



B E L L A R U S

National
AIDS
Spending
Assessment



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Ministry of Health of the Republic of Belarus
Joint United Nations Programme on HIV/AIDS (UNAIDS)

BELARUS

NATIONAL AIDS SPENDING ASSESSMENT

2008

FLOW OF RESOURCES AND EXPENDITURES
FOR THE RESPONSE TO HIV AND AIDS

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Abbreviations and acronyms

AIDS	acquired immune deficiency syndrome
ARV	antiretroviral
ART	antiretroviral therapy
ASC	AIDS spending category
Br	Belarusian Ruble (Belarus currency)
BP	Beneficiary Population
GDP	gross domestic product
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	human immunodeficiency virus
IDU	injection drug user
MARP	most-at-risk populations
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
MoH	Ministry of Health
MSM	men who have sex with other men
NASA	National AIDS Spending Assessment
n.e.c.	not elsewhere classified
NGO	nongovernmental organisation
NHA	national health accounts
OI	opportunistic infections
OOPE	out-of-pocket expenditure
OVC	orphans and vulnerable children
PEP	post-exposure prophylaxis
PLHIV	people living with HIV
PMTCT	prevention of mother-to-child transmission
STI	sexually transmitted infection
SW	sex workers
TB	tuberculosis
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Program
UNGASS	United Nations General Assembly Special Session
US \$	United States Dollars
VCT	Voluntary Counseling and Testing

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A. FOREWORD

There is evidence that the spread of HIV/AIDS has slowed down in practically all the regions of the world. The yearly number of new cases of HIV infection has decreased by 17% as compared to 2001. However, Eastern Europe remains the only region in the world where the rate of spread of HIV continues to grow. According to UNAIDS data, since 2001 the number of people living with HIV in Eastern Europe and Central Asia has increased by 66%.

The number of people living with HIV in the region is 1.5 mln. Nearly 90% of them live in the Russian Federation and Ukraine. In Ukraine the HIV epidemic has reached the most dangerous level in Europe and has already reached 1.6% of the total population of the country. Additionally, more than 1% of the population is infected with HIV in Estonia and Russia. The number of HIV-infected persons is growing in Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Moldova and Uzbekistan. In Eastern Europe and Central Asia, the epidemic has the highest rate of spread in the world.

Analysis of the situation concerning the development of the epidemic in Belarus yields the conclusion that the HIV epidemic in the country is in the concentrated phase. According to research data, the highest HIV concentration is observed among people using injected drugs and their sexual partners, among sex workers and their clients, and among men who have sex with other men.

In 2001 the Republic of Belarus signed the Declaration of Commitment on HIV/AIDS and by doing so it assumed the obligation to ensure universal access to HIV prevention, treatment, care and support.

Belarus actively cooperates with WHO, UNAIDS, GFATM and other partners in order to implement the Declaration of Commitment on HIV/AIDS. Thanks to close cooperation with the UN and other international organisations, as well as to a responsible governmental approach to this problem, Belarus has successfully developed an effective system of HIV prevention and treatment.

In the Republic of Belarus a multi-sectoral financial plan to address HIV/AIDS is in force: the State HIV Prevention Programme for 2006–2010 (hereafter, the State Programme), approved by Resolution No. 1068 of the Council of Ministers of the Republic of Belarus on 21 August 2006. The State Programme is implemented by national governmental bodies, other organisations subordinate to the Government of the Republic of Belarus, regional executive committees and the Minsk Municipal Executive Committee. Financial support for the State Programme—specifically, financing of activities in the areas of epidemiological surveillance, prevention, diagnostics, treatment and social protection and support for people living with HIV—is ensured using the funds of the national and local budgets as well as funds provided within the framework of international cooperation.

The UNDP/MoH project “Prevention and Treatment of HIV/AIDS in the Republic of Belarus” has been in operation since 1 December 2004 and is one of the largest international healthcare projects in Belarus. Financing for the project is provided by GFATM.

The Ministry of Health of the Republic of Belarus is the principal implementing partner organisation. The Country Coordinating Mechanism is the main decision maker within the pro-

ject. The CCM includes representatives of ministries, UN agencies, nongovernmental partner organisations as well as people living with HIV.

The total amount of financing provided by GFATM to the project “Prevention and Treatment of HIV/AIDS in the Republic of Belarus” for 2004–2009 is US \$ 16.7 mln.

The objectives of the project “Prevention and Treatment of HIV/AIDS in the Republic of Belarus” are as follows:

- preventing the spread of HIV infection;
- minimising the social and economic consequences of the spread of HIV, through active preventive measures aimed at the population (primarily high-risk groups);
- provision of antiretroviral treatment and palliative care to all those in need of it, including treatment aimed at preventing the transmission of HIV from mother to child;
- implementation of preventive programmes in penitentiaries;
- strengthening of the material and human resources of institutions working in the area of HIV prevention and treatment, and of the institutional capacity of the country to effectively implement the State HIV Prevention Programme for 2006–2010.

Within the project, all requirements for free antiretroviral treatment are being met (antiretrovirals are procured using the grant funds). 1622 people living with HIV, including 86 children, are receiving comprehensive antiretroviral treatment, of whom 623 patients started treatment during the first 9 months of 2009. Access to prevention of mother-to-child transmission has been ensured to pregnant women. As a result, the risk of infant infection has dropped to 3.5% (versus 8% in 2005).

In accordance with the Declaration of Commitment on HIV/AIDS, UN member countries submit reports on the progress achieved in responding to the epidemic. One of the priority key indicators included in the reports on the implementation of the Declaration of Commitment at the national level is an assessment of the amount of national funds allocated by the government to combat HIV/AIDS—indicator No. 1.

To monitor the implementation of the Declaration of Commitment, the Republic of Belarus has for the first time introduced the National AIDS Spending Assessment (NASA) methodology. As a result, analysis of financial flows related to the national HIV response has reached a conceptually new level in the country.

Analysis of the sources and flows of funding is necessary due to the vital importance of effective allocation. Identifying the sources of finance and providers of HIV services, as well as the total amount of resources devoted to HIV and AIDS, makes it possible to improve the results of investment. It is also important to keep track of resources to ensure the strengthening of local capacities to make use of additional funding for HIV and AIDS programmes.

B. PREFACE

The Government and its development partners remain at the forefront of efforts to move towards universal access to HIV prevention, treatment, care and support in Belarus. A comprehensive, scaled-up HIV prevention response is needed to avert more new infections from occurring. Unless new infections can be prevented, future treatment costs will continue to mount. Similarly, access to treatment is essential to efforts to preserve the productivity of adults and their households, reduce costly hospitalisation, and alleviate the epidemic's impact on the economy and human development.

Given the many challenges that need to be overcome in providing HIV services, high levels of funding will be needed to move towards universal access in the coming years. It is critical to have a clear understanding of what is being spent on HIV and AIDS, in order to know if these expenditures are appropriately targeted to the interventions that are most likely to be effective. Moreover, it will also enable an understanding of how present efforts are likely to fall short of what will be needed to reverse the epidemic in Belarus. Financial monitoring aiming at estimating the total amount of HIV and AIDS spending is crucial for greater transparency and accountability to the public and to donors.

In 2008, Belarus committed itself to undertaking a comprehensive National AIDS Spending Assessment of public, international and private HIV-related expenditure in Belarus. This report detailing AIDS expenditure for 2008 is a realisation of this commitment.

The assessment shows that Belarus spent an estimated US \$ 19,095,705 on HIV and AIDS¹ in 2008. The share of public expenditure on AIDS in 2008 was US \$ 12,956,893 (68% of total spending). The largest proportion of spending during the reporting period went on Prevention, with US \$ 13,550,105 (70,96% of total spending), and Care and Treatment, with US \$ 2,463,143 (12,89% of total spending).

The analysis shows that the main beneficiaries of this spending are the specific "accessible" populations (people attending STI clinics, youth at schools, women attending reproductive health clinics, etc.) and the general population. Most of these resources are being spent by public HIV service providers.

The report makes several recommendations. Key among them are: the need to plan future work and public funding for the most-at-risk populations (IDUs, SW, MSM); the importance of strengthening government systems for collecting disaggregated expenditure data; the possibility of implementing national health accounts; the need to obtain a better understanding of the resource needs in order to ensure that Belarus is able to bring about essential HIV programmes.

¹ Excluding total expenditure on Universal Precautions and Safe Medical Injections.

C. BASIC FACT SHEET ON HIV AND AIDS EXPENDITURE IN 2008

HIV and AIDS Expenditure by Source of Funding:

Funds	US \$	% of Total Spending
Public	12,956,892	68
International	4,275,077	22
Private ²	1,863,736	10
Total Spending	19,095,705	100

HIV and AIDS Expenditure by Financing Agent:

Type of Agent	US \$	% of Total Spending
Public	13,354,779	70
International	3,862,897	20
Private	1,878,029	10
Total Spending	19,095,705	100

HIV and AIDS Expenditure by Service Provider:

Type of Provider	US \$	% of Total Spending
Public	15,647,208	82
Private Non-Profit	1,082,522	6
Private For-Profit	1,514,215	8
Multilaterals	851,760	4
Total Spending	19,095,705	100

HIV and AIDS Expenditure by Beneficiary Population:

Types of BP, including main items:	US \$	% of Total Spending
Specific "accessible" population	7,134,228	37.4
General population	5,314,930	27.8
PLHIV	2,662,563	13.9
Non-targeted interventions	2,622,763	13.8
MARP (IDUs, SW, MSM)	1,064,526	5.6
Other key population (OVC, prisoners, pther)	296,695	1.5
Total Spending	19,095,705	100

² The assessment covers only out-of-pocket purchase of condoms.

HIV and AIDS Expenditure on Main Programmatic Areas in Belarus:

Main Programmatic Areas	US \$	%
PREVENTION , including main items:	13,550,105	70.96% of total spending
• Prevention, diagnosis and treatment of STI	6,890,221	36.10% of total spending 51.00% of spending on Prevention
• Public and commercial sector condom provision	1,863,736	9.80% of total spending 14.00% of spending on Prevention
• Blood safety	1,675,409	8.80% of total spending 12.00% of spending on Prevention
CARE and TREATMENT , including main items:	2,463,143	12.89% of total spending
• ART	1,057,850	5.50% of total spending 42.90% of spending on Care and Treatment
• OI treatment	848,870	4.40% of total spending 34.50% of spending on Care and Treatment
• Specific HIV-related laboratory monitoring	181,927	1.00% of total spending 7.40% of spending on Care and Treatment
PROGRAMME MANAGEMENT ACTIVITIES , including main items:	1,644,396	8.61% of total spending
• Programme management	702,179	3.70% of total spending 42.70% of spending on Programme Management activities
• Upgrading and construction of infrastructure	409,758	2.10% of total spending 24.90% of spending on Programme Management activities
• Serological surveillance	251,103	1.30% of total spending 15.30% of spending on Programme Management activities
HUMAN CAPITAL , including main items:	566,345	2.97% of total spending
• Monetary incentives for nurses	248,721	1.30% of total spending 44.00% of spending on Human Capital
• Monetary incentives for physicians	124,506	0.70% of total spending 22.00% of spending on Human Capital
• Training	111,093	0.60% of total spending 20.00% of spending on Human Capital

D. EXECUTIVE SUMMARY

Funding for HIV and AIDS programmes in Belarus comes from three main sources: public, external (international) and private. Belarus' national response to HIV is sustained by external assistance secured from international and multilateral organisations.

In 2008 the government committed itself to undertaking a National AIDS Spending Assessment (NASA) to exhaustively track actual HIV-related spending from public, international and private sources. The assessment focused on tracking national HIV expenditure for 2008. Data collection covered spending funded from public, external and private sources (the last only partially).

The data (expenditure reports) for 2008 were obtained from the primary sources of information.

There were a number of limitations to this study. Key among them was the problem of missing HIV expenditure information, especially for the public ministries and departments supporting the response to HIV. It was also difficult to carry out a comparison of expenditure between priority HIV and AIDS intervention areas due to differences in the categories employed by the State HIV Prevention Programme and NASA. As NASA was implemented in Belarus for the first time, there was no possibility of analysing dynamics or trends in AIDS spending. The assessment did not cover total household out-of-pocket expenditure on HIV and AIDS: only out-of-pocket payment for condoms.

Main findings

The NASA estimations show that Belarus spent a total of US \$ 19,095,705 on HIV and AIDS³ in 2008. Public funds constituted 68% of the total expenditure. Funds from external sources made up 22% of all HIV expenditure in 2008, while private sources of funding accounted for 10%.

The NASA findings regarding providers of HIV services show that public organisations provide the majority of these services in Belarus. An estimated US \$ 15,647,208 (82% of total expenditure) was spent by public service providers in 2008. Private sector providers of HIV-related services include for-profit organisations (8% of total expenditure) and not-for-profit organisations (6% of total expenditure). The results of NASA confirm the general trend that provision of targeted HIV prevention services to MARP has relied mostly on private non-profit providers (NGOs) funded by international sources (mainly GFATM). Multilateral organisations are also involved in the provision of various HIV and AIDS services (4%).

A further disaggregation of data according to the NASA Categories shows that the key spending priorities in 2008 have been Prevention (70.96% of total expenditure); Care and Treatment (12.89% of total expenditure) and Programme Management and Administrative Strengthening (8.61% of total expenditure). Another important key intervention area is Human Resources Recruitment and Retention Incentives (2.97% of total expenditure). Other programmatic ar-

³ Excluding total spending on Universal Precautions and Safe Medical Injections.

eas, including spending on OVC, Social protection, HIV-related research and spending on creating an Enabling Environment, made up 4.57% in 2008.

The results show that in 2008 HIV Prevention expenditure was US \$ 13,550,105 and was spent on the following eight activities: prevention, diagnosis and treatment of STI (51%), public and commercial sector condom provision (14%), blood safety (12%), MARP (7%), VCT (5%), prevention programmes in the work place (3%), communication for social and behaviour change (2%) and other prevention activities (6%).

Total expenditure on Care and Treatment in 2008 was US \$ 2,463,143 (12.89% of total expenditure). Over 77% of the total expenditure on Care and Treatment was spent on ART (42.9%) and OI treatment (34.5%). Other spending categories, namely specific HIV-related laboratory monitoring (7.4%), palliative care (6%) and provider-initiated counselling and testing (4%), also constituted a major share of total expenditure on Care and Treatment in 2008.

A summary of OVC spending from the study shows that total spending in this area in 2008 was US \$ 93,995 (about 0.49% of total expenditure, entirely from public funding). The total spending on OVC was allocated between two main activities: OVC family/home support (72%) and OVC institutional care (28%).

Resources for the national response to HIV have contributed to programme management, planning and coordination, upgrading laboratory facilities, infrastructure and new equipment, serological surveillance, monitoring and evaluation and other activities within the area of Programme Management and Administrative Strengthening. In 2008 total spending on this area was US \$ 1,644,396 (8.61% of total expenditure). About 45.3% of total spending for this category was on programme administration, planning and coordination activities, 24.9% on upgrading and construction of infrastructure and 15.3% on serological surveillance.

Spending on Human Resources and Retention Incentives in 2008 made up US \$ 566,345 (2.97% of total expenditure). In 2008 most of this amount went into monetary incentives for nurses (44%) and physicians (22%), and training public health sector personnel (20%).

Total funding on Social Protection (excluding OVC) was US \$ 326,173 (1.71% of total expenditure, entirely from public funding) and this was spent on social protection through monetary benefits.

Spending on Enabling Environment in 2008 made up US \$ 39,527 (0.21% of total expenditure). Most of this amount went into advocacy and strategic communication (55%), AIDS-specific programmes focused on women (36%) and human rights (9%).

Total spending on HIV-related Research (excluding operations research) in 2008 was US \$ 412,021 (over 2.16% of total expenditure, entirely from international funding). The main directions of research were capacity strengthening (96.6%), social science, behavioural research and research in economics.

In 2008 37.4% of total spent benefited the specific “accessible” population (people attending STI clinics, youth at school, etc.), 27.8% the general population, 13.9% PLHIV, 13.8% non-targeted interventions, and 5.6% MARP (IDUs, SW, MSM).

Conclusions and recommendations

The data collection process for NASA was institutionalised within the Ministry of Health, the key implementer of the State HIV Prevention Programme in Belarus. Taking into consideration the structural features of the national healthcare system, namely, a great number of health organisations participating in the response to AIDS, the process of data collection for NASA

has to a large extent become possible thanks to the adoption of the NASA reporting form as official reporting procedure by the Ministry of Health and the Ministry of Statistics of the Republic of Belarus.

In order to improve the system of data collection and to ensure full coverage of all organisations outside the healthcare system, the ministries and other agencies implementing the State Programme, it is necessary to adopt the NASA reporting form as official reporting procedure for all organisations participating in the response to AIDS in Belarus.

The results of NASA confirm the general trend that the provision of target HIV prevention services to MARP has relied basically on private non-profit providers (NGOs) funded from international sources (mainly GFATM). This is a source of concern in addition to ART (drugs, supply system), which is also totally funded by GFATM. In the course of time these obligatory expenses will be imposed on the state budget, hence the need for detailed spending analysis.

E. STRUCTURE OF THE REPORT

The report is organised into six sections. The first one is an introduction. The remainder of the report is organised as follows.

Section 2 outlines the methodology and process adopted by the NASA working team. It covers the approach to data collection, sources of data, data processing, analysis, assumptions and estimations, challenges and limitations of the assessment.

The third section presents an overview of the country context. It discusses the national response to the AIDS epidemic and provides further description of current funding modalities, including current processes and modalities for the planning, budgeting and financing of the response to HIV in Belarus.

The findings of NASA are presented in Section 4. This section closely examines the volume of spending according to source of funding and programmatic area.

A summary, including funding priorities and recommendations of the study, are presented in Section 5.

Section 6 provides Appendices.

Section 1.

INTRODUCTION

1.1. Context for the assessment

In accordance with the Declaration of Commitment on HIV/AIDS, UN member countries submit reports on the progress achieved in responding to the epidemic. One of the priority key indicators included in the reports on the implementation of the Declaration of Commitment at the national level is an assessment of the amount of national funds allocated by the government to address HIV/AIDS—indicator No. 1. The goal behind performing NASA in the Republic of Belarus was to introduce an effective tool for financial monitoring of AIDS programmes and activities.

Analysis of the sources and flows of funding is necessary due to the vital importance of effective allocation. Identifying the sources of finance and providers of HIV services, as well as the total amount of resources devoted to HIV and AIDS, makes it possible to improve the results of investment. It is also important to keep track of resources, to ensure the strengthening of local capacities to make use of additional funding for HIV and AIDS programmes.

This NASA report has been developed taking into consideration the experience, success, challenges and limitations faced by the national working group. In it are presented the step-by-step methodology of this reporting instrument, the results and data obtained through NASA, as well as conclusions and recommendations that can be applied to NASA in the future.

1.2. Objectives and purpose

The overall objective of this NASA activity is to strengthen national coordination, harmonisation and alignment of HIV and AIDS resource use. The specific objectives of the study are the following:

- to catalyse and facilitate actions which strengthen capacities to effectively track expenditures on HIV and AIDS, and to synthesise this data into strategic information for decision-making;
- to leverage both technical and financial support for developing a mechanism for institutionalising the AIDS spending assessment procedure;
- to track the allocation of HIV and AIDS funds, from their origin down to the end point of service delivery, among the different sources of financing (public, private or external) and among the different providers and beneficiaries (target groups).

1.3. Scope of the assessment

The assessment focuses on tracking national HIV expenditure for 2008. Data collection covered spending on HIV and AIDS funded from domestic, external and private sources (the last only partially), including funds channeled through the government. The assessment did not cover total household out-of-pocket expenditure on HIV and AIDS, only out-of-pocket payment for condoms.

Section 2.

STUDY DESIGN AND METHODOLOGY

2.1. Approach

The National HIV and AIDS Spending Assessment (NASA) approach to resource-tracking is a comprehensive and systematic methodology used to determine the flow of resources in response to the HIV epidemic. The tool tracks actual expenditure (public, private and international) in both health and non-health sectors (social mitigation, education, labour, and justice) that comprises the national response to HIV and AIDS⁴.

The need to track HIV expenditure stems from the fact that decisions regarding allocations for HIV and AIDS related activities must be based on the real effect of previous expenditure patterns on the profile of the epidemic in all regions of the country. NASA is expected to provide information that will contribute to a better understanding of a country's financial absorptive capacity, as well as the equity, efficiency and effectiveness of the resource allocation process.

