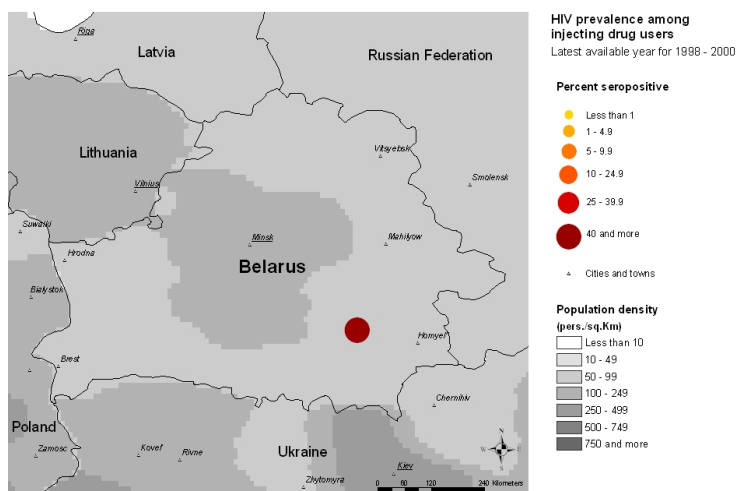


Estimated number of people needing antiretroviral therapy (0-49 years), 2005: 2 500
 Antiretroviral therapy target declared by country: not declared



Map Data Source:
 WHO/UNAIDS Epidemiological Fact Sheets
 and the United States Census Bureau
 Map production:
 Public Health Mapping & GIS
 Communicable Diseases (CDS)
 World Health Organization

1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	9.9	United Nations
Population in urban areas (%)	2005	71.62	United Nations
Life expectancy at birth (years)	2003	68	WHO
Gross domestic product per capita (US\$)	2002	1 468	World Bank
Government budget spent on health care (%)	2002	10.9	WHO
Per capita expenditure on health (US\$)	2002	96	WHO
Human Development Index	2003	0.786	UNDP

°= Percentage of young people 15-24 years who correctly identify two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), who reject the two most common local misconceptions about HIV transmission, and who know that a healthy looking person can transmit HIV.

**=Percentage of young people 15-24 years reporting the use of a condom during sex with a non-regular partner in the last 12 months.

2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15-49 years)	2003	0.2 - 0.8%	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0-49 years)	2003	12 000 - 42 000	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (0-49 years), 2005	Dec 2005	120	WHO/UNAIDS
Estimated number of people needing antiretroviral therapy (0-49 years), 2005	Dec 2005	2 500	WHO/UNAIDS
HIV testing and counselling sites: number of sites	2003	30	WHO
HIV testing and counselling sites: number of people tested at all sites	2003	110 585	WHO
Knowledge of HIV prevention methods (15-24 years)% - female°		NA	
Knowledge of HIV prevention methods (15-24 years)% - male°		NA	
Reported condom use at last higher risk sex (15-24 years)% - female**		NA	
Reported condom use at last higher risk sex (15-24 years)% - male**		NA	

3. Situation analysis

Epidemic level and trend and gender data

Belarus continues to face a situation of socioeconomic transition and hardship. The HIV/AIDS epidemic is expanding, with about 700 new cases per year: 778 new HIV/AIDS cases in 2004. The first significant HIV outbreak in Belarus was noted among injecting drug users in Svetlogorsk (Gomel Region) in 1996. By the end of 2004, Belarus had reported a cumulative total of 6263 people living with HIV/AIDS and 168 AIDS cases. The epidemic is spreading mainly among injecting drug users (the estimated number of injecting drug users is 50 000-55 000) and through heterosexual contact, although most of these cases are documented as involving a high-risk partner, mainly an injecting drug user. However, it is not known whether testing patterns have changed significantly, and therefore it is not possible to conclude that the actual trends in HIV incidence are changing. Currently 71% of reported infections are due to unsafe drug injecting. Men constitute 70% of the known HIV cases.

