

Republic of Belarus

National Report
on the Implementation of
the Declaration of Commitment
on HIV/AIDS

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The National Report on the Implementation of the Declaration of Commitment on HIV/AIDS is approved by the meeting of the Country Coordinating Mechanism for the Global Fund to fight AIDS, Tuberculosis and Malaria as of January 30, 2008.

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I. List of abbreviations

AIDS	acquired immunodeficiency syndrome
ARV	antiretroviral
ARVT	antiretroviral therapy
BelMAPO	Belarusian Medical Academy of Post-Graduate Education
BRSM	Belarusian National Union of Youth
BSMU	Belarusian State Medical University
CCM	Country Coordinating Mechanism for the Global Fund to fight AIDS, Tuberculosis and Malaria
CIS	Commonwealth of Independent States
DPA	Department for Punishment Administration
EurAsEC	Eurasian Economic Community
FSW	female sex workers
GF	Global Fund to fight AIDS, Tuberculosis and Malaria
GSMU	Gomel State Medical University
HIV	human immunodeficiency virus
IDU	injecting drug user
IEC	information, education, communication
M&E	Monitoring and Evaluation
MIF	Ministry of Internal Affairs
MSM	men who have sex with men
NCME	National Council for Monitoring and Evaluation
NGO	non-governmental organization
NIC	National Interagency Council on HIV and STD Prevention
OI	opportunistic infection
OVC	other vulnerable children
PCR	polymerase chain reaction
PLHIV	people living with HIV
STD	sexually transmitted disease
TB	tuberculosis
UN	United Nations
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNGASS	UN General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
VHB	viral hepatitis B
VHC	viral hepatitis C
WHO	World Health Organization

II. Overview

a) Report preparation participants

The following representatives of the Country Coordination Mechanism (CCM) for the Global Fund to fight AIDS, Tuberculosis and Malaria (GF) and the Advisory Council for HIV/AIDS Monitoring and Evaluation (ACME) participated in the preparation of the National Report on the Implementation of the Declaration of Commitment on HIV/AIDS: experts from 11 ministries including the Ministry of Education, the Ministry of Culture, the Ministry of Finance, the Ministry of Internal Affairs, the Ministry of Defense, the Ministry of Information, the Ministry of Foreign Affairs, the Ministry of Economy, the Ministry of Labor and Social Protection, the Ministry of Transport and Communications, the Ministry of Health, the National State Broadcasting Company, the representatives of research institutions (research institute of epidemiology and microbiology), international organizations (UNDP, UNICEF, UNAIDS, WHO, UNFPA), non-governmental organizations (BeAIDS, NGO BelAU, Belarusian Red Cross Society, BRSM), people living with HIV (NGO Positive Movement) and employees of the international technical assistance project HIV/AIDS Prevention and Treatment in Belarus funded by the GF.

Regional, city and district executive committees (organization departments and coordination councils for HIV and STD prevention) also participated in the preparation of the document.

b) Epidemiological status

According to the cumulative data as of January 1, 2008, there are 8,737 reported cases of HIV infection (index 90.3 per 100,000 of population). In 2007, the level of HIV prevalence among urban population increased 1.4 times as compared to 2006 (from 8.3 per 100,000 of population to 11.6), rural population – 1.2 times (from 5.4 in 2006 to 6.5 in 2007).

The ratio of sexually HIV-infected persons continues to grow (from 63.4% in 2006 to 66.8% in 2007). The number of HIV-positive persons infected through injection drug use decreases each year. In 2007, the ratio of people infected in the above way amounted to 30.1%; 33% in 2006.

The results of the sentinel surveillance performed in 2006 among injecting drug users show that the index of HIV-antibody positiveness in Belarus was equal to 16.65±0.7% which is higher than the 2004 level – 10.9±0.6%.

The ratio of HIV-positive young people aged 15—29 has decreased (from 54.8% in 2006 to 48.3% in 2007).

The ratio of HIV-positive women reported during the reporting period has decreased (from 46.7% in 2006 to 45.5% in 2007). The number of children born to HIV-positive mothers has diminished. 145 children were born in 2007, while 192 were born in 2006.

The number of AIDS cases has increased. From 1987 to 2007, 920 HIV-positive people were diagnosed with AIDS (317 cases in 2007; 300 cases in 2006).

The AIDS disease rate increased from 3.1 per 100,000 of population in 2006 to 3.3 in 2007. Over the whole period of the epidemic, 516 cases of death from AIDS have been reported, including 154 cases in 2007 and 159 in 2006.

c) Policy and programme response

The HIV and AIDS problem has been recognized as a priority in Belarus. In 2006, National Targets for Universal Access to HIV Prevention, Treatment and Care by 2010 were considered and approved at the level of the CCM for the Global Fund to fight AIDS, Tuberculosis and Malaria.

Three uniform principles of coordination of HIV prevention and treatment activities are observed – a uniform national framework strategy, a cross-sector coordinating mechanism and a unified national monitoring and evaluation system.

The main principles of the state policy aimed to ensure the fulfillment of obligations under the Declaration of Commitment on HIV/AIDS are set forth in the State Programme on HIV Prevention in Belarus for 2006—2010 and the Strategic Action Plan in Response to HIV Epidemic in Belarus for 2004—2008. The development and approval of state programmes is a continuous process. The aforementioned State Programme is the third programme approved by the Resolution of the Council of Ministers of the Republic of Belarus. The success achieved and challenges identified during the implementation of the previous HIV prevention programmes were taken into account while drawing up the third programme.

The HIV activities of the national governmental agencies, other governmental organizations, regional executive committees and the Minsk City Executive Committee are coordinated by the National Interagency Council on HIV and STD Prevention (NIC)/CCM for the Global Fund to fight AIDS, Tuberculosis and Malaria. Governmental institutions, international and non-governmental organizations, people living with HIV, representatives of the private sector, the Orthodox Church and trade unions participate in the activities of the NIC/CCM. In 2006, the CCM was composed of 31 people of whom 53% represented civil society.

The activities of the CCM have acquired efficiency. Over the past two years, 4 meetings have been held and 28 issues have been reviewed. The ministries, regional, city and district executive committees are motivated to develop programmes and plans on HIV prevention. The CCM members take a proactive stand in making managerial decisions both at the governmental and the international level (CIS, EurAsEC, GF). The CCM has enhanced the quality of partnership with civil society (participation in the development of programmes and plans, performance of monitoring and evaluation, implementation of prevention programmes and promotion of adherence to antiretroviral therapy among people living with HIV). Sustainable partnership between the government, civil society and churches has been established. In 2007, the Declaration on Social Partnership of the Christian Churches of Belarus against HIV/AIDS was adopted.

Over the period from 2006 to 2007, Belarus has made headway in HIV/AIDS monitoring and evaluation (M&E): the national list of indexes has been approved; the National Council for Monitoring and Evaluation (NCME) has been created on the basis of the CCM to coordinate M&E activities; the ACME holds regular sessions (no less than twice a year); a uniform national M&E action plan is approved annually; a uniform national information system has been created; an efficient system of transfer of M&E information from the regional to the national level; a continuous exchange of data between governmental agencies, international and non-governmental organizations is ensured.

The implementation of the Declaration of Commitment on HIV/AIDS and National Targets for Universal Access to HIV Prevention, Treatment and Care had a positive effect on the epidemic control in Belarus.

Over the last two years (2006—2007), as in 2004—2005, the annual number of identified cases has ranged from 700 to 1,000.

The level of awareness on HIV/AIDS among youth has increased as shown by the results of the social surveys carried out within the M&E national system. In 2007, 67.7% of the respondents gave correct answers about the ways of HIV transmission and also correctly named major misconceptions about the transmission of the virus. The similar index in the 2006 surveys equaled 37.5%.

The behavior of young people aged 15—24 proved to be the safest. According to the 2007 survey results, 58.5% of the respondents used condoms during their first sexual intercourse. In 2006, this index was equal to 52.8%.

d) Data for UNGASS indicators

National Commitment and Action Indicators	
1. Domestic and international AIDS spending by categories and financing sources	<p>TOTAL: 2006 – BYR 28,269,550,000</p> <p>Governmental sources: BYR 19,307,999,000</p> <p>International sources: BYR 8,961,551,000</p> <p>TOTAL: 9 months of 2007 – BYR 28,371,000,000</p> <p>Governmental sources: BYR 21,976,000,000</p> <p>International sources: BYR 6,395,000,000</p>
2. Governmental HIV Policy	See National Composite Policy Index, Part A and B
National Programme Indicators	
3. Percentage of donated blood units screened for HIV in a quality assured manner	<p>2006 – 100%</p> <p>2007 – 100%</p>
4. Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy	<p>2006 – 70.9 %</p> <p>Men: 69.7%</p> <p>Women: 75.0 %</p> <p>Under 15 – 96.6%</p> <p>Over 15 – 69.1%</p> <p>2007 – 73.1 %</p> <p>Men: 72.3%</p> <p>Women: 75.3 %</p> <p>Under 15 – 100%</p> <p>Over 15 – 71.4 %</p>
5. Percentage of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission	<p>2006 – 88.3 %</p> <p>2007 – 88.2 %</p>
6. Percentage of estimated HIV-positive incident TB cases that received treatment for TB and HIV	<p>2007 – 71.6 %</p> <p>Men: 71.6%</p> <p>Females: 71.4 %</p>
7. Percentage of women and men aged 15–29 who received an HIV test in the last 12 months and who know their results	<p>2007 – 30.5 %</p> <p>Men: 25.7%</p> <p>Women: 33.2 %</p> <p>15–19: 26.0%</p> <p>20–24: 34.7%</p> <p>25–49: 30.5 %</p>

8. Percentage of most-at-risk populations that received an HIV test in the last 12 months and who know their results	IDU	2007 – 49.3 % Men: 49.3% Women: 49.2 % Under 25: 41.6% Over 25: 52.3 %
	MSM	2007 – 53.2 % Under 25: 54.3% Over 25: 52.4 %
	FSW	2007 – 62.7 % Under 25: 52.1% Over 25: 72.6 %
9. Percentage of most-at-risk populations reached with HIV prevention programmes	IDU	2007 – 56.2 % Men: 53.8% Women: 60.8 % Under 25: 61.8% Over 25: 54.0 %
	MSM	2007 – 89.9 % Under 25: 86.1% Over 25: 92.9 %
	FSW	2007 – 86.2 % Under 25: 83.6% Over 25: 88.5 %
10. Percentage of orphaned and vulnerable children aged 0—17 whose households received free basic external support in caring for the child		Not applicable as Belarus is not a country with a high HIV prevalence index
11. Percentage of schools that provided life skills-based HIV education in the last academic year		2007: all schools – 79.0% Primary: 78.2% Secondary: 82.5 %
Knowledge and Behavior Indicators		
12. School attendance among orphans and non-orphans aged 10—14		Not applicable as Belarus does not distinguish between school attendance among orphans and non-orphans
13. Percentage of young women and men aged 15—24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission		2007 – 67.7 % Men: 70.1% Women: 64.8 % 15—19: 65.6% 20—24: 71.9 %

14. Percentage of most-at-risk populations who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	IDU	2007 – 57.8 % Men: 51.2% Women: 68.2 % Under 25: 54.6% Over 25: 59.4 %
	MSM	2007 – 56.3 % Under 25: 51.6% Over 25: 59.9 %
	FSW	2007 – 50.4 % Under 25: 50.0% Over 25: 50.7 %
15. Percentage of young women and men aged 15–24 who had sexual intercourse before the age of 15		2007 – 5.4 % Men: 7.6% Women: 3.7 % 15–19: 5.7% 20–24: 4.9 %
16. Percentage of women and men aged 15–49 who have had sexual intercourse with more than one partner in the last 12 months		2007 – 20.8 % Men: 32.9% Women: 14.1 % 15–19: 27.5% 20–24: 31.8% 25–49: 15.3 %
17. Percentage of women and men aged 15–49 who had more than one sexual partner in the last 12 months reporting the use of a condom during their last sexual intercourse		2007 – 61.1 % Men: 61.7% Women: 60.3 % 15–19: 75.6% 20–24: 67.7% 25–49: 48.9 %
18. Percentage of female and male sex workers reporting the use of a condom with their most recent client		2007: FSW – 75.9% Under 25: 72.45% Over 25: 79.0 %
19. Percentage of men reporting the use of a condom the last time they had anal sex with a male partner		2007 – 66.8 % Under 25: 66.9% Over 25: 72.4 %
20. Percentage of injecting drug users reporting the use of a condom the last time they had sexual intercourse		2007 – 59.4 % Men: 57.2% Women: 65.2 % Under 25: 56.4% Over 25: 59.4 %
21. Percentage of injecting drug users reporting the use of sterile injecting equipment the last time they injected		2007 – 70.9 % Men: 71.4%

		Women: 70.1 % Under 25: 68.3% Over 25: 72.0 %
Impact Indicators		
22. Percentage of HIV-positive young women and men aged 15—24		Not applicable as Belarus is not a country with a generalized epidemic
23. Percentage of HIV-positive most-at-risk populations	IDU	16.65±0.7 %
	MSM	0.17±0.18 %
	FSW	0.98±0.5 %
24. Percentage of HIV-positive adults and children known to be on treatment 12 months after initiation of antiretroviral therapy		2007 – 75.3 % Men: 74.0% Women: 77.2 % Under 15: 96.6% Over 15: 73.8 %

III. HIV Epidemic Overview

As of January 1, 2008, the total number of reported HIV cases (index 90.3 per 100,000 of population) reached 8,737. According to the estimated data of the national experts (2007), the actual number of HIV-positive Belarusians is 3 times higher than the figure in the official statistics and equals 25,000 people.

The number of HIV infection cases identified in 2006 amounted to 751 (7.5 per 100,000 of population) with 990¹ (10.2 per 100,000 of population) in 2007 (fig. 1).

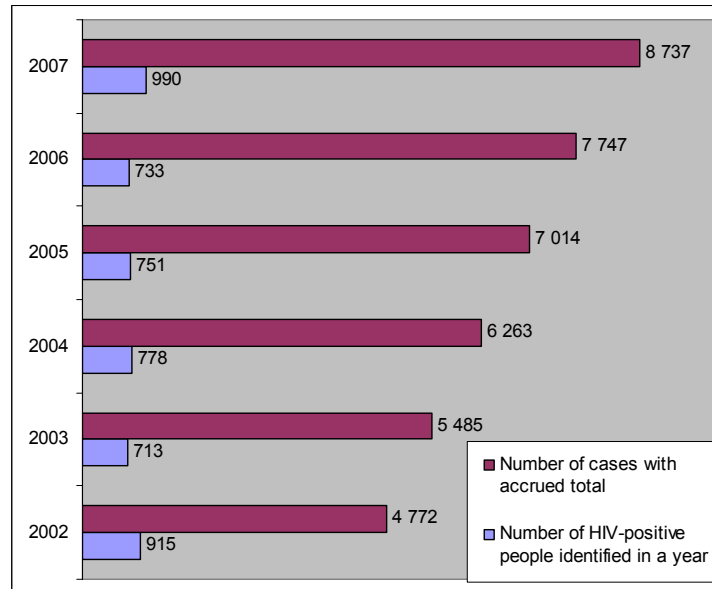


Fig. 1. Dynamics of HIV case reporting in Belarus (2002—2007)

Regional characteristics of HIV spread can be traced in Belarus. The Gomel region shows a high prevalence level (317.7 per 100,000) which is 3.5 times higher than the average national index. 53.4% of the HIV-positive live in this region. 2,386 HIV-positive people (2,557.7 per 100,000 of population) were identified in the Svetlogorsk and Svetlogorsk districts. The lowest index of HIV prevalence was reported in the Grodno region – 29.6 per 100,000 of population (fig. 2).