In addition to establishing a continuous information system on the financing of HIV and AIDS, NASA facilitates standardised reporting of indicators which monitor progress towards the achievement of the targets of the Declaration of Commitment adopted by the United National General Assembly Special Session on HIV and AIDS (UNGASS).

NASA follows a system of expenditure tracking that involves the systematic capturing of the flow of resources from different sources of financing to service providers, through diverse mechanisms of transaction. A transaction comprises of all the elements of the financial flow, the transfer of resources from a financial source to a service provider which spends the money on different budgetary items to produce functions (or interventions) for addressing HIV and AIDS for the benefit of specific target groups or to address unspecific populations (or the general population). NASA uses both top-down and bottom-up techniques for obtaining and consolidating information. The top-down approach tracks sources of funds from donor reports, commitment reports, government budgets, whilst the bottom-up approach tracks expenditures from service providers' expenditure records, facility level records and governmental department expenditure accounts.

As part of its methodology, NASA employs double-entry tables or matrices to represent the origin and destination of resources, in order to avoid double-accounting of expenditures by reconstructing the resource flows for every transaction from funding source to service provider

⁴ UNAIDS (2009). National AIDS Spending Assessment (NASA): Classification and Definitions. http://data.unaids.org/pub/Manual/2009/20090916_NASA_Classifications_edition_en.pdf

UNAIDS (2009). Guide to Produce National AIDS Spending Assessment (NASA). http://data.unaids.org/pub/BaseDocument/2009/20090406_nasa_notebook_en.pdf

and beneficiary population, rather than just adding up the expenditures of every agent that commits resources to HIV and AIDS activities.

The feasibility of NASA relies on background information, identification of key players and potential sources of information, understanding users' and informants' interests, as well as the development of an inter-institutional group responsible for facilitating access to information, participating in data analysis, and contributing to data dissemination.

2.2. NASA classifications

After some experimentation and evaluation of past responses to the drivers of the HIV epidemic and the ways to address these drivers, NASA programme and budget lines have been structured into eight classes of AIDS spending categories namely: Prevention, Care and Treatment, Orphans and Vulnerable Children, Programme Management and Administrative Strengthening, Incentives for Human Resources, Social Protection and Social Services, Enabling Environment and Community Programmes, and HIV-related Research. The beneficiary populations are classified under seven main categories with a number of sub-groups in each category to enable further disaggregation of the data collected.

2.3. Data collecting and processing

2.3.1. Advocacy and sensitisation of key stakeholders

Prior to the national AIDS spending assessment, the Ministry of Health in collaboration with UNAIDS held several consultative meetings in July 2008 with key stakeholders to formally introduce NASA, and emphasise the need for accurate data on expenditure to ensure that the assessment provides a comprehensive picture of HIV spending in Belarus. Capacity-building workshops involving key stakeholders and training of members of the Belarus NASA team were conducted in July 2008 with technical support from UNAIDS.

2.3.2. Development and administration of reporting forms

In performing an assessment of national AIDS spending, it is necessary to have specific information about AIDS spending arranged in a certain manner according to the NASA methodology. The current cross-sectoral statistical reporting on the implementation of the State HIV Prevention Programme for 2006–2010 did not permit an analysis of data with the necessary accuracy nor a structuration of data for comparison with other countries' reports. This led to the necessity of developing and officially approving an additional reporting form on AIDS spending, similar to the National Funding Matrix (similar to the UNGASS matrix).

With the aims of using the national AIDS spending assessment methodology and ensuring regular collection and comparability of data, the Ministry of Health of the Republic of Belarus issued an order approving the official financial reporting form "Information about Spending on the HIV Prevention, Treatment, Care and Support for People Living with HIV⁵." The form was approved for the Ministry of Health as the key actor in the national response to the HIV epidemic in Belarus.

⁵ For the Reporting form see Appendix 1.

2.3.3. Sources of data

In collaboration with the Ministry of Health, the national NASA team of consultants identified and mapped all HIV-related sources of finance, financial agents and service providers⁶. The participants in the national response of the Republic of Belarus who were involved in NASA are as follows:

- organisations and institutions under the Ministry of Health—the main driving force of the AIDS response in the Republic of Belarus;
- other ministries, agencies and organisations implementing the State HIV Prevention Programme for 2006–2010;
- organisations implementing the project “Prevention and Treatment of HIV/AIDS in the Republic of Belarus” financed by GFATM (the main donor in the Republic of Belarus);
- UNAIDS Country office in the Republic of Belarus;
- a number of nongovernmental organisations providing AIDS services throughout the year;
- a number of private for-profit organisations.

Thanks to the efforts of the specialists of the Ministry of Health and academic research institutions, the Ministry of Culture, the Ministry of Internal Affairs, the Ministry of Labour and Social Protection, the Ministry of Defence, the Ministry of Transportation and Communication, the Ministry of Sport and Tourism, the Ministry of Housing and Utilities, the Ministry of Emergency Situations, UNAIDS, officers of the international technical assistance project “Prevention and Treatment of HIV/AIDS in the Republic of Belarus” financed by GFATM, and nongovernmental organisations, analysis of financial flows related to the national HIV response has reached a conceptually new level in Belarus. The data (expenditure reports) for 2008 were all obtained from the primary sources of information.

2.3.4. Data collection

The assessment was undertaken through a desk review of key policy documents, programme documentation and institutional budgetary and expenditure reports for 2008.

Adoption of official reporting procedure by healthcare organisations in the Republic of Belarus, especially the AIDS spending reporting form, made it possible to fully include the healthcare organisations of the country in the process of collecting and submitting the information necessary for NASA and elaborating the indicators included in reports on the implementation of the Declaration of Commitment on HIV/AIDS.

Instructions on completing the AIDS spending reporting form were developed⁷ and presented, alongside with the on NASA methodology and AIDS spending categories, at 6 training workshops held in all regions of the country to facilitate return of the reporting form. Members of the national working groups participated in these training sessions. The attendance of each workshop ranged from 80 to 150 people (economists, infectious disease doctors). Following on from this, written protocols were drawn up which listed the questions posed about filling in the form and provided answers. Subsequently, the protocols were sent out to all regions of the country as additional clarification and the instructions on completing the form were rendered more precise.

⁶ For the list of organisations that provided expenditure data and reports see Appendix 3.

⁷ For the Instructions see the Appendix 2.

The remaining key partners in the national AIDS response activities were included in the national AIDS spending assessment by means of official written requests from the Ministry of Health which asked for information and enclosed the new reporting form, instructions for its completion, and contact details for consultation. Letters introducing NASA and requesting data were sent out to the various ministries, NGOs, and multilateral organisations in order to formally gain access to the required data.

As mentioned above, the top-down approach tracks sources of funding from donor reports, commitment reports, and government budgets. The top-down approach was applied to external funds and grants provided in Belarus. The bottom-up approach, which tracks expenditures from service providers' expenditure records, facility level records and governmental department expenditure accounts, was applied to public sources of funding, scaled up in the assessment, including the Ministry of Health and other ministries and departments.

Financial monitoring of the spending of nongovernmental organisations was carried out using both approaches. Nongovernmental organisations in Belarus perform preventive activity in response to the HIV epidemic only with the financial support of donors, mainly GFATM. NGOs are not financed from the government budget, in accordance with the legislation of the Republic of Belarus. Financial expenditures incurred using the funds of the main donor—the Global Fund—were tracked top-down using reports submitted by NGOs to the Project Implementation Unit. For this reason the main goal when working with NGOs was to identify additional sources of financing (other than GFATM) and their distribution across financial reporting categories, using in this case the bottom-up approach.

Additionally, a training session on NASA methodology and completing the reporting form was held for NGOs in Minsk.

Information about expenses incurred by private sources was partially included in NASA. The main suppliers of condoms to the pharmacy networks of the Republic of Belarus were identified for this purpose.

NASA consultants were also on hand to support organisations in completing the form.

2.3.5. Data processing

The data presented in the reporting forms made it possible to identify the AIDS servicing organisations and/or carry out procurement to this end, the sources of financing for organisations' activity and areas of spending, i.e. AIDS spending categories. To a certain extent the form enables identification of the beneficiaries of the services. In order to identify all possible categories, such as financing agents, production factors and precise groups of beneficiaries, the data presented had to be confirmed in each separate organisation taking part in the assessment.

The expenditure data collected was first tabulated in Excel®, verified and balanced. All information obtained was verified to ensure the validity of data from the records of the source, agents and providers, and also to avoid double counting. The data was then transferred to the NASA Resource Tracking Software (NASA RTS), which was developed to facilitate NASA data processing. It provides step-by-step guidance along the estimation process and makes it easier to monitor crosschecking among the different classification axes. The NASA RTS results databases were then exported to Excel® to produce summary tables and graphs for analysis.

The step-by-step process of data collection and the National AIDS Spending Assessment in Belarus is presented below.

Fig.1. NASA implementation steps in Belarus, 2008.



2.4. Assumptions and estimations

NASA methodology allows for further disaggregation of the data provided to show provider expenditures by HIV and AIDS function and to identify the categories of beneficiaries that receive funding. However, given the nature of the data received, a number of assumptions were made which apply in interpreting the findings and recommendations of this study.

Problems of missing HIV expenditure information were more acute in the case of the ministries. However, on the basis of information provided by funding sources and service providers, the study attempts to reconstruct some sectoral spending on HIV and AIDS.

Cost estimations were not used to determine actual expenditure in 2008. The data (expenditure reports) for 2008 were all obtained from primary sources of information.

Where data on beneficiaries were not disaggregated and detailed enough, the bulk of it was assumed to be targeted to the general population.

The average annual exchange rate of the National Bank for 2008 was used in the study.

2.5. Limitations of the assessment

There were a number of limitations to this study. Key among them was the problem of missing HIV expenditure information, especially for the public ministries and departments supporting the HIV response.

The necessity of performing NASA caused discomfort and discontent among participants—representatives of medical institutions and organisations—both at the stage of adopting the statistical form and at the stage of its completion. To overcome the resultant difficulties, instructions on spending categories were developed and regional workshops were held with in-depth consideration and discussion of each spending category. Efforts were made to involve as many workshop participants as possible in the process of discussing the reporting categories and to motivate them to complete the form.

In the cost sheets of governmental organisations financed from the budget in 2008, AIDS spending was either not identified, included in other aggregated costs, or only partially identified in very small amounts. When it was possible to calculate the actual spending under NASA, some organisations reflected only the AIDS spending which was provided for in their cost sheets.

The accounting system in governmental organisations is designed in such a way that it does not make it possible to identify at the end of the accounting period the expenses incurred during the year in a simple way without additional calculations similar to the process of price formation.

Ministries and departments outside the healthcare system of the Republic of Belarus shared information reluctantly about financial spending incurred. In response to the Ministry of Health's request, some governmental institutions and ministries gave a written reply that they performed preventive activities in response to the epidemic but, nevertheless, they were unable to present any information in that regard. As a result several activities performed outside the healthcare system may not have been included in the analysis of resource flows. However, the key ministries and departments, such as the Ministry of Labour and Social Protection and ministries comprising medical institutions, did supply data. It should be noted that their share in the total amount of spending is not large (4%).

We should note that a number of NGOs joined in the NASA process with great difficulty, which made it necessary to work with each NGO individually.

It is known that the most reliable model of public healthcare is medical insurance combined with budget financing, as opposed to financing exclusively from the state budget. In the Republic of Belarus, private voluntary medical insurance is in a formative stage and was not included in the 2008 assessment.

In Belarus, private healthcare organisations are developing alongside governmental medical institutions, ensuring competition in the market of medical services and additionally meeting the needs of the population in certain kinds of medical assistance (dental care, beauty therapy, aesthetic surgery, gynaecology, urology, etc.). Spending on HIV preventive measures was not included in the 2008 assessment due to certain limitations. The main limitations to the assessment of this spending category are below:

- the 2008 reporting form did not make provisions for including the proceeds of state-owned health institutions from paid medical services related to AIDS spending;
- private medical institutions which, alongside Belarusian state-owned health organisations, are numerous in all regions of the country, were not obligated to complete the AIDS spending reporting form;
- information about the proceeds of private medical institutions from providing some or other services is a commercial secret, and it is very difficult to obtain the necessary information without adopting official statistical reporting measures.

The assessment didn't cover total household out-of-pocket expenditure on HIV and AIDS: only out-of-pocket payment for condoms.

It should be noted that Belarus NASA includes two specific spending categories, namely spending on Safe Medical Injections and Universal Precautions. The former includes spending on training in ensuring safe medical injections; acquisition and disposal of injection equipment and other auxiliary equipment and materials; and procurement and use of disinfectants. The latter includes: use of gloves, masks, protective garments, safety goggles and other means of protection for medical personnel. Measures within these two spending categories are aimed at preventing transmission not only of HIV but also of other potential infections and diseases which have great preventive value for the healthcare system of the country as a whole, including prevention of HIV transmission. Considerable funds are allocated from the state budget for these measures. In 2008 US \$ 14,217,879⁸ was allocated from the state budget to Safe Medical Injections and Universal Precautions. Taking into consideration the impossibility within the current research to determine the adequate share of spending on these two categories which are aimed exclusively at preventing HIV, further analysis of AIDS spending was conducted excluding these categories from the total amount of AIDS spending (Tab. 1).

It was also difficult to carry out a comparison of expenditure between priority HIV and AIDS intervention areas, due to differences in the categories employed by the State HIV Prevention Programme and NASA.

As NASA was implemented in Belarus for the first time in 2008, there was no possibility of analysing dynamics or trends in AIDS spending.

Tab. 1. Total expenditure related to HIV/AIDS including expenditure on health system strengthening, Belarus NASA 2008.

Total expenditure (including Safe Medical Injections and Universal Precautions)		Total expenditure (excluding Safe Medical Injections and Universal Precautions)	
Br	US \$	Br	US \$
71,167,476,000	33,313,584	40,793,964,000	19,095,705

⁸ NASA data, 2008.

Section 3.

OVERVIEW OF THE COUNTRY CONTEXT

3.1. Belarus—Basic information about the country

Population: size—9.7 mln people, life expectancy—70.5 years, share of urban population—74%.

Capital: Minsk—1.8 mln people.

Regional centres: Brest (316 400 people), Viciebsk (346 900); Homieĺ (486 300); Hrodna (332 000); Mahilioŭ (371 300).

Official languages: Belarusian, Russian.

Currency: Belarusian ruble (Br).

Territory: 207.6 thousand sq. km.

Ethnic composition (1999 census): Belarusians—81.2%, Russians—11.4%, Poles—3.94%, Ukrainians—2.4%, Jews—0.3%.



Fig. 2. Geographical location of Belarus

Belarus is located in the centre of Europe and borders with five countries—Russia, Ukraine, Poland, Lithuania and Latvia. The country has no access to the sea but thanks to its geographical location Belarus is an important trade and transportation corridor between Europe and the CIS states.

Religions. In Belarus Christianity is the most common religion. Christians in Belarus belong to the Orthodox, Catholic, Uniate and Protestant churches. Orthodoxy is the most common affiliation in Belarus. Among other religions the most common are Judaism and Islam.

Education. School education in Belarus starts at the age of 6 and consists of two levels: general basic education and general secondary education. The basic school curriculum runs for 9

years, whereas secondary education requires 11 years of schooling. After successful graduation from basic school, young people can continue their studies in vocational schools, where they receive full secondary education and vocational training at the same time. Those willing to receive general secondary education can continue studying at school. The Certificate of General Secondary or Vocational Education is the main document giving the right to enter a higher education establishment. In Belarus the ratio of students to the total number of population is one of the highest in Europe.

Economic Indicators. GDP (2008) Br 128.829 trillion or US \$ 60.343 billion (growth rate in the comparable prices in relation to the corresponding period is 110%). GDP Per Capita—Br 13.308 mln

The average official exchange rate of the Belarusian ruble to the US dollar between January and December 2008 was Br 2136.29 = US \$ 1 (the National Bank of the Republic of Belarus).

Commodity pattern—Exports (2008):

- Mineral commodities—37.9%
- Chemical industry commodities, rubber—18.9%
- Machinery, equipment and means of transportation—18.7%
- Ferrous and non-ferrous metals and metalware—7.8%
- Food commodities and agricultural raw materials—6.8%

Commodity pattern—Imports (2008):

- Mineral commodities—36.4%
- Machinery, equipment and means of transportation—24.3%
- Ferrous and non-ferrous metals and metalware—12.3%
- Chemical industry commodities, rubber—11.7%
- Food commodities and agricultural raw materials—7.9%
- Other—7.4%

Main trade partners: Russia, the Netherlands, Germany, Ukraine, Poland, Latvia, China, Great Britain, Italy, India.

Major industries: metallurgical, machine building, metal processing, chemical and petrochemical, light, food.

Agriculture: growing grain crops, potatoes, vegetables, sugar beets, flax, dairy and meat stock breeding. Farming land area: 8.945 mln ha (2008).

Natural resources: timber, peat, small deposits of oil and natural gas, granite, bitter spar, limestone, clay, sand.

Employment

Number of employed persons: 4.5 mln (2008). Unemployment: 37.3 thousand people (officially registered, 2008). Distribution of employed population by sector of the economy (2008):

- Industry—26.9%
- Agriculture—9.4%
- Construction—8.4%
- Transportation and communication—7.5%
- Trade and public catering, logistics, procurement—14.4%

- Education—9%
- Public health, physical training and social security—7.3%
- Other—16.1%

National spending on public health as a percentage of GDP in 2008: 6.5%, including 3.6% of government spending and 2.9% of nongovernmental spending (provision of paid medical services to population, population’s spending on medical drugs, etc.).

State budget spending on public health per capita in 2008: Br 484,746 or US \$ 226.

3.2. HIV and AIDS situation

Analysis of the epidemic development in Belarus yields the conclusion that the HIV epidemic in the country is in the concentrated phase. According to research data, the highest HIV concentration is observed among people using injected drugs and their sexual partners, among sex workers and their clients, and among men who have sex with other men.

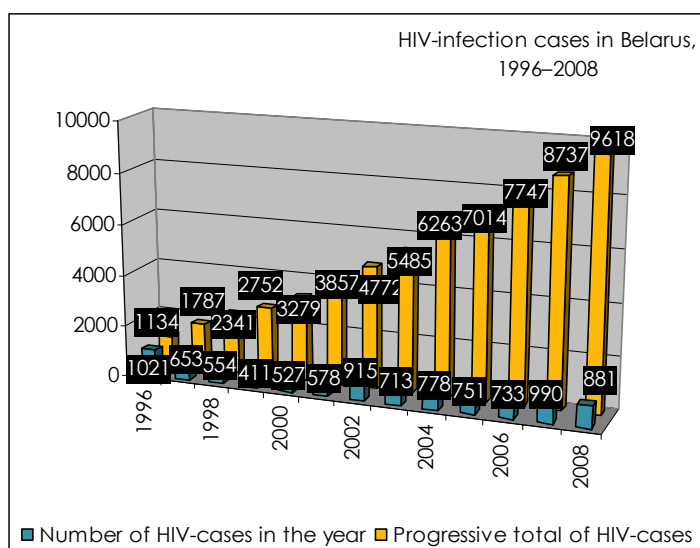


Fig. 3. Registered HIV-infection cases in Belarus.

As of 1 January 2009, there were 9,618 cases of HIV (the index per 100,000 population equalled 99.3). 881 cases of HIV were identified in 2008.

The overwhelming number of HIV-positive people are young people aged 15 to 29. The total number of cases of HIV-infection in this age group is 6,678 (the share in the overall number of HIV-positive people is 69.4%).

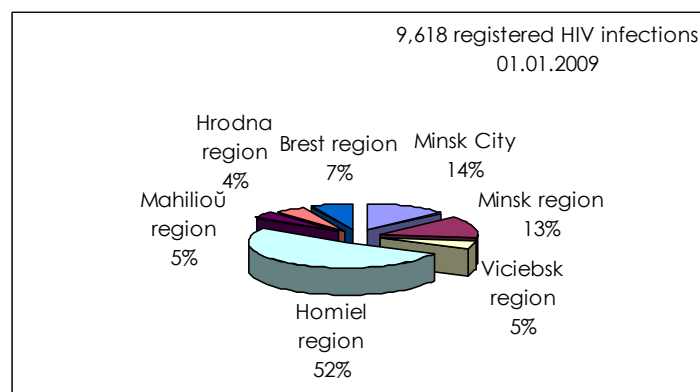


Fig. 4. HIV regional distribution.

According to cumulative data, one of the most common methods of transmission is parenteral, which occurs during injected drug use—56.4% (5,424 cases). However, in recent years there has been an increase in the number of people infected as a result of sexual intercourse. The share of sexual

transmission of HIV was 66.8% in 2007 and 75% in 2008 (661 cases).

