

Executive Summary

COVID-19 Technical Mission of Experts to the Republic of Belarus: 8–11 April 2020

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Executive summary

The observations and recommendations in this report were based on the review of normative and technical documents from the Government of the Republic of Belarus and specifically the Ministry of Health, site visits, meetings, and discussions conducted during the 4-day World Health Organization (WHO) technical mission to Belarus.

Background

A pneumonia with an unknown origin was detected in Wuhan, China, and reported to the WHO Country Office in China on 31 December 2019. WHO declared the COVID-19 (disease caused by coronavirus SARS-CoV2) outbreak a Public Health Emergency of International Concern (PHEIC) on 30 January 2020, and a global pandemic on 11 March 2020. The strategies of early detection, isolation, laboratory confirmation, contact tracing and quarantine, along with physical distancing, have been shown to be critical elements to stop or slow disease transmission.

Different countries are experiencing different scenarios, and require a tailored response to the pandemic. Nevertheless, WHO recommends all countries to take a comprehensive, blended strategy for controlling their epidemics and decreasing the burden on their health systems and economies.

Following the invitation of the Minister of Health of Belarus, the COVID-19 Incident Management Support Team in the WHO European Region deployed a team of technical experts to Belarus from 8–11 April 2020. The objectives of the mission were to understand the response measures currently being taken to manage the outbreak and provide guidance on the actions needed as the outbreak evolves.

During the mission, the team was joined by representatives of the Ministry of Health, Ministry of the Interior, and Ministry of Labor and Social Protection to focus on the following areas of the outbreak response: epidemiology surveillance, diagnostic testing and data systems; health care system preparedness, clinical case management, and infection protection and control; and risk communication.

Key observations on the current response in Belarus

Epidemiology – milestones

28 February 2020	Belarus confirms its first case of COVID-19 imported from Iran.
30 March 2020	Belarus confirms a total of 152 COVID-19 cases and a cumulative total of more than 30 000 COVID-19 tests conducted since 23 January 2020.
31 March 2020	Belarus confirms first death: a 75-year-old COVID-19 positive patient in Vitebsk city.
1 April 2020	Belarus confirms second death: an elderly COVID-19 positive patient with underlying chronic diseases.
6 April 2020	Belarus confirms a total of 700 COVID-19 cases, 13 deaths, and a cumulative total of more than 40 000 COVID-19 tests conducted.
9 April 2020	Belarus confirms a total of 1 486 COVID-19 cases including 139 recovered, 16 deaths, and a cumulative total of more than 49 000 COVID-19 tests conducted. Hospitalized COVID-19 patients total 1 331 with 55 requiring assisted ventilation. Regional statistics (confirmed cases/recovered cases/deaths): <ul style="list-style-type: none">• Minsk city: 699/102/6• Minsk Region: 35/1/0• Vitebsk Region: 153/1/3• Gomel Region: 35/0/0• Mogilev Region: 28/0/0• Brest Region: 17/0/0

10 April 2020	Belarus confirms a total of 1 981 COVID-19 cases including 169 recovered, 19 deaths, and a cumulative total of more than 60 000 COVID-19 tests conducted. Hospitalized COVID-19 patients total 1 793 with 72 requiring assisted ventilation. COVID-19 deaths in health care workers have been registered; however, precise numbers of infected health care workers have not been provided.
11 April 2020	Belarus confirms a total of 2 226 COVID-19 cases including 301 in health care workers.

Outbreak response measures

On 28 February 2020, Belarus reported its first case of COVID-19; and on 2 March 2020, the Belarus COVID-19 Interagency Working Group, headed by the Deputy Prime Minister, was established to coordinate COVID-19 response activities.

Public health outbreak response measures have been the cornerstone of the response in Belarus. COVID-19 testing throughout the country has been led by the national and subnational public health systems and supported by the national laboratory network using test kits produced in Belarus. At the time of the mission, measures have focused on testing suspected individuals, identifying and tracing contacts, and isolating cases and first-level contacts in health care and specially designated facilities. As part of the strategy to identify suspected cases, entry screening and laboratory testing at the international airport in Minsk was put into place for passengers arriving from designated countries. A 14-day compulsory self-isolation for individuals arriving from COVID-19-affected countries was introduced on 8 April 2020. To preserve the health care capacity as case counts increase, plans are being developed to shift contacts and mild cases to home isolation.

Also, partial and voluntary physical distancing measures have been introduced including postponing conference and sporting events with international participation, increasing physical distance in public areas, increasing the frequency of public transportation to reduce crowding, shifting start times of classes at universities, and extending Spring break for all students by 1 week.

Measures to prevent and control the spread of COVID-19 in long-term care facilities and in prisons have been implemented in collaboration with the Ministry of Labour and Social Protection and the Ministry of Interior, respectively. However, by the end of March, surveillance and epidemiology data provided evidence of a steady increase in COVID-19 cases that is approaching exponential growth and indicates the beginning of community-level transmission.

To complement the above measures, Belarus has been focusing on preparedness and surge capacity of the health care infrastructure to manage COVID-19 patients. Clinical case management instructions for patients suspected or diagnosed with COVID-19 have been developed and were published by the Minister of Health on 6 March 2020, including guidance on diagnostic investigations and recommendations on the use of pharmaceutical interventions including antiviral combination therapy – lopinavir/ritonavir and hydroxychloroquine. Starting on 16 March 2020, designated hospitals in Minsk city and all regional centres were organized and repurposed in anticipation of an increasing workload due to COVID-19. Preparedness measures included point-of-access screening and triage protocols, which are gradually being implemented in polyclinics and emergency medical services.

