



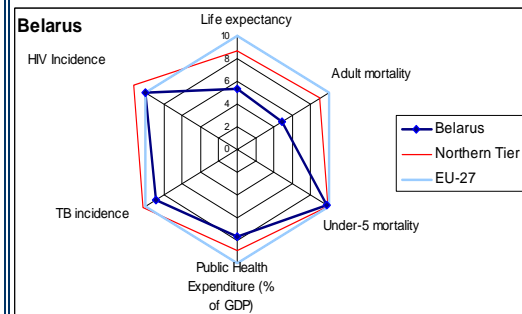
HEALTH IN BELARUS

2010

Overview: After a hopeful start at the beginning of its first decade of independence, Belarus has become significantly less democratic than neighboring countries. The state has resorted to an authoritarian government, threatening and eroding democratic institutions by suppressing dissent and controlling access to information, which impacts every sector, including health. The Belarusian healthcare system remains largely unchanged from the Soviet Union and is burdened with an oversupply of healthcare personnel and outdated facilities. The absence of change has led to stagnation and inefficiency, but has preserved a working system which still covers most of the population, as opposed to other post-Soviet countries where healthcare systems virtually collapsed. Circulatory disease and cancer are the leading causes of morbidity in Belarus with many Belarusians still linking health problems to the Chernobyl disaster of 1986. Reproductive health is another concern in Belarus which has one of the highest rates of abortion in the region. Tuberculosis and HIV rates continue to be of concern and TB a major focus in USAID assistance.

Health Statistics

Population: 9.7 million (2007)
GDP Per Capita (2005 PPP): \$11,333 (2008)
Population below poverty line: 18.5%
Life Expectancy: 70 (2007)
Adult Mortality Rate: 223 per 1,000 (2007)
Under-5 Mortality Rate: 7 per 1000 live births (2007)
Total Health Expenditures Per Capita (PPP): \$623 (2006)
Public Health Expenditures: 4.8% of GDP (2006)
Reported HIV Incidence: 75.6 per 1 million (2006)
Estimated TB Incidence: 69 per 100,000 (2007)



Northern Tier refers to the Czech Republic, Hungary, Poland, Slovakia, and Slovenia.

Health Vulnerability Highlights

In 2005, **non-communicable diseases** accounted for about 72% of all deaths in Belarus. Over the past decade, cancer rates have increased by one third. Increases in cancer may stem from Chernobyl after effects, although the direct link is difficult to confirm. **Popular perception attributes many health problems to it, but hard evidence only exists for a link with the increase in the numbers of cases of thyroid cancer.** Second only to cancer and cardiovascular disease, external factors such as **road accidents, injuries and poisoning** are responsible for 11.9 percent of all deaths. **Risk factors** such as alcohol and tobacco use are a problem as well. For example, the level of alcohol consumption in Belarus was 12.3 liters per capita in 2008 and 11.98 liters in 2009.

Belarus has an estimated **tuberculosis** incidence of 69 per 100,000 and rising rates of multi drug-resistant tuberculosis (MDR-TB). TB control is a priority for the country. USAID funds support the implementation of the Stop TB strategy in Belarus.

The **HIV epidemic** in Belarus has been largely kept under control with adult prevalence estimated at 0.2%. The epidemic is largely concentrated among injecting drug users. But as with other parts of the region, recent infections indicate an increase in sexual transmission from infected drug users to their partners. Given its proximity to the two countries with the largest HIV epidemics, interventions in infrastructure development will be critical to preventing similar trends in Belarus.

Over the past decade there have been **decreases in the population growth rate** and in the total population. Belarus also has one of the WHO Euro Region's lowest levels for healthy life expectancy for men, largely due to premature adult deaths and disabilities. Also, according to WHO, **maternal mortality** rates were 18 maternal deaths per 100,000 live births in 2005.

**This graph compares the country's health status against EU and E&E regional averages. For each indicator, a score of 10 corresponds with the EU average, suggesting ideal performance. A score of 1 indicates the poorest performance in that indicator in the E&E region. The country's performance is then plotted against this scale. A score of 10 is ideal performance for all indicators and all countries.*



USAID Health Programs

Note: There are no currently active health programs in Belarus, but the following are potential future plans for the Belarus health portfolio:

Tuberculosis (TB)

USAID/Belarus aims to assist Belarus to contain and reverse its TB epidemic. It will continue to leverage domestic and international resources in TB control through targeted technical assistance provided through the WHO. Efforts will give ongoing focus to promoting the adoption of international best practices and the development of policies, regulations, and human resources to strengthen implementation of the National Tuberculosis Program and enhance the effectiveness of the GFATM grant to Belarus. The 3-year project will help refine Belarus' TB control policies and practices in specific areas, such as fine-tuning drug management on the basis of treatment regimens for particular patient categories, or training medical professionals on prevention and treatment of MDR. The new activity will also focus on: monitoring the effects of TB control and care efforts; enforcing TB/HIV national guidelines and harmonizing TB/HIV reporting; facilitating coordination of TB/HIV prevention and care; developing TB control and care training courses for primary health care specialists; developing standards on TB infection control; and developing advocacy, communication, and social mobilization (ACSM) policies. Overall, the project will facilitate the successful implementation of the NTP program and the GFATM project. It will also help bring Belarus closer to international standards of TB detection and treatment success rates.

Maternal and Child Health

Based on country needs, USAID/Belarus will design a project that aims to introduce international best practices and high-impact interventions on neonatal care. It will support technical exchanges between Belarusian medical institutions and American public health schools and hospitals aimed at upgrading and modernizing service delivery practices and medical curricula. Priority areas will include: rapid identification and treatment of infections and other neonatal complications through approaches such as neonatal resuscitation, stabilization of body temperature and breastfeeding; the provision of routine essential care for newborns; and the provision of specialized care for low birth weight and premature infant. Focus will also be given to increasing family and health worker recognition of danger signs in newborns to increase access to appropriate and timely treatment. The new MCH project will enhance provider practices that positively impact service outcomes and contribute to the improved health of Belarusian infants.

Other Public Health Threats (Non-Communicable Diseases and Injuries)

USAID/Belarus is going to address underlying risk factors for non-communicable and other diseases. It will focus on primary prevention as the most effective and cost-efficient way of addressing the issue. A prospective OPHT activity for the next three to five years will concentrate on alcohol and tobacco abuse with a focus on the specific target groups and demographic of youth and women of reproductive age. Some components may include targeted advocacy efforts and awareness campaigning, enhancing the curriculum of educational institutions, training of medical professionals and educators, and capacity building of local civil society organizations. The prospective activity will fit well the priorities of local stakeholders and make a positive impact on a range of other health areas (e.g. TB, HIV, cancers, cardiovascular diseases). It will also compliment the existing USAID portfolio (child welfare and disability, TB, countering trafficking in persons, civil society development, maternal and child health). Overall, it will cement the USAID/Belarus synergetic approach to its health programming and its focus on healthy children and families.