Nationwide, the share of women in the total number of HIV-positive people is 36.2% (3,484 people), men—63.8% (6,134 people).

Between 1987 and 2009, HIV-positive mothers gave birth to 1,279 infants, including 171 infants in 2008 (154 infants in 2007). 138 infants were diagnosed with HIV infection, 8 of whom died. Nationwide, there are 150 registered cases of HIV among children in the age group 0–14.

The cumulative number of cases of AIDS as of 1 January 2009 equalled 1,328, of which 408 patients were first diagnosed with AIDS in 2008 (281 patients in 2007). 714 people have died at the AIDS stage (53.8%).

There have been 1,532 registered fatalities among HIV-positive people (including 320 cases in 2008), of which 1,087 or 71% were drug users.

Thanks to preventive activities carried out in Belarus, the epidemic is being contained and is not progressing from the concentrated phase to the general population.

3.3. National response to the epidemic and AIDS funding in Belarus

In 2001 the Republic of Belarus signed the Declaration of Commitment on HIV/AIDS and by doing so it assumed the obligation to ensure universal access to HIV prevention, treatment and support. In Belarus a multi-sectoral financial plan to halt and reverse the epidemic is in force: the State HIV Prevention Programme for 2006–2010, approved by Resolution No. 1068 of the Council of Ministers of the Republic of Belarus on 21 August 2006. The State Programme is implemented by national governmental bodies, other organisations subordinate to the Government of the Republic of Belarus, regional executive committees and the Minsk Municipal Executive Committee.

The main objective of the State Programme is to stabilise and decrease the level of HIV infection, increase life expectancy and reduce HIV/AIDS mortality by applying a set of preventive and curative measures.

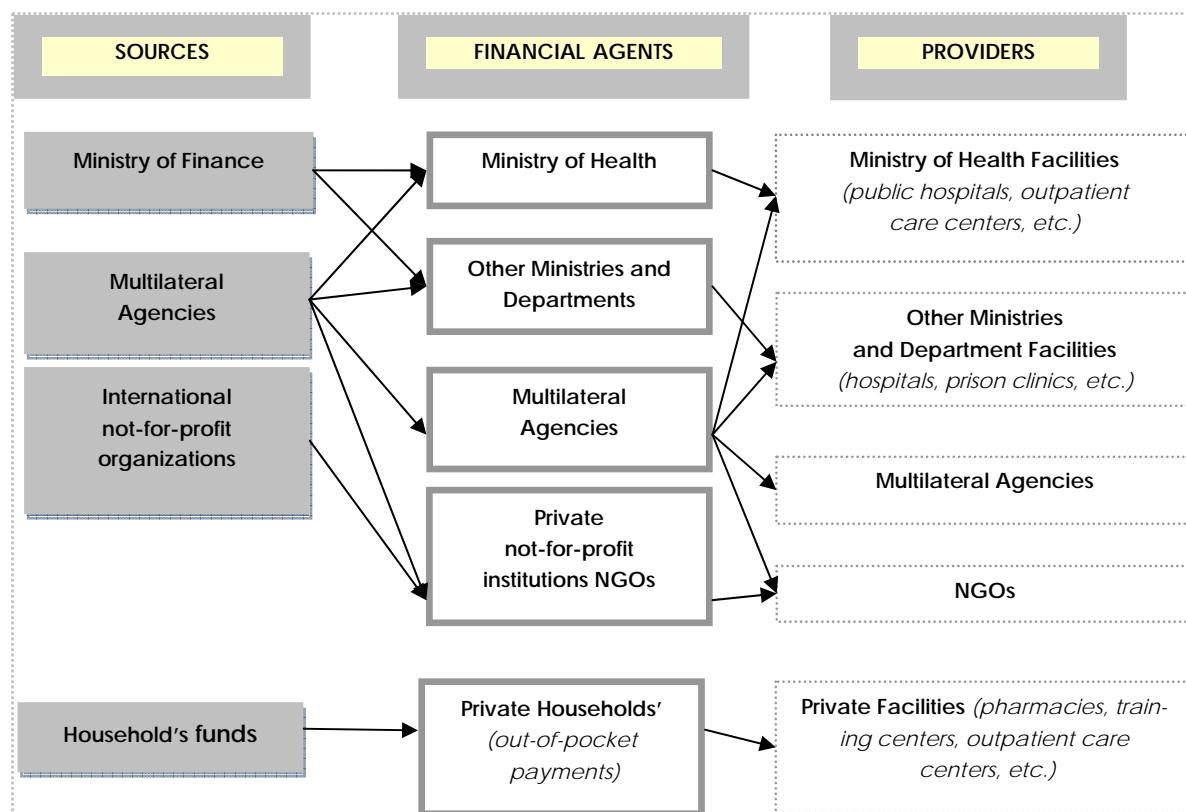
In order to facilitate the achievement of these objectives, the following tasks are carried out by governmental authorities, local executive and regulatory bodies:

- conducting of second-generation HIV epidemiological surveillance;
- application of the national system of monitoring and evaluation of the national response to HIV;
- creating favourable conditions for the provision of medical and psychological help to people living with HIV, children born from HIV-positive mothers and parents of HIV-exposed children; provision of medicinal preventive measures against mother-to-child transmission to HIV-positive pregnant women;
- ensuring access to comprehensive antiretroviral treatment, palliative treatment and care for people living with HIV; building up a model of professional behaviour among health workers for the provision of assistance to patients in the context of HIV/AIDS;
- developing among the population, especially children and youth, knowledge of HIV/AIDS and safe life skills; developing in children and youth a system of values and behaviour patterns which promote HIV prevention; extending preventive work among drug users within a strategy of risk reduction;
- developing a network of social and educational institutions;
- ensuring access to reliable information about HIV/AIDS and psychological and medical assistance for drug users, men who have sex with men and female sex workers;
- providing medical, psychological and social rehabilitation to drug users.

The above tasks are performed in accordance with the activities envisioned in the State Programme for 2006–2010, which will make it possible to:

- ensure access to means of personal protection from HIV, disinfectants and information about safe behaviour for 60% of injection drug users;
- introduce outreach and peer education programmes in 15–20 cities with high levels of drug use;
- provide informational, medical and psychological support to female sex workers and men who have sex with men in the regional centres and in Minsk by engaging various specialists (health workers, psychologists, lawyers, social workers);
- ensure access to information about HIV prevention, means of protection and disinfectants for all convicts;
- provide antiretroviral treatment and psychological assistance to all HIV-positive persons in need of it;
- organise self- and mutual help groups in cities and towns with the highest numbers of PLHIV;
- ensure access to HIV testing and counselling to all women of reproductive age and pregnant women, on an informed-consent basis;
- achieve a reduction in the risk of mother-to-child transmission of HIV to below 2 percent; to raise awareness through HIV education programmes and to motivate youth towards safe and responsible behaviour.

Fig. 5. HIV and AIDS funding flows in Belarus, 2008.

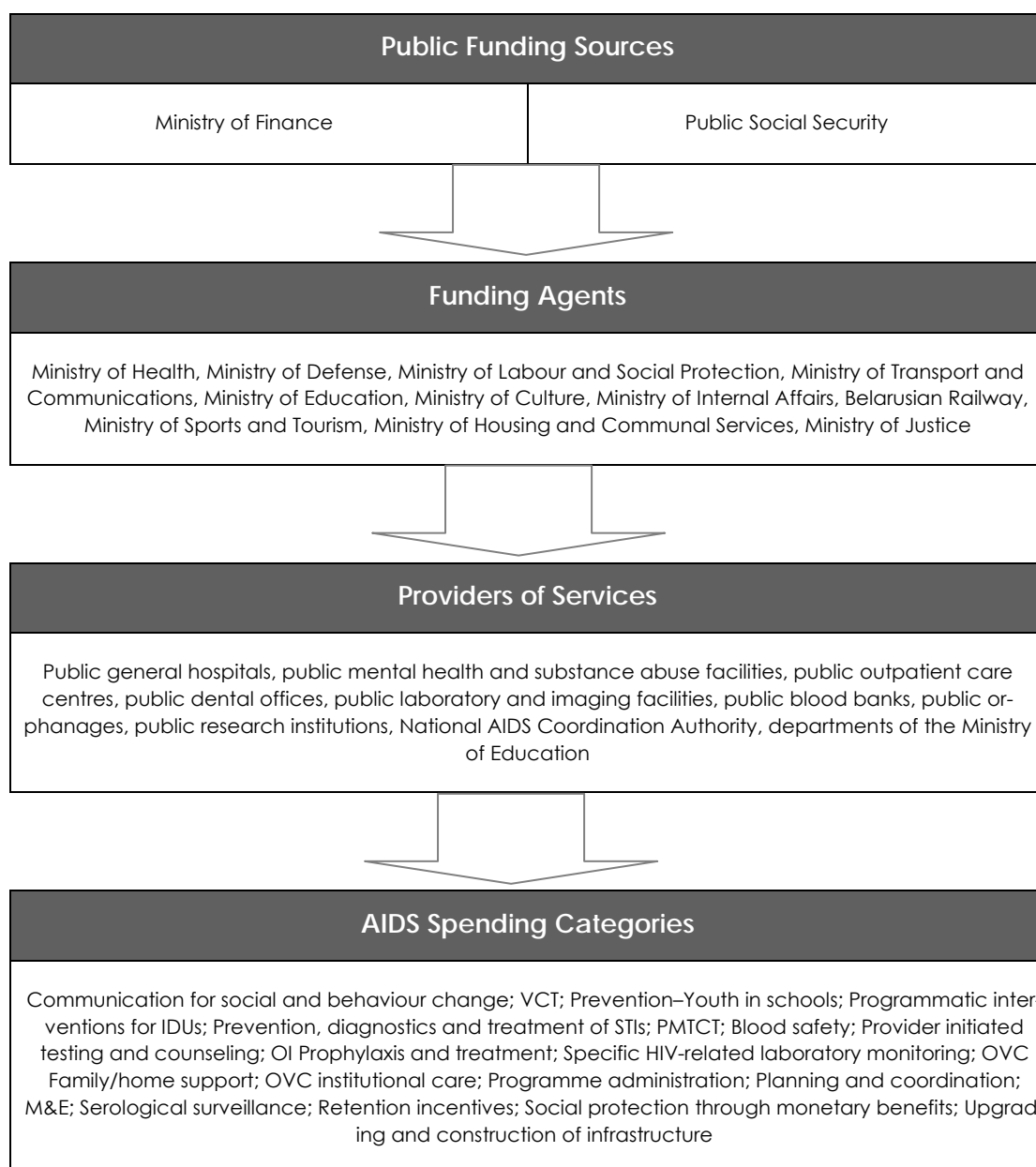


Financial support for the State Programme—specifically, financing of activities in the areas of epidemiological surveillance, prevention, diagnostics, treatment and social protection and

support for people living with HIV—is ensured using the funds of national and local budgets, as well as funds provided within the framework of international cooperation. See Fig. 5 for a schematic representation of financial flows, reflecting the allocation of funds in response to HIV in Belarus.

The total planned financing of the activities within the State Programme for 2006–2010 amounts to Br 79,308 bln (without breakdown by year).

Fig. 6. Public sector HIV and AIDS financial flows, Belarus NASA 2008.



Belarus actively cooperates with WHO, UNAIDS, GFATM and other partners in order to implement the Declaration of Commitment on HIV/AIDS. Thanks to close cooperation with the UN and other international organisations, as well as to a responsible governmental approach to this problem, Belarus has successfully developed an effective system of HIV prevention and treatment.

The UNDP/MoH project “Prevention and Treatment of HIV/AIDS in the Republic of Belarus” has been in operation since 1 December 2004 and is one of the largest international healthcare projects in Belarus. Financing for the project is provided by GFATM.

The main objective of the project “Prevention and Treatment of HIV/AIDS in the Republic of Belarus” is to consolidate efforts to halt the spread of HIV and to minimise the social and economic consequences of the epidemic through:

- minimising the social and economic consequences of the spread of HIV through active preventive work with the population (primarily high-risk groups);
- promotion of mutual help groups among people living with HIV; prevention of discrimination and stigmatisation of PLHIV through the creation of an enabling environment and by carrying out educational activities;
- development, production and dissemination of educational materials; conducting of national large-scale information campaigns;
- providing antiretroviral treatment and palliative care to all those in need of it, including treatment aimed at preventing transmission of HIV from mother to child; maintaining an uninterrupted supply of ARVs and other drugs (including those used to treat opportunistic infections) and medical equipment necessary to control the efficiency of treatment;
- supporting the introduction and development of national standards in HIV diagnostics and treatment;
- implementation of preventive programmes in penitentiaries;
- supporting activities aimed at improving the national system of HIV epidemiological surveillance; promoting the introduction of a system for monitoring and evaluating the HIV/AIDS situation and the response to the epidemic;
- carrying out social studies on HIV-related preventive activities;
- strengthening the material and human resources of institutions working in the area of HIV prevention and treatment and the institutional capacity of the country to effectively implement the State HIV Prevention Programme for 2006–2010.

The Ministry of Health of the Republic of Belarus is the main project partner. Overall 23 governmental and 50 nongovernmental organisations participate in the implementation of the project.

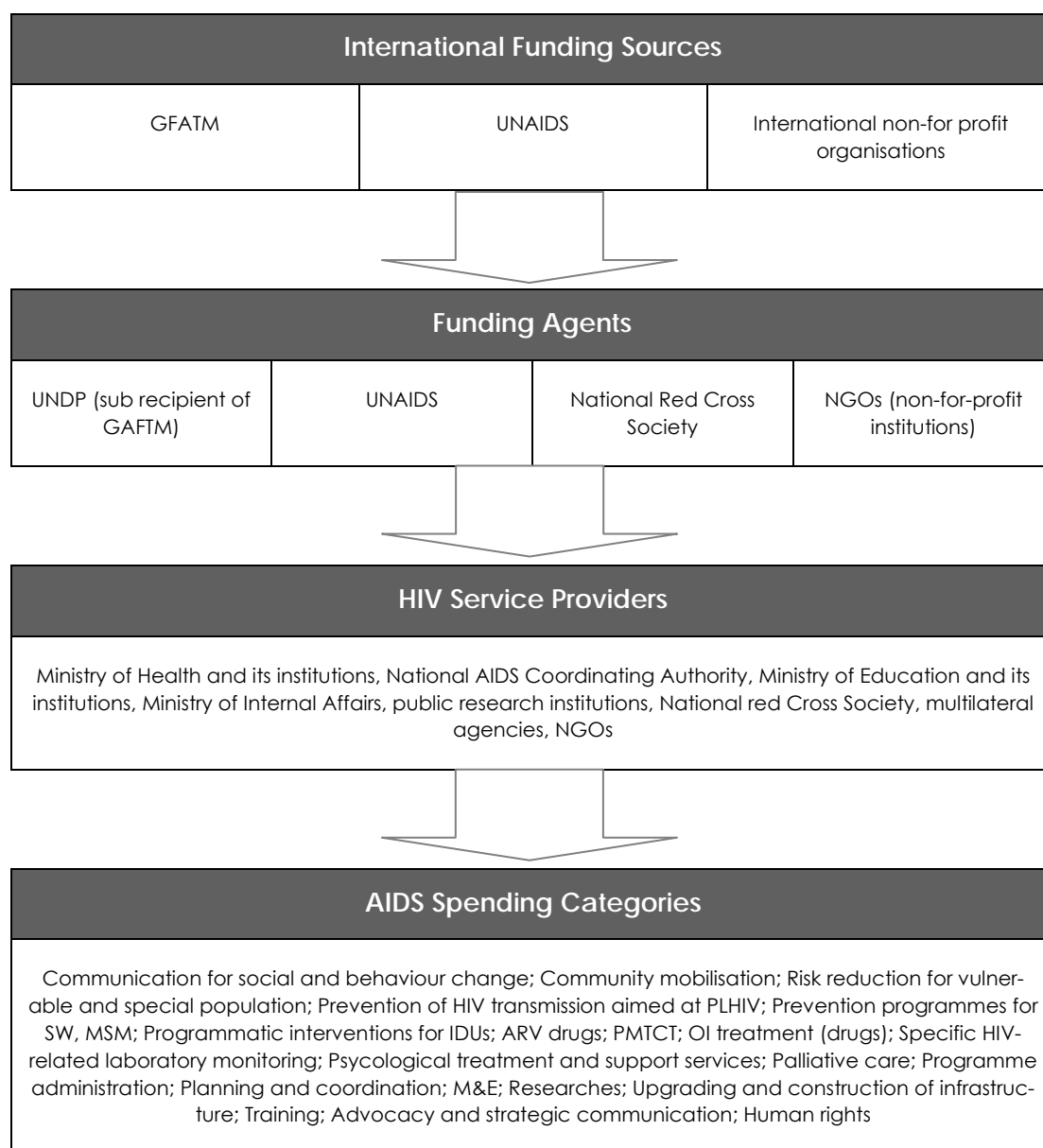
The Country Coordinating Mechanism (CCM) for Cooperation with GFATM operates in Belarus to ensure harmonisation of the joint efforts of the country and the basic donor, GFATM, as well as the rational use of funds. CCM is composed of representatives from various ministries, academic institutions, international and nongovernmental organisations, the private sector, the Christian Church, trade unions, and people living with HIV. CCM has some experience and capacity in issues related to healthcare systems and how they link with HIV and TB outcomes. Some of CCM members are directly involved with the healthcare sector, either on behalf of the government and multilateral agencies, or through the work of their NGO in providing health services for PLHIV. Several of these members, such as the Deputy Minister of Health, have direct engagement with broad debates in healthcare and how they impact on programmes and outcomes for HIV and TB. Other members have been engaged with aspects of healthcare systems, such as the Deputy Chair of the National Committee of the Trade Union of Public Health Employees and who is therefore familiar with the issues around staffing and incentives enabling services to be delivered appropriately. Every year all CCM members participate in an analysis of the implementation of state and inter-agency programmes, discuss plans for HIV and TB prevention and introduce modifications if necessary.

According to the decision of CCM, the UNDP Country Office is the principal recipient of project funds.

The total amount of financing provided by GFATM to the project “Prevention and Treatment of HIV/AIDS in the Republic of Belarus” for 2004–2009 was US \$ 16.7 mln.

The planned targeted public financing of the State Programme in Belarus was not exercised until 2009. There were no concrete planned budget items for HIV and AIDS in the public budget. Expenditures on prevention and treatment of HIV and AIDS were included within broader items or other expenses of public organisations, and were not allocated separately.

Fig. 7. International sector HIV and AIDS financial flows, Belarus NASA 2008.



The State Programme was developed by the HIV/AIDS Prevention Department of the National Centre for Hygiene, Epidemiology and Public Health. The Department supervises its performance and analyses statistical reports on the financial performance of the State Programme.

The implementers of the State Programme (the Ministry of Health, other ministries and departments) report the performance results of the State Programme and deliver financial statistics by the end of the year (form 1-gp).

The financial reports on the performance of the State Programme reflect the total actual annual expenditure related to prevention and treatment of HIV and AIDS from public and international sources, but not divided into AIDS Spending Categories.

According to official data from statistical reports on the implementation of the State HIV Prevention Programme, the total spent on the Programme in 2008 was Br 40.505 bln or US \$ 18,960,207, from all sources. Of this amount, Br 32.466 bln (US \$ 15,197,234; 80.2% of the total) came from the state budget and Br 8.039 bln (US \$ 3,762,972; 19.8% of the total) was funded from international sources.

Activities related to epidemiological surveillance of HIV (carrying out of sociological and biomedical studies; procurement of testing systems for serological screening; development and introduction of software; holding of scientific conferences and training workshops) required expenditure of Br 723.8 mln (1.8% of the total amount), including Br 198.6 mln (27.4% of the amount spent on the activities within this task) from the state budget and Br 525.2 mln (72.6% of the amount spent on the activities within this task) from international sources;

Activities related to HIV diagnostics, treatment and prevention (procurement of antiretrovirals, milk formulae for infants under 1 year of age born to HIV-positive mothers; testing systems for treatment monitoring, means of personal protection, medical equipment, tools and disinfectants) required expenditure of Br 31.927 bln (78.8% of the total amount), including Br 28.698 bln (89.9% of the amount spent on the activities within this task) from the state budget and Br 3.228 bln (10.1% of the amount spent on the activities within this task) from international sources;

Activities related to educational work on HIV among different groups of the population (implementation of a package of measures within the World AIDS Campaign and World AIDS Day; carrying out of thematic actions, cultural events and shows, TV and radio transmissions, competitions, conferences, workshops, lecture cycles within the system of post-graduate education; creation and distribution of cinematic, video and audio products; publishing and dissemination of educational materials, guidance manuals; hot-line operation; maintenance of anonymous counselling points) required expenditure of Br 7.485 bln (18.5% of the total amount), including Br 3.557 bln (47.5% of the amount spent on the activities within this task) from the state budget and Br 3.928 bln (52.5% of the amount spent on the activities within this task) from international sources;

Activities related to social protection and support for people living with HIV (maintenance of mutual help groups; holding of workshops and carrying out of information campaigns; publication of informational and educational materials) required expenditure of Br 369.5 mln (0.9% of the total amount), including Br 12.0 mln (3.2% of the amount spent on the activities within this task) from the state budget and Br 357.5 mln (96.8% of the amount spent on the activities within this task) from international sources.