Efforts have been made to ensure the continuity of essential, life-saving health care services – emergency and acute medical services, obstetrics, continuity of chronic diseases care, and mental health. COVID-19 infection prevention and control (IPC) measures have been gradually expanded to prevent health care-associated transmission of the virus and to ensure the safety of health care workers and patients.

Given the substantial regional and global shortages of COVID-19 essential supplies, Belarus has made a commitment to domestic production of protective equipment for health care works, disinfectants and laboratory diagnostic kits.

Key recommendations for Belarus

Belarus has entered a new phase in the evolution of the COVID-19 pandemic with community-level transmission, particularly in some parts of the country, including the capital Minsk, Vitebsk city and Vitebsk region. The situation is concerning and warrants the immediate implementation of a comprehensive blended strategy.¹

Community-wide measures should be in place to increase physical distancing at individual, community and national levels immediately. Physical distancing measures include:

- postponing or cancelling all mass gatherings of people including sporting, cultural and religious events;
- ensuring further isolation and treatment of confirmed cases and quarantining of close contacts;
- introducing options for teleworking, distance learning for schools, universities and other educational institutions, and suspending non-essential business;
- ensuring strict implementation of infection prevention and control (IPC) measures at workplaces where teleworking is not possible, including hand hygiene, respiratory etiquette and physical distancing by observing 1–1.5 m distance between staff, limiting the number of staff meetings and ensuring proper ventilation, particularly in health care facilities; and
- reducing non-essential movements, especially for high-risk groups.

It has been shown that these measures slow the spread of the virus and allows the health care services to gain the time needed to adequately prepare, equip and reassess the needs of health care workers and facilities responding to increasing numbers of COVID-19 patients. Physical distancing measures should be time-bound and consideration given to the evolving epidemiological situation and health system capacities, including essential health care needs and socioeconomic factors.

The comprehensive blended approach should complement the maintaining and strengthening (of the?) current outbreak response measures by:

- expanding testing capacity and locations with additional testing options including walk-up or drive-through locations and mobile testing teams;
- ensuring quality of locally produced test kits with an external assessment and regular internal validation with internationally available test kits;
- standardizing entry screening, COVID-19 testing and 14-day isolation for all travellers arriving at international entry points including the international airport in Minsk as well as land crossings with Latvia, Lithuania, Poland, Russian Federation and Ukraine.

The rapid surge of new cases associated with expanding community-level transmission requires further strengthening of the health care sector and infrastructure. Additionally, case management strategies need to be revised to include further reprofiling of community facilities to accommodate isolation and/or the implementation of at-home-self-isolation of mild COVID-19 cases and contacts with the appropriate follow-up according to WHO guidance and national capacity.

Facilities screening and referral protocols need to be fully implemented at all points of access to health services, including district level hospitals, polyclinics, stomatology clinics and private health care facilities. IPC measures need to be strengthened and expanded to include primary and homecare settings with the extension of training to include newly involved personnel and continuous refresher training for all categories of medical staff; and the guarantee of high-quality locally produced personal protective equipment (PPE). While the availability and rational use of PPE are important, this is only one part of a

¹ WHO. Critical preparedness, readiness and response actions for COVID-19. Interim guidance, 22 March 2020. Geneva: World Health Organization. (<https://www.who.int/publications-detail/critical-preparedness-readiness-and-response-actions-for-covid-19>, accessed 19 April 2020)

comprehensive IPC approach. A comprehensive IPC plan should include triage, early recognition and source control; standard and additional transmission-based precautions; administrative, environmental and engineering controls; and the timely detection, investigation and analysis of COVID-19 cases in health care workers.

Currently, there is no proven pharmaceutical treatment available for COVID-19; therefore, all pharmaceutical interventions including antivirals should be provided in the context of a clinical trial. WHO is coordinating the Solidarity trial, which is a large, international study designed to generate the robust data needed to show what the most effective treatments are. Belarus should consider participating in the Solidarity trial and adopting relevant standardized disease characterization data collection.

It is critical that all levels of the government – from the national to the local levels – engage with the public to clearly communicate the risks and the measures being taken during the pandemic. The public has a role in responding to COVID-19 by practicing physical distancing, hand hygiene and cough etiquette. A regular and comprehensive exchange of information, including epidemiological data and its geographical distribution, is vital to improve the understanding of the progression of the outbreak and explain society-wide outbreak response measures, such as postponing gatherings or curtailing movements. WHO recommends that during the COVID-19 pandemic all countries have strong government commitment and leadership to implement a mix of interventions, a blended approach of containment and mitigation measures, together with community engagement tailored to the evolving epidemiology.

Summary

The COVID-19 outbreak in Belarus has entered the community transmission scenario. This is a pivotal moment for Belarus in its outbreak response and therefore requires the immediate implementation of additional interventions – particularly physical distancing measures.

The COVID-19 response in Belarus has provided valuable insights towards a better understanding of the transmission of the virus and the importance of a multisectoral approach to this pandemic. These experiences will benefit not only the development of the next phase of the response in Belarus, but also the responses in other European countries and the global efforts to combat this virus.

WHO reiterates its support to Belarus and is prepared to continue support towards maintaining and strengthening the current response as well as assisting in developing and implementing the next phase in pandemic response activities.