

COUNTRY VISIT REPORT – BELARUS 2019

Destination	Minsk, Belarus
Dates of visit	18-20 May 2019
Primary objectives	<ul style="list-style-type: none">• To assess advocacy potential and of TB civil society, their interaction with NTP, WHO, other civil society and affected communities,• To identify capacity building needs of CSOs,• To identify the strengths and weaknesses in the context of achieving the goals, objectives and targets that have been specified in TB-REP 2.0. project implementation plan¹.• Help build relationships between CSO and Ministry of Health officials, as well as Members of Parliament;• Prepare National Dialogue to cooperation between NTP and civil society to promote people-centered approach in TB care
Report prepared on	20 June 2019 by Daniel Kashnitsky, TBEC Capacity Building Manager and Paul Sommerfeld, Co-chair of Board, TBEC

This visit was organized jointly by Global TB Caucus and TBEC. The two organization are partners within the TB REP 2.0 project and have been implementing decided to join forces under TB REP 2.0 activity 1.1.3. “Advocate for policy changes and forge sustainable relationships between all country and regional stakeholders in the fight against TB”. TBEC highly appreciates professionalism and support of GTBC, especially, Tsira Tchakhaia, EECA Manager, Global TB Caucus who was a part of the joint delegation, although had a different visit program and goals.

It is also important to mention that TBEC had a unique and indispensable support from WHO country office, specifically, from National Professional Officer, Communicable diseases, WHO Country Office in Belarus who help to arranged our key meetings and accompanied our delegation during the visit but also has provided support and advice to our partner, Defeat TB Together in communication with TB service.

Key outcomes:

TB REP 2.0 national partner - Defeat TB coordinated the dates of a two-day national dialogue in Minsk with key stakeholders (Ministry of Health, NTP, WHO) to take place on 6-7 August 2019; the dialogue with have as the main objective promotion of people centered approach and a greater role of civil society in TB care.

TB Europe Coalition jointly with the Global TB Caucus, met with four members of Belarus Parliament, who agreed to launch a national TB Caucus in 2019.

¹ Goal of TB REP 2.0: Advancing people-centered quality TB care – From the new model of care towards improving DRTB timely detection and treatment outcomes. Objectives of TB REP 2.0 project: Objective 1. To ensure full engagement of communities and civil society in TB prevention and care for improving TB and DR-TB case detection and patient care outcomes; Objective 2. To strengthen health systems to enable integrated people-centered TB and DR-TB care delivery systems for meeting challenges and addressing the needs of key populations.

TBEC delegation (that consisted of Paul Sommerfeld, Co-Chair of TBEC Board and Daniel Kashnitsky, TBEC Capacity Building Manager) had an opportunity to learn about key highlights and limitations of the national TB program meeting Ministry of Health officials, Chief TB doctor, Minsk city TB clinic doctors, Forced Isolation Ward Volkovichi located in the outskirts of the city.

TBEC delegation met with all civil society organization providing TB services to learn how they perceive TB services in Belarus and the role of civil society in the country: there is a potential for greater cooperation between civil society actors and a better articulated position about the role of civil society in TB care.

For the moment no other civil society organization in Belarus receives state funding to provide services to TB patients. Defeat TB – TB REP grantee in Belarus – provides peer support and counselling on the voluntary basis and is willing to expand cooperation. As articulated by the Director of the Republican Research TB Center, Gennady Gurevich, state TB care can see a potential for cooperation with civil society organizations in the following areas:

- Creating and managing self-support groups,
- managing outreach programs for patients who are treated at home.

We can see room for greater cooperation however there is a lot to be done including adoption of standards of TB care so that state social contracting mechanism could be in place.

Identified needs in capacity development among team members of TB-REP 2.0 partner

TBEC identified immediate need to build capacity in adjusting the OneImpact tool to national level. Following the visit, we initiated two learning webinars for the team of Defeat TB – one with the TB People Ukraine and one with STOP TB Partnership Tajikistan to learn from their experience of launching OneImpact. These webinars allowed Defeat TB Together to revise and adjust the work plan and budget for TB REP 2.0 project based on the received recommendations. one of the key recommendations was to conduct national consultation prior to development and promotion of the application as we need to endure that NTP and other national stakeholders are a part of the discussion of the ToR for the new tool.

We recommend that the following areas would be matched with technical assistance among the civil society partner team – Defeat TB Together:

- Developing budget advocacy skills
- Study tour to learn from civil society organizations in other countries that provide TB care;
- Fundraising;
- Presentation and negotiation skills.