As mentioned, the total amount of financing for the State HIV Prevention Programme in Belarus for 2006—2010 was planned at the level of Br 79.308 bln (over five years). There are no data on the breakdown of this amount by year (e.g. of the intended amount for 2008). Therefore, it is impossible to determine the difference between the amount intended for the implementation of the State Programme and the data received from the 2008 National HIV/AIDS Spending Assessment (NASA) in the Republic of Belarus.

However, it is possible to compare the total amount of AIDS spending obtained from conducting NASA with reported data on the implementation of the State Programme for HIV Prevention in the Republic of Belarus (form 1-gp).

It was also difficult to carry out a comparison of expenditure between priority HIV and AIDS intervention areas, due to differences in the categories employed by the State HIV Prevention Programme and NASA.

Tab. 2. Comparison of total HIV expenditure obtained from NASA and official statistical reporting (1-gp Form).

NASA data, US \$	Official statistical reporting data (1-gp Form), US \$
19,095,705	18,960,207

Section 4.

NASA ESTIMATIONS AND MAIN POLICY FINDINGS

4.1. Overview of HIV and AIDS expenditure in 2008

The limitations and assumptions detailed in Section 2 notwithstanding, the National AIDS Spending Assessment (NASA) has determined that US \$ 19,095,705 was spent in Belarus on HIV and AIDS in 2008 (excluding spending on Universal Precautions and Safe Medical Injections). Due to the lack of a fully costed National HIV and AIDS Plan, it is difficult to evaluate whether the actual allocations spent in 2008 meet or fall short of the estimated required resources for scaling up towards universal access to prevention, treatment, care and support in Belarus.

4.2. Flow of HIV and AIDS funds

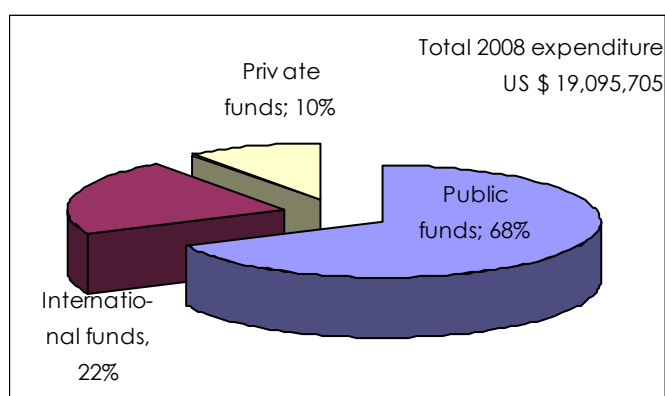
4.2.1. Sources of finance

Sources of Finance are the entities that provide money to financing agents to be pooled and disbursed. There are three main sources of HIV and AIDS funding in Belarus, namely: public, international and private. Belarus' national response to HIV and AIDS is sustained by external assistance secured from international and multilateral organisations.

Tab. 3. Total expenditure by source of funding, Belarus NASA 2008.

Source of Funding	Total expenditure, Belarus NASA 2008		
	Br	US \$	%
Public funds	27,679,680,000	12,956,893	68
Private funds	3,981,480,000	1,863,736	10
International funds	9,132,804,000	4,275,076	22
GRAND TOTAL	40,793,964,000	19,095,705	100

Fig. 8. Percentage share of HIV and AIDS expenditure by source, Belarus NASA 2008.



Public funds constituted 68% of the total HIV and AIDS expenditure. External sources of finance made up 22% of all HIV expenditure in 2008, while private sources of funding accounted for 10%. It is critical to note that the assessment captures private household out-of-pocket HIV and AIDS expenditure on condoms in 2008.

Public sources of finance

Governmental spending on HIV/AIDS in 2008 amounted to US \$ 12,956,893. Therefore, the majority of financing for activities and programmes related to HIV and AIDS—68% of the total amount of HIV/AIDS spending—falls on the state budget and the state non-budgetary Fund for Social Protection of the Population of the Ministry of Labour and Social Protection of the Republic of Belarus.

Tab. 4. Summary of HIV and AIDS expenditure from public sources of funding, Belarus NASA 2008.

Public sources of funding	Br	US \$	%
Ministry of Finance	26,964,880,000	12,622,294	97
Employer contributions to public social security	714,800,000	334,599	3
TOTAL	27,679,680,000	12,956,893	100

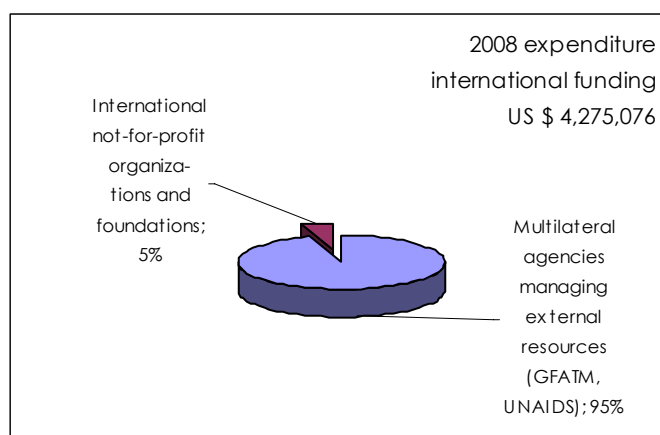
International sources of finance

The share of funds provided by international organisations in 2008 equalled US\$ 4,275,076 or 22% of the total amount spent on the response to HIV/AIDS in Belarus.

Tab. 5. Summary of HIV and AIDS expenditure from international sources of funding, Belarus NASA 2008.

International sources of funding	Br	US \$	%
Direct bilateral contributions	0	0	0
Multilateral agencies managing external resources (GFATM, UNAIDS)	8,684,615,000	4,065,279	95
International not-for-profit organizations and foundations (Red Cross Societies, Christian Children's Fund, Inc., etc.)	448,189,000	209,797	5
TOTAL	9,132,804,000	4,275,076	100

Fig. 9. Percentage share of HIV and AIDS expenditure from international sources, Belarus NASA 2008.



GFATM is the main donor in Belarus. In 2008 HIV/AIDS spending from this source amounted to just over US\$ 3,616,779.

In 2008 Belarus did not receive any funds for the financing of HIV/AIDS programmes and activities from governments of other countries (bilateral sources), nor any bank loans for such purposes.

Private sources of finance

The total share of Private expenditure on HIV and AIDS, i.e. from household funds (100% of all private funding), in 2008 was US \$ 1,863,736 (10% of total expenditure on HIV and AIDS).

The assessment in 2008 did not cover total household out-of-pocket expenditure on HIV and AIDS: only out-of-pocket payment for condoms. Since total household out-of-pocket expenditure on HIV and AIDS was not included in this assessment, this percentage does not represent the total contribution of private spending on HIV and AIDS.

4.2.2. Financing agents

Financing agents are the entities that pool financial resources collected from one or more sources of finance and transfer them to pay for or purchase healthcare services or goods to address HIV and AIDS related activities. While sources of finance decide to allocate resources to the national HIV response, financing agents have the ability to decide the type of activity or product to fund or purchase.

Tab. 6. Total HIV and AIDS expenditure by financing agent, Belarus NASA 2008.

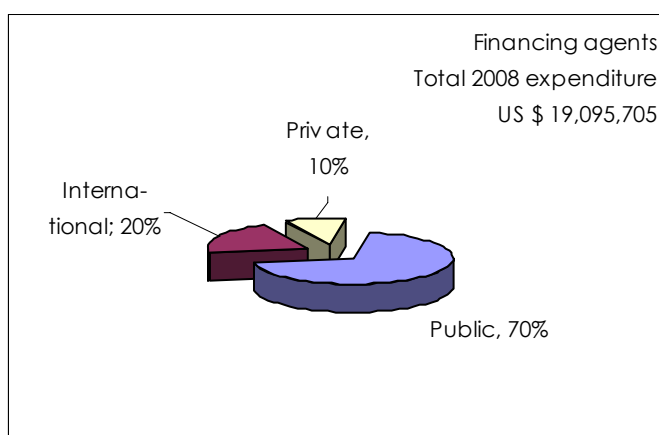
Financing agents	Br	US \$	%
Public	28,529,680,000	13,354,779	70
MoH	27,135,720,000	12,702,264	67
Other public	1,393,960,000	652,515	3
Private	4,012,015,000	1,878,029	10
International	8,252,269,000	3,862,897	20
Multilaterals	7,834,615,000	3,667,393	19
Other international	417,654,000	195,504	1
TOTAL	40,793,964,000	19,095,705	100

Fig. 10. Percentage share of HIV and AIDS expenditure by financing agent, Belarus NASA 2008.

The main financing agents of HIV and AIDS activities in Belarus are the Ministry of Health, other ministries and departments, multilateral agencies, and private households.

As expected, among public financing agents MoH plays a major role in deciding what HIV activities to fund.

Funding for the HIV response flows essentially through public entities, especially MoH.



Tab. 7. Expenditure breakdown (Br) by funding sources and financing agents, Belarus NASA 2008.

Funding Sources (FS)	Financing agents			Total
	Public Sector	Private Sector	International purchasing organizations	
FS.1 Public funds	27,679,680,000	0,000	0,000	27,679,680,000
FS.2.2 Households' funds	0,000	3,981,480,000	0,000	3,981,480,000
FS.3.2 Multilateral agencies	850,000,000	30,535,000	8,252,269,000	9,132,804,000
TOTAL	28,529,680,000	4,012,015,000	8 252 269,000	40,793,964,000

4.2.3. HIV service providers

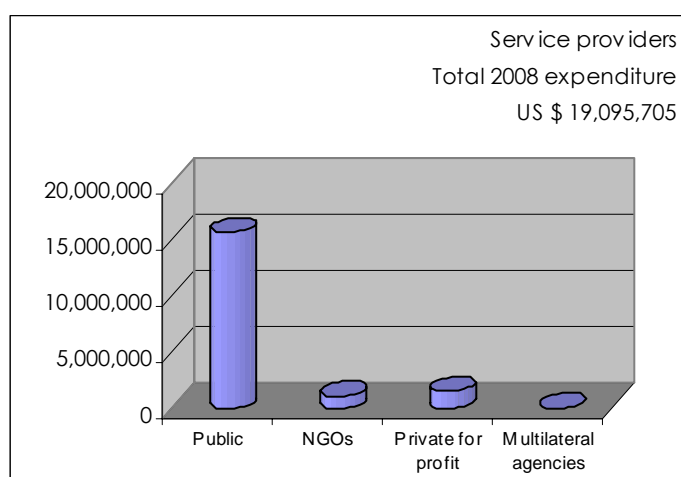
According to NASA classifications, HIV Service Providers are the entities that are directly engaged in the production, provision and delivery of services to the population. Service providers consist of governmental and other public organisations, private for-profit and non-profit organisations, bilateral and multilateral entities.

In Belarus there exist four main blocks of HIV service providers: public sector organisations, multilateral organisations, not-for-profit NGOs and private sector for-profit organisations.

Tab. 8. Total spending by main blocks of service providers, Belarus NASA 2008.

Main blocks of providers	Br	US \$	%
Public	33,426,973,000	15,647,208	82
NGOs	2,312,580,000	1,082,521	6
Private for profit	3,234,804,000	1,514,216	8
Multilateral agencies	1,819,607,000	851,760	4
TOTAL	40,793,964,000	19,095,705	100

Fig. 11. Spending by Service Provider (US \$), Belarus NASA 2008.



The results of the assessment show that public organisations provide the majority of HIV and AIDS services in Belarus. In 2008, public service providers spent US \$ 15,647,208 or 82% of total spending.

During the period under review the main public HIV service providers were public outpatient care centres (US \$ 7,089,440 or 37 % of total spending) and public general hospitals (US \$ 3,981,738 or 21% of total spending).

The health system in the Republic of Belarus is arranged in such a way as to ensure even coverage of medical services for all the population in all regions of the country. The contribution of each separate organisation is not large, but taken together health institutions represent a powerful driving force in AIDS response.

Tab. 9. Total spending by service provider, Belarus NASA 2008.

Service providers	Br	US \$	%
Public general hospitals	8,506,148,000	3,981,738	21
Public outpatient care centres	15,145,100,000	7,089,440	37
Public laboratory and imaging facilities	3,579,328,000	1,675,488	9
Public pharmacies and providers of medical goods	753,000,000	352,480	2
Public research institutions	1,399,590,000	655,150	3
National AIDS coordinating authority	1,966,390,000	920,470	5
Departments inside the Ministry of Labour	842,100,000	394,188	2
NGO and community-based organizations	2,312,580,000	1,082,521	6
For-profit pharmacies and medical goods retailers	3,228,480,000	1,511,255	8
Multilateral agencies	1,819,607,000	851,760	4
Other	1,241,641,000	581,215	3
TOTAL	40,793,964,000	19,095,705	100

Private sector HIV service providers consist of for-profit pharmacies (US \$ 1,511,255 or 8% of total spending) and not-for-profit organisations (NGOs). In 2008, NGOs spent US \$ 1,082,521 (6% of total spending) on HIV and AIDS. In Belarus NGOs provide HIV and AIDS services with project funds received from donors (multilateral and international organisations). Multi-

lateral organisations spent US \$ 851,760 (4% of total spending) on the provision of various HIV and AIDS services in 2008.

Expenditure by service provider on key intervention areas

Total services provided by public providers: 70.1% went into Prevention programmes and 14.7% to provision of Care and Treatment services; 6.6% was spent on Programme Management and Administrative Strengthening and 3.2% on Human Resources.

In the case of private non-profit organisations, Prevention accounted for 65.1%, Programme Management 17.5%, Care and Treatment 15.2%.

Tab. 10. Total spending by service provider and key intervention area (US \$), Belarus NASA 2008

Key Intervention areas	Service providers				Total
	Public	NGOs	Private for profit	Multilateral agencies	
Prevention	10,973,620	704,478	1,514,216	357,791	13,550,105
Care and treatment	2,298,965	164,178	0	0	2,463,143
Orphans and vulnerable children (OVC)	93,995	0	0	0	93,995
Programme management	1,035,586	189,230	0	419,580	1,644,396
Human capital	501,418	5,506	0	59,421	566,345
Social protection and social services (excluding OVC)	326,173	0	0	0	326,173
Enabling environment and community development	5,898	18,661	0	14,968	39,527
HIV-related research (excluding operations research)	411,553	468	0	0	412,021
TOTAL	15,647,208	1,082,521	1,514,216	851,760	19,095,705

Tab. 11. Percentage spending by service provider and key intervention area (%), Belarus NASA 2008.

Key intervention areas	Public	NGOs	Private for profit	Multilateral agencies
Prevention	70.1%	65.1%	100.0%	42.0%
Care and treatment	14.7%	15.2%	0.0%	0.0%
Orphans and vulnerable children (OVC)	0.6%	0.0%	0.0%	0.0%
Programme management	6.6%	17.5%	0.0%	49.3%
Human capital	3.2%	0.5%	0.0%	7.0%
Social protection and social services (excluding OVC)	2.1%	0.0%	0.0%	0.0%
Enabling environment and community development	0.1%	1.7%	0.0%	1.7%
HIV-related research (excluding operations research)	2.6%	0.0%	0.0%	0.0%
TOTAL	100.0%	100.0%	100.0%	100.0%

In the case of private for-profit service providers, services provided in the area of Prevention accounted for 100% of expenditure in 2008.

Regarding multilaterals, in 2008, Programme management accounted for the greatest share of spending with 49.3%, followed by services in the area of Prevention (42%) and Human Resources (7%).

4.3. Composition of HIV and AIDS spending

4.3.1. Overview of total spending in 2008

The AIDS spending categories represent a functional classification of all possible areas of AIDS expenditure incurred by organisations of all types of ownership, for-profit and non-profit organisations both within and outside the health sector, as well as out-of-pocket spending of private citizens.

Disaggregation of AIDS spending by such categories as Prevention, Care and Treatment, etc. makes it possible to identify priorities in the allocation of resources for these purposes, both in terms of total funds and sources of financing.

Tab. 12 and Fig. 12 show total spending according to eight key programmatic areas—blocks of AIDS spending categories (ASC).

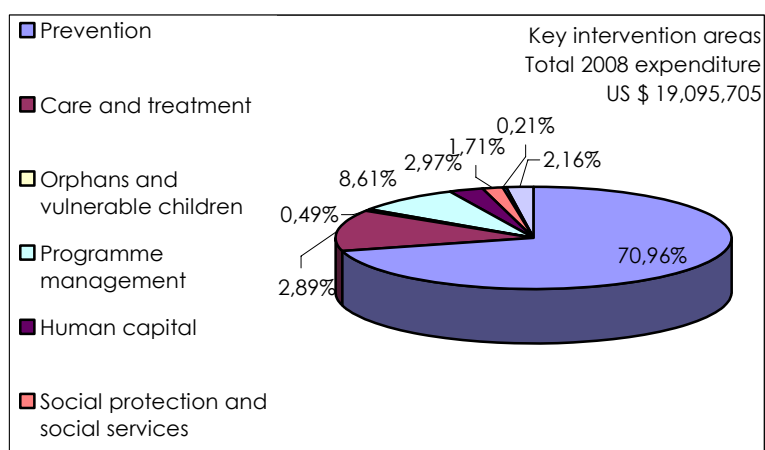
The key spending priorities in 2008 were Prevention programmes (70.96% of the total), Care and Treatment (12.89% of the total) and Programme Management and Administrative Strengthening (8.61% of the total).

In 2008, 78.99% of total public funds for HIV and AIDS were allocated to Prevention programmes; 8.57% to Care and Treatment; about 5.3% was spent on Programme Management and 3.86% on Human Resources.

Tab. 12. Total HIV and AIDS spending on key intervention areas, Belarus NASA 2008.

Key Intervention areas	Total expenditure, excluding Safe medical injections and universal precautions		
	Br	US \$	%
Prevention	28,946,953,000	13,550,105	70.96
Care and treatment	5,261,987,000	2,463,143	12.89
Orphans and vulnerable children	200,800,000	93,995	0.49
Programme management	3,512,906,000	1,644,396	8.61
Human capital	1,209,878,000	566,345	2.97
Social protection and social services	696,800,000	326,173	1.71
Enabling environment and community development	84,442,000	39,527	0.21
HIV-related research	880,198,000	412,021	2.16
GRAND TOTAL	40,793,964,000	19,095,705	100.00

Fig. 12. Percentage of HIV and AIDS expenditure by key intervention area, Belarus NASA 2008.



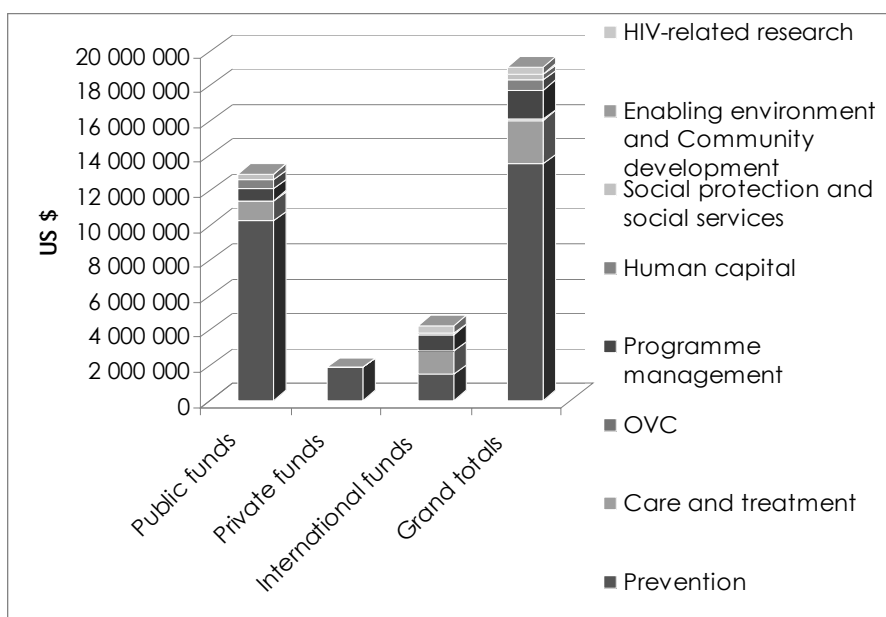
Tab. 13. Total spending by source of finance and key intervention area (US \$), Belarus NASA 2008.