¹ 795 cases, out of 990 covered by the statistics, were laboratory-confirmed in 2007; 195 cases were taken from those laboratory-confirmed in 2002—2006 as some HIV-positive people were absent from their places of residence at the beginning of the epidemiological investigation.

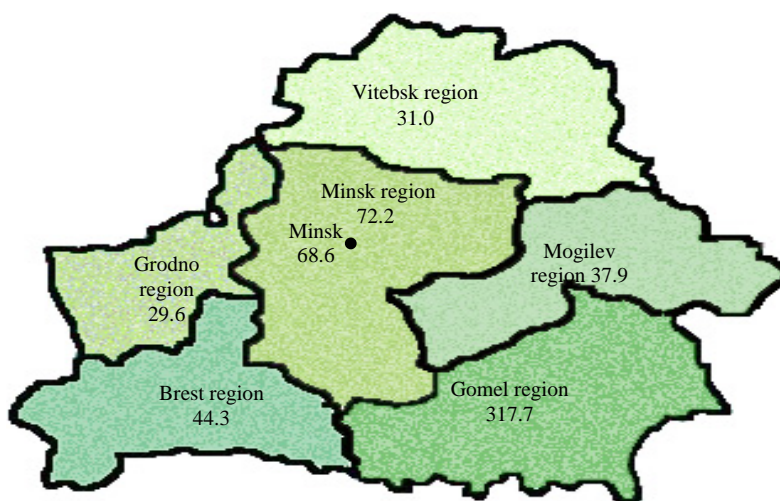


Fig. 2. Distribution of HIV-positive people by regions (cumulative data in indexes per 100,000 of population)

Urban population has a higher rate of HIV spread. In 2007, the level of HIV prevalence among urban population (11.6 per 100,000 of population) increased 1.4 times as compared to 2006 (8.3 per 100,000) and increased 1.2 times among rural population (6.5 per 100,000 of population in 2007; 5.4 in 2006).

Prior to 2005, the prevailing way of HIV transmission in Belarus was parenteral (during intravenous injection of drugs) (fig. 3). In 2007, the ratio of people infected in the above way amounted to 30.1% (33% in 2006). The majority of the infected people are men (79.7% in 2007; 77% in 2006). According to the cumulative data, 59.8% of HIV cases were reported among injecting drug users (see fig. 3).

In 2006—2007 the ratio of sexually HIV-infected people continued to grow (63.4% in 2006; 66.8% in 2007).

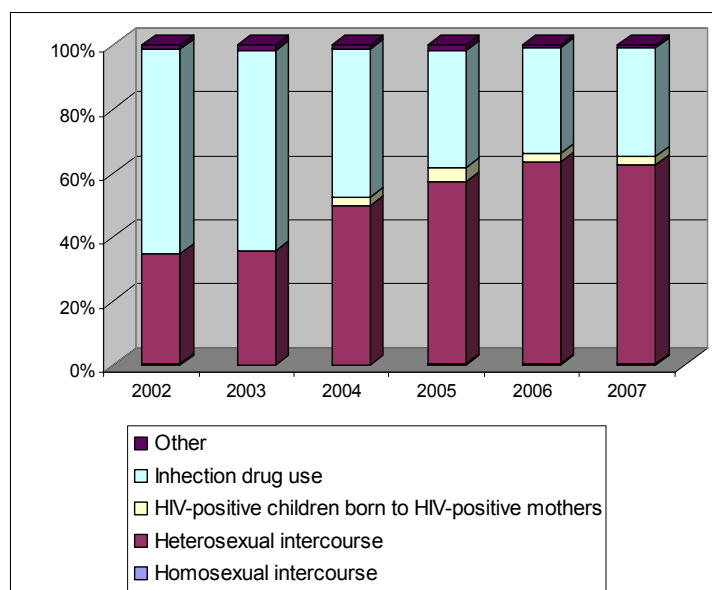


Fig. 3. Distribution of HIV-positive people by causes of infection (2002—2007)

The results of the sentinel surveillance performed in 2006 among injecting drug users show that the index of HIV-antibody positiveness in Belarus was equal to $16.65 \pm 0.7\%$ which is higher than the 2004 level – $10.9 \pm 0.6\%$ (Table 1).

In Soligorsk, Minsk and Borisov, the HIV epidemiological situation among injecting drug users is developing at a slower rate. The 2006 studies revealed a statistically reliable decrease of the level of HIV seroprevalence.

High levels of HIV prevalence among this group were reported in Zhlobin (52.0 ± 4.1 %), Osipovichi (38.0 ± 6.9 %) and Svetlogorsk (37.5 ± 3.4 %).

Table 1. HIV prevalence among injecting drug users by years and sentinel sites (2006 sentinel surveillance data)

Sentinel site	Prevalence index, %	
	2006	2004
Tolochin	76.0 ± 6.0	Surveillance was not performed
Zhlobin	52.0 ± 4.1	34.3 ± 3.1
Osipovichi	38.0 ± 6.9	Surveillance was not performed
Svetlogorsk	37.5 ± 3.4	Surveillance was not performed
Soligorsk	23.0 ± 2.9	25.5 ± 3.1
Rechitsa	20.0 ± 4.0	12.0 ± 3.3
Pinsk	18.7 ± 3.2	Surveillance was not performed
Gomel	17.5 ± 2.7	3.0 ± 1.2
Minsk	11.7 ± 1.8	30.9 ± 2.5
Vitebsk	8.7 ± 2.3	1.0 ± 0.7
Brest	8.0 ± 2.2	2.8 ± 1.4
Bobruisk	6.0 ± 2.4	2.0 ± 1.1
Borisov	2.97 ± 1.7	9.0 ± 2.9
Mogilev	2.94 ± 0.8	0.5 ± 0.49
Lida	1.85 ± 1.8	3.0 ± 1.2
Grodno	1.33 ± 0.9	4.8 ± 1.4
Baranovichi	0	2.0 ± 1.1
Orsha	0	0

In the course of the 2006 sentinel surveillance in the Vitebsk region (Tolochin), HIV antibody tests were performed on a previously uninvestigated group of injecting drug users – the Roma diaspora. The index of HIV-antibody positiveness among this group was equal to 76.0 ± 6.0 %.

The level of HIV seroprevalence among injecting drug users who have used drugs for more than 5 years is 2.7 times higher than the similar index among people who have injected drugs for up to two years.

In 2006, the first study was made on the prevalence of parenteral viral hepatitis B and C among injecting drug users. The index of VHB-antibody positiveness was equal to 13.3 ± 0.7 %; VHC – 39.0 ± 0.8 %. The acquired basic indexes will allow in future (in 2008) to track the changes in the disease prevalence among this group.

Mainly young people aged 15—29 are involved in the epidemic process. According to the cumulative data, their ratio in the total number of the reported cases equals 71.9%. The ratio of children under 14 is 1.5% (fig. 4).

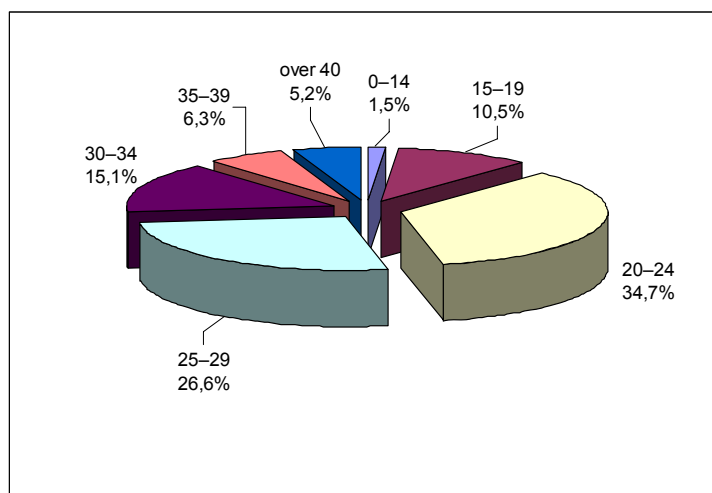


Fig. 4. Distribution of HIV-positive people by age

The level of involvement of young people aged 15—24 in the epidemic process has changed. In 2007, the ratio of this group decreased from 27.7% (2006) to 23.4%; the index of HIV prevalence per 100,000 has increased from 12.6% to 14.6 (fig. 5).

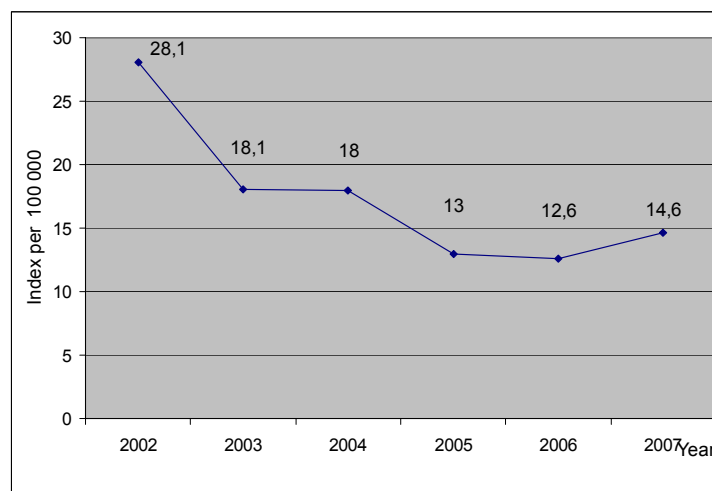


Fig. 5. HIV prevalence among the 15—24 age group

As compared to 2006, the ratio of HIV-positive women has decreased (from 46.7% to 45.5%). In 2007 the HIV incidence rate among women was equal to 31.5%, men – 38% (fig. 6). The HIV prevalence among women of fertile age equaled 17.1 per 100,000 of population (12.3 in 2006).

The ratio of women in the total number of HIV-positive people in Belarus is 35% (3,057), men – 65% (5,650).

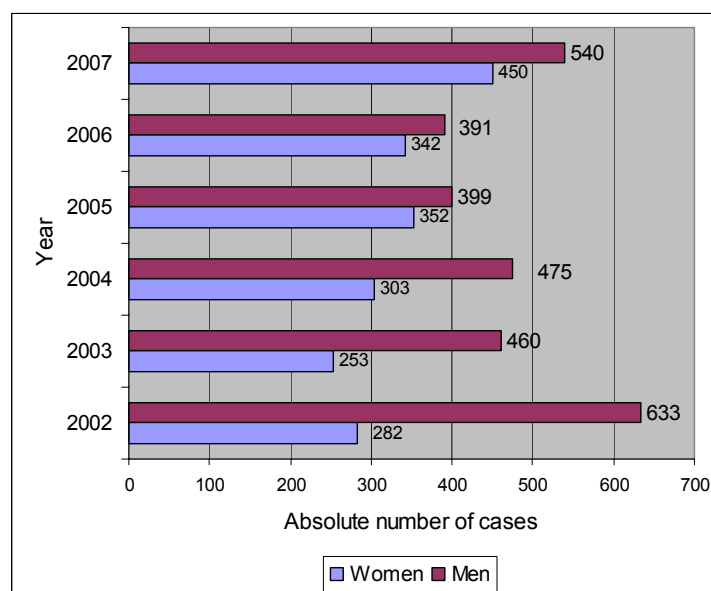


Fig. 6. Distribution of HIV-positive people by gender

During the reporting period, men who have sex with men preserved a low level of HIV prevalence. Over the whole observation period (1987—2007), 33 cases of HIV infection were reported in this group of which 5 cases were identified in 2006—2007.

In 2006, a sentinel surveillance of men who have sex with men was carried out in the six regional centers and in Minsk (Table 2). The index of HIV prevalence in this group equaled $0.17 \pm 0.18\%$ (0 in 2004); the index of STD prevalence remained at the 2004 level ($23.1 \pm 1.7\%$ in 2006; $22.4 \pm 3.2\%$ in 2004).

Table 2. Surveillance data for men who have sex with men

	Prevalence index, %	
	2004	2006
HIV	0	0.17 ± 0.18
STD	22.4 ± 3.2	23.1 ± 1.7

During the 2006 sentinel surveillance, 368 female sex workers were examined in regional centers and in Minsk (Table 3). The cumulative index of HIV prevalence among this group in 2006 equaled $0.98 \pm 0.5\%$ (0 in 2004). Promising results were produced in three sentinel sites (Minsk, Brest and Mogilev). The level of STD prevalence equaled $24.7 \pm 2.2\%$ which is lower than in 2004 ($33.1 \pm 3.0\%$).

Table 3. Surveillance data for female sex workers

	Prevalence index, %	
	2004	2006
HIV	0	0.98 ± 0.5
STD	33.1 ± 3.0	24.7 ± 2.2

The increase of the number of HIV-positive women of reproductive age resulted in the increase of the number of children born to HIV-positive mothers. This is one of the negative factors affecting the demographic situation in the country.

Over the period from 1987 to 2007, 1090 children were born to HIV-positive mothers, of which 145 were born in 2007 and 192 in 2006. Most of them live in the Gomel region. HIV diagnosis was confirmed for 121 children born to HIV-positive mothers.

The number of deaths from AIDS has increased in Belarus (fig. 7). Between 1987 and 2007, 920 HIV-positive people were diagnosed with AIDS of which 67% (617 patients) were diagnosed in the last two years (317 cases in 2007; 300 in 2006). The index of AIDS prevalence per 100,000 of population in 2007 equaled 3.3 (3.1 in 2006).

516 deaths from AIDS have been reported over the whole period of the epidemic of which 154 patients (30%) died in 2007 and 159 in 2006. The death rate from AIDS is equal to 48.6 per 100 patients (53.0 in 2006); the mortality is 1.58 per 100,000 of population (1.63 in 2006).

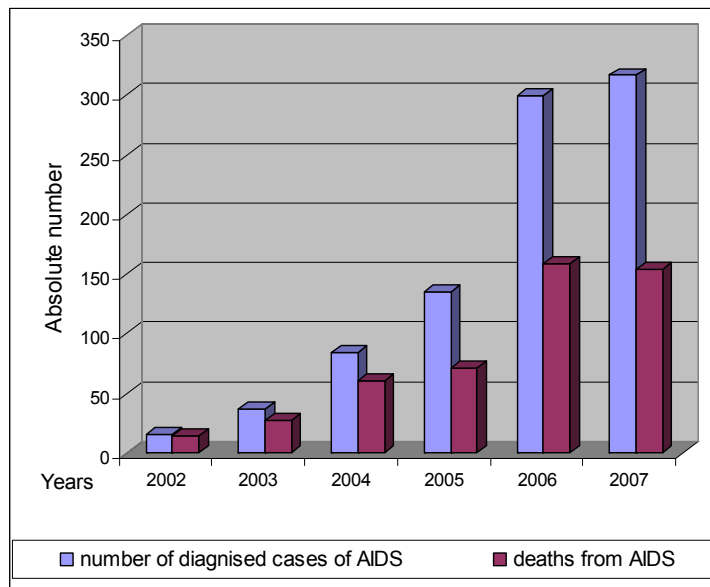


Fig. 7. Dynamics of AIDS case and death reporting

IV. National Response to the HIV Epidemic

The HIV and AIDS problem has been recognized as a priority for health care and the economic and social development of Belarus.

The main principles of the state policy aimed to ensure the fulfillment of obligations under the Declaration of Commitment on HIV/AIDS are set forth in the State Programme on HIV Prevention in Belarus for 2006—2010 and the Strategic Action Plan in Response to HIV Epidemic in Belarus for 2004—2008.

