and will be revised after BSS 2020 and targets will be revised accordingly. During the program year is planned to provide HIV testing in outreach to 90% of unique clients reached by HIV/AIDS prevention programs. Testing will be offered during the first contact so during the first half of the year testing coverage will be significantly higher than in the second one. HIV tests for AIDS centers will be fully procured from government funds during the project; HIV tests for NGO based testing will be procured from TGF grant. Indicator for Y4 is 6 month results as grant is by 30/06/2024.

		Country: Azerbaijan:									
		Coverage:	N: 15,265	2019	HIV test status	Yes	Ministry of Health of the Republic of Azerbaijan	N: 15,750	N: 15,750	N: 15,750	N: 15,750
	HTS-3f ^{LM} Number of people in prisons or other closed settings that have received an HIV test during the reporting period and know their results	Geographic	D: 17,500 National, 100% of national program target	P: 87.2%	Program records			D: 17,500 P: 90.0%	D: 17,500 P: 90.0%	D: 17,500 P: 90.0%	D: 17,500 P: 90.0%

Comments

9 The baseline figure represents the programmatic results for 2019 year, is reported annual basis by MMD MoJ. The indicator represents the percentage of people in prisons and other closed settings that have received HIV test and know result. Numerator: Number of unique people in prisons and other closed settings that have received HIV test. Denominator: real number of people in prisons and other closed settings in country as of the end of the reporting period. It is planned to provide HIV testing to 90% of people in prisons. For the targets will be used average (estimated) number of people in prison. TGF will cover all 100 % cost for the HIV tests, government support staff salaries. Indicator for Y4 is 6 month results as grant is by 30/06/2024.

Treatment, care and support

	Country: Azerbaijan:										
All people living with HIV	TCS-1.1 M: Percentage of people on ART among all people living with HIV at the end of the reporting period	Coverage: N: 4,909 Geographic D: 9,720 National, 100% of P: 50.5%	2019 Program records	Age,Gender,Gender Age,Duration of treatment,Target / Risk population group	Yes	Ministry of Health of the Republic of Azerbaijan	N: 8,290 D: 9,890 P: 83.8%	N: 8,702 D: 10,020 P: 86.8%	N: 8,954 D: 10,130 P: 88.4%	N: 9,250 D: 10,230 P: 90.4%	

12

Comments

The baseline figure represents the results at the end of 2019 year and includes both civil sector and penitentiary system. Disaggregated data by civil and penitentiary sectors will be provided by RAC. Numerator: Number of people on ART at the end of the reporting period Denominator: Estimated number of people living with HIV. Will be reported based on the updated SPECTRUM data. Baseline denominator is SPECTRUM 5,87 data for 2019 agreed with UNAIDS. Targets are in line with the National Strategic Plan for 2021 - 2025. It is planned to reach 90% of estimated PLHA to be on ART in 2024. Government supports procurement of ARV medicines as well as medical staff salaries, health facilities maintenance, CD4 tests and Viral load tests for laboratory examination of PLHIV and ART patients in both sector. GF will support procurement of first line and second line ARV medicines for 300 and 16 patients (316 in total) accordingly per each year of Y1/Y2/Y3 in penitentiary sector. Starting from 2024 all ARV medicines will be procured using GOV funds in penitentiary sector. ARV drugs for civil sector will be fully covered by Gov funding. Under TGF funds will be provided community support to PLHIV with gradual transfer to Government: 2024 - 20% GOV. Indicator for Y4 is 6 month results as grant is by 30/06/2024.

TB/HIV

	Country: Azerbaijan:										
TB/HIV-6	M: Percentage of HIV-positive new and relapse TB patients on ART during TB treatment	Coverage: N: 63 Geographic D: 64 National, 100% of P: 98.4%	2019 R&R TB system, yearly management report	Age,Gender	Yes	Ministry of Health of the Republic of Azerbaijan	N: D: P: 99.0%	N: D: P: 99.0%	N: D: P: 99.0%	N: D: P:	

17

Comments

Baseline data source is an Annual Country Report 2019. Nominator: Number of HIV-positive new and relapse TB patients, registered over the reporting period, who receive ART; Denominator: Total number of HIV-positive new and relapse TB patients registered during the reporting period. Actual N# and D# will be reported Disaggregated data by civil and penitentiary sectors will be provided in the comment's section. The targets are aligned with the National Strategic Plan 2021-2025

MDR-TB

	Country: Azerbaijan:										
MDR TB-3	M: Number of cases with RR-TB and/or MDR-TB that began second-line treatment	Coverage: N: 1,005 Geographic D: National, 100% of P:	2019 R&R TB system, yearly management report	Age,Gender,TB regimen	Yes	Ministry of Health of the Republic of Azerbaijan	N: 990 D: P:	N: 1,080 D: P:	N: 1,168 D: P:	N: 617 D: P:	