Key intervention areas	Public	Private	International	TOTAL
Prevention	10,234,322	1,863,736	1,452,047	13,550,105
Care and treatment	1,110,187	0	1,352,956	2,463,143
Orphans and vulnerable children	93,995	0	0	93,995
Programme management	686,162	0	958,234	1,644,396
Human capital	500,156	0	66,189	566,345
Social protection and social services	326,173	0	0	326,173
Enabling environment and community development	5,898	0	33,629	39,527
HIV-related research	0	0	412,021	412,021
TOTAL	12,956,893	1,863,736	4,275,076	19,095,705

As for private funds (out-of-pocket spending of private citizens) which were taken into consideration in the process of the National HIV/AIDS Spending Assessment, the entire amount was spent on HIV prevention, i.e. acquisition of condoms in private and state-owned pharmacies (US \$ 1,863,736).

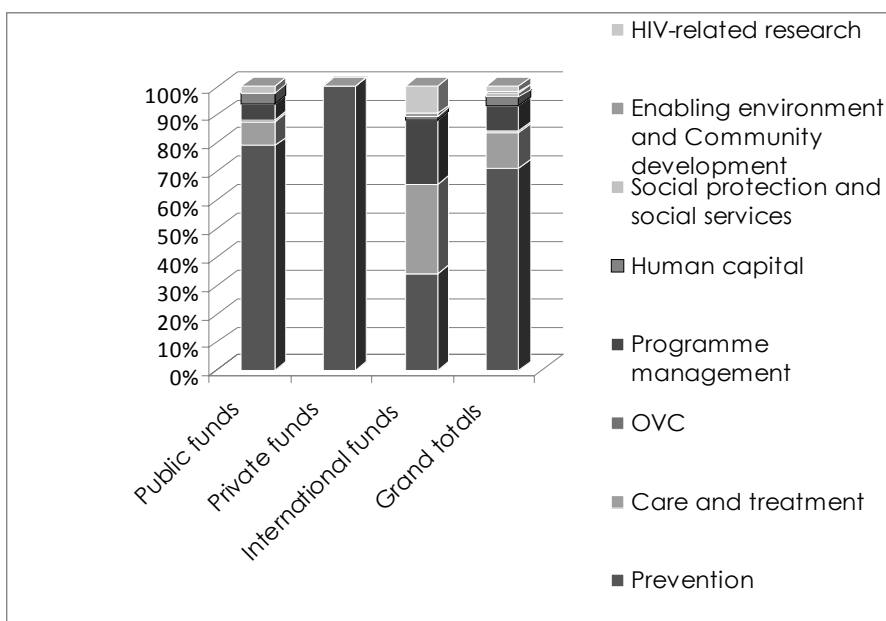
About 33.96 % of the total spent from International sources of finance in 2008 was allocated to Prevention activities; 31.65% on Care and Treatment; and 22.41% on Programme Management.

Fig. 13. Total spending by source of finance and key intervention area (US \$), Belarus NASA 2008



The public spending which accounts for the largest share in the total volume of financing of HIV-related activities and programmes in Belarus has a considerable impact on the total resource allocation.

Fig. 14. Proportional spending priorities by source of funding (%), Belarus NASA 2008



4.3.2. Overview of spending by programmatic area

Area 1: Prevention

Preventive measures include a combination of information, education, practical assistance aimed at behaviour change, treatment of sexually transmitted infections, promotion of voluntary counselling, and testing for various groups of the population.

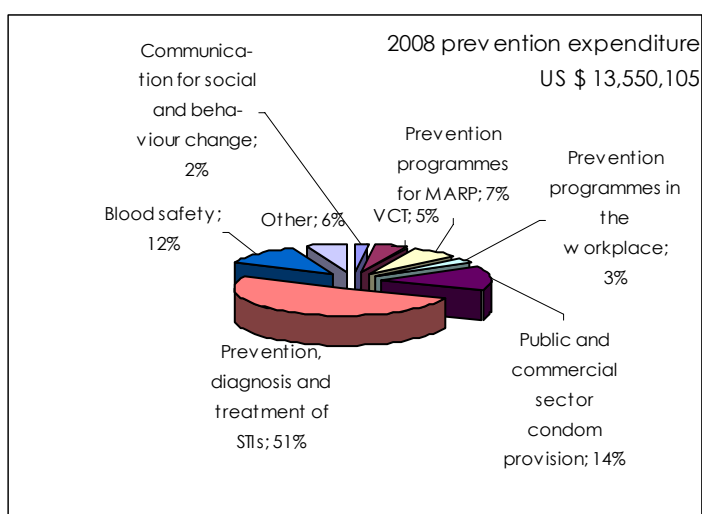
Overall spending on HIV prevention from all sources of funding in 2008 amounted to US \$ 13,550,105. Tab. 14 and Fig. 15 present expenditure on HIV prevention in Belarus in 2008 by AIDS spending category.

Tab. 14. Breakdown of Prevention expenditure by spending category, all sources of funding, Belarus NASA 2008.

Prevention expenditure by spending category, all sources of funding	Br	US \$	%
Communication for social and behavioral change	689,479,000	322,746	2
VCT	1,361,700,000	637,413	5
Prevention programmes for MARP (IDU, SW, MSM)	2,095,740,000	981,018	7
Prevention programmes in the workplace	926,850,000	433,860	3
Public and commercial sector condom provision	3,981,480,000	1,863,736	14
Prevention, diagnosis and treatment of STIs	14,719,510,000	6,890,221	51
Blood safety	3,579,160,000	1,675,409	12
Other	1,593,034,000	745,702	6
TOTAL	28,946,953,000	13,550,105	100

Fig. 15. Percentage breakdown of Prevention expenditure by spending category, all sources of funding, Belarus NASA 2008.

The results show that in 2008, expenditure on HIV Prevention was distributed across the following activities: prevention, diagnosis and treatment of STI (51% of total prevention spending), public and commercial sector condom provision (14% of total prevention spending), blood safety (12% of total prevention spending), prevention programmes for MARP (7% of total prevention spending), voluntary counselling and testing (5% of total prevention spending), prevention programmes in the workplace (3% of total prevention spending), communication for social and behaviour change (2% of total prevention spending) and other prevention activities (6% of total prevention spending).



As mentioned above, in 2008 US \$ 14,217,879 from the state budget was allocated for the purposes of Safe Medical Injections and Universal Precautions (AIDS Prevention spending categories). Since it is difficult within the current study to identify the adequate share of spending within these two categories which is aimed only at preventing HIV, the analysis given here excludes these categories from the total amount of AIDS spending. However, spending on these preventive measures plays a significant role and reflects the contribution of the state in the HIV response programmes in Belarus.

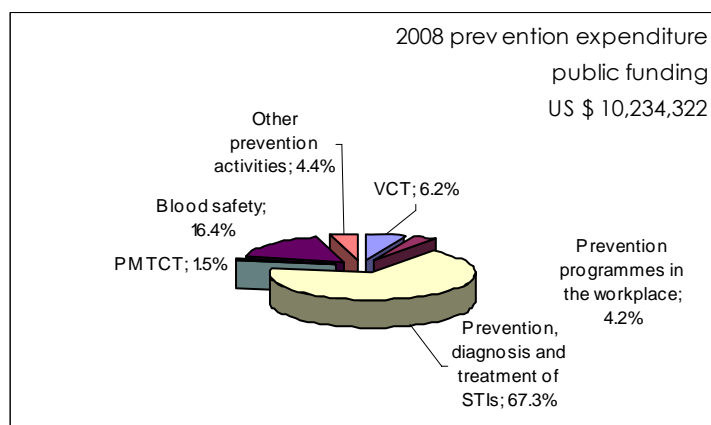
Regarding private spending in 2008, US \$ 1,863,736 (14% of total spending on Prevention) was spent on public and commercial sector condom provision (out-of-pocket spending by households).

In 2008, the main categories of public spending on HIV Prevention were: prevention, diagnosis and treatment of STI for the general population (67.3% of public spending on Prevention), blood safety (16.4% of public spending on Prevention), and voluntary counselling and testing (6.2% of public spending on Prevention).

Tab. 15. Breakdown of Prevention expenditure by spending category, public sources of funding, Belarus NASA 2008.

Prevention expenditure by spending category, public sources of funding	Br	US \$	%
Voluntary counseling and testing	1,361,700,000	637,413	6.2
Prevention programmes in the workplace	926,850,000	433,860	4.2
Prevention, diagnosis and treatment of STIs	14,719,510,000	6,890,221	67.3
PMTCT	318,740,000	149,203	1.5
Blood safety	3,579,160,000	1,675,409	16.4
Other prevention activities	957,520,000	448,216	4.4
TOTAL	21,863,480,000	10,234,322	100.0

Fig. 16. Percentage breakdown of Prevention expenditure by spending category, public sources of funding, Belarus NASA 2008.



Implementing NASA, it was not possible to define the share of public sources which was spent on MARP (especially MSM, SW), as HIV services are provided to all people in need without attribution to a specific group.

International funding was primarily directed towards prevention activities for MARP (66% of international spending on Prevention), namely: prevention programmes

for IDUs (41% of international spending on Prevention), prevention programmes for SW (13% of international spending on Prevention), prevention programmes for MSM (12% of international spending on Prevention).

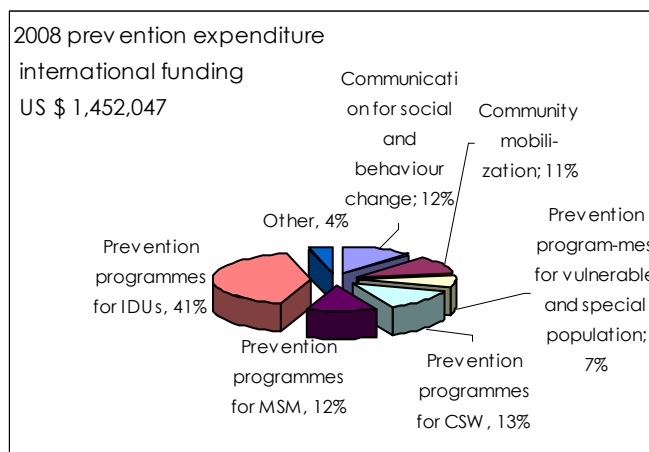
Tab. 16. Breakdown of Prevention expenditure by spending category, international sources of funding, Belarus NASA 2008.

Prevention expenditure by spending category, international sources of funding	Br	US \$	%
Communication for social and behavioral change	381,799,000	178,720	12
Community mobilization	344,227,000	161,133	11

Prevention programmes for vulnerable and special population	212,120,000	99,294	7
Prevention programmes for SW	416,837,000	195,122	13
Prevention programmes for MSM	356,837,000	167,036	12
Prevention programmes for IDUs	1,274,216,000	596,462	41
Other	115,957,000	54,280	4
TOTAL	3,101,993,000	1,452,047	100

Fig. 17. Percentage breakdown of Prevention expenditure by spending category, international sources of funding, Belarus NASA 2008.

In the Republic of Belarus about 11,000 drug users are registered in the nar-cological register. Nevertheless, accord-ing to the data of the National Centre for Monitoring Drugs and Drug Use, at the beginning of 2008 the estimated number of injection drug users in Belar-us was 76,000 people. Preventive activ-ities aimed at reducing the preva-lence of HIV among IDUs are carried out within the project “Prevention and Treatment of HIV/AIDS in the Republic of Belarus” financed by GFATM. By promoting safer patterns of behaviour (including access to sterile syringes and other means of protection from infection), as well as by providing the nec-essary medical, psychological and social help and HIV/STI testing possibilities, IDUs are en-couraged to move towards detoxication and rehabilitation. Moreover, in September 2008 a pilot project was launched in Belarus to introduce methadone replacement therapy.



The Belarusian NGO “Positive Movement” is the implementing organisation working with IDUs in collaboration with 40 governmental and nongovernmental organisations.

Work in MSM communities aims to reduce the level of HIV and STI infection among MSM by developing safe behaviour patterns and providing access to preventive activities, including educational, medical and psychological help. The Belarusian Association of UNESCO Clubs is the implementing organisation, in cooperation with the National Youth Association “Vstrecha” and the Dermatological and Venereological Service of the Ministry of Health of the Republic of Belarus.

The share of sexual transmission of HIV in Belarus continues to grow. Preventive work among groups exercising risky sexual behaviour is of high priority. Work among FSW is aimed at improving access to STI diagnostics and treatment and HIV prevention, including educational, medical and psychological assistance. The NGO “Belarusian Association of UNESCO Clubs” is the implementing organisation, in cooperation with the Homieł and Hrodna regional branches of the Red Cross, the Viciebsk municipal NGO “Ułjana”, the Brest NGO “Business Ladies’ Club”, NGO “Mahilioŭ Women’s Centre for Support and Self-Education” and the Dermatologi-cal and Venereological Service of the Ministry of Health of the Republic of Belarus.

In addition to that already mentioned, international funding in 2008 was directed at the fol-lowing activities: Communication for social and behaviour change (12% of international spend-ing on Prevention), Community mobilisation (11% of international spending on Prevention), prevention programmes for vulnerable and special sections of the popula-tion (7% of interna-

tional spending on Prevention) and other activities (4% of international spending on Prevention).

A wide range of preventive activities is being carried out in 32 penitentiaries throughout the country.

In the area of PMTCT, the aim is to significantly increase the number of institutional child-births, guarantee access to preventive treatment, and promote education of pregnant women about the risks of mother-to-child transmission of HIV. About 150 HIV-positive women and 150 infants receive treatment to prevent mother-to-child transmission of HIV. Within the project “Prevention and Treatment of HIV/AIDS in the Republic of Belarus” 100% of infants born from HIV-positive mothers who are in need of substitutive feeding receive milk formulae.

Altogether the main prevention strategies revolve around promoting prevention through behaviour change and the use of condoms, improving access to counselling, STI diagnosis and testing (including for MARP and vulnerable and special sections of the population), as well as scaling up of PMTCT and Blood safety.

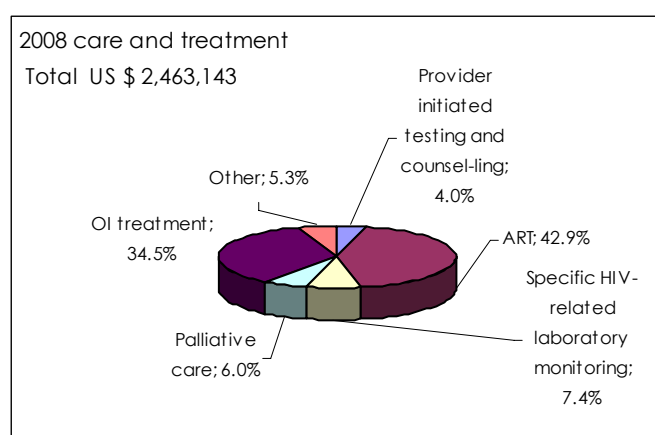
Area 2: Care and Treatment

In 2008, total spending on Care and Treatment programmes was US \$ 2,463,143, with about 42.9% of this total spent on ART, 34.5% on treating opportunistic infections (OI), 7.4% on Specific HIV-related laboratory monitoring, 6.0% on Palliative care, 4.0% on Provider-initiated testing and counselling, and 5.2% on other activities.

Tab. 17. Breakdown of Care and Treatment expenditure by spending category, all sources of funding, Belarus NASA 2008.

Care and Treatment by spending category, all sources of funding	Br	US \$	%
Provider initiated testing and counselling	209,880,000	98,245	4.0
Antiretroviral therapy	2,259,874,000	1,057,850	42.9
Specific HIV-related laboratory monitoring	388,648,000	181,927	7.4
Palliative care	313,274,000	146,644	6.0
OI treatment	1,813,433,000	848,870	34.5
Other	276,878,000	129,607	5.2
TOTAL	5,261,987,000	2,463,143	100.0

Fig. 18. Percentage breakdown of Care and Treatment expenditure by spending category, all sources of funding, Belarus NASA 2008.



In 2008, the share of public funds in total spending on Care and Treatment was about 45%: the bulk of this amount (69% of public spending on Care and Treatment) was spent on OI treatment, 12% on Specific HIV-related laboratory monitoring, 9% on provider-initiated testing and counselling, and 9% went to outpatient care services not desegregated by type.

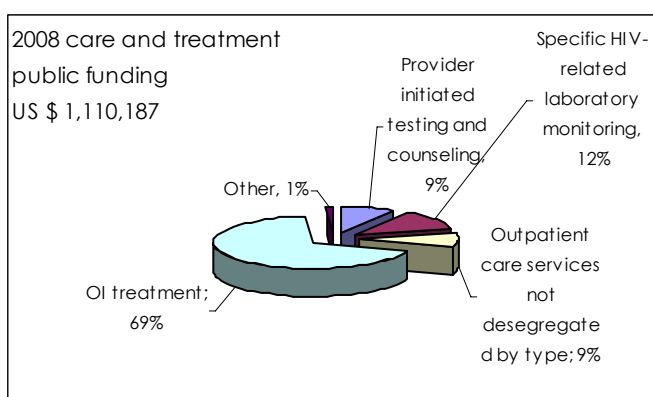
Tab. 18. Breakdown of Care and Treatment expenditure by spending category, public sources of funding, Belarus NASA 2008.

Care and Treatment by spending category, public sources of funding	Br	US \$	%
Provider initiated testing and counseling	209,880,000	98,245	9
Specific HIV-related laboratory monitoring	278,960,000	130,582	12
Outpatient care services not desegregated by type	215,200,000	100,735	9
OI treatment	1,643,420,000	769,287	69
Other	24,220,000	11,338	1
TOTAL	2,371,680,000	1,110,187	100

International sources of finance accounted for US \$ 1,352,956 or 55% of total spending on Care and Treatment in 2008. The majority of this amount was spent on ART (78% of international spending on Care and Treatment), 11% went on Palliative care, 6% went towards treatment of Opportunistic infections (OI), and 4% was spent on Specific HIV-related laboratory monitoring.

An uninterrupted supply of ARVs is made available under the GFATM-funded project “Prevention and Treatment of HIV/AIDS in the Republic of Belarus”.

Fig. 19. Percentage breakdown of Care and Treatment expenditure by spending category, public sources of funding, Belarus NASA 2008.



In Belarus the demand for free ARV treatment is being fully met. Under this project, the following medical drugs, used in both the 1st and 2nd line treatment regimens, are procured and supplied to health institutions: Zidovudine, Lamivudine, Abacavir, Didanosine. Efavirenz, Nevirapine, Lopinavir/ Ritonavir, Stavudine.

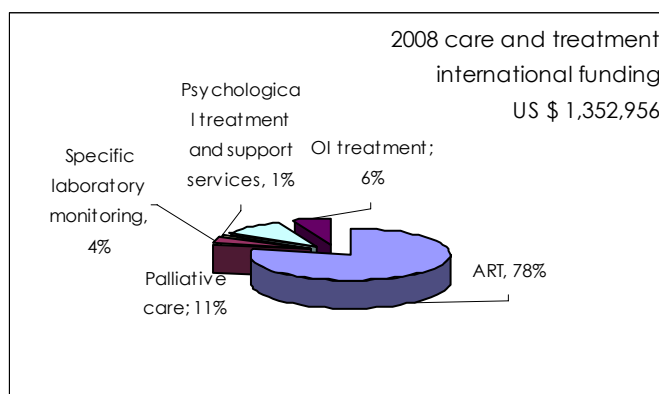
Tab. 19. Breakdown of Care and Treatment expenditure by spending category, international sources of funding, Belarus NASA 2008.

Care and Treatment by spending category, international sources of funding	Br	US \$	%
Antiretroviral therapy	2,259,874,000	1,057,850	78
Specific HIV-related laboratory monitoring	109,688,000	51,345	4
Psychological treatment and support services	37,458,000	17,534	1
Palliative care	313,274,000	146,644	11
OI treatment	170,013,000	79,583	6
TOTAL	2,890,307,000	1,352,956	100

Fig. 20. Percentage breakdown of Care and Treatment expenditure by spending category, international sources of funding, Belarus NASA 2008.

