

BELARUS

Total population: 9 495 826
Regionally high TB-priority country
Globally high MDR-TB burden country

Epidemiological burden and response monitoring¹

Main impact indicators	Number	Rate per 100 000
TB burden estimates		
Incidence (including HIV+TB)	5 200	55.0
Mortality (including HIV+TB)	522	5.50
Incidence (HIV+TB only)	300	3.20
Mortality (HIV+TB only)	70	0.76
Incidence (RR/MDR-TB ^a only)	3 500	36.8

TB detection and care	Number	%
Total TB new and relapses detected	3 765	72.4
Pulmonary TB	3 480	92.4
Bacteriologically confirmed	2 708	77.8
TB detected with rapid diagnostics	2 708	71.9
Successfully treated	2 381	87.9

MDR-TB detection and care	Number	%
RR/MDR-TB estimates among new TB		11.0
RR/MDR-TB estimates (previously treated TB)		47.0
RR/MDR-TB estimates (notified pulmonary TB)	1 800	
Tested for RR/MDR-TB	2 825	39.5
Detected with RR/MDR-TB from estimates	1 340	67.3
RR/MDR-TB started SLD ^b treatment	1 908	100.0
Successfully treated (RR/MDR-TB only)	1 152	53.9

HIV/TB detection and care	Number	%
TB cases tested for HIV status	3 740	99.3
HIV/TB cases detected from estimates	206	68.7
HIV/TB cases on ARV ^c	174	84.5
Successfully treated (HIV/TB only)	100	74.1
HIV diagnosis and care		
Newly diagnosed HIV cases	2 224	
HIV cases started IPT ^d	227	10.2

^a RR/MDR = rifampicin-resistant multidrug-resistant TB.

^b SLD = second-line drug.

^c ARV = antiretroviral treatment.

^d IPT = isoniazid preventive therapy.

Major challenges

Belarus is listed among the 18 high-priority countries to fight tuberculosis (TB) in the WHO European Region and 30 high multidrug-resistant TB (MDR-TB) burden countries in the world, with the highest level ever recorded. The major challenges in addressing MDR-TB are: the scale-up of rapid diagnostic tests for MDR-TB; reducing hospitalization; poor infection control measures; strengthening ambulatory care and patient support; suboptimal surveillance of MDR-TB; improving TB and HIV programme collaboration; making TB care more person-centred; and enhancing engagement of civil society with TB policy-formulation and implementation.

Achievements

Achievements in collaboration with WHO are as follows.

- Belarus has made considerable progress in implementing WHO recommendations in recent years. Directly observed therapy is implemented by order of the Ministry of Health (MoH). Formal collaboration between the National Reference Laboratory and the Supranational Reference Laboratory in Stockholm, Sweden has been in place since 2008 and revised national TB control guidelines and new protocols for treatment of drug-susceptible TB and MDR-TB since 2009. In addition, new recording and reporting forms, guidelines on infection control and a policy on paediatric TB prevention, including limiting BCG revaccination and annual screening with tuberculin skin-testing, have been developed.
- National guidelines on TB contact-tracing were updated and approved by the MoH in January 2014.
- National guidelines on a practical approach to lung health were approved by the MoH in May 2014 and are officially included in undergraduate and postgraduate medical education curricula.
- Pharmacovigilance for TB/HIV and MDR-TB patients started under the cohort event-monitoring project.
- An electronic national TB registry has been developed and a pilot project in Mogilev district to shift funding from hospital to ambulatory TB care implemented.
- Operational research has been conducted on documenting the appropriateness of MDR-TB rapid testing and treatment outcomes in Gomel region (SORT-IT project), and on the impact of social support on TB treatment success.

¹ European TB surveillance and monitoring report in Europe 2017. Copenhagen: WHO Regional Office for Europe; 2017 (<http://www.euro.who.int/en/health-topics/communicable-diseases/tuberculosis/publications/2017/tuberculosis-surveillance-and-monitoring-in-europe-2017>).

- National guidelines for the use of Xpert MTB/RIF were formulated in 2013, active drug-safety monitoring of new TB drugs and regimens in 2014, and use of bedaquiline in the treatment of MDR-TB in 2015.
- With financial support from the United States Agency for International Development, support was provided to revise national TB policies and guidelines and build the capacity of national TB staff, in synergy with implementation of Global Fund grants.
- Green Light Committee (GLC) missions have monitored the treatment of MDR-TB patients on an annual basis since 2008. A nationwide anti-TB drug resistance survey (DRS) was conducted with WHO technical assistance: results were presented at international conferences and published in the *WHO Bulletin* and the national TB programme (NTP) external review report.
- The NTP was externally reviewed in December 2015.
- The MoH approved by special order the nationwide introduction of video-observed TB treatment in outpatient settings.
- The new model of social support for TB patients in outpatient settings was developed in 2015 and distribution of food packages was organized following a MoH decision and in agreement with the Ministry of Finance.
- WHO recommendations have been considered by the MoH in developing a new state programme for 2016–2020 on health and demographic safety of Belarus, particularly its subprogramme on TB.
- The National M/XDR-TB response plan was updated in accordance with the regional M/XDR-TB action plan and prepared for approval at the interagency coordination board on TB control.
- Technical assistance was provided to the NTP to develop new guidelines on organizing TB care in primary care. The guidelines, which were approved by an MoH order in May 2012, enhance directly observed therapy short-course policies at primary care level.
- The MoH and the Foundation of Innovative New Diagnostics (FIND) signed a memorandum of understanding in August 2011 within the framework of an EXPAND-TB/UNITAID project (supported by WHO) on introducing rapid diagnostic tests at national reference laboratory level. The first shipment of laboratory equipment was received in June 2012.
- Support was offered to the development of new guidelines on MDR-TB treatment, incorporating recommendations from the nationwide DRS. The guidelines were approved by an MoH order in August 2012.

WHO activities

Planned WHO activities are to provide:

- support to build capacity for TB and HIV collaborative activities;
- technical assistance in implementing the TB subprogramme of the new state programme for 2016–2020 on health and demographic safety and translating its strategic directions in a concept note submitted to the Global Fund;
- continuing technical assistance to implement the NTP, including Global Fund-supported activities and regional GLC advice;
- assistance in introducing new anti-TB drugs and pharmacovigilance;
- assistance in e-health; and
- assistance in the nationwide roll-out of the pilot project in Mogilev district.

Main partners

WHO's main partners are:

- MoH;
- NTP and the Republican Scientific and Practical Centre for Pulmonology and Tuberculosis;
- Global Fund to Fight AIDS, Tuberculosis and Malaria;
- the Republican Scientific and Practical Centre for Medical Technologies, Computer Systems, Administration and Management of Health, the primary recipient of the Global Fund TB project;
- United States Agency for International Development;
- FIND; and
- Médecins Sans Frontières.