13

Comments

Baseline data source is an Annual Country Report-2019. Baseline description: In 2019, 1,005 RR/MDR-TB cases (including XDR-TB cases) started second-line TB treatment. Of 1005 RR/M/XDR-TB cases enrolled into the treatment in 2019, 319 cases were previously treated with outcome as "failure" and "lost to follow up". Numerator: Number of cases with RR-TB and/or MDR-TB that began second-line treatment. The indicator includes bacteriologically confirmed and "presumptive" RR/MDR TB on treatment too. It's assumed that 95% of notified cases will be enrolled into the treatment. Disaggregated data by civil and penitentiary sectors will be provided in the comment's section. Indicator for Y4 is 6 month results as grant is by 30/06/2024. The targets are aligned with UNHLM and the National Strategic Plan 2021-2025

	Country: Azerbaijan:										
MDR TB-2	M: Number of TB cases with RR-TB and/or MDR-TB notified	Coverage: N: 752 Geographic D: National, 100% of P:	2019 R&R TB system, yearly management report	Age,Gender	Yes	Ministry of Health of the Republic of Azerbaijan	N: 1,042 D: P:	N: 1,137 D: P:	N: 1,230 D: P:	N: 650 D: P:	

14

Comments

Baseline data source is an Annual Country Report 2019. The indicator will include RR/M/XDR-TB cases notified during the reporting period plus cases previously treated with outcome as "failure" and "lost to follow up". Baseline description: Of 752 cases notified in 2019, 337 - RR-TB, 326 - MDR-TB and 89-XDR-TB patients. It should be noted that the baseline doesn't include cases previously treated with outcome as "failure" and "lost to follow up". For civil sector: 330 RR-TB, 306 MDR-TB and 80 XDR-TB patients For penitentiary sector: 7 RR-TB, 20 MDR-TB, and 9 XDR-TB patients Disaggregated data by civil and penitentiary sectors will be provided in the comment's section. Indicator for Y4 is 6 month results as grant is by 30/06/2024. The targets are aligned with the National Strategic Plan 2021-2025

	Country: Azerbaijan:										
MDR TB-7.1	Percentage of confirmed RR/MDR-TB cases tested for resistance to second-line drugs	Coverage: N: 704 Geographic D: 752 National, 100% of P: 93.6%	2019 R&R TB system, yearly management report		Yes	Ministry of Health of the Republic of Azerbaijan	N: D: P: 95.0%	N: D: P: 96.0%	N: D: P: 97.0%	N: D: P:	

15

Comments

Baseline data source is an Annual Country Report 2019. Nominator: Number of confirmed MDR-TB cases tested for resistance to second-line drugs during the reporting period. Denominator: Number of confirmed MDR-TB cases during the reported period. Actual N# and D# will be reported. Disaggregated data by civil and penitentiary sectors will be provided in the comment's section. The targets are aligned with the National Strategic Plan 2021-2025

16	MDR TB-6 Percentage of TB patients with DST result for at least Rifampicin among the total number of notified (new and retreatment) cases in the same year Coverage: N: 5,376 Geographic D: 6,533 National, 100% of P: 82.3% national program target	Country: Azerbaijan; 2019 R&R TB system, yearly management report	Yes	Ministry of Health of the Republic of Azerbaijan	N: D: P: 85.0%	N: D: P: 95.0%	N: D: P: 100.0%	N: D: P:
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Comments

Baseline data source is an Annual Country Report 2019. Nominator: Number of TB patients with DST results. Denominator: Total number of notified TB cases in the same year Actual N# and D# will be reported. Disaggregated data by civil and penitentiary sectors will be provided in the comment's section. The targets are aligned with the National Strategic Plan 2021-2025.

Workplan Tracking Measures

Population	Intervention	Key Activity	Milestones	Criteria for Completion	Country

Comments

Component Name	HIV/AIDS,Tuberculosis
Country / Applicant:	Azerbaijan
Principal Recipients	Ministry of Health of the Republic of Azerbaijan
Application/Grant Name	AZE-C-MOH
IP Start Date	1-Jan-21
IP End Date	30-Jun-24
Grant Currency	USD

Budget Summary (in grant currency)