The expenses incurred by governmental organisations in administering ARV treatment in the country’s healthcare institutions (costs of services provided by medical personnel, etc.) was not included in the 2008 assessment.

The main share of spending on treating opportunistic infections in healthcare institutions falls on the state budget (91% of total spending on treatment of OI). Funds donated for this purpose in 2008 contributed to 9% of total spending on treatment of OI.



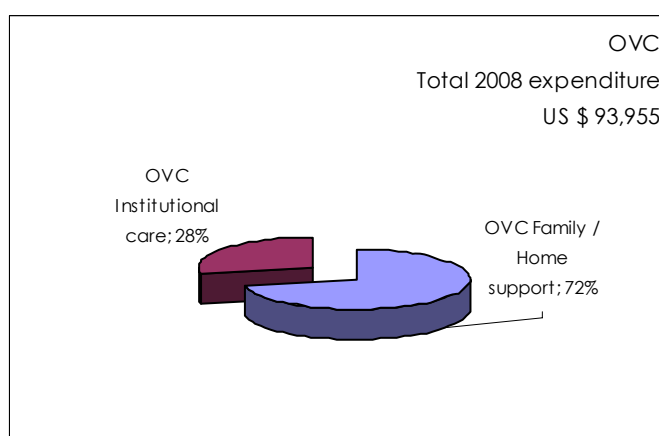
Expenditure on prevention of OI is incurred mainly by people living with HIV using out-of-pocket funds. These expenditures were not included in the 2008 assessment.

Area 3: Orphans and vulnerable children (OVC)

Tab. 20. Breakdown of OVC expenditure by spending category, Belarus NASA 2008.

OVC expenditure by spending category, all sources of funding—public funding	Br	US \$	%
OVC family / home support	145,300,000	68,015	72
OVC institutional care	55,500,000	25,980	28
TOTAL	200,800,000	93,995	100

Fig. 21. Percentage breakdown of OVC expenditure by spending category, Belarus NASA 2008.



Between 1987 and 2009 HIV-positive mothers gave birth to 1,279 infants, including 171 infants in 2008 (154 infants in 2007). 138 infants were diagnosed with HIV infection, 8 of whom died. Nationwide, there are 150 registered cases of HIV among children in the age group 0–14.

According to the Law of the Republic of Belarus “On Public Welfare Payments to Families Raising Children”, HIV-positive children under 18 are

entitled to material support.

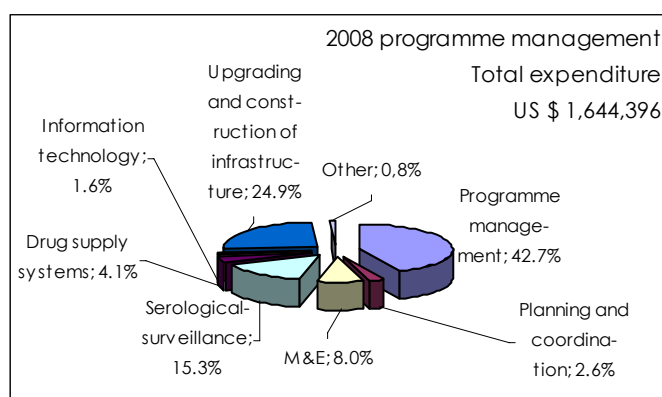
Total spending on OVC in 2008 was US \$ 93,995 or 0.6% of total spending on HIV and AIDS programmes. 72% of total spending on OVC went on OVC Family / Home support, and 28% went towards OVC Institutional care. All spending on OVC was financed from public funds.

Area 4: Programme Management and Administrative Strengthening

Tab. 21. Breakdown of Programme Management and Administrative Strengthening expenditure by spending category, all sources of funding, Belarus NASA 2008.

Programme management and administration strengthening by spending category, all sources of funding	Br	US \$	%
Programme management	1,500,057,000	702,179	42.7
Planning and coordination	90,819,000	42,512	2.6
Monitoring and evaluation	282,942,000	132,446	8.0
Serological-surveillance	536,429,000	251,103	15.3
Drug supply systems	143,120,000	66,995	4.1
Information technology	55,484,000	25,972	1.6
Upgrading and construction of infrastructure	875,362,000	409,758	24.9
Other	28,693,000	13,431	0.8
TOTAL	3,512,906,000	1,644,396	100

Fig. 22. Percentage breakdown of Programme Management and Administrative Strengthening expenditure by spending category, all sources of funding, Belarus NASA 2008.



Resources for the national response to HIV and AIDS have contributed to the improvement of infrastructure, procurement and distribution, upgrading of laboratory facilities and blood banks and logistics management. Tab. 22 and Fig. 23 present spending on Programme Management and Administrative Strengthening activities in 2008. 42.7% of total spending within this category was on programme management, 24.9% on upgrading and construction of infrastructure, 15.3% of spending was on serological surveillance and 8% on monitoring and evaluation.

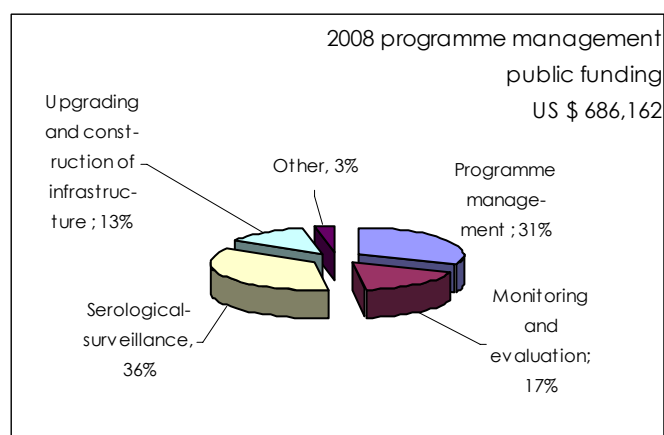
Tab. 22. Breakdown of Programme Management and Administrative Strengthening expenditure by spending category, public sources of funding, Belarus NASA 2008.

Programme management and administration strengthening by spending category, public sources of funding	Br	US \$	%
Programme management	458,420,000	214,587	31%
Monitoring and evaluation	243,700,000	114,076	17%
Serological-surveillance	520,640,000	243,712	36%
Upgrading and construction of infrastructure	195,560,000	91,542	13%
Other	47,520,000	22,245	3%
TOTAL	1,465,840,000	686,162	100%

The share of public funds in total expenditure on Programme Management and Administrative Strengthening in 2008 was US \$ 686,162 or 41.7%. 36% of public spending on Programme Management and Administrative Strengthening went on Serological surveillance, 31% went on Programme management, 17% was spent on Monitoring and evaluation and 13% on Upgrading and construction of infrastructure.

Fig. 23. Percentage breakdown of Programme Management and Administrative Strengthening expenditure by spending category, public sources of funding, Belarus NASA 2008.

International funds accounted for US \$ 958,234 or 58.3% of the total spent on Programme Management and Administrative Strengthening in 2008. 51% of international spending on Programme Management and Administrative Strengthening went on Programme Management, and 33% went on Upgrading and construction of infrastructure.



Tab. 23. Breakdown of Programme Management and Administrative Strengthening expenditure by spending category, international sources of funding, Belarus NASA 2008.

Programme management and administration strengthening by spending category, international sources of funding	Br	US \$	%
Programme management	1,041,637,000	487,592	51
Planning and coordination	89,419,000	41,857	4
Monitoring and evaluation	39,242,000	18,369	2
Drug supply systems	102,650,000	48,051	5
Information technology	55,484,000	25,972	3
Upgrading and construction of infrastructure	679,802,000	318,216	33
Other	38,832,000	18,177	2
TOTAL	2,047,066,000	958,234	100

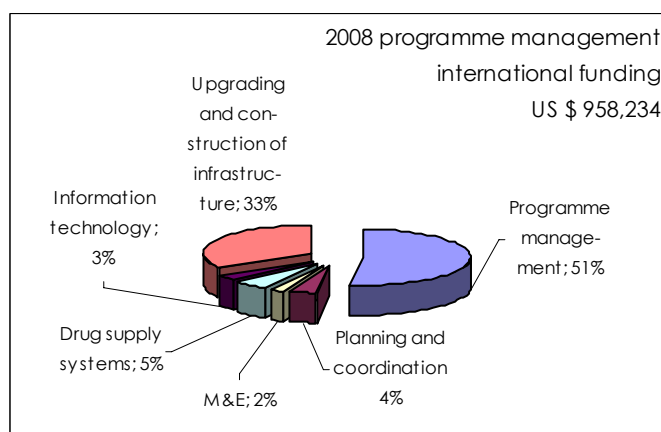


Fig. 24. Percentage breakdown of Programme Management and Administrative Strengthening expenditure by spending category, international sources of funding, Belarus NASA 2008.

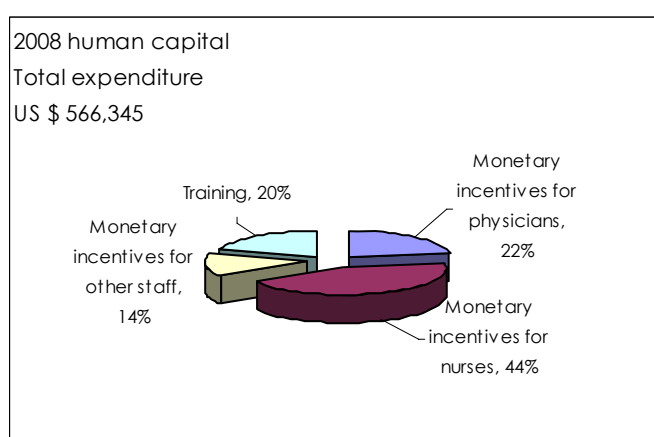
Area 5: Human resources and retention incentives—Human Capital

In 2008 most of spending on human resources and retention incentives went towards monetary incentives for nurses (44% of total spending on Human Capital), monetary incentives for physicians (22% of total spending on Human Capital), and training (20% of total spending on Human capital). Monetary incentives were entirely financed from public sources.

Tab. 24. Breakdown of Human Capital expenditure by spending category, all sources of funding, Belarus NASA 2008.

Human Capital by spending category, all sources of funding	Total Br	Total US \$	Total%	Public US \$	International US \$
Monetary incentives for physicians	265,980,000	124,506	22%	124,506	0
Monetary incentives for nurses	531,340,000	248,721	44%	248,721	0
Monetary incentives for other staff	175,230,000	82,025	14%	82,025	0
Training	237,328,000	111,093	20%	44,904	66,189
TOTAL	1,209,878,000	566,345	100%	500,156 (88%)	66,189 (12 %)

Fig. 25. Percentage breakdown of Human Capital expenditure by spending category, all sources of funding, Belarus NASA 2008.



The share of public spending in the total spent on Human Capital is 88% or US \$ 500,156.

Expenditure on Human Capital from international funds in 2008 was spent on training, i.e. financing of training for medical and other specialists involved in providing treatment, care and support.

Area 6: Social Protection and Social Services (excluding OVC)

All statutory acts in the area of social protection in the Republic of Belarus are applicable to HIV-positive people. Spending on Social Protection and Social Services (excluding OVC) in 2008 included social protection through monetary benefits amounting to US\$ 326,173; this was financed exclusively from public sources of funding. The share of spending on Social Protection and Social Services (excluding OVC) in 2008 within the total amount of AIDS spending was 1.7%.

Area 7: Enabling Environment and Community Development

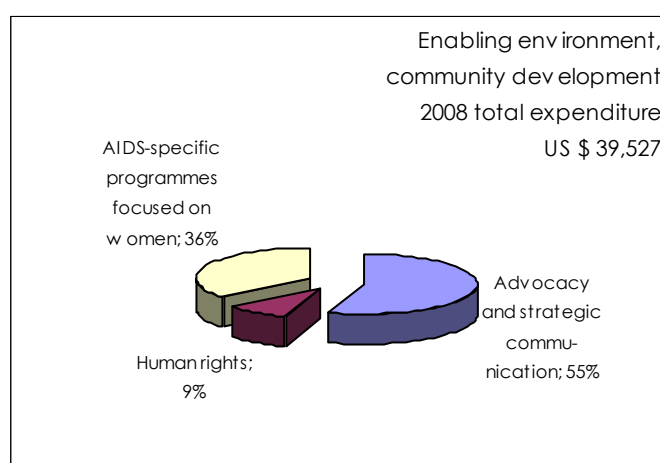
The main spending activities in this category were programmes on advocacy and strategic communication (55% of total spending on this programmatic area), human rights (9% of total spending on this programmatic area), and AIDS-specific programmes focused on women (36%

of total spending on this programmatic area). The majority (85%) of the activities within this programmatic area were funded from international sources.

Tab. 25. Breakdown of Enabling Environment and Community Development expenditure by spending category, all sources of funding, Belarus NASA 2008.

Enabling Environment and Community Development expenditure by spending category, all sources of funding	Total Br	Total US \$	Total %	Public US \$	International US \$
Advocacy and strategic communication	46,589,000	21,808	55	5,664	16,144
Human rights	7,318,000	3,426	9	234	3,192
AIDS-specific programmes focused on women	30,535,000	14,293	36	0	14,293
TOTAL	84,442,000	39,527	100	5,898 (15%)	33,629 (85%)

Fig. 26. Percentage breakdown of Enabling Environment and Community Development expenditure by spending category, all sources of funding, Belarus NASA 2008.



In this area of the HIV response, stigma and discrimination is prevented by creating an enabling environment using educational measures. National large-scale information campaigns are carried out: e.g. a charitable gala concert and motor rally “AIDS-STOP!”; a charitable concert in the Palace of the Republic under the State Programme, etc.

Area 8: HIV-Related Research

Table 26 presents a summary of HIV-related research spending (excluding operations research) in 2008. HIV-related research in 2008 was carried out using international funds only and in 2008 expenditure amounted to US\$ 412,021. This spending accounts for 2.16% of total AIDS expenditure in 2008.

Tab. 26. Breakdown of HIV-related research expenditure by spending category, international sources of funding, Belarus NASA 2008.

HIV-related research expenditure, all sources of funding, international sources of funding	Br	US \$	%
Social science research	15,936,000	7,460	1.8
Behavioural research	8,535,000	3,995	1
Research in economics	5,727,000	2,680	0.6
Research on capacity strengthening—government and civil society institutions	850,000,000	397,886	96.6
TOTAL	880,198,000	412,021	100

4.4. Beneficiaries of HIV and AIDS spending

During the National AIDS Spending Assessment, groups of beneficiaries, who received benefits or services financed within the State HIV Prevention programme activities in 2008, were identified. This makes it possible to assess results in connection with the amount of funds allocated during the year for a specific target population.

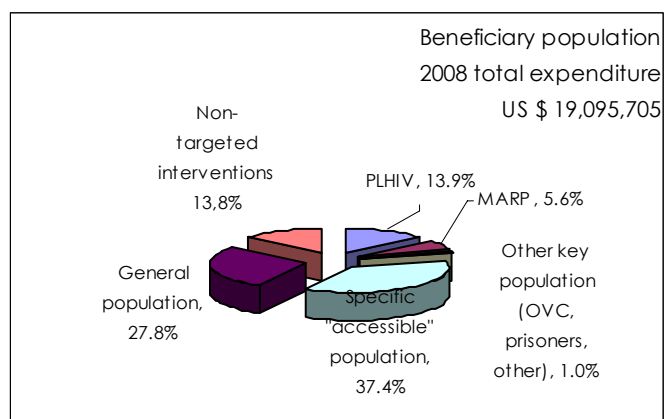
Within NASA, spending on target populations—beneficiary populations—was classified based on the main objective of the HIV-related activity or programme.

In 2008 37.4% of the total spending benefited the specific “accessible” population (people attending STI clinics, youth in schools, etc.), 27.8% the general population, 13.9% PLHIV, 13.8% non-targeted interventions, and 5.6% MARP (IDUs, SW, MSM).

Tab. 27. Total funding by beneficiary population, Belarus NASA 2008.

Total funding by beneficiary population	US \$	%
PLHIV	2,662,563	13.9
MARP (IDUs, SW, MSM)	1,064,526	5.6
Other key population (OVC, prisoners, other)	296,695	1.5
Specific "accessible" population	7,134,228	37.4
General population	5,314,930	27.8
Non-targeted interventions	2,622,763	13.8
TOTAL	19,095,705	100

Fig. 27. Percentage breakdown of total funding by beneficiary population, Belarus NASA 2008.



Specific “accessible” population (people attending STI clinics, youth in schools, etc.), the general population and MARP (IDUs, SW, MSM) were provided with preventive activities. PLHIV were provided with treatment, care and social protection. Non-targeted interventions not covering specific target populations included spending on Programme Management, Human Capital and HIV-related Research.

Tab. 28. Breakdown of expenditure by beneficiary population and key intervention area (Br), Belarus 2008.

AIDS spending category (ACS)	PLHIV	MARP (IDUs, SW, MSM)	Other key population	Specific "accessible" population	General population	Non-targeted interventions	Total
1. Prevention	114,977,000	2,264,807,000	249,830,000	15,048,330,000	11,269,009,000	0,000	28,946,953,000
2. Care and	4,723,611,000	0,000	328,496,000	192,450,000	17,430,000	0,000	5,261,987,000

Treatment							
3. Orphans and vulnerable children (OVC)	145,300,000	0,000	55,500,000	0,000	0,000	0,000	200,800,000
4. Programme management activities	0,000	0,000	0,000	0,000	0,000	3,512,906,000	3,512,906,000
5. Human capital	0,000	0,000	0,000	0,000	0,000	1,209,878,000	1,209,878,000
6. Social protection and social services excluding OVC)	6,96,800,000	0,000	0,000	0,000	0,000	0,000	696,800,000
7. Enabling environment and community development	7,318,000	9,330,000	0,000	0,000	67,794,000	0,000	84,442,000
8. HIV-related research (excluding operations research)	0,000	0,000	0,000	0,000	0,000	880,198,000	880,198,000
TOTAL	5,688,006,000	2,274,137,000	633,826,000	15,240,780,000	11,354,233,000	5,602,982,000	40,793,964,000

Fig. 28. Breakdown of expenditure by beneficiary population and key intervention area, Belarus 2008.

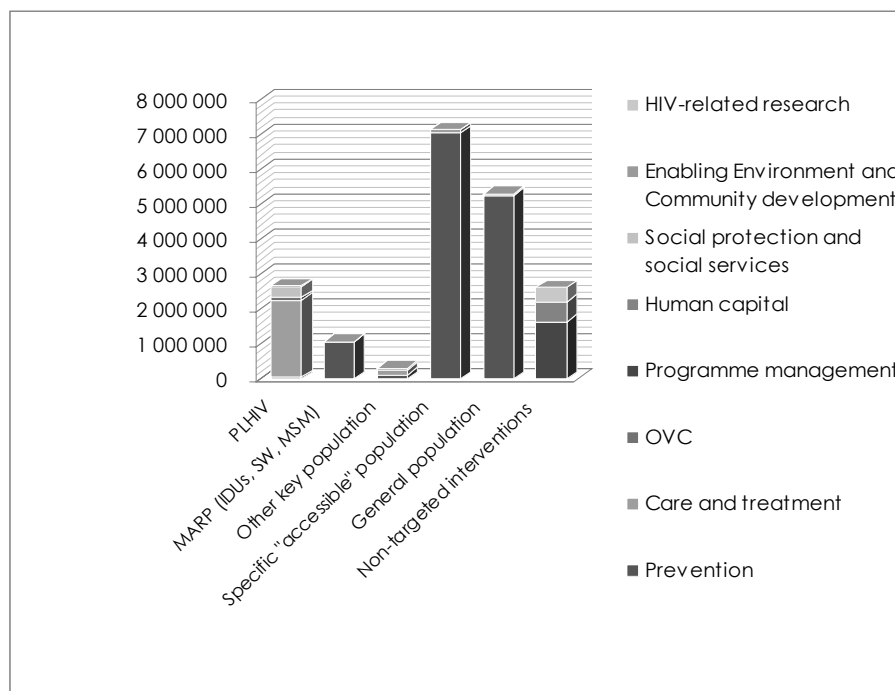
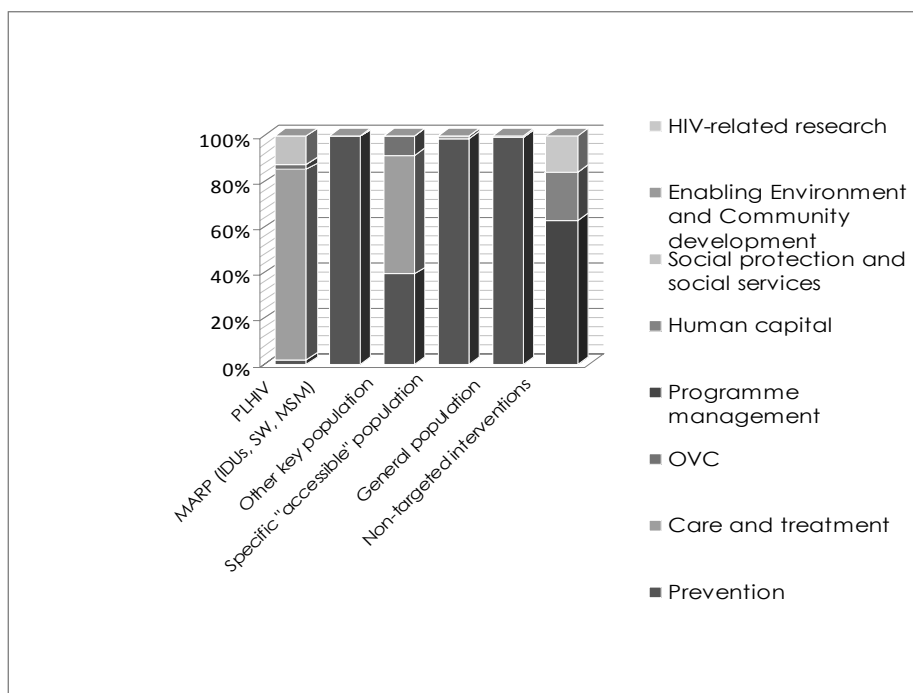


Fig. 29. Breakdown of expenditure by beneficiary population and key intervention area, Belarus 2008.