The above documents reflect the priority areas of activity and cross-sector cooperation to achieve the targets for universal access to HIV prevention, treatment and care; to normalize and to decrease the level of HIV prevalence; to increase the length of life and to reduce the death rate of people living with HIV/AIDS by prevention and treatment.

In 2006 the Council of the Republic of the National Assembly of Belarus held hearings on the State Policy of Belarus on the Response to HIV Spread. Recommendations with suggestions on how to improve the legislation on HIV prevention and mitigation were adopted following the results of the hearings.

A draft of the roadmap towards universal access to HIV/AIDS prevention, treatment, care and support was developed in 2007.

The CCM for the Global Fund to Fight AIDS, Tuberculosis and Malaria was created in 2002 on the basis of the National Interagency Council on HIV and STD Prevention by the Resolution of the Council of Ministers of Belarus. In 2007, the composition of the National Interagency Council on HIV and STD Prevention was increased by 7 people. Apart from its own members, the Council is also composed of representatives from the UN Thematic Group on AIDS, non-governmental organizations, the private sector and people living with HIV.

The CCM activities made it possible to coordinate the actions of the government, international and non-governmental organizations, and people living with HIV and to ensure the effective implementation of the State Programme on HIV Prevention for 2006—2010 and of the international technical assistance project *HIV/AIDS Prevention and Treatment in Belarus* funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

The State Programme on HIV Prevention for 2006—2010 gives a detailed description of the financing sources for the Programme activities. An annual increase of additional financial resources spent on HIV prevention can be observed.

22 national governmental agencies, regional, city and district executive committees including Minsk Executive Committee and 800 other organizations participate in the implementation of the Programme.

Experts from among the representatives of ministries, international and non-governmental organizations assessed the efforts aimed at strategy planning within HIV/AIDS programmes and gave them a score of 8 out of 10 (7 in 2005, see Appendix 2. National Composite Policy Index). The country has developed a uniform framework strategy of HIV prevention, has a joint coordinating mechanism and a uniform M&E system. During the previous and current reporting periods, the efforts aimed at strategy planning within the HIV and AIDS Programmes have received steadily high scores (7 and 8); policy efforts (8 and 9); efforts aimed to implement the HIV Prevention Programme (8 and 8); efforts aimed at treatment, care and support and meeting the needs of orphans and other vulnerable children (7 and 8). The score of the efforts aimed to promote the participation of civil society has increased by 2 points (6 and 8). It should be noted that the share of civil society in the implementation of programmes and HIV prevention services aimed at most-at-risk population equals 75%.

Prevention

To achieve the national targets for universal access to HIV prevention, treatment and care, Belarus has enhanced preventive efforts among injecting drug users, female sex workers, men who have sex with men and prison inmates.

52 centers providing anonymous counseling for IDUs operated in 2007 (58 in 2006) financed both from the state budget and by the international technical assistance project *HIV Prevention and Treatment in Belarus* funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria. The number of centers has been reduced, making it possible to improve their financial security, to strengthen the personnel capacity and to expand the range of counseling services. In 2007, 20,741 IDUs were reached by the centers which equaled 41.5% of their estimated number in the country (16.4% in 2005; 30.9% in 2006).

For the first time over the reporting period a system of outreach activities has been established to increase the coverage and effectiveness of the HIV prevention actions. Training for the following specialists working with drug addicts has been set up to provide quality services on the mitigation of damage from drug misuse: physicians, psychologists, social workers, law enforcement officers (714 have received training). A programme on substitution treatment of opium addiction by methadone was initiated in September 2007 to reduce the risk of HIV transmission among injecting drug users and to motivate them to treatment. 50 patients receive replacement therapy within a pilot project in Gomel. In 2008, the programme will be considerably extended due to the opening of a second methadone dispensing point in Minsk.

Over the reporting period, the regional centers and the capital have experienced progress in implementing prevention activities among female sex workers (FSW) and men who have sex with men (MSM). Over the two years (2006—2007), an action plan to prevent the spread of HIV and STDs among these groups has been arranged in 7 cities of the country within the project *HIV/AIDS Prevention and Treatment in Belarus* funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria. Anonymous testing and confidential free treatment of STDs have been set up (trusted physicians have been trained and provide services, counseling is carried out, means of HIV and STD prevention are offered – condoms, lubricants, disinfectants). Not only specialists but also outreach workers and volunteers are involved in informational and educational activities; thematic literature is widely used. Counseling on various aspects of the HIV problem has been arranged including via the Internet and hotlines. Medical equipment and test systems for the diagnostics of sexually transmitted diseases have been purchased to improve the material and technical base of the Dermatovenerologic Service of the Ministry of Health. Prevention activities are carried out in the social environment of the target group (drivers, hotel and railway station employees, roadside service workers, police). The above services cover 13,650 men who have sex with men of which 3,586 received such services for the first time in 2007 (19.5% of the estimated number in 2007; 14.4% in 2006); 4,872 female sex workers of which 1,362 first started receiving the project services in 2007 (28.7% of the estimated number in 2007; 20.7% in 2006). Therefore, the number of MSM and FSW reached in 2007 has increased as compared to 2006.

Groups most vulnerable to HIV have access to HIV testing services. In 2007, 62.7% of the polled FSW, 53.2% of MSM and 49.25% of IDU received an HIV test and know their results. This index among women and men aged 15—29 equaled 30.5%. The coverage of prevention programmes for IDUs in 2007 reached 56.2% (30.9% in 2006), 89.9% for MSM (14.4% in 2006); 86.2% for FSW (20.7% in 2006).

The range of prevention activities in penitentiary institutions has been considerably extended due to the implementation of the Comprehensive Programme on HIV Prevention in Correctional Facilities of the Ministry of Internal Affairs of Belarus for 2007—2011 and the international technical assistance project *HIV/AIDS Prevention and Treatment in Belarus* funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria. Prior to 2004, 1 correctional facility was involved in prevention activities. In 2006—2007 the involvement index reached 100%. An action plan to prevent HIV is implemented in prisons. As part of the outreach activities, training events are held for personnel and inmates including ones based on peer edu-

cation; thematic information materials are distributed. In all correctional facilities inmates are provided with means of protection.

Access to medicinal prevention of mother-to-child transmission of HIV is ensured for all HIV-positive pregnant women. The coverage of pregnant women by preventive treatment in 2007 was equal to 88.2%, of newborns – 93.8% (88.3% and 89.5% in 2006, correspondingly). All children born to HIV-positive mothers are provided with free substitution feeding in the first year of life.

When carrying out preventive actions, young people are one of the priority groups among which a set of outreach activities were performed in 2006—2007:

- training of students from schools, colleges and universities has been arranged according to the programmes adopted in Belarus;
- 27 national training workshops have been held for specialists from different ministries supervising HIV and AIDS issues and 1,573 educational events have been held in different regions;
- 9 nationwide actions have been held within the World Campaign against AIDS: People of culture, art and creative young people against AIDS (2006); Lesson for the sake of life (2006) and Lesson for the sake of life 2 (2007); To be healthy is cool (2006); Light a candle (2006); I promise (2007); Young People against AIDS (2006—2007); Be careful on the road of life (2007);
- a thematic newspaper entitled AIDS Currier has been issued (25,000 copies);
- 4 video clips, 1 short film, 3 video films, 2 audio promos, 439 types of informational and educational materials have been produced;
- HIV awareness raising clips have been transmitted via electronic mass media; the total timing of the video clips on HIV/AIDS made up 4% of the total air time of all awareness raising broadcasts on TV channels (see Coverage of the HIV/AIDS Problem by Belarusian Television and Radio. Minsk, 2007);
- the following competitions have been held: Best Photo Competition Stop AIDS. Keep the Promise; Best-Action in Rural Area Competition Family is My Safeguard from HIV (2006); Best TV/Radio Programme on HIV, Drug Abuse and STD Prevention Competition; national thematic Best Poster Competition Warning! AIDS! (2007);
- the following publications have been developed and issued: Innovative Approaches to HIV Prevention (both in hard copy and electronic format, 2006), guidelines for employees of educational institutions; We Choose Life (2006), a collection of scenarios for cultural events and shows; HIV Prevention among the Population of Belarus (2007), materials for supervisors of the HIV/AIDS problem,; Mogilev City Executive Committee's Work Experience in HIV Prevention - recommendations for specialists supervising the HIV/AIDS problem (2007);
- six education and information (resource) centers and an internet portal, www.aids.by, for young people and various specialists have been opened (2006—2007);
- the peer-education technique has been introduced; training programmes have been developed; training workshops have been held; volunteer groups have been created. 35 workshops on training young people to work on a peer-education basis (942 people have been trained), 51 workshops for officers from different ministries and agencies (1,373 officers have been trained), 7 workshops for youth leaders (181 people have been trained) have been held within the project HIV/AIDS Prevention in Belarus funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Efforts aimed to implement the HIV Prevention Programme received a score of 8 in 2005, 9 in 2007.

Care, Treatment and Support

Over the 2 years, Belarus has made considerable headway in providing HIV-positive people with treatment and care under the auspices of the Global Fund to Fight AIDS, Tuberculosis and Malaria and international donors. In 2007, Belarus came close to achieving the targets for universal access to antiretroviral therapy (73.1% in 2007; 70.9% in 2006).

Procedural and legal framework governing the provision of medical aid to HIV-positive people is updated with due consideration of the recommendations of the WHO for CIS countries.

Access of HIV-positive people to antiretroviral therapy is ensured within the implementation of the international technical assistance project HIV/AIDS Prevention in Belarus. The number of antiretrovirals used for treatment has increased (3 antiretrovirals in 5 different forms of production in 2005; 12 antiretrovirals in 19 different forms of production in 2007). The purchased modern antiretrovirals made it possible to increase the number of treatment schemes and combinations used from 2 to 20 which helped increase the efficiency of the treatment and the quality of patients' lives considerably. At the end of 2007, 884 patients were involved in the treatment programme, including 69 children and 145 patients in correctional facilities (638 patients in 2006, including 57 children and 60 inmates).

In 2007, research of HIV resistance to antiretrovirals was introduced.

Since 2006 special attention has been paid to the promotion of adherence to treatment. Information materials *What you should know about antiretroviral therapy* and the guidelines *Life after the diagnosis* were published for patients.

Groups of sisters of charity, social workers providing psychological assistance, palliative care and home treatment have been created in 6 cities with the greatest number of HIV-positive people (Gomel, Soligorsk, Svetlogorsk, Minsk, Pinsk, Zhlobin) within the project *HIV/AIDS Prevention and Treatment in Belarus* funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria. People living with HIV are provided with preventive services with regard to reproductive health, family planning and contraception.

11 mutual-aid groups operate in 8 cities to provide counseling and psychological assistance to people living with HIV (9 groups in 7 cities in 2006); 404 people used their services.

Round tables, trainings, workshops and conferences covering medical, social and psychological, legal and other issues are held to develop a tolerant attitude among society towards HIV-positive people, to increase the quality of their lives and to involve people living with HIV in programmes on prevention and programmes on promoting adherence to antiretroviral therapy.

The National Hospital of the Department for Punishment Administration of the Ministry of Interior is equipped with state-of-the-art equipment (a laser cytoflow meter and a PCR-laboratory) to ensure effective monitoring of HIV and HIV treatment. A specialized department for HIV treatment has been set up in the female penitentiary in Gomel to improve the medical aid provided to HIV-positive women.

Much attention is paid to the training of personnel. The Belarusian Medical Academy of Post-Graduate Education has increased the number of thematic cycles on HIV diagnostics within post-graduate courses for doctors (7 in 2006; 8 in 2007). 280 doctors – infectious disease doctors, pediatricians, obstetrician-gynecologist, neonatologists – and 125 paramedical workers have been trained in HIV diagnostics, treatment, counseling and prevention. The following conferences have been held: The Third National Scientific and Practical Conference *Medical and Social Aspects of HIV, Parenteral Viral Hepatitis and Sexually-Transmitted Diseases* (2006) and international conferences *Urgent Problems of Penitentiary Medicine. HIV/AIDS in Penitentiary Facilities, Modern Principles of Antiretroviral Therapy against HIV/AIDS* (2007).

A range of measures on diagnostics, prevention and treatment of opportunistic infections are carried out (in 2007, 444 patients received treatment using drugs purchased with the funds provided within the project *HIV/AIDS Prevention and Treatment in Belarus*).

Efforts aimed to ensure treatment, care and support received a score of 7 in 2005 and 8 in 2007.

Knowledge and Behavior

Belarus annually performs studies of the impact of prevention programmes on the HIV situation among different groups of the population which allows to make timely managerial decisions and revise plans and programmes.

According to the results of sociological surveys, in 2007 as compared to 2006, the number of young people exercising safe sexual behavior with the use of condoms during their first sexual intercourse has increased from 52.8% to 58.5%.

Promotion of safe and responsible behavior skills and education with orientation for moral values among the population, and children and youth in particular, has ensured the increase of the number of young people aged 15—24 who correctly named the ways of HIV prevention and rejected major misconceptions about HIV transmission (67.7% in 2007; 37.7% in 2006). The absolute majority of the respondents (96.7%) are aware that HIV can be transferred by joint use of syringes and needles when injecting drugs. 88.8% of the respondents know that HIV can be transferred from mother to child during pregnancy, child-birth and breast feeding. The number of the respondents who replied that the risk of HIV transmission is reduced with the use of a condom has increased from 93.6% in 2006 to 96.9% in 2007. The percentage of young women and men who have had sexual intercourse by the age of 15 equals 5.4%.

Interactive life skills-based education is the main form of working with trainees in HIV prevention. According to sociological surveys, the percentage of schools that provided life skills-based education on HIV to students during the last year equaled 79%. Classes in HIV prevention start from the first grade in most schools of the country. According to school principals, thematic events are the most effective forms of working with students irrespective of the type of school and region (76.7% of the respondents). A similar survey in 2005 showed that thematic events (evening parties, concerts, cinema events) were still regarded as the most effective form of preventive actions. The efficiency of peer education events was recognized in 2007 by 45.7% whilst in 2005 the figure was 28.8%.

Female sex workers proved to be the least aware group among populations with high vulnerability to HIV. In 2007, the ratio of the respondents in this group who correctly indicated the ways of HIV prevention and who rejected major misconceptions about HIV transmission equaled 50.4%. The level of awareness about the HIV/AIDS problem among IDUs and MSM was 57.8% and 56.3%, correspondingly. The ratio of IDUs who used condoms during their last sexual intercourse was equal to 59.4%, MSM – 66.85 and FSW – 75.9%.

Over the last two years under the auspices of the international technical assistance project *HIV/AIDS Prevention and Treatment in Belarus*, the number of organizations that hold HIV prevention events has increased (59.3% in 2007; 51% in 2005) (fig. 8).

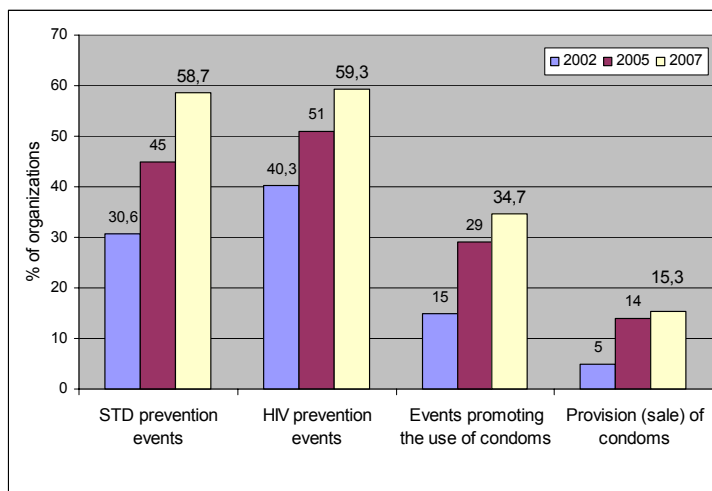


Fig. 8. The number of enterprises holding informational and educational events at the workplace (by years)

The number of managers who are ready to employ an HIV-positive person has increased by 9.3% from 22% in 2005 to 31.3% in 2007. As compared to 2005, the number of managers who are ready to maintain labor relations with an HIV-positive employee has increased by 8% (32.0% in 2007, 24.0% in 2005). The percentage of directors who are tolerant towards people living with HIV is 57.1% (47% in 2005).