Country background

Belarus, an Eastern European country, has had a national TB programme (NTP) for 12 years and follows the World Health Organization (WHO) DOTS strategy. Reforms focused on improving laboratory services to detect all forms of TB; adoption of international treatment protocols in hospitals and clinics; better monitoring of patient data to assess needs for medicines and services;

Infection control guidelines were approved by the Ministry of Health and adapted for local TB facilities in 2009².

As the result of a coordinated approach TB incidence rate and TB mortality in Belarus both have been decreasing by about 10% every year over the last years.

Ten years ago, Belarus had some of the worst MDR rates in the world together with poor treatment success rates. Today a combination of improvements in the national programme and the introduction of new drugs, especially Bedaquiline (BDQ), have had a very positive impact. From this year onwards, BDQ is being made available in all parts of the country although there is still work to be done to ensure access to it for all.

Incidence of MDR TB is down from 58 in 2009 to 32 per 100 000 in 2017. Treatment success is up to an impressive 83%. Mortality is going down by around 10% per annum. New cases have dropped from a total of 6729 in 1999 to 1916 in 2018³.

Nonetheless, 37% of individuals newly diagnosed in 2017 had MDR TB. Bed numbers are being reduced but were still at just under 3000 at the start of 2019 with a consequent tendency to holding individuals with TB in hospital more often and longer than necessary.

Until 2018 only about one third of people with MDR-TB received modern medicines. From 2019 access to life-saving MDR-TB treatment would be significantly expanded to a larger number of patients.

At the same time, only GFATM has access to international purchasing of TB medicines. National funding can be only allocated for purchasing of locally produced pharmaceutical products, like Linezolid, which are often expensive.

From 2020 Belarus will be able to purchase medicines registered in any country of the Customs Union which Belarus is a part of along with Russia, Kazakhstan, Armenia and Kyrgyzstan.

National TB service is piloting video-controlled treatment and limited incentives for adherent treatment such as food packages (purchased from the national budget as of 2012). Nurses receive extra payment for delivering of DOTS to patient's home. This bonus is paid from the budget of the ministry of social affairs, and this is a good example of inter-agency coordination.

Funding. Belarus has universal health coverage. In 2016 the country spent 6% of GDP for healthcare which is at the level of Estonia, Romania and Azerbaijan⁴. In 2017 Belarus had 40% of domestic funding for TB, 35% - international, and 25% - unfunded according to WHO estimate⁵. About 70% of TB funding is spend on hospital care. About 90% of GFATM is spent to purchase medicines and diagnostic equipment, whereas 70% of the HIV grant of GFATM is spent on social programs run by civil society organizations. GFATM is managed by the Republican Scientific Center of the Ministry of Health since 2007, before it was managed by UNDP.

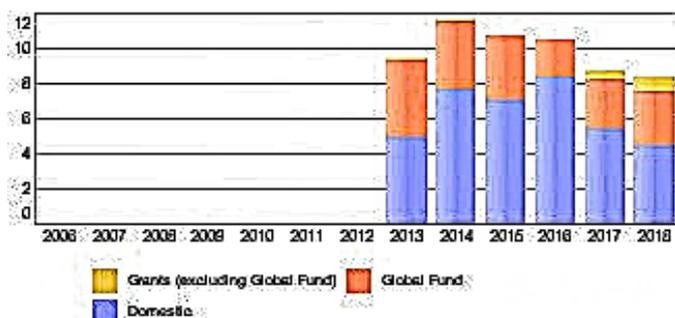
² Skrahina A, Hurevich H, Kalechitz A. Guidelines on infection control measures in TB facilities. Minsk, Belarus: Ministry of Health, Belarus; 2009. [[Google Scholar](#)]

³ Data of the Republican Scientific and Practical Centre of Pulmonology and Tuberculosis (<http://www.rnpcpf.by/>)

⁴ Global Health Expenditure Database. WHO 2016.

⁵ Belarus TB country profile, 2017. WHO

Tuberculosis finance profile (WHO 2019)



The key limitations of NTP include:

The analysis of limitation is based on the expert interviews and meetings with stakeholders that TBEC had in Belarus during the visit. This analysis reflects the opinion on TBEC delegation members and is in line with TBEC values and principles⁶.