Section 5.

SUMMARY AND KEY RECOMMENDATIONS

The Government of Belarus has initiated a comprehensive prevention, treatment, care and support response to reduce future HIV transmission and meet the growing demand for HIV services. Substantial amounts of resources have been invested in prevention, treatment and care. Given the unabated rise in HIV prevalence and the absence of a mechanism to track HIV spending, it was important for an assessment to be carried out to identify what services are being purchased with AIDS-related funding, and who is benefiting from these resources.

Key findings

Belarus spent a total of US \$ 19,095,705 on HIV and AIDS⁹ in 2008. Public funds constituted 68% of the total expenditure. Funds from external sources made up 22% of all HIV expenditure in 2008, while private sources of funding accounted for 10%.

The NASA findings regarding providers of HIV services show that public organisations provide the majority of these services in Belarus. An estimated US \$ 15,647,208 (82% of total expenditure) was spent by public service providers in 2008. Private sector providers of HIV-related services include for-profit organisations (8% of total expenditure) and not-for-profit organisations (6% of total expenditure). The results of NASA confirm the general trend that provision of targeted HIV prevention services to MARP has relied mostly on Private non-profit providers (NGOs) funded by international sources (mainly GFATM). Multilateral organisations are also involved in the provision of various HIV and AIDS services (4%).

A further disaggregation of data according to the NASA categories shows that the key spending priorities in 2008 have been Prevention (70.96% of total expenditure); Care and Treatment (12.89% of total expenditure) and Programme Management and Administrative Strengthening (8.61% of total expenditure). Another important key intervention area is Human resources recruitment and retention incentives (2.97% of total expenditure). Other programmatic areas, including spending on OVC, Social Protection, HIV-Related Research and spending on Creating an Enabling Environment, made up 4.57% in 2008.

The results show that in 2008 HIV Prevention expenditure was US \$ 13,550,105 and was spent on the following eight activities: prevention, diagnosis and treatment of STI (51%), public and commercial sector condom provision (14%), blood safety (12%), MARP (7%), VCT (5%), prevention programmes in the work place (3%), communication for social and behaviour change (2%) and other prevention activities (6%).

⁹ Excluding total spending on Universal Precautions and Safe Medical Injections.

Total expenditure on Care and Treatment in 2008 was US \$ 2,463,143 (12.89% of total expenditure). Over 77% of the total expenditure on Care and Treatment was spent on ART (42.9%) and OI treatment (34.5%). Other spending categories, namely specific HIV-related laboratory monitoring (7.4%), palliative care (6%) and provider-initiated counselling and testing (4%), also constituted a major share of total expenditure on Care and Treatment in 2008.

A summary of OVC spending from the study shows that total spending in this area in 2008 was US \$ 93,995 (about 0.49% of total expenditure, entirely from public funding). The total spending on OVC was allocated between two main activities: OVC Family/Home support (72%) and OVC institutional care (28%).

Resources for the national AIDS response have contributed to programme management, planning and coordination, upgrading laboratory facilities, infrastructure and new equipment, serological surveillance, monitoring and evaluation and other activities within the area of Programme Management and Administrative Strengthening. In 2008 total spending on this area was US \$ 1,644,396 (8.61% of total expenditure). About 45.3% of total spending for this category was on programme administration, planning and coordination activities, 24.9% on upgrading and construction of infrastructure and 15.3% on serological surveillance.

Spending on Human Resources and Retention Incentives in 2008 made up US \$ 566,345 (2.97% of total expenditure). In 2008 most of this amount went into monetary incentives for nurses (44%) and physicians (22%), and training public health sector personnel (20%).

Total funding on Social Protection (excluding OVC) was US \$ 326,173 (1.71% of total expenditure, entirely from public funding) and this was spent on social protection through monetary benefits.

Spending on Enabling Environment in 2008 made up US \$ 39,527 (0.21% of total expenditure). Most of this amount went into advocacy and strategic communication (55%), AIDS-specific programmes focused on women (36%) and human rights (9%).

Total spending on HIV-related research (excluding operations research) in 2008 was US \$ 412,021 (over 2.16% of total expenditure, entirely from international funding). The main directions of research were capacity strengthening (96.6%), social science, behavioural research and research in economics.

In 2008 37.4% of total spent benefited the specific “accessible” population (people attending STI clinics, youth at school, etc.), 27.8% the general population, 13.9% PLHIV, 13.8% non-targeted interventions, and 5.6% MARP (IDUs, SW, MSM).

Funding priorities in 2008

The sustainability of the national response is determined by the availability of public financing for HIV-related programmes and activities.

Let us review the main AIDS spending categories in the Republic of Belarus for 2008.

The category which received most financing in 2008 was prevention, diagnosis and treatment of STI (US \$ 6,890,221). Moreover, this HIV prevention expenditure was funded from the state budget.

The second most highly funded item was also related to HIV prevention—blood safety or HIV blood screening (US \$ 1,675,409). This item was also financed from public funds.

Tab. 29. Funding priorities, Belarus 2008.

Spending categories	Public sources of funding		International sources of funding	
	Br	US \$	Br	US \$
Communication for social and behaviour change	307,680,000	144,025	381,799,000	178,720
Prevention programmes for SW	0	0	416,837,000	195,122
Programmes for MSM	0	0	356,837,000	167,036
Harm-reduction programmes for IDUs	47,850,000	22,399	1,274,216,000	596,462
Prevention, diagnosis and treatment of STI	14,719,510,000	6,890,221	0	0
Blood safety	3,579,160,000	1,675,409	0	0
OI prophylaxis and treatment	1,658,770,000	776,472	170,013,000	79,583
ART	0	0	2,259,874,000	1,057,850
Specific HIV-related laboratory monitoring	278,960,000	130,582	109,688,000	51,345

Antiretroviral treatment—ART (US\$ 1,057,850)—procurement of medical drugs—was fully provided under the GFATM funded project “Prevention and Treatment of HIV/AIDS in the Republic of Belarus.”

The following three items of expenditure, related to different programme areas, were financed both from the state budget and using international grant funds: OI prophylaxis and treatment (US \$ 776,472—public, US \$ 79,583—international), Specific HIV-related laboratory monitoring (US \$ 130,582—public, US \$ 51,345—international), Communication for social and behaviour change (US \$ 144,025—public, US \$ 178,720—international). Conducting of Specific HIV-related laboratory monitoring for the population of the Republic of Belarus was free and anonymous.

An uncontrolled, concentrated epidemic is capable of moving to the generalised stage. Increasing investment in innovative approaches to HIV prevention, treatment and care for the whole population, including drug users, commercial sex workers and men who have sex with men, will make it possible to contain the epidemic in the concentrated phase.

The target populations in countries such as the Republic of Belarus with concentrated epidemics are the most at-risk groups, namely, IDUs, FSWs and MSM. On the whole there is a tendency towards increasing HIV prevalence among these populations in the Republic of Belarus.

Public financing of activities aimed at working with these target populations is a priority area and is crucial for the implementation of the Declaration of Commitment on HIV/AIDS.

Fig. 30 and 31 below presents the main AIDS spending categories and their sources of financing in absolute and relative terms for 2008.

The conducting of NASA for 2008 in the Republic of Belarus showed that these sections of the population (especially SW, MSM) were covered mainly through targeted interventions financed by donors. This is a source of instability in relation to the development of the epidemic in the Republic of Belarus. In the course of time these obligatory expenses will be imposed on the state budget, hence the need for detailed spending analysis.

Fig. 30. Funding priorities (US \$), Belarus 2008

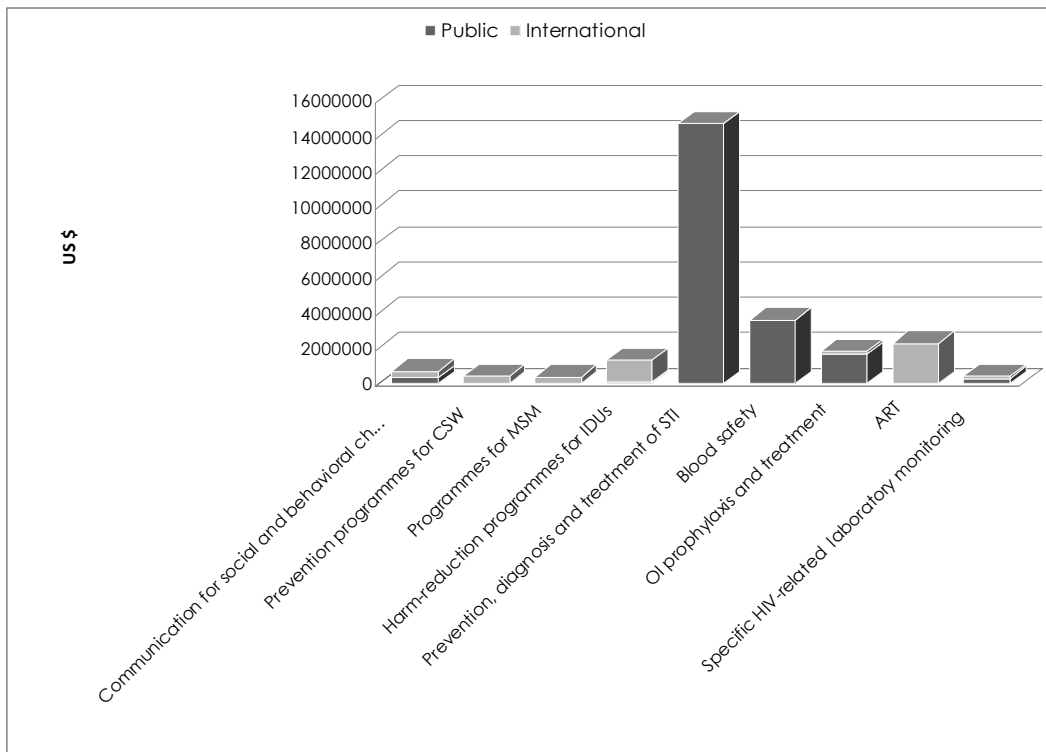
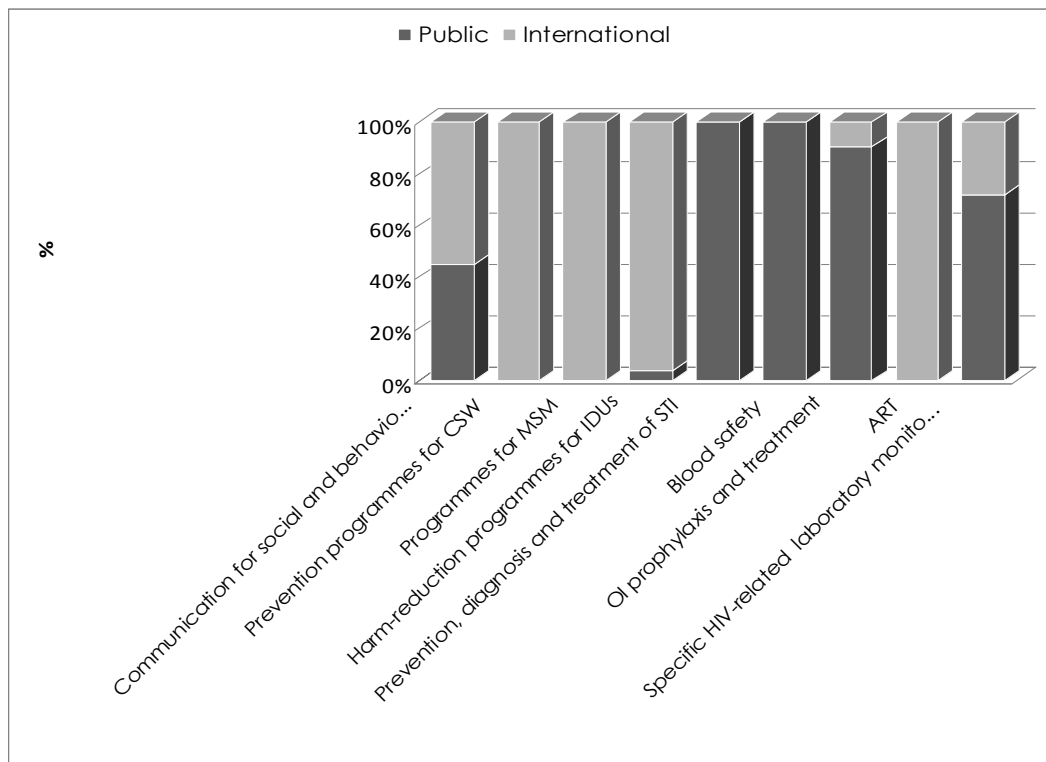


Fig. 31 Funding priorities (%), Belarus 2008



Key recommendations

- The data collection process for NASA was institutionalised in Belarus within the Ministry of Health, the key implementer of the State HIV Prevention Programme in the country. Taking into consideration the structural features of the healthcare system in Belarus, namely, a great number of health organisations participating in the response to HIV, the process of data collection for NASA has to a large extent become possible thanks to the adoption of the NASA reporting form as official reporting procedure by the Ministry of Health and the Ministry of Statistics of the Republic of Belarus. In future it will be necessary to consider the possibility of adopting financial reporting on HIV-related spending at the national level for all organisations implementing the State Programme in Belarus (not only for health organisations). In order to obtain reliable estimates of HIV expenditure, there is a need to strengthen the capacity of sector ministries to track expenditure. This will enable effective financial monitoring and representation of all-round allocations by all ministries and departments participating in the response to HIV in the Republic of Belarus.
- Resource mobilisation is an important element for a scaled-up response to HIV. Given the gaps that exist between the current commitment and that needed to reach Universal Access on the one hand, and actual and required expenditure on the other, increased financial flows to support interventions are especially critical. The sectoral HIV plans play a very important role in resource mobilisation, both domestically and internationally. It is therefore critical to establish the financial expenditure of the sectoral HIV plans and comprehensively link them to the overall national planning and budgetary process for resource allocation.
- There is a necessity to undertake a comprehensive assessment of out-of-pocket (OOP) expenditure on HIV. In order to establish to what extent OOP constitutes a large or small portion of total AIDS expenditure, it is recommended that questions related to HIV spending are incorporated into existing household surveys. This will enable the government to establish the proportion of households with excessive AIDS expenditure in Belarus.
- To increase the quality and consistency of the data obtained at the country level, Belarus is considering the possibility of introducing a system of national health accounts which will enable effective financial monitoring and promote the capacity development of the national system of monitoring and evaluation.

The data and experience obtained through conducting NASA for 2008 will be used in future in assessing indicator No.1 of the national report on the implementation of the Declaration of Commitment on HIV/AIDS (UNGASS 2010).

The 2008 NASA in the Republic of Belarus resulted in the acquisition of financial monitoring data which were previously unavailable for analysis. On the whole, it can be noted that the foundation was laid for the transition of the financial monitoring system to a new level of quality. An effective tool for the National AIDS Spending Assessment was introduced and a national mechanism for its implementation on a regular basis was developed. This will enable implementation and regular improvement of the monitoring of the national response to HIV, the tracking of the efficiency of HIV-related programmes and activities, and will also serve as a basis for improving national strategic planning in the field of HIV/AIDS.

Section 6.

APPENDICES

Appendix 1. Official financial reporting form “Information about spending on HIV prevention, treatment, care and support for people living with HIV”

ВЕДОМСТВЕННАЯ ОТЧЕТНОСТЬ

СВЕДЕНИЯ

о расходах на мероприятия по профилактике ВИЧ-инфекции,
лечению, уходу и поддержке ВИЧ-инфицированных пациентов
за 20 ____ г.

Кто представляет отчетность	Кому представляется отчетность	Срок представления
<p>организации здравоохранения Министерства здравоохранения (центральные районные (городские) больницы, поликлиники, городские организации здравоохранения республиканского и областного подчинения);</p>	<p>районным, городским, зональным центрам гигиены и эпидемиологии, Минскому исполнительному комитету (структурное подразделение здравоохранения);</p>	<p>1 февраля</p>
<p>районные, городские, зональные центры гигиены и эпидемиологии;</p>	<p>областным центрам гигиены, эпидемиологии и общественного здоровья;</p>	<p>15 февраля</p>
<p>областные центры гигиены, эпидемиологии и общественного здоровья, государственное учреждение «Минский городской центр гигиены и эпидемиологии», Минский исполнительный комитет (структурное подразделение здравоохранения)</p>	<p>государственному учреждению «Республиканский центр гигиены, эпидемиологии и общественного здоровья»</p>	<p>1 марта</p>
<p>Наименование отчитывающейся организации (заполняет организация, которая представляет отчет) _____</p> <p>_____</p> <p>_____</p>		

**Периодичность
представления**

Годовая

РАЗДЕЛ I. ПРОФИЛАКТИКА

млн руб.