The problem of HIV infection is perceived by the managers of organizations to be extremely urgent for the entire society (92% in 2007, 77.0% in 2005).

The awareness of the directors and employees of organizations about HIV-infection and preventive measures as well as safe and responsible behavior skills is gradually increasing. According to the 2007 survey results, the percentage of the respondents who correctly indicated the ways of HIV transmission and major misconceptions of HIV transmission equaled 52.3%. This level can be assessed as average.

89.0% of respondents, who took an HIV test in the last 12 months, know their results and 61.6% reported using a condom during the last sexual intercourse (see *Studying informational and educational activities at the workplace*. Minsk, 2008);

Mitigation of consequences

Decree of the President of Belarus No. 135 on the Approval of the National Programme on the Demographic Security in Belarus for 2007—2010 was issued on March 26, 2007. The objective of the Programme is to create conditions necessary to prevent further deterioration of the demographic situation. The Programme aims to solve the following tasks: to reduce the disease incidence and the death rate of the population by implementing measures for the promotion of healthy life style and elimination of unfavorable factors of human environment; to implement a range of measures for the improvement of reproductive health of the population and mother and child health care. The implementation of the programme will ensure health promotion including mitigation of the consequences of the HIV epidemic.

Families with HIV-positive children under 18 are provided with monthly allowances within the Social Support Policy (94 families in 2006; 105 families in 2007). Patients with AIDS receive benefits in the form of social allowances and free provision with medical drugs. Most children born to HIV-positive mothers are raised in families. 32 children (2.9% of the number of children born to HIV-positive mothers) live on social security; four of those children are HIV-positive.

V. Best practices

Belarus has approved the national targets for universal access to HIV prevention, treatment and care and observes three uniform principles of coordination of activities at the national level, i.e. a uniform strategy, a uniform cross-sector coordinating mechanism and a unified monitoring and evaluation system.

The 3rd State Programme on HIV Prevention for 2006—2010 was approved and is being implemented (Resolution of the Council of Ministers No. 1068 of August 21, 2006). The Programme was developed with consideration of the results of biomedical and behavior studies carried out within the national HIV/AIDS monitoring and evaluation system.

The implementation of the State Programme required expanding the representation of the National Interagency Council on HIV and STD Prevention by means of international, non-governmental organizations, people living with HIV, the private sectors, the Orthodox Church, and trade unions. The total composition of the Council is 31 people (24 in 2005) of which 53% represent civil society. 4 meetings have been held and 28 issues have been reviewed over the period from 2006 to 2007. 2 thematic workgroups were created in 2006—2007 on the NIC basis which act as councils in between the sessions and monitor the programme's progress. The workgroups hold sessions as necessary.

In 2006, the Resolution of the Ministry of Health of Belarus on the Approval of the Guidelines for the Monitoring and Evaluation of the HIV/AIDS Situation and Response to the HIV Epidemic was adopted. This document is of cross-sector nature and is implemented according to the plan at the national, regional and district levels. The country has developed a uniform system of collection, storage, analysis and processing of data concerning the HIV problem. Technical supervision, coordination, establishing effective relations with all the participants of the monitoring and evaluation process is performed by the National Council for Monitoring and Evaluation.

The activities of national government agencies, other governmental organizations, non-governmental organizations and the efficiency of the measures taken by the government to prevent and fight HIV/AIDS were discussed in the Council of the Republic of the National Assembly of Belarus during the parliamentary hearings on December 1, 2006. Recommendations on how to improve the legal framework on HIV, to expand partnership relations between governmental agencies, international and non-governmental organizations, to introduce modern outreach techniques and to ensure universal access to HIV treatment, care and support were adopted following the results of the hearings.

In 2007, the Declaration on Social Partnership of the Christian Churches of Belarus against HIV/AIDS was adopted and will allow to establish a sustainable partnership between the government, civil society and churches to solve AIDS-related problems.

Sustainable achievement of the national targets for universal access to HIV prevention, treatment and care was ensured in 2006—2007 thanks to the implementation of the international technical assistance project *HIV/AIDS Prevention and Treatment in Belarus*. The cost of antiretroviral therapy has decreased on average by 6 times. In 2007, the cost of the treatment scheme ranged from USD 500 to 2,500; the list of medical drugs was extended to 12 (in 19 forms). The coverage of HIV-positive patients with antiretroviral therapy has increased from 70.9% in 2006 to 73.1% in 2007. HIV-positive people are provided with drugs against opportunistic infections (444 treatment courses were carried out in 2007).

'Multidisciplinary teams' consisting of an infectious disease doctor, a nurse and a social worker are in wide use to promote adherence to antiretroviral therapy among people living with HIV and to improve the quality of treatment. The members of the teams received training during a special three-stage training course in antiretroviral therapy.

The Comprehensive Programme on HIV Prevention in Correctional Facilities of the Ministry of Interior of Belarus for 2006—2011 was developed in the country for the first time (2006). The objective of the programme is to prevent the spread of HIV inside penitentiary facilities as well as to minimize negative

consequences of the HIV epidemic. In the course of its implementation, it is intended to increase the level of the employees' and special cohorts' awareness about HIV infection, to ensure 100% coverage of people living with HIV by antiretroviral therapy and counseling services, to reduce stigma and discrimination against them.

A number of documents that formed the legal framework for methadone substitution treatment in Belarus were developed in 2005—2006. Training of 28 narcologists was arranged in Lithuania, a country which has experience in providing substitution treatment. Necessary equipment was purchased and methodical materials for doctors and patients were developed and published at the preparatory stage of introducing the methadone programme. The implementation of the methadone programme was initiated in Gomel in September, 2007. 50 patients will receive substitution treatment within a pilot project.

VI. Major challenges and remedial actions

In 2006—2007 Belarus took systematic political decisions and actions to solve problems identified in the course of the implementation of the previous state programmes.

a) Progress in solving the problems indicated in the 2005 UNGASS National Report

- The major problems were: high cost of antiretroviral therapy; limited list of drugs against HIV and opportunistic infections; limited capabilities of laboratories performing diagnostics of opportunistic infections (obsolete equipment, insufficient number of test systems).

Thanks to the implementation of the international technical assistance project *HIV/AIDS Prevention and Treatment in Belarus*, the cost of antiretroviral therapy decreased by 6 times. The list of drugs has been extended (12 drugs in 19 forms). The issue of providing HIV-positive people with drugs against opportunistic infections has been solved. The material and technical base of laboratories performing diagnostics of HIV and opportunistic infections and detecting narcotic substances in biological fluids has been improved (diagnostic equipment and test systems have been purchased).

- Low number of non-governmental organizations involved in HIV preventive actions among most-at-risk populations (IDUs, MSM, FSW, inmates).

Over the reporting period, the number of such organizations has increased almost twofold (10 in 2005, 15 in 2006, 18 in 2007).

The Association of Non-for-profit Organizations to Fight HIV, 'BelSet anti-AIDS', consisting of 15 organizations was registered in 2007. The activities of the Association aim to promote exchange of experience, information, resources, cooperation and coordination of actions of non-for-profit organizations at the national, regional and international levels; to represent the interests of the Association members; to protect the rights and interests of people living with HIV (PLHIV); to consolidate efforts in the search and effective use of resources; to initiate, develop and introduce programmes and campaigns on HIV/AIDS and associated risk factors; to promote the increase of the quality of services provided to most-at-risk social groups.

A number of projects were implemented in 2007 to ensure that most-at-risk populations are reached by preventive programmes, including the international technical assistance project *HIV/AIDS Prevention and Treatment in Belarus* and the humanitarian aid project *HIV/AIDS/STD Prevention among Highway-based Female Sex Workers*.

18 non-governmental organizations participated in the implementation of preventive programmes in 2007.

- Inadequate level of introduction of modern interactive techniques of life skills-based education and HIV prevention in educational institutions, lack of methodical literature, guidelines and video materials.

Since 2006, modern interactive techniques of life skills-based education have been more actively introduced in educational institutions. For this purpose, 6 offices implementing informational and educational activities on HIV and AIDS for young people have been opened and operate within the international technical assistance project *HIV/AIDS Prevention and Treatment in Belarus* (1 national and 6 regional offices). Hotlines operate on the basis of these offices, a programme has been developed and peer education is provided to volunteers. The National Center for Hygiene, Epidemiology and Public Health created a website on HIV (www.aids.by). The methodical package *Innovative Approaches to HIV Prevention* was issued to teachers, other specialists and leaders of non-governmental organizations engaged in HIV preventive activities among young people under the auspices of the project *HIV/AIDS Prevention and Treatment in Belarus*. The coverage of target groups by information materials has been increased. The variety of informational and education literature increases annually (233 in 2006, 439 in 2007) as well as the circula-

tion of the publications (224,000 in 2006; 350,589 in 2007) and their quality. The informational and educational materials are developed on the basis of state-of-the-art technologies, design techniques and requirements to enhance the informational impact on the target populations. The best designers are employed on a competitive basis in the development process. The informational materials are tested among target groups.

- Low activity of both non-governmental organizations protecting the interests of people living with HIV and HIV-positive people themselves in advocating their rights.

Under the auspices of the international technical assistance project *HIV/AIDS Prevention and Treatment in Belarus*, non-governmental organizations (Positive Movement, Alternativa) received additional possibilities to provide counseling to PLHIV on psychological and legal matters and to promote the advocacy by PLHIV of their rights.

- Insufficient capacity of providing comprehensive assistance to people living with HIV including psychosocial support.

In 2006, 9 groups of mutual aid for people living with HIV were supported within stage 2 of the international technical assistance project *HIV/AIDS Prevention and Treatment in Belarus* and in connection with active initiation of treatment. Further work to increase the effectiveness of the activity of these groups is performed.

- Inadequate level of theoretical knowledge and skills of volunteers and outreach workers in introducing the damage mitigation strategy among populations most vulnerable to HIV.

To solve this task, over 300 specialists in the use of peer-education technique in preventive activities among most-at-risk populations have been trained in 2006—2007.

b) Factors restraining national response in the reporting period

Over the two years of implementation of the State Programme on HIV Prevention and on the basis of the results of the situation analysis, the following problems have been identified:

1. Low adherence of people living with HIV to antiretroviral therapy, following medical recommendations, healthy life style, receiving psychological assistance.
2. Insufficient number of antiretrovirals to substitute treatment schemes and necessary combinations.
3. Lack of sustainability of programmes on HIV treatment and prevention among most-at-risk groups in the absence of outside financing.
4. Insufficient provision of the laboratories of health agencies with test systems to extend the range of diagnostics of opportunistic infections.
5. Insufficient provision of HIV-positive people and their families with social and psychological support by social public services.
6. Lack of motivation among HIV-positive pregnant women to prevent mother-to-child transmission.
7. Lack of motivation among most-at-risk groups to receive STD counseling, testing and treatment.
8. Low coverage of young people working in industrial enterprises by preventive programmes and possible discrimination against HIV-positive workers and employees.
9. Lack of a uniform methodological framework for the training of students and specialists in life skills-based education in educational institutions.
10. Insufficient number of non-governmental organizations and qualified specialists working in HIV prevention programmes.

c) Steps to eliminate obstacles towards achieving the UNGASS indicators

To solve these issues it is necessary:

1. To develop programmes on promoting adherence of people living with HIV to antiretroviral therapy, observing medical recommendations, healthy life style, receiving psychological assistance at health institutions, social security services, the Red Cross, non-governmental organizations, etc.
2. To extend the number of antiretrovirals to substitute treatment schemes and necessary combinations by improving cost reducing strategies and uninterrupted supply of antiretrovirals.
3. To mobilize domestic resources and donor aid to implement treatment and prevention programmes.
4. To increase the purchase volume of test systems for diagnostics of opportunistic infections.
5. To motivate the work of social public services in providing social and psychological assistance to HIV-positive people.
6. To develop programmes on motivating HIV-positive pregnant women to prevent mother-to-child transmission.
7. To extend the range of services provided to most-at-risk populations and to provide such services in visit-motivating places.
8. To develop HIV prevention programmes in the sphere of labor for young employees and managers of industrial enterprises.
9. To develop and approve the Concept for training students and specialists in life skills-based education in educational institutions.
10. To motivate non-governmental organizations to work among most-at-risk groups, to develop HIV prevention programmes, to arrange training of their members in the programme implementation techniques.

VII. Support from the country's development partners

a) Partner assistance

HIV/AIDS/STD prevention activities, implementation of response actions and ensuring universal access to prevention, treatment and care requires considerable spending, using international experience and international cooperation. In this context, technical and financial assistance from international organizations, including UN agencies, is very important for the governmental activities.

The most considerable contribution from the international community in HIV prevention and treatment was made by the following UN agencies – cosponsors of the United Nations Joint Programme on HIV/AIDS (UNAIDS): UN Development Programme (UNDP), World Health Organization (WHO), UN Children's Fund (UNICEF), UN Population Fund (UNFPA).

The provided technical assistance aims to promote ensuring universal access to HIV prevention, treatment, care and support and is performed on the basis of task sharing between the cosponsors. The issues of joint planning and implementation of actions are discussed at the sessions of the HIV-forum, consisting of the representatives of governmental and non-governmental organizations as well as the directors of the UN agencies operating in Belarus.

The activity of UNAIDS cosponsors in 2006—2007 was aimed to support the introduction of principles of strategic planning of HIV response actions; to implement informational and educational aspects of the State Programme on HIV Prevention, projects of medical, social and psychological assistance to people living with HIV, to ensure HIV prevention in correctional facilities and among most-at-risk populations, and to improve epidemiological surveillance of HIV.

In 2006—2007, UNAIDS supported the development of the national targets for universal access to HIV-related services and the roadmap towards universal access as well as the exchange of strategic information and expertise. Under the auspices of UNAIDS and the World Bank, at the end of 2007 Belarus was introduced to the costing model for actions and services aimed to ensure universal access and recommendations on how to improve financial planning were proposed.

In 2006—2007, UNAIDS supported the active participation of civil society and people living with HIV in the development of the national targets for universal access, the roadmap and the National Report on the Implementation of the Declaration of Commitment on HIV/AIDS. The Programme supported a number of projects aimed to extend the HIV preventive actions among young people and major most-at-risk populations; to provide social services to people living with HIV and to expand partnership between the government and non-governmental organizations.

UNDP is the major beneficiary of the grant provided by the Global Fund to Fight AIDS, Tuberculosis and Malaria for the implementation of the project *HIV/AIDS Prevention and Treatment in Belarus*. The Project aims to support the actions under the State Programme on HIV Prevention for 2008—2010. The amount of funds spent in 2006—2007 is equal to USD 7 million. These funds were spent:

- 1) to implement programmes on HIV prevention among the most-at-risk populations (IDUs, FSW);
- 2) to introduce methadone replacement therapy;
- 3) to effectively carry out preventive actions in penitentiary facilities of the country;
- 4) to ensure access to treatment, care and help to people living with HIV;
- 5) to arrange continuous informational and educational activities in HIV prevention among population, including young people;
- 6) to strengthen the material base and personnel resources of institutions working in HIV prevention and treatment;

- 7) to support the national system for monitoring and evaluation of the HIV/AIDS situation and the response actions.