By Module	1-Jan-21	1-Apr-21	1-Jul-21	1-Oct-21	1-Jan-22	1-Apr-22	1-Jul-22	1-Oct-22	1-Jan-23	1-Apr-23	1-Jul-23	1-Oct-23	1-Jan-24	1-Apr-24						
	31-Mar-21	30-Jun-21	30-Sep-21	31-Dec-21	31-Mar-22	30-Jun-22	30-Sep-22	31-Dec-22	31-Mar-23	30-Jun-23	30-Sep-23	31-Dec-23	31-Mar-24	30-Jun-24						
Program management	103072	76348	80829	80829	341078	137253	99803	99803	436661	129253	99803	99803	428661	127953	98503	226455	1'432856	8%		
MDR-TB	2853023	31847	77763	109117	3071750	1652408	29099	58233	79099	1'8181839	1'418261	29099	58233	79099	1'584692	480125	16861	504886	6'980166	40%
RSSH: Human resources for health, including community health workers	0	28869	20790	53307	102966	0	38424	3058	35519	77001	0	25908	3058	25908	54874	20903	20790	41692	276533	2%
Reducing human rights-related barriers to HIV/TB services	1252	1252	21952	95603	120058	21952	21952	8566	1252	53710	8566	1252	1252	1252	12310	6155	2503	8658	194737	1%
Prevention	35940	0	639668	485261	1'160869	738048	420211	438160	402174	1'998593	691297	378025	402252	359989	1'831564	758460	429668	1'188129	6'179155	36%
Differentiated HIV Testing Services	119068	103655	347887	342	570951	248485	0	79310	0	327795	261512	0	79310	0	340822	251543	0	251543	1'491112	9%
Treatment, care and support	9'000	40571	158557	5'006	213134	36750	0	117719	0	154469	9'000	0	79618	0	88618	4'500	0	4'500	460721	3%
RSSH: Health management information systems and M&E	4'891	4'891	8'987	8'987	27757	63'826	10'291	63'826	10'291	148234	10'291	10'291	10'291	10'291	41165	14387	14387	28773	245929	1%
Total	3'126'246	287432	1'356'433	838'451	5'608'563	2'898'721	619'780	868'664	628'138	5'015'303	2'528'169	544'378	733'817	576'342	4'382'706	1'671'926	582'711	2'254'637	17'261'208	100%

By Cost Grouping	Q1	Q2	Q3	Q4	Year 1	Q5	Q6	Q7	Q8	Year 2	Q9	Q10	Q11	Q12	Year 3	Q13	Q14	Year 4	Total	%
	1.0 Human Resources (HR)	69'246	63'238	309'961	309'961	752'405	334'477	328'469	328'469	1'319'884	334'477	328'469	328'469	1'319'884	281'674	278'670	560'345	3'952'518	23%	
2.0 Travel related costs (TRC)	32'186	61'055	68'013	112'013	273'266	95'614	98'540	95'614	77'599	367'367	37'579	81'524	37'579	63'487	220'170	73'635	50'067	123'702	984'505	6%
3.0 External Professional services (EPS)	64'725	0	60'591	194'200	319'516	84'411	37'876	32'176	67'176	221'640	72'100	17'177	20'235	67'177	176'687	67'804	20'288	88'092	805'935	5%
4.0 Health Products - Pharmaceutical Products (HPPP)	1'765'905	36'550	61'934	0	1'864'389	867'411	0	41'934	0	909'345	831'083	0	41'934	0	873'017	298'962	0	298'962	3'945'712	23%
5.0 Health Products - Non-Pharmaceuticals (HPNP)	72'775	3'655	62'798	0	1'359'398	1'092'515	0	122'459	0	1'214'974	922'213	0	122'459	0	1'044'672	631'328	0	631'328	4'250'372	25%
6.0 Health Products - Equipment (HPE)	117'451	100'394	82'534	394	300'772	35'621	394	68'839	394	105'247	31'071	394	32'334	394	64'192	394	394	787	470'997	3%
7.0 Procurement and Supply-Chain Management costs (PSM)	213'986	4'021	67'883	0	285'890	169'510	0	15'122	0	184'631	158'039	0	13'525	0	171'565	81'992	0	81'992	724'078	4%
8.0 Infrastructure (INF)	0	0	0	0	48'285	48'285	76'451	76'451	76'451	305'805	28'166	28'166	28'166	112'665	0	0	0	466'755	3%	
9.0 Non-health equipment (NHP)	87'940	0	0	100'000	187'940	38'000	0	9'551	0	47'551	0	0	20'467	0	9'551	9'551	0	265'510	2%	
10.0 Communication Material and Publications (CMP)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
11.0 Indirect and Overhead Costs	18'520	18'520	35'133	31'201	103'373	35'651	35'651	35'651	142'606	35'651	35'651	35'651	35'651	142'606	32'951	32'951	65'901	454'486	3%	
12.0 Living support to client/ target population (LSCP)	28'533	0	0	0	28'533	26'663	0	0	0	26'663	24'792	0	0	0	24'792	12'396	0	12'396	92'384	1%
13.0 Payment for results	0	0	42'398	42'398	84'796	42'398	42'398	42'398	169'591	52'997	52'997	52'997	52'997	211'989	190'790	190'790	381'581	847'957	5%	
Total	3'126'246	287432	1'356'433	838'451	5'608'563	2'898'721	619'780	868'664	628'138	5'015'303	2'528'169	544'378	733'817	576'342	4'382'706	1'671'926	582'711	2'254'637	17'261'208	100%

By Recipients	Q1	Q2	Q3	Q4	Year 1	Q5	Q6	Q7	Q8	Year 2	Q9	Q10	Q11	Q12	Year 3	Q13	Q14	Year
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