

# PROJECT 'PREVENTION AND TREATMENT OF HIV/AIDS IN THE REPUBLIC OF BELARUS – 3'

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## Principal Recipient:

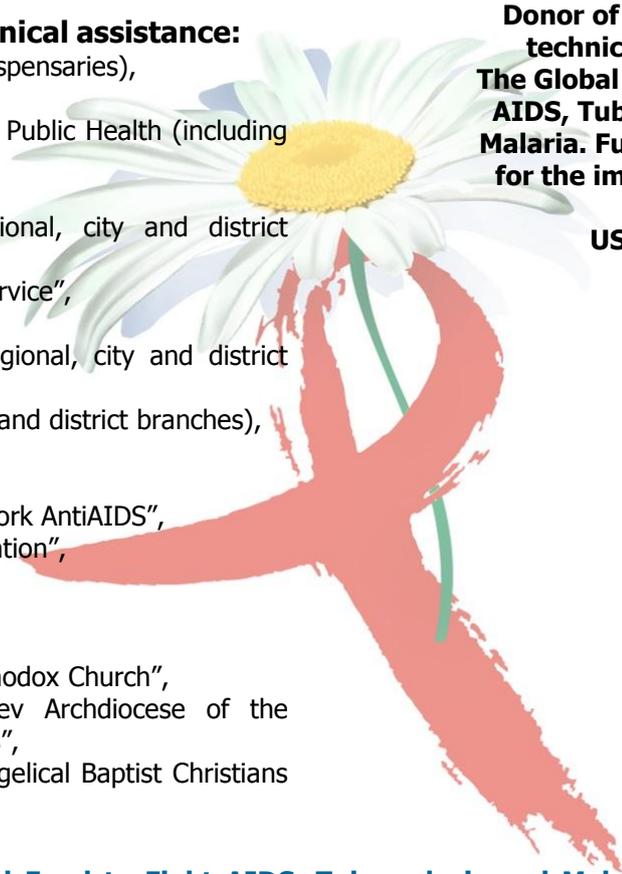
United Nations Development Programme

**The National Implementing Agency:** Ministry of Healthcare of the Republic of Belarus

## Sub-recipients of the international technical assistance:

- Ministry of Healthcare (including narcological dispensaries),
- Ministry of Interior, Ministry of Education,
- National Centre for Hygiene, Epidemiology and Public Health (including its oblast, city and district branches),
- NGO "Belarusian Association of UNESCO Clubs",
- NGO "Positive Movement" (including its regional, city and district branches),
- Interdenominational mission "Christian Social Service",
- NGO "Vstrecha",
- Belarusian Red Cross Society (including its regional, city and district branches),
- NGO "Mothers Against Drugs" (including its city and district branches),
- NGO "Belarusian Republican Union of Youth",
- NGO "Alternativa",
- Association of non-profit organizations "BelNetwork AntiAIDS",
- NGO "Mogilev Center for Support and Self-Education",
- NGO "Business Women's Club",
- Vitebsk City Women's Association "Uliana",
- NGO "Parents for Children's Future",
- Republican religious association "Belarusian Orthodox Church",
- Republican religious association "Minsk-Mogilev Archdiocese of the Roman Catholic Church in the Republic of Belarus",
- Republican religious association "Union of Evangelical Baptist Christians in the Republic of Belarus

**Donor of International technical assistance:**  
**The Global Fund to Fight AIDS, Tuberculosis and Malaria. Funds allocated for the implementation of the grant:**  
**US\$ 14,987,573 (2013-2015)**



**The project is funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria and is aimed at retaining the HIV epidemic in the Republic of Belarus in the concentrated phase by means of improving the access of vulnerable groups to HIV prevention, treatment and care.**



## The objectives of the project are:

**Objective 1.** Assist in changing the behavior of the main vulnerable groups (IDUs, MSM, FSW, prison inmates, women, and youth) to less risky behavior.

**Objective 2.** Provide continuous and equal access to treatment, care and support for PLHIV by strengthening healthcare system and programs on increasing adherence to treatment in HIV patients.

**Objective 3.** Create favorable conditions at the national and local levels for achieving wide access to HIV prevention, treatment and care.