Major vulnerable and affected groups

The most vulnerable populations include injecting drug users, prisoners, sex workers and men who have sex with men. Women of reproductive age who have sexual contact with members of vulnerable groups are also vulnerable. About 25% of HIV cases are among prisoners. According to sentinel surveillance data obtained in 2004, the prevalence rate among injecting drug users in Minsk city comprised 31%. As in neighbouring Russian Federation and Ukraine, the epidemic has not spread evenly throughout the country. The largest numbers of people living with HIV were registered in the Gomel Region (3565 cases, or 237 per 100 000 population) and in Minsk (909 cases, or 52 per 100 000 population). The overwhelming majority of people living with HIV (79%) are 15-29 years old.

Policy on HIV testing and treatment

In accordance with the State Programme of HIV Prevention for 2001-2005, the National Strategic Action Plan to Fight the HIV/AIDS Epidemic for 2004-2008 and the Ministry of Health Law, all citizens have the right to anonymous and free testing for HIV in any health care facility. Counselling is offered alongside with testing. The Ministry of Health provides antiretroviral therapy free of user charges. National treatment protocols have been developed and are currently being revised in accordance with WHO protocols. Antiretroviral drugs are accessible to all pregnant women and newborns living with HIV/AIDS. HIV testing in Belarus is mandatory for blood donors, prisoners, people with sexually transmitted infections, drug users and sex workers.

Antiretroviral therapy: first-line drug regimen, cost per person per year

First-line drug regimens are zidovudine + lamivudine + nevirapine or stavudine + lamivudine + nevirapine. The cost of the first-line regimen is about US\$ 5000-5500 per person per year.

Assessment of overall health sector response and capacity

In 1996, the Government of Belarus established the National Interdepartmental Council on Prevention of HIV Infection and Sexually Transmitted Infections, including representatives of 12 ministries and other central governing bodies. Members of nongovernmental organizations, people living with HIV/AIDS and international organizations, including the United Nations, are involved in the Council's work as invited members. Similar coordination councils have been set up in every town and district in Belarus. HIV/AIDS prevention and control activities are undertaken within the framework of the revised State Programme of HIV Prevention for 2001-2005 and the second revision of the National Strategic Action Plan to Fight the HIV/AIDS Epidemic for 2004-2008. These documents have been elaborated together with public, government and nongovernmental organizations. Several pilot projects have been implemented targeted at reducing harm to injection drug users, as well as several prevention activities undertaken among other vulnerable populations, including sex workers and men who have sex with men. One of the largest projects is providing support to the government and local nongovernmental organizations to set up a network of needle exchange points throughout the country. More than 57 trust points have been opened throughout the country under this project to provide counselling and free syringes, condoms and information for injecting drug users. There are six regional AIDS prevention departments attached to centres for hygiene, epidemiology and public health and 49 HIV diagnostic laboratories. A national monitoring and evaluation system is being set up to obtain valid information on the impact of preventive programmes and on the progress in implementing the targets established by the United Nations General Assembly Special Session on HIV/AIDS. Data on people living with HIV are maintained in a national HIV database.

Critical issues and major challenges

Like all former Soviet republics, Belarus is in a period of massive transition in all sectors of the economy. The main challenges faced include developing protocols for the use of antiretroviral drugs, availability of and access to antiretroviral therapy, strengthening the multisectoral response, scaling up efforts to reduce injecting drug use among young people and reducing high risk behaviour, scaling up partnership with nongovernmental organizations in preventing HIV among vulnerable groups and strengthening the national monitoring and evaluation system to assess the response to the HIV/AIDS epidemic. Complicated state procurement requirements have also made the procurement of antiretroviral drugs and diagnostic tests difficult.

4. Resource requirements and funds committed for scaling up treatment and prevention in 2004-2005

Activities related to HIV/AIDS are funded from the national and local budgets, supported by international bilateral and multilateral partners. Belarus submitted a successful proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria in Round 3, with a total budget of US\$ 17.4 million and total two-year approved funding of US\$ 6.8 million focusing on prevention programmes for vulnerable populations and access to care, support and treatment for people living with HIV/AIDS. As of December 2005, US\$ 4.4 million had been disbursed for implementing activities. United Nations agencies also provide financial support.

