Tuberculosis country work summary

Belarus

Total population (millions): 9.6
High TB priority country
High MDR-TB burden country

Epidemiological profile 2011*

<table>
<thead>
<tr>
<th>Estimates of TB burden</th>
<th>Number (thousands)</th>
<th>Rate (per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortality</td>
<td>0.79 (0.74-0.84)</td>
<td>8.3 (7.7-8.8)</td>
</tr>
<tr>
<td>Prevalence</td>
<td>9.6 (4.2-17)</td>
<td>100 (44-178)</td>
</tr>
<tr>
<td>Incidence</td>
<td>6.7 (5.5-6.1)</td>
<td>70 (58-86)</td>
</tr>
<tr>
<td>Case detection rate</td>
<td>70 (58-85)%</td>
<td></td>
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</tbody>
</table>

MDR-TB burden***

<table>
<thead>
<tr>
<th>Estimates among notified TB cases:</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDR-TB among new cases</td>
<td>1200</td>
<td>32 (30-35)</td>
</tr>
<tr>
<td>MDR-TB among previously treated</td>
<td>810</td>
<td>75 (72-79)</td>
</tr>
</tbody>
</table>

Notified MDR-TB cases on treatment: 1446 / 91

Estimated prevalence of HIV among TB (number, percentage): 250 (180-340), 3.8 (3.0-4.7)%.

<table>
<thead>
<tr>
<th>Treatment outcome 2010</th>
<th>Successfully treated (%)</th>
<th>Died (%)</th>
<th>Failed (%)</th>
<th>Lost to follow up** (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>New smear-positive pulmonary cases</td>
<td>66.3</td>
<td>8.4</td>
<td>22.5</td>
<td>2.9</td>
</tr>
<tr>
<td>New smear-negative/extrapulmonary cases</td>
<td>90.3</td>
<td>5.7</td>
<td>0.3</td>
<td>3.7</td>
</tr>
<tr>
<td>Previously treated cases</td>
<td>47.9</td>
<td>10.4</td>
<td>35.6</td>
<td>6.2</td>
</tr>
<tr>
<td>MDR-TB cohort 2009</td>
<td>40.2</td>
<td>15.0</td>
<td>11.0</td>
<td>33.8</td>
</tr>
</tbody>
</table>


**Includes those cases that defaulted from treatment, those that were transferred out and those that were not evaluated.

***Additional data in the text

Major challenges

Belarus is among the 27 high multidrug-resistant tuberculosis (MDR-TB) burden countries in the world with the highest level ever recorded. In 2010–2011, a countrywide anti-TB drug resistance survey supported by WHO revealed 32% and 76% of MDR-TB among new and previously treated smear/culture-positive TB cases, respectively. The major challenges in addressing MDR-TB are the scale up of rapid diagnostic tests for MDR-TB; reducing hospitalization and poor infection control measures; suboptimal surveillance of MDR-TB; insufficient TB and HIV program collaboration and lack of patient-centred TB care. Considering the recent currency devaluation and the increase in the estimated number of MDR-TB patients in need of treatment, there is a financial gap in securing diagnosis, treatment and patient support for all patients.

Achievements in collaboration with WHO

- Belarus has made considerable progress in implementing WHO recommendations during the last three-four years. Directly observed therapy (DOT) is implemented by order of the Ministry of Health (MoH). Since 2008, a formal collaboration is ongoing between the National Reference Laboratory and the Supranational Reference Laboratory in Stockholm. Since 2009, Belarus has been revising its national guidelines on TB control and has developed new protocols for treatment of drug-susceptible TB and MDR-TB, as well as new recording and reporting forms, new guidelines on infection control, and a new policy on TB prevention in children, including limiting BCG revaccination and annual screening with tuberculin skin testing.
- With financial support from the United States Agency for International Development (USAID), support was provided for the revision of TB national policies and guidelines, as well as capacity building in synergy with the implementation of the Global Fund grants.
- Green Light Committee (GLC) missions have monitored the treatment of MDR-TB patients on an annual basis since 2008.
- With the technical assistance of WHO, a countrywide anti-TB drug resistance survey (DRS) was conducted and the results were finalized and presented at the international conferences and published in the WHO Bulletin and in the external NTP review report.
- An external review of the National TB Programme (NTP) was organized in October 2011 with national and international experts and a comprehensive report was submitted to the MoH and published on the WHO website.
• The National M/XDR-TB Response Plan was updated in accordance with the Regional M/XDR-TB Action Plan and prepared for approval at the Inter-agency Coordination Board on TB control.
• Technical assistance to the NTP in the development of the new guidelines of “Organization of TB care for the primary care” approved by the order of the MoH in May 2012 enhancing DOTS policies at the primary care level.
• In August 2011, a memorandum of understanding was signed between the MoH and the Foundation of Innovative New Diagnostics (FIND) in the framework of an EXPAND-TB/UNITAID project supported by WHO on introducing rapid diagnostic tests at the national reference laboratory level. The first shipment of laboratory equipment was implemented in June 2012.
• Support was offered to the development of new guidelines on MDR-TB treatment, incorporating the recommendations of the country-wide DRS, and these guidelines were approved by an order of the Minister of Health (MoH) in August 2012.
• Assistance to the MoH in the development of the National Practical Approach to Lung Health (PAL) guidelines that were taken to the piloting phase in Ostrovetz district / Grodno region in accordance with the MoH.

**Planned WHO activities**
• Technical assistance to the implementation of the Global Fund Round 9 on TB in Belarus.
• Ongoing monitoring of treatment of MDR-TB patients with the support of GLC.
• Technical assistance to strengthen TB surveillance on MDR-TB.
• Support to capacity building for TB and HIV collaborative activities in the country.
• Training on anti-TB drug management.
• Support to the development of the national TB laboratory manual.
• Implementation of the EXPAND-TB project in Belarus on rapid diagnostics for MDR-TB.

**Main partners of WHO**
• Ministry of Health
• National TB Programme (NTP) with the leading Republican Scientific and Practical Centre for Pulmonology and Tuberculosis
• Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund)
• United Nations Development Programme (UNDP) as primary recipient of the Global Fund project in Belarus
• United States Agency for International Development (USAID), Minsk
• Foundation of Innovative New Diagnostics (FIND).