- TB service is based on hospital treatment – Belarus has the longest average duration of hospital stay during TB treatment in the whole WHO Euro region. Although TB reform is taking place, state TB budget is still calculated based on hospital beds; the number of hospital beds exceeds the number of new TB patients.
- TB service is economically inefficient: there are 4,2 new TB patients per year per one TB doctor.
- TB doctors and the Ministry of Health officials understand the shortcoming of the hospital bed funding, but have a concern that Ministry of finance might cut the overall budget should reform be introduced in the funding mechanism.
- TB service is quite rigid: many old-school doctors and professors of medical universities are convinced that TB should be fully treatment in hospital. Sometimes even after the decision of the Republican Scientific and Practical Centre of Pulmonology and Tuberculosis to assign a patient to ambulatory treatment local doctors do not follow the prescription and keep the patient in the hospital ward till treatment completion.
- Outpatient care often prefer when only smear-negative patients are transferred from the hospital with a clearly defined treatment regimen. It is easier for them this way.
- Active finding of missing people with TB is underdeveloped as well as incentives of compliance to treatment.
- Forced isolation treatment is still in place in the country; in 2012 WHO issued a recommendation for health authorities to restrain from this practice, however it is still implemented for patients who are not adherent or who break the rules; it should be the decision of the court to send the patient to the forced isolation unit however according to community organizations there is often no possibility to appeal the decision. Beside the fact that this practice violates human rights of people with TB, it is also an economic burden – only 6,8% of patients are being treatment in isolation facilities, but they take up to 25% of all national TB budget.

According to BelNovosti News agency, a TB patient at the Isolation Ward in the South-Eastern region of Homel crashed trying to do down the rope tied from sheets⁷.

⁶ TBEC Vision and Mission statement: <http://www.tbcoalition.eu/about/what-we-believe-in/>

⁷ A patient of the Gomel hospital in the hospital crashed down through a window: details became known.

BelNovosti, 27.05.2019. Available at: <https://www.belnovosti.by/proisshestiya/pacient-gomelskoy-tubbolnicy->

- There is no aggregated data on risk groups or social determinants of TB patients in the national registry so there is no statistics on the social profile of TB patients.

There is potential for cooperation with civil society organizations in the following areas as articulated by the Ministry of Health officials:

- Creating and managing self-support groups
- Outreach programs for patients who are treated at home.

The role of civil society in providing TB care

National Red Cross Society is the main recipient of the national GFATM funding for psychosocial support in TB care. Red Cross provide limited psychosocial support in all regions of Belarus.

A small additional project is held in Minsk by MSF from independent donor funding. MSF provide medicines for MDR-TB and psychosocial support to TB patients; they have been developing a protocol to cure TB patients with alcohol disorders. Treatment success rate among patients with alcohol disorders is about 80-90% in the MSF project. Punitive measures like exclusion from the program for non-compliance is not practiced among patients of MSF. MSF conducts a clinical trial of a six-month all-oral regimen of DR-TB treatment; the trial is located in the region of Minsk with the support of the Republican Scientific and Practical Centre of Pulmonology and Tuberculosis.

For the moment no other civil society organization receives funding to provide services to TB patients. Defeat TB – TB REP grantee in Belarus provides peer support and counselling on the voluntary basis.

Social contracting is still non-existent in TB care in Belarus, although a relevant law was adopted in 2012. Standards of care and approved budget within NTP should be in place to make social contracting available for civil society organizations.

In Belarus most civil society organizations have either national or local status that limits them to a certain scale of activities. Hence, it is important to ensure that both national and local funding schemes be available for CSOs.

There is a civil society organization called ACT that works on development and promotion of social contracting in Belarus.

Today there is only national GFATM grant available to fund civil society activities providing TB services in all regions of the country, whereas National Red Cross Society is the only grant recipient. Defeat TB Together were a part of the grant application however they were not able to receive funding as only one recipient was chosen.

TB REP 2.0 National partner – Defeat TB Together

Defeat TB Together – is TBEC partner in the country who is implementing the TB REP2.0 project under Type 3 - Improving and advancing people-centered health care through adjusting and

implementing OneImpact tool to the country-level. This mobile application will allow to improve adherence to treatment and collect feedback on TB services.

Defeat TB Together have a team of three staff members – director, advocacy and community engagement manager, and administrator. They have a network of part-time volunteers across the country who mainly provide counseling to people with TB – either in person or via messengers. They have a good potential to adapt OneImpact as a communication platform.

Defeat TB is a member of the national civil society network called BelAntiAIDS a group of 16 NGO providing HIV and TB services in all regions of the country.

National dialogue

One of the main aims of the visit was to test the soil for the upcoming national dialogue in Belarus. The delegation team discussed the potential to have this event in early August 2019. The concept of national dialogue was discussed in detail with Dmitry Pinevich, first deputy minister of health and focal point of the TB REP project in Belarus, chief TB doctor Gennady Gurevich, Marina Sachek, head of National Research Center of Medical Technologies, and Health Economy, as well as civil society partners such as Defeat TB and civil society network – BelAIDS.

National dialogue will be organized by the TB Europe Coalition (TBEC) in the framework of the TB-REP 2.0 project in cooperation with National TB-REP 2.0 partner. About 25 national participants will attend the two-day dialogue to discuss ways of bridging the gap between civil society and the health services to provide people centered TB services in project country in the light of countries' transition to national funding.