The activity of the WHO in 2006—2007 aimed to improve the quality of medical aid provided to PLHIV and to strengthen the personnel resources of institutions working with PLHIV. The main efforts were aimed:

- 1) to increase the level of knowledge and quality of training of health workers;
- 2) to update and develop regulatory documents with regard to HIV/AIDS;
- 3) to ensure information support of clinical practice.

Within the area of activity (1), multidisciplinary teams have been prepared in line with the up-to-date approaches to the provision of assistance and HIV/AIDS treatment techniques and WHO recommendations; a team of local doctors have been trained consisting of professors from the Departments of Infectious Diseases at BSMU, BelMAPO, GSMU; existing educational programmes for specialists who receive post-graduate training (doctors, nurses) and students of medical colleges and universities have been updated and new programmes have been developed.

Within the area of activity (2), clinical HIV-patient care protocols have been updated and guidance manuals for post-graduate education in HIV and for students of medical colleges and universities have been developed.

Within the area of activity (3), an information resource on HIV/AIDS treatment and provision of assistance has been developed to improve access to up-to-date information and materials about HIV as well as to provide an opportunity for self-study and to improve the level of expertise of specialists: <http://aids.belmapo.by>.

UNICEF renders assistance in the implementation of actions aimed to prevent mother-to-child transmission of HIV; to ensure effective education and promotion of healthy life style and HIV prevention; to increase the accessibility and quality of the informational, counseling and medical services rendered to young people; to carry out research activities. In 2006—2007, UNICEF assisted in strengthening the potential of territorial social service centers in the development of comprehensive psychosocial assistance to HIV-positive and HIV-exposed women, children and families. UNICEF supported the programme on HIV prevention in custodial educational institutions among teenagers who are in trouble with the law.

UNFPA renders technical assistance in the area of protection of reproductive health of young people, including HIV prevention, and supports informational and educational activities on HIV prevention in the Armed Forces.

Non-governmental organizations contribute to solving HIV-related issues. Taking into consideration the whole complexity of HIV preventive activities among most-at-risk groups, they are the main partners in implementing prevention programmes in this area. Thanks to the joint efforts, the coverage of high-risk groups by programmes and the number of cases when they apply for different kinds of assistance (medical, psychological, legal, social, etc) both in governmental and non-governmental organizations have increased. Non-governmental organizations actively participate in increasing the level of awareness of the population, and young people in particular, about HIV-related issues and in promoting safe and responsible behavior.

b) Partner actions necessary to achieve UNGASS indicators

To achieve the targets for universal access to HIV prevention, treatment and care at present, Belarus requires partner assistance in the following areas:

- ensuring accessibility of antiretroviral therapy, prevention and treatment of opportunistic infections;
- prevention of mother-to-child transmission of HIV;
- HIV prevention activities among injecting drug users, men who have sex with men, female sex workers, inmates in all regions of the country;

- arrangement and performance of research activities within the national system for the monitoring and evaluation of the HIV/AIDS situation, development of computer and information technologies with regard to this area;
- development of services on rendering comprehensive psychological assistance to HIV-positive and HIV-exposed people;
- development of uniform approaches to providing students with information about HIV/AIDS in educational institutions;
- scientific research aimed to introduce new techniques of epidemiological surveillance, HIV prevention, treatment and diagnostics;
- preparation and training on the basis of advanced experience of specialists working with people living with HIV;
- extending partnership between governmental and non-governmental organizations;
- coordination of interagency cooperation on treatment and care;
- development and implementation of the national information strategy.

VIII. Monitoring and evaluation environment

a) General analysis of the existing M&E system

Belarus pays special attention to the analysis of the epidemiological situation and the evaluation of the response actions in the country.

45 key and additional indexes form the basis of the national monitoring and evaluation system and allow the effectiveness of individual areas of preventive activities and the quality of medical and social service rendered to HIV-positive people to be determined.

Information for the national monitoring and evaluation system is gathered by carrying out an epidemiological surveillance of HIV, sociological and behavioral surveys, and monitoring programme and financial management.

The Guidelines for the Monitoring and Evaluation of the HIV/AIDS Situation and Response to the HIV Epidemic was adopted according to the State Programme (Resolution of the Ministry of Health of Belarus of December 30, 2006). This documents governs the arrangement and procedure for monitoring in the main areas of activity, defines the monitoring indexes, periodicity and data acquisition methods as well as the main performers.

A guidance manual for various specialists entitled 'HIV/AIDS Monitoring and Evaluation' has been prepared and issued in addition to the Guidelines. Published in 2007, the Guidelines show how to calculate indexes for the national system of monitoring and evaluation of the HIV/AIDS situation

The operation of the national monitoring system is based on interagency cooperation and is coordinated by the ACME. The Advisory Council consists of representatives from key ministries, international, non-governmental organizations, the HIV/AIDS Prevention and Treatment in Belarus project management group, PLHIV and specialists from the HIV/AIDS Prevention Department of the National Center for Hygiene, Epidemiology and Public Health.

In correspondence with tasks assigned, the ACME:

- ensures interagency cooperation in planning and implementing national monitoring and evaluation (M&E) of the HIV/AIDS situation;
- determines the needs (financial, personnel, etc) for effective monitoring and evaluation, renders assistance in mobilizing resources and optimizing M&E;
- evaluates the quality of changes in the national indexes by arranging independent expert examination of the studies performed including epidemiological, statistical and sociological expert examinations and the examination of data processing and distribution;
- arranges discussion of the results received from measuring the national indexes. Results are then submitted to the government which takes managerial decisions on the implementation of the State Programme on HIV Prevention;
- coordinates and manages the use of data for strategic planning of response actions at the national and local levels;
- ensures international cooperation in monitoring and evaluation;
- participates in the revision of the national priorities in monitoring and evaluation according to the latest developments in the area and the epidemiological situation.

The country has developed a uniform system of collecting and processing data concerning the HIV problem. All cases of HIV infection with laboratory, epidemiological and clinical confirmation of the diagnosis are subject to statistical registration. The data from the regions are sent to the HIV/AIDS Prevention Department of the National Center for Hygiene, Epidemiology and Public Health where they are com-

puter processed and analyzed according to population group and other demographic indicators. The study of HIV prevalence, in addition to population screening, is also performed by sentinel surveillance. Along with biomedical surveillance, studies of behavior facilitating HIV infection among injecting drug users, men who have sex with men and female sex workers are carried out. Social studies were carried out in cooperation with the ministries and organizations that participate in the implementation of the State Programme on HIV Prevention, specifically the Ministry of Education, the Ministry of Internal Affairs, non-governmental organizations working with high-risk groups, UN agencies.

At the national and regional levels the national monitoring and evaluation system is supported by three kinds of software. The following systems have been introduced and are in operation: CRIS (Country Response Information System), a programme for monitoring the prevention of mother-to-child transmission of HIV and dispensary observation of children born to HIV-positive mothers as well as the epidemiological base of individual HIV cases. A server has been set up on the basis of the National Center for Hygiene, Epidemiology and Public Health to create national common databases.

Social, behavioral and biomedical studies are carried out annually under the auspices of the project *HIV/AIDS Prevention and Treatment in Belarus* to assess the effectiveness of the implementation of the State Programme on HIV Prevention. The HIV Prevention Department of the National Center for Hygiene, Epidemiology and Public Health plans the studies, controls the collection of data by different institutions, and analyzes the results. It also further notifies all parties concerned about the efficiency of the national response actions, achievement of the targets for universal access and the current needs. The research plan is approved annually.

14 studies in different thematic areas (education; manufacture; mass media; the Armed Forces and HIV/AIDS; injecting drug users; men who have sex with men; female sex workers; young people; women of reproductive age; medical workers, PLHIV, men aged 18—49) have been carried out over the two-year period. 2 national workshops have been held for health specialists and employees from other organizations on various aspects and techniques of monitoring and evaluation.

Therefore, from 2006 to 2007 Belarus has made considerable headway in monitoring and evaluating the HIV/AIDS situation.

- The National Council for Monitoring and Evaluation (NCME) was created to coordinate M&E activities; the ACME holds regular sessions (no less than twice a year);
- the national list of indexes has been approved;
- a uniform national M&E action plan is approved annually;
- a national uniform information system has been created;
- continuous transfer of M&E information from the sub-national to the national level is carried out;
- continuous exchange of information between governmental agencies, international, non-governmental and other concerned organizations.

The results of the monitoring and evaluation of the HIV situation were used when:

- 1) setting targets for universal access to HIV/AIDS prevention, treatment, care and support;
- 2) developing the State Programme on HIV Prevention for 2006—2010, planning HIV/AIDS actions for 2006, 2007, 2008;
- 3) making managerial decisions at the governmental level and at the level of local authorities;
- 4) developing the roadmap towards universal access to HIV/AIDS prevention, treatment, care and support;
- 5) preparing materials for the parliamentary hearings in the Council of the Republic of the National Assembly of Belarus on the State Policy of Belarus on the Response to HIV Spread.
- 6) developing the National Programme on the Demographic Security of Belarus for 2007—2010;
- 7) preparing the annual National Report;

- 8) holding workshops, trainings for managerial personnel of ministries, executive and regulatory agencies, industrial enterprises, other organizations;
- 9) informing the population via mass media;
- 10) during the operation of the NIC/CCM.

The main tasks for 2008—2009 in monitoring and evaluating the HIV/AIDS situation in Belarus are as follows:

- 1) to improve sentinel surveillance techniques;
- 2) to carry out research in social and economic impact of the HIV epidemic development, to improve the scientific analysis of the research data;
- 3) to improve the monitoring of antiretroviral therapy, adherence to ARVT and ARV resistance in particular.

b) Demands for technical assistance for M&E

Through the UN joint programme of assistance and using the support of other donors, it is planned to request technical assistance:

- to perform cost monitoring for HIV/AIDS actions and the evaluation of their cost efficiency with regard to certain preventive interventions;
- to ensure financial support of M&E research;
- to train national specialists in various M&E aspects and techniques.

Consultation/preparation process for the country report on monitoring the progress towards the implementation of the Declaration of Commitment on HIV/AIDS

1) What institutions/entities were responsible for filling out the indicator forms?

- a) NAC or equivalent Yes
- b) NAP Yes
- c) Others

2) With inputs from Ministries:

- Education Yes
- Health Yes
- Labor Yes
- Foreign Affairs Yes
- Others: Information, Defense, Internal Affairs, Culture, Emergencies, Transportation, Sport and Tourism, Finance, Economy Yes

- Civil society organizations Yes
- People living with HIV Yes
- Private sector Yes
- United Nations organizations Yes
- Bilaterals No
- International NGOs Yes

3) Was the report discussed in a large forum? Yes

4) Are the survey results stored centrally? Yes

5) Are data available for public consultation? Yes

6) Who is the person responsible for submission of the report and for follow-up if there are questions on the Country Progress Report? Name / title:

Mikhail Ivanovich Rimzha,
Deputy Minister of Health of the Republic of Belarus,
Deputy Chairman of the National Interagency Council on HIV and STD Prevention

Дата: 30.01.2008 г.

Подпись: _____



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Appendix 2.

National Composite Policy Index (NCPI), 2007. PART A

[to be administered to government officials]

Respondents for Part A [specify on which parts each respondent was questioned]						
Organization	Name title	A.I	A.II	A.III	A.IV	A.V
Council of Ministers of Belarus	G. S. Gurjanova, deputy chairman of the Social Protection Department	√	√	√	√	√
Council of Ministers of Belarus	A. S. Sekach, chief specialist	√	√	√	√	√
Ministry of Health of Belarus	M. I. Rimzha, Deputy Minister	√	√	√	√	√
Ministry of Health of Belarus	I. A. Karpov, chief specialist in infectious diseases	√	√	√	√	√
Ministry of Health of Belarus	I. A. Karaban, chief epidemiologist	√	√	√	√	√
Ministry of Education of Belarus	A. V. Rysevets, chief inspector of the Department for Social and Educational Work	√	√	√	√	√
Ministry of Labor and Social Protection of Belarus	T. B. Shemetovets, deputy director of the Central Department for Population Employment Policy	√	√	√	√	√
Ministry of Information of Belarus	S. K. Poliakov, chief specialist of the Department for Printed Media and External Relations	√	√	√	√	√
Ministry of Foreign Affairs of Belarus	E. V. Sidash, consultant at the Department for Humanitarian cooperation and Human Rights	√	√	√	√	√
Ministry of Culture of Belarus	V. K. Gedrojts, Deputy Minister	√	√	√	√	√
Ministry of Internal Affairs of Belarus	V. I. Zavadski, director of the Medical Service DPA MIA	√	√	√	√	√
Ministry of Defense of Belarus	V. V. Franchuk, chief health officer of the Armed Forces of the Army Medical Department	√	√	√	√	√
Belarusian Medical Academy of Post-Graduate Education	A. A. Kliuchareva, head of the Department for Child Infectious diseases	√	√	√	√	√
Belarusian State Medical University	A. L. Navrotski, chief independent specialist in dermato venerology of the Ministry of Health	√	√	√	√	√
National Center for Hygiene, Epidemiology and Public Health	N. S. Sebut, Deputy Chief Doctor	√	√	√	√	√
National Center for Hygiene, Epidemiology and Public Health	L. A. Meleshko, head of the HIV/AIDS Prevention Department	√	√	√	√	√

Questionnaire Part A

[to be administered to government officials]

I. Strategic plan

1. Has the county developed a national multisectoral strategy/action framework to combat AIDS?

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the one listed under 1.2)

Yes	Period covered 01.01.1997– 31.12.2007
-----	---------------------------------------

1.1. How long has the country had a multisectoral strategy/action framework? Number of years:

11 years

1.2. Which sectors are included in the multisectoral strategy/action framework with a specific HIV budget for their activities?

Sectors included	Strategy/action framework	Earmarked budget
Health	Yes	Yes
Education	Yes	Yes
Labor and Social Protection	Yes	Yes
Sport	Yes	Yes
Transportation	Yes	Yes
Industry	Yes	Yes
Military/Police	Yes	Yes
Women	Yes	Yes
Young people	Yes	Yes
Mass Media	Yes	Yes
Housing and utilities	Yes	Yes
Culture	Yes	Yes
Commerce	Yes	Yes
High-risk groups (IDU, FSW, MSM)	Yes	Yes
Penitentiary system	Yes	Yes

The funding of the actions is performed from the national and local budgets and funds provided for within the international cooperation. The amount of funding within the State Programme on HIV Prevention for 2006–2010 – BYR 79,308,000,000

1.3. Does the multisectoral strategy/action framework address the following target populations, settings and cross-cutting issues?

<i>Target populations:</i>	
a. Women and girls	a. Yes
b. Young women/young men	b. Yes
c. High-risk populations	c. Yes
d. Orphans and other vulnerable children	d. Yes
<i>Settings</i>	
e. Workplace	e. Yes
f. Schools	f. Yes
g. Prisons	g. Yes
<i>Cross-cutting issues:</i>	
h. HIV, AIDS and poverty	h. No
i. Human rights protection	i. Yes
j. PLHIV involvement	j. Yes
k. Addressing stigma and discrimination	k. Yes

I. Gender empowerment and/or gender equality	I. Yes
--	--------

1.4. Were target populations identified through a process of a needs assessment or needs analysis?

Yes

IF YES, when was this needs assessment / analysis conducted?

2006

1.5. What are the target populations in the country?

- Young people
- Women of reproductive age
- Military population
- MSM
- IDU
- FSW
- Inmates
- PLHIV

1.6. Does the multisectoral strategy/action framework include an operational plan?

Yes

1.7. Does the multisectoral strategy/action framework or operational plan include

a. Programme goals?	Yes
b. Clear targets and/or milestones?	Yes
c. Detailed budget of costs per programmatic area?	Yes
d. Indications of funding sources?	Yes
e. Monitoring and Evaluation Framework?	Yes

1.8. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy/action framework?