**Objective 4.** Strengthen the national monitoring and evaluation system and healthcare system in the field of HIV.

# KEY RESULTS OF IMPLEMENTATION OF THE GRANTS OF THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA FOR 2013 – beginning of 2014:

## TREATMENT AND SUPPORT:

In Belarus at the beginning of 2014 over 5,100 people have been getting antiretroviral therapy with the drugs procured with the funds of the Global Fund. It is difficult to overestimate the importance of the therapy – it is due to this therapy that diagnosis “HIV-infection” is no longer a verdict. Still there is a problem of adherence to the ARV-therapy, when people do not know it or are afraid of using it. In this case “peer consultants” are ready to help, and their work was supported within the project of HIV/AIDS prevention and treatment in 2013.

## SUCCESS OF DRUG ADDICTION SUBSTITUTION THERAPY:

There are 18 offices providing drug addiction substitution therapy in 15 towns and cities of Belarus where 1,077 individuals have been getting treatment as of the beginning of 2014. 35% of patients are HIV-positive, 20% are getting antiretroviral treatment. Over 56% of the patients participating in the substitution therapy programme are employed. The assessment of socio-economic efficiency of implementing substitution therapy programmes based on the example of Gomel region, carried out in 2013, showed that during the programme implementation a risk of HIV-infection among the participants decreased (1 new incident of HIV-infection (sexually transmitted) was detected for the period of 5 years). Besides the number of people who continue to take drugs decreased while that of drug addicts taken off the register on remission increased.

Also within 5 years of MST implementation the number of individuals convicted of drug-related crimes has fallen by 3.1 % (from 2,846 in 2007 to 2,757 in 2011), and at the same time the number of young people aged under 30 who were convicted of drug-related crimes has decreased by 11.3 % (from 1,882 in 2007 to 1,668 in 2011). Their share in the total number of convicts of drug-related crimes has dropped by 5.6 %.

The annual mortality rate of the MST programme patients was twice as low as compared to the group of drug addicts who were under observation in the narcological service of Gomel region.

Another argument supporting MST is the economic benefit of implementation of the programme. According to the research the “expenses – efficiency” ratio when implementing the MST programme is 1:6, i.e. 1 USD invested in the MST programme brings the state 6 USD of social economic effect from preventing expenses on drug addiction consequences (treatment and death from HIV-infection, crime, unemployment). It was calculated that the economic benefit of one-year MST treatment of 250 patients in Gomel region amounted to USD 726 thousand.



## WORK WITH VULNERABLE POPULATION GROUPS:

In 2013 the activities of 12 social support points for injecting drug users/people living with HIV/AIDS were supported; the services were provided to solve psychological and social problems, health-related issues and employment problems. There are 27 anonymous counseling points for injecting drug users operating in those places of Belarus which have a high rate of drug use and HIV-infection spread. More than 7,000 injecting drug users in Belarus were tested for HIV-infection in 2013.

Consultation points for men having sex with men operate in 13 towns and cities with over 28,370 consultations on HIV/ AIDS issues that were provided there in 2013; more than 1,940 individuals took HIV express-tests in the anonymous consultation points.

Anonymous counseling rooms for female sex workers (FSW) function in 12 towns and cities. Almost 1,500 women in 2013 were tested for HIV. Implementation of harm reduction programmes for women involved in commercial sex business and those using injecting drugs started in 2013.

About 3,170 truckers, who today constitute a vulnerable HIV-infection risk group, were involved in various prevention activities last year.

## HIV/AIDS REBRANDING:

Eastern Europe and Central Asia constitute the only region where the HIV prevalence rate is growing. According to statistics every year about 140,000 individuals get infected with HIV in the region, which constitutes population of an average city (UNAIDS data). A high level of stigma and discrimination against HIV-positive people remains in the region, which at present impedes effective implementation of programmes on prevention and treatment of HIV-infection. There is an Information Strategy on HIV/AIDS functioning in Belarus which promotes progressive social PR standards. Rebranding of the HIV/AIDS subject continues; its first result was a rapid decline in the number of mass media publications which use incorrect terminology. In 2013 the première of the youth series “Above the Sky” took place which has been created in compliance with the standards of Information Strategy.

## PALLIATIV ASSISTANCE:

Palliative assistance is not limited to medical aid. It provides psychological support to the patient and his relatives in the first place. 263 individuals acquired palliative assistance and care in 2013.

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