Partners to be invited to national dialogue:

- NTP team, implementers of NTP;
- Civil society organizations working in TB and HIV care;
- Ministry of health and interagency council for public health that includes ministry of social affairs, ministry of education;
- Members of parliament of the lower and upper chamber (TB caucus will be created in Belarus in the nearest months to come);
- Representatives of country coordination mechanism;
- Media;

Ministry of Health and NTP would like to discuss how they can increase adherence to treatment on ambulatory phase, especially among the risk groups. Other expectations from Ministry of Health officials include:

- Identify potential civil society partners to implement state social contracting in TB care to provide TB services such as active finding of missing people with TB and ensuring compliance to treatment;
- Discuss how to address stigma and discrimination, what should be modified in the laws.
- How to improve communication with the patients;
- Find convincing arguments for people-centered TB care.

NB: It is important to register the event officially with the ministry of foreign affairs at least one month ahead of the date of the event.

TBEC was present at the meeting with members of Parliament who take part in the Healthcare committee. They agreed to support the National Dialogue and be present to discuss greater engagement with civil society to help promote greater role of civil society in TB care.

The meeting with the British Embassy allowed the delegation to get informed of the support UK provides to civil society in Belarus and local partner Defeat TB were invited to social events organized in Minsk.

The program of the visit to the Republic of Belarus of the Global Caucus Delegation for Tuberculosis and the TB European Coalition

Dates of visit: May 20-22, 2019

Members of the delegation:

Mr. Jamshed Murtazakulov , Member of the Parliament of Tajikistan;

Mr. Paul Sommerfeld and Mr. Daniel Kashnitsky , representatives of the European Tuberculosis Coalition;

Mrs. Natalya Kryshchafovich, ROO “Win Tuberculosis Together”;

Ms. Tsira Chakhaia , Representative of the Global Cocus Secretariat for Tuberculosis.

date	Time	Content	Members
20May2019	09:00-09:30	Meeting of the delegation	Hotel Minsk
	09:30	Departure from the Hotel Minsk	The delegation members, WHO representative in Belarus Grankov Vyacheslav
	10:00 -11: 30	Visit to the House of Representatives of the National Assembly of the Republic of Belarus, meeting with deputies of the Standing Committee on Health, Physical Culture, Family and Youth Policy Minsk, st. Soviet, 11	The delegation members, Makarina-Kibak L.E., deputies, Berdyklychev Batyr - WHO representative in Belarus Grankov Vyacheslav, Anastasia Artyukh - interpreter
	12: 00-13: 00	Visit to the Ministry of Health of the Republic of Belarus Minsk, st. Myasnikova , 39	Members of the delegation, representatives of the Ministry of Health, Gurevich G.L., Grankov V.I., Interpreter
	13: 00-14: 00	Lunch	
21May2019	14: 30-17: 00	Visit to the Republican Scientific and Practical Center for Pulmonology and Phthisiology (RSPCPF) year Minsk, Dolginovsky tract, 157	Members of the delegation, Gurevich GL, staff RSPC PIF, Grankov V.I., Interpreter
	09: 30-15: 00	Seen KM "2nd City TB Dispensary" Mr. .M Inskoand the Republican Tuberculosis Hospital "Volkovichi" year Minsk, st. Bekhtereva 9 Dzerzhinsky district, Minsk region, the village of Volkovichi	Delegation members Astrovko A.P., Interpreter
	16: 00-17: 00	A visit to the to the Belarusian Society of the Red Cross	Delegation members Mychko OV, interpreter

		Minsk, st. K. Marx, 35		
22 2019	May	10: 00-11: 00	Meeting with non-governmental sector organizations Office of the Association BelSet Anti-AIDS " Minsk, trans. Ural , 15, room. 501	Delegation members Eremin O.V. , NGO representatives, translator
		11:30 -13: 00	Meeting with representatives of the public organization "Win over tuberculosis together" Minsk, Partizansky Ave., d.95 20, letter A 4 / κ	Delegation members N. Kryshtafovich, ROO representatives, interpreter
		13: 00-14: 00	Lunch	
		14: 30-15: 30	Meeting with employees of the grant management department of the Republican Scientific and Practical Center for Medical Technologies, Informatization, Management and Health Economics Minsk , st. P. Brovka, 7-A	Delegation members Sachek M.M., Makarevich, T.N. , representatives of RSPC MT , Grankov V.I., translator
		16:30	Meeting at the British Embassy	Delegation members
		17: 30	Meeting in the Country WHO office Minsk , st. Fabricius, 28	Delegation members Berdyklychev Batyr, Grankov V.I.