Active involvement

IF active involvement, briefly explain how this was done:

The Strategic HIV/AIDS Action Plan and the State Programme on HIV/AIDS Prevention was developed with active involvement of all the parties concerned, including civil society. The Strategic Plan for 2004—2008 was agreed upon with the Deputy Prime Minister of Belarus, the State Programme for 2006—2010 was approved by Resolution of the Council of Ministers of Belarus No. 1068 of 21.08.2006.

1.9. Has the multisectoral strategy/action framework been endorsed by most external Development Partners (bi-laterals, multilaterals)?

Yes

1.10. Have external Development Partners (bi-laterals, multilaterals) aligned and harmonized their HIV and AIDS programmes to the national strategy/action framework?

Yes, all partners

2. Has the country integrated HIV and AIDS into its general development plans such as: a) National Development Plans, b) Common Country Assessments/United Nations Development Assistance Framework, c) Poverty Reduction Strategy Papers, d) Sector Wide Approach?

Yes

2.1. IF YES, in which development plans is policy support for HIV and AIDS integrated?

- b) United Nations Development Assistance Framework;
- c) Poverty Reduction Strategy Papers;
- d) Sector Wide Approach;
- e) other:
 - National Action Plan to Improve Children’s Situation and Protection of Their Rights for 2004—2010;
 - National Programme on the Demographic Security of Belarus for 2007—2010;
 - Concept of Health Care Development in Belarus for 2003—2007;
 - Programme on Health Care Development in Belarus for 2006—2010;
 - Law of Belarus on Health in the 2006 revision;
 - Law of Belarus on Sanitary and Epidemic Welfare of the Population in the 2006 revision;
 - State Programme on Sanitary and Epidemic Welfare of the Population of Belarus for 2007—2010;
 - State Programme on HIV Prevention for 2006—2010;
 - Law of Belarus on Social Allowances to Child-Raising Families in the 2006 revision;
 - State Programme on Tuberculosis for 2005—2009;
 - State Programme on Strengthening the Fight against Crime for 2006—2010;
 - State Programme of Comprehensive Response Actions to Human Trafficking and Proliferation of Prostitution for 2002—2007;
 - President’s Programme *Children of Belarus* for 2006—2010;
 - National Programme *Young People of Belarus* for 2006—2010;

2.2. IF YES, which policy areas below are included in these development plans?
 ✓ Check for policy/strategy included

Policy Area	Development Plans				
	a)	b)	c)	d)	e)
HIV Prevention		√	√	√	√
Treatment for opportunistic infections		√		√	
Antiretroviral therapy		√		√	√
Care and support (including social security or other schemes)		√	√	√	√
AIDS impact alleviation		√		√	√
Reduction of gender inequalities as they relate to HIV prevention/treatment care and/or support		√			
Reduction of income inequalities as they relate to HIV prevention/treatment care and/or support		√		√	
Reduction of stigma and discrimination		√		√	
Women’s economic empowerment (e.g. access to credit, access to land, training)		√		√	
Other: Damage Mitigation Strategy				√	

3. Has the country evaluated the impact of HIV and AIDS on its socio-economic development for planning purposes?

Yes

National Programme on the Demographic Security of Belarus for 2007—2010.

3.1. IF YES, to what extent has it informed resource allocation decisions?

Low			High		
0	1	2	3	4	5

4. Does the country have a strategy/action framework for addressing HIV and AIDS issues among its national uniformed services such military, police, peacekeepers, prison staff, etc?

Yes

4.1. IF YES, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of one or more uniformed services?

Behavioral change communication	Yes
Condom provision	Yes
HIV testing and counseling*	Yes
STI services	Yes
Treatment	Yes
Care and support	Yes

***What is the approach taken to HIV testing and counseling? Is HIV testing voluntary or mandatory (e.g. at enrolment)? Briefly explain:**
 HIV testing is voluntary for prison staff, police, military, etc. according to the current regulatory documents.

5. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?

Yes

5.1. Has the National Strategic Plan/operational plan and national AIDS budget been revised accordingly?

Yes

5.2. Have the estimates of the size of the main target population sub-groups been updated?

Yes

5.3. Are there reliable estimated and projected future needs of the number of adults and children requiring antiretroviral therapy?

Estimated and projected needs

The estimates and projection of the needs of adults and children requiring antiretroviral therapy were performed during the development of the State Programme on HIV Prevention for 2006—2010 and within the international technical assistance project *HIV/AIDS Prevention and Treatment in Belarus*.

5.4. Is HIV and AIDS programme coverage being monitored?

Yes

(a) IF YES, is coverage monitored by sex (male, female)?

Yes

(b) IF YES, is coverage monitored by population sub-groups?

Yes

- IF YES, which population sub-groups?*
- Children;
 - Young people
 - Women
 - Men
 - IDU
 - MSM
 - FSW
 - Inmates
 - Workers, employees

(c) *IF YES, is coverage monitored by geographical area?*

Yes

IF YES, at which levels (provincial, district, other)?
National, regional, district

5.5. Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?

Yes

Overall, how would you rate strategy planning efforts in the HIV and AIDS programmes in 2007 and in 2005?

2007	Poor							Good			
	0	1	2	3	4	5	6	7	8	9	10
2005	Poor							Good			
	0	1	2	3	4	5	6	7	8	9	10

Comments on progress made since 2005:

Belarus has defined a uniform HIV prevention strategy. The State Programme on HIV Prevention for 2006—2007 is the third programme implemented in the country since 1997. The results of biomedical and behavioral studies carried out within the national system for the monitoring and evaluation of the HIV/AIDS situation and the response actions were used when developing the Programme (Guidelines for the Monitoring and Evaluation of the HIV/AIDS Situation and Response to the HIV Epidemic adopted by Resolution of the Ministry of Health of Belarus No. 123 of 30.12.2006 registered at the Ministry of Justice of Belarus). A comprehensive programme on HIV prevention in correctional facilities of the MIA of Belarus for 2006—2011 has been adopted. Targets for universal access to HIV/AIDS prevention, treatment, care and support have been set; A draft of the roadmap towards universal access to HIV/AIDS prevention, treatment, care and support was developed in 2007.

II. Political support

Strong political support includes government and political leaders who often speak out about AIDS and regularly chair important meetings, allocation of national budgets to support the AIDS programmes and effective use of government and civil society organizations and processes to support effective AIDS programmes.

1. Do high officials speak publicly and favorably about AIDS efforts in major domestic fora at least twice a year?

President/Head of government	Yes
------------------------------	-----

Other high officials	Yes
----------------------	-----

Other officials in regions and/or districts	Yes
---	-----

2. Does the country have an officially recognized national multisectoral AIDS management/coordination body? (National AIDS Council or equivalent)?

National Interagency Council on HIV and STD Prevention	Yes
--	-----

2.1. **IF YES**, when was it created? Year: 1996

2.2. **IF YES**, who is the Chair?

Deputy Prime Minister of Belarus, Aleksandr Nikolaevich Kosinets

2.3. **IF YES**, does it:

have terms of reference?	Yes
have active Government leadership and participation?	Yes
have a defined membership?	Yes
include civil society representatives? <i>IF YES</i> , what percentage?	Yes 38 %
include people living with HIV?	Yes
include the private sector?	Yes
have an action plan?	Yes
have a functional Secretariat?	Yes
meet at least quarterly?	No
review actions on policy decisions regularly?	Yes
actively promote policy decisions?	Yes
provide opportunity for civil society to influence decision-making?	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	Yes

3. Does the country have a national AIDS body or other mechanism that promotes interaction between government, people living with HIV, civil society and the private sector for implementing HIV and AIDS strategies/programmes?

Yes

3.1. **IF YES**, does it include:

Terms of reference	Yes
Defined membership	Yes
Plan of Action	Yes
Functional Secretariat	Yes
Regular meetings Frequency of meetings	Yes no less than twice a year

IF YES, what are the main achievements?

- The Country Coordinating Mechanism (CCM) was created in 2002 on the basis of the National Interagency Council on HIV and STD Prevention by the Resolution of the Council of Ministers of Belarus. The CCM is composed of 31 people – representatives of ministries, international and non-governmental organizations, PLHIV. The Council holds meetings no less than twice a year; the last meeting took place on 12.12.2007. Workgroups hold sessions as necessary.
- CCM activities made it possible to coordinate the actions of the government, international and non-governmental organization, and PLHIV and to ensure the effective implementation of the State Programme on HIV Prevention for 2006—2010 and of the international technical assistance project HIV/AIDS Prevention and Treatment in Belarus funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

IF YES, what are the main challenges for the work of this body?

There are no obstacles or challenges to the work of the CCM in the country.

4. What percentage of the national HIV and AIDS budget was spent on activities implemented by civil society in the past year?

Percentage: The funding of the activities of civil society is performed through grants and international projects.

5. What kind of support does the NAC (or equivalent) provide to implementing partners of the national programme, particularly to civil society organizations?

Information on priority needs and services	Yes
Technical guidance/materials	Yes
Drugs/supplies procurement and distribution	Yes
Coordination with other implementing partners	Yes
Capacity-building	Yes
Other: <i>[write in]</i>	

6. Has the country reviewed national policies and legislation to determine which, if any, are consistent with the National AIDS Control policies?

Yes

6.1. IF YES, were policies and legislation amended to be consistent with the National AIDS Control policies?

Yes

6.2. IF YES, which policies and legislation were amended and when?

Policy/Law:	Year
Law of Belarus on Health Care	2006
Law of Belarus on Sanitary and Epidemic Welfare of the Population	2006
State Programme on Sanitary and Epidemic Welfare of the Population of Belarus for 2007—2010;	2006
State Programme on HIV Prevention for 2006—2010	2006
State Programme on Tuberculosis for 2005—2009	2005
National Programme on the Demographic Security of Belarus for 2007—2010	2007
President's Programme <i>Children of Belarus</i> for 2006—2010	2006
National Programme <i>Young People of Belarus</i> for 2006—2010	2006
National Action Plan to Improve Children's Situation and Protection of Their Rights for 2004—2010	2004

Overall, how would you rate strategy planning efforts in the HIV and AIDS programmes in 2007 and in 2005?

2007	Poor	0	1	2	3	4	5	6	7	8	9	10	Good
2005	Poor	0	1	2	3	4	5	6	7	8	9	10	Good

Comments on progress made since 2005:

In 2006 the Council of the Republic of the National Assembly of Belarus held parliamentary hearings on the State Policy of Belarus on the Response to HIV Spread. Areas of addressing HIV/AIDS issues were discussed. Recommendations with specific suggestions on how to improve the legislation on HIV prevention were adopted following the results of the hearings.

The association *BelSet anti-AIDS* was registered in 2007 and consists of 15 non-governmental organizations working among different populations.

III. Prevention

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?

Yes

1.1. **IF YES**, what key messages are explicitly promoted?

√ Check for key messages explicitly promoted

Be sexually abstinent	√
Delay sexual debut	√
Be faithful	√
Reduce the number of sexual partners	√
Use condoms consistently	√
Engage in safe(r) sex	√
Avoid commercial sex	√
Abstain from injecting drugs	√
Use clean needles and syringes	√
Fight against violence against women	√
Greater acceptance and involvement of people living with HIV	√
Greater involvement of men in reproductive health programmes	√
Other: Voluntary counseling and testing	√
Other: Promoting healthy life style	√

1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?

Yes

2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?

Yes

2.1. Is HIV education part of the curriculum in

Primary schools? Yes

Secondary schools? Yes

Teacher training? Yes

2.2. Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?

Yes

2.3. Does the country have an HIV education strategy for out-of-school young people?

Yes

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for vulnerable sub-populations?

Yes

3.1. IF YES, which sub-populations and what elements of HIV prevention does the policy/strategy address? ✓ Check for policy/strategy included:

	IDU	MSM	Female sex workers	Clients of female sex workers	Inmates	Other sub-populations: young people, women of reproductive age, etc
Targeted information on risk reduction and HIV reduction	✓	✓	✓	✓	✓	✓
Reduction of stigma and discrimination	✓	✓	✓	✓	✓	✓
Condom promotion	✓	✓	✓	✓	✓	✓
HIV testing and counseling	✓	✓	✓	✓	✓	✓
Reproductive health, including STI prevention and treatment	✓	✓	✓	✓	✓	✓
Vulnerability reduction (e.g. income generation)	N/A	N/A	N/A	N/A	N/A	N/A
Drug substitution therapy	✓	N/A	N/A	N/A	N/A	N/A
Needle and syringe exchange	✓	N/A	N/A	N/A	N/A	N/A

Overall, how would you rate *policy efforts* in support of HIV prevention in 2007 and in 2005?

2007	Poor							Good			
	0	1	2	3	4	5	6	7	8	9	10
2005	Poor							Good			
	0	1	2	3	4	5	6	7	8	9	10

Comments on progress made since 2005:

Belarus annually performs studies of the impact of prevention programmes on the HIV situation among different groups of the population which allows to timely revise programmes (plans) and take necessary managerial decisions. The State Programme on HIV Prevention for 2006—2010 gives a more detailed description of the financing sources for the Programme events. An annual increase of additional financial resources spent on HIV prevention can be observed.

Thanks to the implementation of the State Programme and the international technical assistance project *HIV/AIDS Prevention and Treatment in Belarus*, the coverage of most-at-risk populations by preventive interventions has increased.

4. Has the country identified the districts (or equivalent geographical/ decentralized level) in need of HIV prevention programmes?

Yes

IF YES, to what extent have the following HIV prevention programmes been implemented in identified districts* in need? ✓ Check the relevant implementation level for each activity or indicate N/A if not applicable

HIV prevention programmes	The activity is available in		
	all districts* in need	most districts* in need	some districts* in need
Blood safety	✓		
Universal precautions in health care settings	✓		
Prevention of mother-to-child transmission of HIV;	✓		
IEC on risk reduction	✓		
IEC on stigma and discrimination reduction	✓		
Condom promotion	✓		
HIV testing and counseling	✓		
Harm reduction for injecting drug users		✓	
Risk reduction for men who have sex with men		✓	
Risk reduction for sex workers		✓	
Programmes for other vulnerable sub-populations	✓		
Reproductive health services, including STI prevention and treatment	✓		
School-based AIDS education for young people	✓		
Programmes for out-of-school young people	✓		
HIV prevention in the workplace		✓	
Other: Prevention programmes in penitentiary facilities, the Armed Forces	✓		

*Districts or equivalent geographical/de-centralized level in urban and rural area

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2007 and in 2005?

2007	Poor						Good				
	0	1	2	3	4	5	6	7	8	9	10
2005	Poor						Good				
	0	1	2	3	4	5	6	7	8	9	10

Comments on progress made since 2005: None

IV. Treatment, care and support

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counseling, psychosocial care, and home and community-based care).

Yes

1.1. IF YES, does it give sufficient attention to barriers for women, children and most-at-risk populations?

Yes

2. Has the country identified the districts (or equivalent geographical/ decentralized level) in need of HIV and AIDS treatment, care and support services?

Yes

IF YES, to what extent have the following HIV and AIDS treatment, care and support services been implemented in the identified districts* in need? ✓ Check the relevant implementation level for each activity or indicate N/A if not applicable.