5. Treatment and prevention coverage

In 2004, 68 people received antiretroviral therapy, of which 46% were injecting drug users. By December 2005, 120 people were receiving antiretroviral therapy. Of these, 55% were male and 27% younger than 15 years, and 65 were injecting drug users. The Infectious Disease Service of the Ministry of Health provides antiretroviral therapy in health care institutions in accordance with national HIV/AIDS treatment protocols. Under the Global Fund grant for Belarus, 400 people will be provided with antiretroviral therapy during the first project year and 500 people during the second year of implementation.

6. Implementation partners involved in scaling up treatment and prevention

Leadership and management

The National Interdepartmental Council on Prevention of HIV Infection and Sexually Transmitted Infections is a multisectoral body headed by the Deputy Prime Minister. It has coordinated the national response to HIV and AIDS since 1996. Representatives of civil society organizations and United Nations agencies participate in the meetings of the Council on a regular basis. The United Nations Theme Group on HIV/AIDS in Belarus assisted the government in developing the Strategic Action Plan to Fight the HIV/AIDS Epidemic for 2004-2008. The Plan is based on the comprehensive situation analysis undertaken with United Nations support and the involvement of all stakeholders.

Service delivery

The Ministry of Health and the AIDS prevention departments of the National Centre for Hygiene, Epidemiology and Public Health and the six regional centres for hygiene, epidemiology and public health provide leadership in delivering HIV/AIDS prevention, care and treatment services. Provision of antiretroviral therapy is coordinated by the Chief Infectious Disease Doctor of the Ministry of Health and the AIDS Prevention Department of the National Centre for Hygiene, Epidemiology and Public Health.

Community mobilization

Various international and national nongovernmental organizations support efforts to scale up HIV/AIDS prevention, care and treatment in Belarus. These include the Open Society Institute, the Belarusian branch of the International Red Cross and local nongovernmental organizations such as the Belarusian Positive Movement, Real World and other youth support organizations.

Strategic information

The AIDS Prevention Department of the National Centre for Hygiene, Epidemiology and Public Health provides overall management and leadership on strategic information activities. The United Nations Theme Group on HIV/AIDS in Belarus supported drafting of the national monitoring and evaluation plan by allocating Programme Acceleration Funds, training workshops, technical guidance and administrative support.

7. Staffing input for scaling up HIV treatment and prevention

WHO's response so far

- Providing technical assistance for implementing the Global Fund Round 3 grant
- Providing technical assistance for developing and adapting antiretroviral therapy protocols for countries in the Commonwealth of Independent States, including aspects of TB/HIV treatment, antiretroviral therapy for injecting drug users with HIV, preventing mother-to-child transmission, and treatment of opportunistic infections
- Conducting an assessment of the antiretroviral therapy service delivery model and developing recommendations on modifying it to better respond to the needs of people living with HIV/AIDS
- Supporting the establishment of the WHO project Scaling up Access to HIV/AIDS Treatment and Care in Belarus financed by the United States Agency for International Development

Key areas for WHO support in the future

- Assisting in capacity-building to adequately address HIV/AIDS treatment and care needs in the country
- Providing assistance in developing and implementing strategies for training and supporting personnel working with HIV/AIDS
- Supporting assessment and recommendations on improving service delivery models
- Supporting the development of a national operational plan for scaling up antiretroviral therapy
- Providing technical assistance in developing patient recording and reporting forms to monitor and evaluate the progress of antiretroviral therapy
- Providing assistance in harmonizing monitoring and evaluation tools in the context of a national monitoring and evaluation system
- Enhancing coordination between TB programme activities and the HIV/AIDS scale-up, including providing assistance in developing a common regional strategy for TB and HIV/AIDS programmes and technical support in developing TB/HIV surveillance
- Supporting the implementation of the WHO project Scaling up Access to HIV/AIDS Treatment and Care in Belarus financed by the United States Agency for International Development
- Supporting activities of the network of national nongovernmental organizations on HIV/AIDS

Staffing input for scaling up HIV treatment and prevention

- Current WHO staff supporting HIV/AIDS activities comprises one National Programme Officer.