HIV treatment, care and support services	The services are available in		
	all districts* in need	most districts* in need	some districts* in need
Antiretroviral therapy	✓		
Nutritional care		✓	
Pediatric AIDS treatment	✓		
Sexually transmitted infection management	✓		
Psychosocial support of people living with HIV and their families		✓	
Home-based care	✓		
Palliative care and treatment of common HIV-related infections	✓		
HIV testing and counseling for TB patients	✓		
TB screening for HIV-infected people	✓		
TB preventive therapy for HIV-infected people			✓
TB infection control in HIV treatment and care facilities	✓		
Cotrimoxazole prophylaxis in HIV-infected people	✓		
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	✓		
HIV treatment services in the workplace or treatment referral systems through the workplace		✓	
HIV care and support in the workplace (including alternative working arrangements)			✓
Other programmes: Promoting adherence		✓	

* Districts or equivalent geographical/de-centralized level in urban and rural area

3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?

Yes

4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral drugs, condoms, and substitution drugs?

Yes

4.1. IF YES, for which commodities?:

antiretrovirals
condoms
substitutive therapy drugs

5. Does the country have a policy or strategy to address the additional HIV- or AIDS-related needs of orphans and other vulnerable children (OVC)?

Yes

5.1. IF YES, is there an operational definition for OVC in the country?

Yes

LAW OF THE REPUBLIC OF BELARUS No. 73-3 of December 21, 2005, on Social Security of Orphaned Children, Children Whose Parents Have no Custody Rights and Individuals from among Orphaned Children and Children Whose Parents Have no Custody Rights. *Adopted by the Chamber of Representatives on December 1, 2005. Approved by the Council of the Republic on December 8, 2005, with amendments as of July 11, 2007. No. 253-3 (National Register of Legal Acts of Belarus, 2007, No. 171, 2/1350).*

Orphans – individuals under 18, whose both or sole parent(s) have died;

children whose parents have no custody rights – individuals under 18 whose parent(s) have no custody due to the deprivation of parental rights, removal of children from parental custody without deprivation of parental rights, disability, semi-disability, missing, declaration of death, being on the wanted list, in confinement facilities, having disease which hampers the fulfillment of parental duties, being in correctional facilities, in the case of children being left in health institutions, their consent to their children’s adoption in the case of parents’ refusal of the child or separate living as well as in the case of abandoned children and other cases of absence of parental custody.

Individuals from among orphaned children and children whose parents have no custody rights – individuals aged 18–23 who upon reaching the age of 18 had the status of orphans or children whose parents have no custody rights or had reasons to have such status and did not lose it thereafter.

LAW OF THE REPUBLIC OF BELARUS No. 200-3 of May 31, 2003, On the Principles of Prevention of Neglect and Juvenile Delinquency. *Adopted by the Chamber of Representatives on April 22, 2003. Approved by the Council of the Republic on May 15, 2003, with amendments as of June 26, 2005. No. 28-3 (National Register of Legal Acts of Belarus, 2005 No. 104, 2/1125).*

Art. 1. The main terms used in this Law and their definition.

A minor at social risk is an individual under 18 who, as a result of neglect or homelessness, is in a situation which threatens his/her life or health or does not meet the requirements for education and alimentation or commits offences or other antisocial actions.

5.2. IF YES, does the country have a national action plan specifically for OVC?

National Action Plan to Improve Children’s Situation and Protection of Their Rights for 2004–2010	Yes
President’s Programme <i>Children of Belarus</i> for 2006–2010	Yes
Decree of the President of Belarus on Additional Measures on Social Protection of Children in Difficult Families No. 18 of 24.11.2006.	Yes
Law of the Republic of Belarus No. 73-3 of December 21, 2005, on Social Security of Orphaned Children.	Yes
Law of the Republic of Belarus No. 200-3 of May 31, 2003, On the Principles of Prevention of Neglect and Juvenile Delinquency.	Yes

5.3. IF YES, does the country have an estimate of OVC being reached by existing interventions?

Yes

A database on children at social risk has been created and is continuously updated. The control is carried out by the socio-psychological educational service of an education institution.

IF YES, what percentage of OVC is being reached?

100 %

Overall, how would you rate the efforts to meet the needs of orphans and other vulnerable children?

2007	Poor							Good			
	0	1	2	3	4	5	6	7	8	9	10
2005	Poor							Good			
	0	1	2	3	4	5	6	7	8	9	10

Comments on progress made since 2005:

National HIV patient care protocols have been developed, issued and distributed (on the basis of WHO protocols). Access to antiretroviral therapy has been ensured. The number of antiretrovirals used for treatment has increased (3 antiretrovirals in 5 different forms of production in 2005; 12 antiretrovirals in 19 different forms of production in 2007). 850 patients had received treatment as of 01.12.2007 (68 as of 01.01.2005).

Over 200 doctors specializing in different areas (infectious disease doctors, GPs, pediatricians, etc.) at health institutions and penitentiary facilities have been trained in ARV therapy at the Medical Academy of Post-Graduate Education and at specialized workshops.

The activity of 10 mutual-aid groups is supported to provide counseling and psychological assistance to HIV-positive people. Efforts are applied to increase the effectiveness of the work of mutual-aid groups.

Groups of sisters of charity, social workers providing psychological assistance, palliative care and home treatment have been created in 6 cities with the greatest number of HIV-positive people (Gomel, Soligorsk, Svetlogorsk, Minsk, Pinsk, Zhlobin).

V. Monitoring and Evaluation

1. Does the country have one national Monitoring and Evaluation (M&E) plan?

Yes	Years covered: 2007, planned annually
-----	---------------------------------------

1.1. IF YES, was the M&E plan endorsed by key partners in M&E?

Yes

1.2. IF YES, was the M&E plan developed in consultation with civil society including people living with HIV?

Yes

1.3. IF YES, have the key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?

Yes, all partners

2. Does the Monitoring and Evaluation plan include:

a data collection and analysis strategy	Yes
behavioral surveillance	Yes
HIV surveillance	Yes
a well-defined standardized set of indicators	Yes
guidelines on tools for data collection	Yes
a strategy for assessing quality and accuracy of data	Yes
a data dissemination and use strategy	Yes

3. Is there a budget for the M&E plan?

Yes	Years covered: developed annually
-----	-----------------------------------

3.1. IF YES, has funding been secured?

Yes

4. Is there a functional M&E Unit or Department?

Yes

4.1. IF YES, is the M&E Unit/Department based

in the NAC (or equivalent)?	
in the Ministry of Health	Yes
elsewhere?	

4.2. IF YES, how many and what type of permanent and temporary professional staff are working in the M&E UNIT/Department?

Number of permanent staff	7	
Position: head	Full time	Since 01.01.2005
Position: epidemiologist	Full time	Since 01.01.2005

Number of temporary staff

4.3. IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit/Department for review and consideration in the country's national reports?

Yes

IF YES, does this mechanism work? What are the major challenges?

The operation of the national monitoring system is based on the principles of interagency interaction under the supervision of the National Council for Monitoring and Evaluation (NCME) which implements coordination. The Advisory Council consists of the representatives of the key ministries, international, non-governmental organizations, HIV/AIDS Prevention and Treatment in Belarus project management group, PLHIV and specialists from the HIV/AIDS Prevention Department. A resolution on ACME has been approved, meetings are held no less than twice a year.

In correspondence with tasks assigned, the ACME:

- ensures interagency cooperation in planning and implementation of national monitoring and evaluation (M&E) of the HIV/AIDS situation;
- determines the needs (financial, personnel, etc) for effective monitoring and evaluation, renders assistance in mobilizing resources and optimizing M&E;
- evaluates the quality of changes in the national indexes by arranging independent expert examination of the studies performed including epidemiological, statistical and sociological expert examinations as well as the examination of data processing and distribution;
- arranges discussion of the results received from measuring the national indexes. Results are then submitted to the government which takes managerial decisions on the implementation of the State Programme on HIV Prevention;
- coordinates and manages the use of data for strategic planning of response actions at the national and local levels;
- ensures international cooperation in monitoring and evaluation;
- participates in the revision of the national priorities in monitoring and evaluation according to the latest developments in the area and the epidemiological situation.

The HIV Prevention Department of the National Center for Hygiene, Epidemiology and Public Health plans the studies, controls the collection of data by different institutions and analyzes the results. It also notifies all parties concerned about the progress of the national response programme or current needs.

The study results are placed on the websites and are issued and distribution annually.

4.4. IF YES, to what degree do UN, bi-laterals and other institutions share their M&E results?

Low					High
0	1	2	3	4	5

5. Is there an M&E Committee or Working Group that meets regularly to coordinate M&E activities?

Yes, meets regularly

IF YES, date the last meeting:

December 2007

5.1. Does it include representation from civil society, including people living with HIV?

Yes

IF YES, describe the role of civil society representatives and people living with HIV in the working group?

The representatives of civil society and people living with HIV take active participation in discussing M&E plans, documents, study results, developing materials, preparing national reports, etc.

6. Does the M&E Unit/Department manage a central national database?

Yes

6.1. IF YES, what type is it?

1) CRIS; 2) Epidemiological base of individual cases of HIV; 3) Information and analysis programme for monitoring the prevention of mother-to-child transmission of HIV and dispensary observation of children born to HIV-positive mothers.

6.2. IF YES, does it include information about the content, target populations and geographical coverage of programmatic activities, as well as their implementing organizations?

Yes

6.3. Is there a functional* Health Information System?

National level	Yes
Regional level	Yes
District level	Yes

* regularly reporting data from health facilities which are aggregated at district level and sent to national level; and data are analyzed and used at different levels

6.4. Does the country publish at least once a year an M&E report on HIV, including HIV surveillance data?

Yes

7. To what extent is M&E data used in planning and implementation?

Low				High	
0	1	2	3	4	5

What are the examples of data use?

The M&E results were used when:

- 1) preparing materials for the parliamentary hearing at the Council of the Republic of the National Assembly of Belarus on the State Policy of Belarus on the Response to HIV Spread.
- 2) making managerial decisions at governmental level;
- 3) developing the State Programme on HIV Prevention for 2006—2010, planning HIV/AIDS actions for 2006, 2007,

2008;

4) developing the National Programme on the Demographic Security of Belarus for 2007—2010;

5) preparing the National Report;

4) holding workshops, trainings for managerial personnel of ministries, executive and regulatory agencies, industrial enterprises, other organizations;

5) informing the population through mass media.

What are the main challenges to data use?

- Financial support of M&E research is needed;
- Interaction in training national specialists in various aspects and techniques of monitoring and evaluation.

8. In the last year, was training in M&E conducted

At the national level?	Yes
<i>IF YES</i> , the number of individuals trained:	191
At the sub-national level?	Yes
<i>IF YES</i> , the number of individuals trained:	197
Including civil society?	Yes
<i>IF YES</i> , the number of individuals trained:	45

Overall, how would you rate the M&E efforts of the AIDS programme in 2007 and in 2005?

2007	Poor							Good			
	0	1	2	3	4	5	6	7	8	9	10
2005	Poor							Good			
	0	1	2	3	4	5	6	7	8	9	10

Comments on progress made since 2005:

As compared to 2005, the system for monitoring the HIV/AIDS situation and response actions have been improved:

- the national list of indexed has been revised and approved with consideration of the development of the HIV situation and UNGASS recommendations;
- a special unit (ACME) has been set up to coordinate M&E actions; regular meetings are held (no less than 2 a year);
- a uniform national ME action plan is approved annually;
- a national uniform information system has been created and operates;
- continuous transfer of M&E information from the sub-national (regional, district) to the national level is carried out;
- continuous exchange of information between governmental agencies, international, non-governmental and other concerned organizations is implemented.

National Composite Policy Index. PART B

[to be administered to representatives from
non-governmental organizations,
bilateral agencies, and UN organizations]

Organization	Name, title	B 1	B 2	B 3	B 4
Belarusian Association of UNESCO Clubs	D. Yu. Subtselny, General Secretary; Rodionova E. N., manager;	√	√	√	√
		√	√	√	√
Local Social Fund <i>Cooperation for Children's Future</i>	I. A. Mironova, director	√	√	√	√
Association <i>BelSet anti-AIDS</i>	A. K. Novikov, Chair of the Coordinating Committee	√	√	√	√
NGO <i>Vstrecha</i>	O. V. Yeremin, Chair	√	√	√	√
Charity NGO <i>Alternativa</i>	A. M. Khadanovich, Chair	√	√	√	√
NGO <i>Positive Movement</i>	O. Kuzmianok, Chair	√	√	√	√
Cultural and Education Institution <i>Aset</i>	A. M. Zhibrik, director	√	√	√	√
Project <i>HIV/AIDS Prevention and Treatment in Belarus</i>	M. A. Vereskovskaya, thematic coordinator; O. M. Zhdanovskaya, thematic coordinator	√	√	√	√
		√	√	√	√
Belarusian Red Cross	T. V. Snitko, manager	√	√	√	√
NGO <i>Mothers against Drugs</i>	L. I. Trukhan, deputy chair	√	√	√	√
NGO <i>Pentinetiary Health</i>	A. A. Kralko, chair	√	√	√	√
UNICEF	V. A. Loziuk, programme coordinator	√	√	√	√
UNFPA	T. V. Pronko, programme assistant	√	√	√	√
Representative Office of Christian Children's Fund in Belarus	A. G. Golontsov, manager	√	√	√	√

Questionnaire. Part B

[to be administered to representatives from
non-governmental organizations, bilateral agencies, and UN organizations]

I. Human rights

1. Does the country have laws and regulations that protect people living with HIV against discrimination? (such as general non-discrimination provisions or provisions that specifically mention HIV, focus on schooling, housing, employment, health care, etc.)

Yes

1.1. IF YES, specify:

There are no special laws and provisions protecting the rights of people living with HIV. All rights specified in the Constitution of the Republic of Belarus for its citizens apply to this population as well. As in the case of other citizens, legal acts of the Republic of Belarus (Law on Health Care, Law on Social Allowances to Child-Raising Families, Code of Marriage and Family) protect the rights of people living with HIV.

In 2007 a situation analysis of legislation on HIV/AIDS was performed with further decision on developing a law.

2. Does the country have non-discrimination laws or regulations which specify protections for vulnerable sub-populations?

Yes

2.1. IF YES, for which sub-populations?

<p><i>Women</i></p> <p>Constitution of the Republic of Belarus, Art. 32.</p> <p>Women and men are ensured equal opportunities to receive education and vocational training, in labor relations and promotion, in socio-political, cultural and other areas of activity as well as the necessary conditions for work and health safety.</p>	Yes	
<p><i>Young people</i></p> <p>Labor Code of the Republic of Belarus of July 26, 1999 No. 296-3, Chapter 20. Regulatory consideration with regard to the labor of young people</p>	Yes	
<p><i>IDUs</i></p>		None
<p><i>MSM</i></p>		None
<p><i>Female sex workers</i></p>		None
<p><i>Inmates</i></p> <p>Law of the Republic of Belarus No. 215 on Procedure and Conditions of Confinement of June 16, 2003, Art. 2.</p> <p>Discrimination against individuals in confinement by gender, race, nationality, language, origin, financial and social status, place of residence, religion, beliefs, membership of non-governmental organizations and other criteria is not acceptable.</p>	Yes	
<p><i>Migrants/mobile population</i></p> <p>Law of the Republic of Belarus No. 2339-XII On the Legal Status of Foreign Citizens and Stateless Individuals in Belarus of June 3, 1993, Art. 13. Right to Health Care.</p> <p>Foreign citizens with permanent residence in Belarus and the citizens of Belarus enjoy equal rights to health care unless otherwise provided for by laws and international treaties of Belarus. Foreign citizens with temporary residence in Belarus are entitled to pay for health care services according to the legislation of Belarus unless otherwise provided for by the international treaties of Belarus.</p> <p>Procedure and terms of mandatory medical insurance of foreigners entering Belarus for temporary residence or stay are stipulated by legal acts of Belarus.</p>	Yes	
<p><i>Disabled people</i></p> <p>Law of the Republic of Belarus No. 1224-XII On the Social Protection of Disabled People in Belarus of November 11, 1991, Art. 1.</p> <p>Discrimination against disabled people is prohibited and is punishable by law.</p>	Yes	

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:

- Constitution of the Republic of Belarus, art. 22: All people are equal before the law and are entitled to equal protection of rights and lawful interests without any discrimination;
- Labor Code of the Republic of Belarus, Art. 14: Discrimination, i.e. restriction of labor rights or receiving benefits based on gender, race, national origin, language, religious or political beliefs or convictions, participation or non-participation in trade unions or other non-governmental organizations, financial or occupational status, physical or psychological disadvantages which do not impair the fulfillment of labor duties, is prohibited.

IF YES, describe any systems of redress put in place to ensure the laws are having their desired effect:

To ensure the implementation of the laws of Belarus, the following mechanisms of protection of violated rights guaranteed by the law are in force:

1. Judicial protection;
2. Protection of human rights by constitutional control agencies. Individual complaints institution. The activity of the Constitutional Court of the Republic of Belarus in human rights protection;
3. Administrative and legal protection;
4. Societal protection of human rights (by non-governmental organizations, trade unions).

3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for vulnerable sub-populations?

Yes

3.1. IF YES, for which sub-populations?

Women		No
Young people		No
IDU	Yes	
MSM		No
Female sex workers	Yes	
Inmates		No
Migrants/mobile population		No

IF YES, briefly describe the content of these laws, regulations or policies and how they pose barriers:

Penal Code of the Republic of Belarus No. 275-3 of July 9, 1999, has no article specifying the minimal dose of drugs which results in criminal prosecution of injecting drug users; also, there is no alternative to prison confinement.

Administrative Code of the Republic of Belarus No. 194-3 of April 21, 2003, Chapter 17, Administrative offenses against public order and morality, Art. 17-5: Prostitution shall be fined with six to twenty basic values.

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?

Yes

All national and international declarations and charters on HIV/AIDS recognize the rights of people living with HIV and AIDS.

These issues, including actions to address discrimination and stigma at the workplace due to HIV status, ensuring conditions for the healthy development of children born to HIV-positive mothers, implementing anti-discrimination campaign in mass media, informing people living with HIV about legal aspects are set forth in the Strategic HIV/AIDS Action Plan.

Strategic Plan – section 5.33, cl. 4; The State Programme – Appendix 4.

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV and/or most-at-risk populations?

Yes

IF YES, briefly describe this mechanism

1. Judicial protection;
2. Protection of human rights by constitutional control agencies. Individual complaints institution. The activity of the Constitutional Court of the Republic of Belarus in human rights protection:
3. Administrative and legal protection;
4. Societal protection of human rights (by non-governmental organizations, trade unions).

6. Has the Government, through political and financial support, involved most-at-risk populations in governmental HIV-policy design and programme implementation?

Yes

IF YES, describe some examples:

1. Participation of non-governmental organizations in the CCM;
2. Participation of non-governmental organizations in interagency and coordination councils;
3. Participation of non-governmental organizations in parliamentary hearings on HIV/AIDS;
4. Participation of organizations representing the interests of most-at-risk populations (PLHIV, IDU, FSW, MSM, young people, inmates) in the strategic planning process.

There is no financial support of non-governmental organizations from the governmental; funding of the activities is performed through international projects, including the international technical assistance project *HIV/AIDS Prevention and Treatment in Belarus* funded by the GF.

7. Does the country have a policy of free services for the following:

HIV prevention services	Yes
Antiretroviral therapy	Yes
HIV-related care and support interventions	Yes

IF YES, given the resource constraints, briefly describe what steps are in place to implement these policies:

The State Programme on HIV Prevention in Belarus for 2006—2010 makes it possible to ensure antiretroviral therapy for PLHIV, prevention of mother-to-child transmission, palliative care, psychological support, HIV prevention services among high-vulnerability groups (IDUs, MSM, FSW, inmates, young people)

The implementation of the international technical assistance project *HIV/AIDS Prevention and Treatment in Belarus* funded by the GF allowed access to be extended to antiretroviral therapy, prevention of mother-to-child transmission, palliative care, psychological support, HIV prevention services among most-at-risk groups (IDUs, MSM, FSW, inmates, young people).

8. Does the country have a policy to ensure equal access for women and men, to prevention, treatment, care and support? In particular, to ensure access for women outside the context of pregnancy and childbirth?

Yes

9. Does the country have a policy to ensure equal access for most-at-risk populations to prevention, treatment, care and support?

Yes

9.1. Are there difference in approaches for different most-at-risk populations?

No

10. Does the country have a policy prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?

No

11. Does the country have a policy to ensure that AIDS research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?

Such a policy is implemented by ethical review committees at all levels with mandatory consent of the subjects involved in the research. Ethical review committees perform expert examinations of all scientific studies including the development and approbation of new treatment techniques and drugs.	Yes
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11.1. IF YES, does the ethical review committee include representatives of civil society and people living with HIV?

No

12. Does the country have the following human rights monitoring and enforcement mechanisms?

- *Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work*

No

- *Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such housing and employment*

No

- *Performance indicators or benchmarks for*
a) compliance with human rights standards in the context of HIV efforts

No

- b) reduction of HIV-related stigma and discrimination*

No

13. Have members of the judiciary (including labor courts/employment tribunals) been trained/sensitized to HIV and AIDS and human rights issues that may come up in the context of their work?

No

14. Are the following legal support services available in the country?

- *Legal aid systems for HIV and AIDS casework*

No

- *Private sector law firms or university-based centers to provide free or reduced-cost legal services to people living with HIV*

No

– Programmes to educate, raise awareness among people living with HIV concerning their rights

Yes

Programme of Belarusian-Swedish Cooperation *Kolokol*: Legal regulation of the HIV problem: Questions and Answers, Medical Law – information literature, advocacy and legal counseling, UNICEF projects, hotlines based on educational and social service institutions, mutual-aid groups.

15. Are there programmes designed to change societal attitudes of stigmatization associated with HIV and AIDS to understanding and acceptance?

Yes

IF YES, which types of programmes?

Media	Yes
School education	Yes
Personalities regularly speaking out	Yes
Other: Within the international technical assistance project <i>HIV/AIDS Prevention and Treatment in Belarus</i> , the State Programme on HIV Prevention in Belarus for 2006–2010, Programme of Belarusian Swedish Cooperation <i>Kolokol</i>	

Overall, how would you rate the <i>policies, laws and regulations</i> in place to promote and protect human rights in relation to HIV and AIDS in 2007 and in 2005?												
2007	Poor						Good					
	0	1	2	3	4	5	6	7	8	9	10	
2005	Poor						Good					
	0	1	2	3	4	5	6	7	8	9	10	

Comments on progress made since 2005:

The implementation of the international technical assistance project *HIV/AIDS Prevention and Treatment in Belarus*; the project of the Representative Office of Christian Children's Fund *Response to HIV in Belarus by Developing Programmes and Services for Vulnerable Groups*

Overall, how would you rate <i>the effort to enforce</i> the existing policies, laws and regulations in 2007 and in 2005?												
2007	Poor						Good					
	0	1	2	3	4	5	6	7	8	9	10	
2005	Poor						Good					
	0	1	2	3	4	5	6	7	8	9	10	
<i>Comments on progress made since 2005:</i> None												

II. Civil society participation²

1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national policy formulation?

² Civil society includes among others: Networks of people living with HIV; women's organizations; young people's organizations; faith-based organizations; AIDS service organizations; Community-based organizations; organizations of vulnerable sub-populations (including MSM, SW, IDU, migrants, refugees/displaced populations, prisoners); workers organizations, human rights organizations; etc. For the purpose of the NCPI, the private sector is considered separately.

Low									High	
0	1	2	3	4	5	6	7	8	9	10

2. To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on AIDS or for the current activity plan (e.g. attending, planning meetings and reviewing drafts)?

Low									High	
0	1	2	3	4	5	6	7	8	9	10

3. To what extent are the services provided by civil society in areas of HIV prevention, treatment, care and support included

a. in both the National Strategic plans and national reports?

Low					High	
0	1	2	3	4	5	

b. in the national budget?

Low					High	
0	1	2	3	4	5	

4. Has the country included civil society in a National Review of the National Strategic Plan?

Yes

IF YES, when was the Review conducted? Year: 2006

5. To what extent is the civil society sector representation in HIV-related efforts inclusive of its diversity?

Low					High	
0	1	2	3	4	5	

List the types of organizations representing civil society in HIV and AIDS efforts:

- non-governmental organizations at all levels (international, national, regional);
- Association *BelSet anti-AIDS*;
- faith-based organizations;
- international organizations and funds.

6. To what extent is civil society able to access

a. adequate financial support to implement its HIV activities?

Low					High	
0	1	2	3	4	5	

b. adequate technical support to implement its HIV activities?

Low					High	
0	1	2	3	4	5	

Overall, how would you rate the efforts to increase *civil society participation* in 2007 and in 2005?

2007	Poor							Good			
	0	1	2	3	4	5	6	7	8	9	10
2005	Poor							Good			
	0	1	2	3	4	5	6	7	8	9	10

Comments on progress made since 2005:

The implementation of the project of the Representative Office of Christian Children's Fund *Response to HIV in*

Belarus by Developing Programmes and Services for Vulnerable Groups; the international technical assistance project *HIV/AIDS Prevention and Treatment in Belarus* made it possible to involve new organizations in HIV/AIDS-related activities (10 in 2005, 15 in 2006, 18 in 2007); to expand the coverage of the territories, to help several non-governmental organizations receive considerable financial and technical assistance to implement prevention and support programmes (38% from the moment of the GF project implementation). In 2007, Svetlogorsk Executive Committee held a competition of social projects on HIV/AIDS prevention. The *BelSet anti-AIDS* association was established and consists of 15 non-governmental organizations. A national network of PLHIV was created – NGO Belarusian Society of PLHIV

III. Prevention

1. Has the country identified the districts (or equivalent geographical/ decentralized level) in need of HIV prevention programmes?

Yes

The entire territory of Belarus is involved in the preventive actions.

IF YES, to what extent have the following HIV prevention programmes been implemented in identified districts in need? ✓ Check the relevant implementation level for each activity or indicate N/A if not applicable

HIV prevention programmes	The activity is available in		
	all districts* in need	most districts* in need	some districts* in need
Blood safety	✓		
Universal precautions in health care settings	✓		
Prevention of mother-to-child transmission of HIV;	✓		
IEC on risk reduction	✓		
IEC on stigma and discrimination reduction	✓		
Condom promotion	✓		
HIV testing and counseling	✓		
Harm reduction for injecting drug users		✓	
Risk reduction for men who have sex with men		✓	
Risk reduction for sex workers		✓	
Programmes for other most-at-risk populations	✓		
Reproductive health services, including STI prevention and treatment	✓		
School-based AIDS education for young people	✓		
Programmes for out-of-school young people	✓		
HIV prevention in the workplace		✓	
Other: Programmes in penitentiary facilities, the Armed Forces of Belarus	✓		

* Districts or equivalent geographical/de-centralized level in urban and rural area

Overall, how would you rate the efforts in the *implementation* of HIV prevention programmes in 2007 and in 2005?

2007	Poor							Good				
	0	1	2	3	4	5	6	7	8	9	10	
2005	Poor							Good				
	0	1	2	3	4	5	6	7	8	9	10	

Comments on progress made since 2005:

As a result of the implementation of new projects, the coverage of men who have sex with men, female sex workers, injecting drug users by prevention programmes has been considerably increased. There are 52 functional anonymous counseling centers; a methadone programme has been initialized. The HIV/AIDS problem has received wider coverage in mass media (TV, radio, printed media), the coverage of population by informational and educational materials has increased due to the increase of their circulation; the number of billboards has increased.

IV. Treatment, care and support

1. Has the country identified the districts (or equivalent geographical/ decentralized level) in need of HIV and AIDS treatment, care and support services?

Yes

IF YES, to what extent have the following HIV and AIDS treatment, care and support services been implemented in the identified districts* in need? ✓ Check the relevant implementation level fore each activity or indicate N/A if not applicable

HIV treatment, care and support services	The services are available in		
	all districts* in need	most districts* in need	some districts* in need
Antiretroviral therapy	✓		
Nutritional care		✓	
Pediatric AIDS treatment	✓		
Sexually transmitted infection management	✓		
Psychosocial support of people living with HIV and their families		✓	
Home-based care	✓		
Palliative care and treatment of common HIV-related infections	✓		
HIV testing and counseling for TB patients	✓		
TB screening for HIV-infected people	✓		
TB preventive therapy for HIV-infected people			✓
TB infection control in HIV treatment and care facilities	✓		
Cotrimoxazole prophylaxis in HIV-infected people	✓		
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	✓		
HIV treatment services in the workplace or treatment referral systems through the workplace	N/A		
HIV care and support in the workplace (including alternative working arrangements)	N/A		
Other programmes: Promoting adherence		✓	

* Districts or equivalent geographical/de-centralized level in urban and rural area

Overall, how would you rate the efforts in the *implementation* of HIV treatment, care and support in 2007 and in 2005?

2007	Poor						Good					
	0	1	2	3	4	5	6	7	8	9	10	
2005	Poor						Good					
	0	1	2	3	4	5	6	7	8	9	10	

Comments on progress made since 2005:

National HIV patient care protocols have been developed, issued and distributed (on the basis of WHO protocols). Access to antiretroviral therapy for people living with HIV has been ensured. The number of antiretrovirals used for treatment has increased (3 antiretrovirals in 5 different forms of production in 2005; 12 antiretrovirals in 19 different forms of production in 2007). 884 patients were included in the treatment programme in 2007 (68 as of 01.01.2005).

The number of mutual-aid groups has increased: 11 in 2007; 9 in 2006. A methadone programme has been introduced; palliative care for PLHIV has been provided and counseling for their families has been arranged in urban areas.

2. What percentage of the following HIV programmes or services is estimated to be provided by civil society?

	<25 %	25–50 %	50–75 %	>75 %
Prevention for young people				
Prevention for vulnerable populations				
• IDU	<25 %	25–50 %	50–75 %	>75 %
• MSM	<25 %	25–50 %	50–75 %	>75 %
• Sex workers	<25 %	25–50 %	50–75 %	>75 %
Counseling and testing	<25 %	25–50 %	50–75 %	>75 %
Clinical services (OI/ART)	<25 %	25–50 %	50–75 %	>75 %
Home-based care	<25 %	25–50 %	50–75 %	>75 %
Programmes for OVC	<25 %	25–50 %	50–75 %	>75 %

3. Does the country have a policy or strategy to address the additional HIV- or AIDS-related needs of orphans and other vulnerable children (OVC)?

Yes

HIV preventive activities among children is being implemented and is mandatory in educational institutions: preschool institutions, schools, including schools for children with disabilities, out-of-school institutions, boarding schools, vocational schools, confined facilities.

3.1. IF YES, is there an operational definition for OVC in the country?

Yes

3.2. IF YES, does the county have a national action plan specifically for OVC?

National Action Plan to Improve Children's Situation and Protection of Their Rights for 2004—2010	Yes
President's Programme <i>Children of Belarus</i> for 2006—2010	Yes
Decree of the President of Belarus on Additional Measures on Social Protection of Children in Difficult Families No. 24 of 24.11.2006.	Yes
Law of the Republic of Belarus No. 212005 of December 21, 2005, on Social Security of Orphaned Children.	Yes

3.3. IF YES, does the country have an estimate of OVC being reached by existing interventions?

Yes

IF YES, what percentage of OVC is being reached?

100 %