Наименование мероприятия	Номер строки	Всего фактически использовано средств	Источники финансирования													
			государственный					международные				прочие				
			всего	в том числе				всего	в том числе			всего	в том числе			
				республиканский бюджет	и местный бюджет г. Минска	фонд социальной защиты населения	внебюджетные средства		глобальный фонд агентства Организации Объединенных Наций	другие	коммерческие организации		средства домашних хозяйств	некоммерческие учреждения		
<i>А</i>	<i>Б</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>	<i>13</i>	<i>14</i>	
Коммуникации для социальных и поведенческих изменений	01															
Мобилизация сообществ	02															
Добровольное консультирование и тестирование	03															
Программы профилактики для уязвимых и доступных групп населения	04															
Программы профилактики для школьников	05															

<i>А</i>	<i>Б</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>	<i>13</i>	<i>14</i>
Программы профилактики для людей, живущих с ВИЧ	06														
Программы профилактики для женщин секс-бизнеса и их клиентов	07														
Программы для мужчин, имеющих секс с другими мужчинами	08														
Программы снижения вреда для потребителей инъекционных наркотиков	09														
Профилактические мероприятия на рабочем месте	10														
Социальный маркетинг презервативов	11														
Распространение мужских презервативов через государственный и коммерческий сектор	12														
Распространение женских презервативов через государственный и коммерческий сектор	13														
Микробициды	14														
Профилактика, диагностика и лечение ИППП	15														

<i>А</i>	<i>Б</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>	<i>13</i>	<i>14</i>
Профилактика передачи ВИЧ от матери ребенку	16														
Безопасность донорской крови	17														
Профилактика после контакта	18														
Безопасность медицинских инъекций	19														
Универсальные меры предосторожности	20														
Прочие	21														
Всего	22														

РАЗДЕЛ II. ЛЕЧЕНИЕ И УХОД

Наименование мероприятия	Номер строки	Всего фактически использовано средств	Источники финансирования													
			государственный					международные				прочие				
			всего	в том числе				всего	в том числе			всего	в том числе			
				республиканский бюджет	местный бюджет и бюджет г. Минска	фонд социальной защиты населения	внебюджетные источники		глобальный фонд	агентства Организации Объединенных Наций	другие		коммерческие организации	средства домашних хозяйств	некоммерческие учреждения	
<i>A</i>	<i>B</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>	<i>13</i>	<i>14</i>	
Амбулаторный уход всего, в том числе:	1.0															
тестирование и консультирование по инициативе медицинского работника	1.1															
обязательное тестирование на ВИЧ	1.2															
амбулаторная профилактика и лечение ОИ	1.3															
антиретровирусная терапия	1.4															
диетологическая помощь	1.5															

<i>A</i>	<i>B</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>	<i>13</i>	<i>14</i>
лабораторный мониторинг в связи с ВИЧ-инфекцией	1.6														
стоматологические программы для людей, живущих в ВИЧ	1.7														
психологическая помощь	1.8														
амбулаторный паллиативный уход	1.9														
уход на дому	1.10														
Стационарное лечение всего, в том числе:	2.0														
стационарное лечение оппортунистических инфекций	2.1														
стационарный паллиативный уход	2.2														
Транспортировка пациентов с ВИЧ/СПИД	3.0														
Прочие	4.0														
Всего	5.0														

РАЗДЕЛ III. СИРОТЫ И УЯЗВИМЫЕ ДЕТИ*

Наименование мероприятия	Номер строки	Всего фактически использовано средств	Источники финансирования													
			государственный					международные				прочие				
			всего	в том числе				всего	в том числе			всего	в том числе			
				республиканский бюджет	местный бюджет и бюджет г. Минска	фонд социальной защиты населения	внебюджетные источники		глобальный фонд	агентства Организации Объединенных Наций	другие		коммерческие организации	средства домашних хозяйств	некоммерческие учреждения	
<i>A</i>	<i>B</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>	<i>13</i>	<i>14</i>	
Обучение сирот и уязвимых детей в школе	01															
Базовая медицинская помощь сиротам и уязвимым детям	02															
Поддержка в семье/на дому сиротам и уязвимым детям	03															
Помощь сиротам и уязвимым детям в сообществах	04															
Социальные услуги и организационные расходы на сирот и уязвимых детей	05															

<i>A</i>	<i>B</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>	<i>13</i>	<i>14</i>
Уход за сиротами и уязвимыми детьми в специальных учреждениях	06														
Прочие	07														
Всего	08														

*Дети, ставшие сиротами и оказавшиеся в уязвимом положении в результате ВИЧ/СПИДа

**РАЗДЕЛ IV. СОЦИАЛЬНАЯ ЗАЩИТА И СОЦИАЛЬНЫЕ УСЛУГИ
(НЕ ВКЛЮЧАЯ СИРОТ И УЯЗВИМЫХ ДЕТЕЙ)**

Наименование мероприятия	Номер строки	Всего фактически использовано средств	Источники финансирования													
			государственный					международные				прочие				
			всего	в том числе				всего	в том числе			всего	в том числе			
				республиканский бюджет	местный бюджет и бюджет г. Минска	фонд социальной защиты населения	внебюджетные источники		глобальный фонд агентства Организации Объединенных Наций	другие	коммерческие организации		средства домашних хозяйств	некоммерческие учреждения		
<i>A</i>	<i>B</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>	<i>13</i>	<i>14</i>	
Денежные выплаты (пособия)	01															
Натуральная помощь	02															
Социальные услуги	03															
Проекты для формирования доходов у людей, живущих с ВИЧ	04															
Прочие	05															
Всего	06															

РАЗДЕЛ V. УПРАВЛЕНИЕ ПРОГРАММАМИ

Наименование мероприятия	Номер строки	Всего фактически использовано средств	Источники финансирования													
			государственный					международные				прочие				
			всего	в том числе				всего	в том числе			всего	в том числе			
				республиканский бюджет	местный бюджет и бюджет г. Минска	фонд социальной защиты населения	внебюджетные источники		глобальный фонд	агентства Организации Объединенных Наций	другие		коммерческие организации	средства домашних хозяйств	некоммерческие учреждения	
<i>A</i>	<i>B</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>	<i>13</i>	<i>14</i>	
Планирование и координация программами	01															
Управление программами	02															
Мониторинг и оценка программ и мероприятий	03															
Оперативные исследования	04															
Серологический эпиднадзор	05															
Эпиднадзор за лекарственной устойчивостью вируса иммунодефицита человека	06															

<i>A</i>	<i>B</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>	<i>13</i>	<i>14</i>
Системы поставок лекарственных препаратов	07														
Информационные технологии	08														
Контроль за пациентами	09														
Модернизация лабораторной инфраструктуры и покупка нового оборудования	10														
Строительство новых медицинских центров	11														
Прочие	12														
Всего	13														

РАЗДЕЛ VI. КАДРОВЫЕ РЕСУРСЫ

Наименование мероприятия	Номер строки	Всего фактически использовано средств	Источники финансирования													
			государственный					международные				прочие				
			всего	в том числе				всего	в том числе			всего	в том числе			
				республиканский бюджет	местный бюджет и бюджет г. Минска	фонд социальной защиты населения	внебюджетные источники		глобальный фонд	агентства Организации Объединенных Наций	другие		коммерческие организации	средства домашних хозяйств	некоммерческие учреждения	
<i>A</i>	<i>B</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>	<i>13</i>	<i>14</i>	
Денежные стимулы для врачей	01															
Денежные стимулы для медсестер	02															
Денежные стимулы для другого персонала	03															
Развивающее обучение для наращивания численности персонала в сфере ВИЧ	04															
Обучение	05															
Прочие	06															
Всего	07															

**РАЗДЕЛ VII. ИССЛЕДОВАНИЯ
(НЕ ВКЛЮЧАЯ ОПЕРАТИВНЫЕ ИССЛЕДОВАНИЯ)**

Наименование мероприятия	Но-мер стро-ки	Всего фактически использо-вано средств	Источники финансирования													
			государственный					международные				прочие				
			всего	в том числе				всего	в том числе			всего	в том числе			
				республиканский бюджет	местный бюджет и бюджет г. Минска	фонд социальной защиты населения	внебюджетные источники		глобальный фонд	агентства Организации Объединенных Наций	другие		коммерческие организации	средства домашних хозяйств	некоммерческие учреждения	
<i>A</i>	<i>B</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>	<i>13</i>	<i>14</i>	
Биомедицинские исследования	01															
Клинические исследования	02															
Эпидемиологические исследования	03															
Социологические исследования	04															
Поведенческие исследования	05															
Экономические исследования	06															
Исследования для получения вакцин	07															

<i>A</i>	<i>B</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>	<i>13</i>	<i>14</i>
Прочие	08														
Всего	09														

**РАЗДЕЛ VIII.
БЛАГОПРИЯТНАЯ СРЕДА И РАЗВИТИЕ СООБЩЕСТВ**

Наименование мероприятия	Номер строки	Всего фактически использовано средств	Источники финансирования													
			государственный					международные				прочие				
			всего	в том числе				всего	в том числе			всего	в том числе			
				республиканский бюджет	местный бюджет и бюджет г. Минска	фонд социальной защиты населения	внебюджетные источники		глобальный фонд агентства Организации Объединенных Наций	другие	коммерческие организации		средства домашних хозяйств	некоммерческие учреждения		
<i>A</i>	<i>B</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>	<i>13</i>	<i>14</i>	
Пропаганда и стратегическая коммуникация	01															
Программы по правам человека для людей, живущих с ВИЧ	02															

<i>A</i>	<i>B</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>	<i>13</i>	<i>14</i>
Институциональное развитие в связи со СПИДом	03														
Программы по СПИДу для женщин	04														
Программы по сокращению гендерного насилия	05														
Прочие	06														
Всего	07														

Руководитель юридического лица

_____ (подпись)

_____ (инициалы, фамилия)

Лицо, ответственное за составление отчета

_____ (должность)

_____ (подпись)

_____ (инициалы, фамилия)

_____ (номер контактного телефона)

« ____ » _____ 20 ____ г.

(дата составления отчета)

Appendix 2. Instructions on completing the reporting form on spending on HIV prevention, treatment, care and support for people living with HIV in the Republic of Belarus

The document¹⁰ presents the details of the AIDS spending categories¹¹ used to produce the National AIDS Spending Assessment on the national response to the HIV epidemic.

The AIDS spending categories seek to cover all possible expenditures on AIDS-related programmes and activities which are intended to change the HIV epidemiological situation through implementing various strategies, including those aimed at behaviour change of the population, achieving the tasks of HIV prevention, treatment, care and support, carrying out various studies in the area, creating infrastructure, and achieving other important aims.

NASA includes resource tracking in both health and non-health sectors, e.g. expenditures on the reduction of the social consequences of the epidemic, education, labour, justice, and other spheres related to the multisectoral HIV response.

AIDS-related programmes and activities are financed from various sources. Expenditures on AIDS-related programmes and activities are presented by each particular organisation in terms of their sources of financing, i.e. what funds or sources of financing the organisation used to provide specific services and carry out AIDS-related programmes and activities.

Types of sources of financing within the response to HIV:

- Public funds: the state budget, local budgets and the budget of the city of Minsk, the non-budgetary Fund for Social Protection of the Population and non-budgetary funds of governmental organisations.
- International funds: grants or non-reimbursable financial aid from the governments of other countries (e.g. the Government of Sweden), international non-profit organisations and foundations (e.g. GFATM; International Federation of Red Cross and Red Crescent Societies and/or Belarusian Red Cross; UN agencies: UNAIDS, UNICEF, UNDP, WHO etc.), international for-profit organisations.
- Private funds: non-reimbursable aid from profit and non-profit organisations; services acquired by the population using out-of-pocket funds (households' out-of-pocket payments).

The AIDS spending classification includes *eight classes of spending categories*, i.e. the reporting form is structured into eight sections:

- 1) *Prevention* refers to expenditures on HIV-related preventive activities among various sections of the population.
- 2) *Care and Treatment* refers to expenditures on providing access to clinic-based and home-based activities for the treatment and care of HIV-positive adults and children.
- 3) *Orphans and Vulnerable Children* refers to expenditures related to guardianship and/or custody of children affected by the HIV epidemic.

¹⁰ Consultative support on completion of the report form and calculation of categories can be obtained: 1) from the national and regional centres for hygiene, epidemiology and public health; 2) from Ms. Anna Yakusik, National NASA expert, UNAIDS: e-mail: annayakusik@gmail.com, tel. +375 29 7203 896.

¹¹ The AIDS spending classification contains mutually exclusive categories of AIDS expenditure, presented in the report lines.

- 4) *Social Protection and Social Services* (excluding orphans and vulnerable children) refers to expenditures on social services and social support for sections of the population affected by the HIV epidemic.
- 5) *Programme Management and Administration* includes expenses incurred in the management of HIV/AIDS-related programmes and activities at various levels of administration, including expenditures on monitoring and evaluation, upgrading, construction of new health facilities, procurement of equipment, etc.
- 6) *Human Resources* refers to expenditures on training of personnel and salary increments for health workers working in the HIV field.
- 7) *Research* (excluding operations research) refers to expenses on HIV-related scientific research.
- 8) *Enabling Environment and Community Development* refers to expenditures on large-scale actions, human rights programmes, gender violence reduction programmes and expenditures on the capacity building of NGOs.

HIV programmes and activities are always aimed at target populations, i.e. groups of the population receiving benefit from some or other programme activity. Identification of target populations aims to measure the volume of resources specifically allocated to a particular section of the population when providing services within programmes and activities.

Types of *target populations—beneficiaries* of AIDS-related services:

- people living with HIV;
- most at risk sections of the population: injection drug users (IDUs); female sex workers and their clients (FSW); men who have sex with men (MSM);
- other vulnerable or key population groups (orphans, refugees, migrants, convicts, long distance truck drivers, partners of PLHIV, blood recipients);
- the specific “accessible” population (people attending STI prevention and treatment centres, school children and students, health workers, sailors, military personnel, law enforcement officers, factory employees);
- the general population comprises interventions targeting the general population as a whole and not any particular target population;
- non-targeted interventions: expenditures coded under “Programme management and administration,” “Human resources,” “Research” not targeted to a specific section of the population.

AIDS spending categories (report lines) comprise expenditures targeted at various sections of the population. Under the National AIDS Spending Assessment, expenditures on programmes and activities need to be attributed to a specific target population.

When calculating expenditures on medical services and AIDS-related programmes and activities for the purposes of producing a report on the organisation’s spending, the following *expenditures incurred* during the year should be taken into account.

A. Current expenditures:

- 1) Wages (wages, salaries, extra payments, increments, etc.). For the purposes of the National AIDS Spending Assessment, expenditures on wages are calculated based on the ratio between the time spent by each worker during the year on providing various AIDS-related services (number of hours per year, 50% of labour time, 100% of labour

- time, etc.) and the actual expenses on wages (all accrued wages during the year in monetary terms and/or in kind).
- 2) Contributions from salary funds to social insurance and contributions to the Fund for the Social Protection of the Population of the Ministry of Labour and Social Protection of the Republic of Belarus. Calculation for this category is based on the employee benefits paid to personnel during the year for their work in the HIV/AIDS field (see calculation of wages).
 - 3) Supplies and services. These expenditures comprise commodities and materials actually consumed/used during the year to provide some or other kind of AIDS-related service (inventory balance is not included in the calculation). This category refers to:
 - pharmaceuticals and medical drugs (e.g. antiretrovirals, drugs for treating OI, STI, etc.);
 - medical and surgical supplies;
 - condoms;
 - reagents and chemicals (for CD4 count, viral load, enzyme-linked immunosorbent assay, biochemistry, hematology, etc.);
 - acquisition of food and nutrients to provide HIV-related services, carry out AIDS programmes and activities (e.g. workshops, training sessions);
 - other HIV-related expenditures on material supplies necessary to ensure the provision of services and for carrying out related programmes and activities.
 - 4) Expenditures on services delivered by external organisations. This category refers to expenses on services delivered by external organisations to ensure execution of HIV-related programmes and activities. This category comprises expenses incurred to pay for the following services:
 - communication services, housing services, electric power (the share of the organisation's expenditure in ensuring operation of premises used to provide HIV-related services);
 - publishing services and advertisement;
 - consulting services;
 - transportation and travel services using all means of transportation;
 - hotel accommodation;
 - public catering (e.g. services delivered by a cafeteria for HIV-related activities);
 - maintenance of fixed assets and equipment;
 - development of software;
 - rental of premises and equipment;
 - and other expenditures to pay for services delivered by external organisations necessary to ensure provision of services and for carrying out HIV-related programmes and activities.
 - 5) Other current expenditures on procurement of commodities and payment of services necessary to ensure provision of paid services.

B. Capital expenditures

This category refers to expenditures on acquisition during the year of new fixed assets, medical equipment, durables (including expenses incurred during their acquisition), expenditures on major renovation and maintenance of buildings, premises, major renovation of fixed assets, equipment, upgrading of laboratories, construction of new health centres, and other capital expenditures necessary to ensure provision of services and for carrying out AIDS-related programmes and activities.

It should be noted that there are certain expenditures related directly to the provision of one type of service, HIV/AIDS-related programme or activity, which should be directly attributed to a specific spending category/report line. For instance, the salary of a doctor performing counselling services within voluntary HIV counselling and testing (VCT), and the material costs to perform that testing, etc. fall under VCT.

However, within an institution or organisation a number of services are delivered and, as a rule, AIDS-related services and activities are part of the organisation's overall activity. Additionally, AIDS services in their turn are broken down according to types and spending categories. Therefore, difficulties arise when allocating part of the organisation's expenses which relate to the provision of several services both within the organisation as a whole and within AIDS-related services/spending categories. Such expenditures relate to payment for heating, lighting and electricity, rent, marketing services, maintenance of service vehicles, general running costs, etc. Such expenses, called overheads or indirect costs, are shared costs, because it is not possible to attribute them to expenditures incurred on one kind of service. Indirect costs are allocated between services / AIDS spending categories, proportionally to the adopted base of allocation.

The following methods of allocation of indirect costs (bases of allocation) exist:

- in proportion to the direct costs;
- in proportion to the basic wages (without progressive bonus payments) and material costs of providing a specific service or implementing an AIDS-related programme or activity;
- in proportion to the basic wages (without progressive bonus payments);
- in proportion to the cost of materials;
- in proportion to the area of premises necessary to deliver an AIDS-related service in the total area of the institution or organisation;
- in proportion to the area of premises necessary to deliver an AIDS-related service in the total area of the institution or organisation and duration of use of the premises during the year to provide the AIDS-related service;
- other bases of allocation applied by the organisation or institution.

Below is an example of the allocation of indirect costs in proportion to the direct costs for the provision of AIDS services.

Tab. 30. An example of allocation of overheads.

No	Direct costs for the provision of various AIDS-related services, Br mln	General overheads for the provision of AIDS-related services, Br mln	Overheads and the total amount of direct costs for the provision of AIDS-related services ratio, %	Allocation of overheads between various AIDS-related services, Br mln	Total costs for the provision of AIDS-related services including overheads, Br mln
1	1 000	x	16.7%	333.3	1 333.3
2	2 000	x	33.3%	666.7	2 666.7

3	3 000	x	50%	1 000	4 000.0
Total	6 000	2 000	100%	2 000	8 000.0

Overheads in proportion to other criteria (bases of allocation) are allocated in a similar fashion.

The following formula should be used to identify the spending category/report line for the cost of providing a medical service or implementing an HIV/AIDS-related programme or activity:

$$C = C_1 + C_2 + \dots + C_n = \sum_{i=1}^n C_i$$

Where C_i represents current, capital and overhead expenditures for the provision of a specific medical service or the implementation of an HIV/AIDS-related programme or activity.

In some governmental institutions services are provided both free of charge (the source of financing is public funds) and on a paid basis (the cost of the service is reimbursed from the out-of-pocket funds of the population, i.e., the source of financing is out-of-pocket expenditure by households).

In case of there being established rates for particular services attributable within the assessment to HIV/AIDS-related services¹², organisations may use these rates as basic rates for calculating public spending on such free-of-charge services. The calculation is performed based on the number of cases of provision of free services to patients (visits to or by doctors, bed days spent in an inpatient unit, performed diagnostics, cases of treatment) and the calculated rate for such service when delivered by the organisation on a paid basis minus profit and net of profit tax.

When completing the reporting form it is important to pay attention to the following:

- The reporting form is completed in the national currency—Belarusian rubles.
- Before entering the expenditure data in each report line, read the description of that category (line) in the Instructions and make sure the expense falls under this category.
- The report reflects only actual expenditure incurred during the year using funds from various sources. The balance at the end of the year is not reflected (unexpended funds, inventory balance).
- To avoid double counting each type of expenditure is reported in a particular category (report line) once only.
- If commodities and materials were provided on a non-reimbursable basis for the provision of AIDS-related services (e.g. medical drugs, other commodities provided within the project financed by GFATM) and the reporting organisation did not directly incur expenses on acquisition/procurement, such expenditure is not reported.
- Calculations performed by the organisation to identify spending categories (report lines) and to produce the AIDS spending report should be retained for future reference.
- Be sure to indicate the person responsible in the organisation for producing the report, his/her position and contact telephone number.

¹² See report lines—AIDS spending categories.

AIDS spending categories—report sections and lines

Section 1. Prevention

Line 01 Communication for social and behaviour change

Expenditure on HIV-related educational programmes: includes development, production and dissemination of educational materials (brochures, leaflets, publications in mass media, billboards, etc.) through the mass media, support of hotlines, i.e. HIV education for the general population.

Exclusions: This category excludes (i.e. they fall under other categories described in the Instructions):

- social marketing of condoms through the mass media, procurement and distribution of condoms;
- information services on the prevention of STI transmission;
- HIV education for vulnerable/key populations and most-at-risk sections of the population (IDUs, FSW, MSM);
- programmes for the prevention of mother-to-child transmission of HIV.

Line 02 Community mobilisation

Activities promoting community involvement, voluntary movement, including for people living with HIV, aimed at behaviour change and risk reduction:

- involvement of community groups in programme planning;
- training of peer educators on HIV prevention;
- support and development of the mutual help movement for people living with HIV.

Line 03 Voluntary counselling and testing (VCT)

Annual expenditure by institutions and organisations on primary voluntary HIV counselling and testing for the general population

Includes wages of doctors/counsellors/laboratory assistants for counselling/laboratory testing performed during the year; the costs of tests; creation and operation support for offices for anonymous testing and counselling during the year (utilities, rent, etc.). In areas where there is no laboratory-based HIV diagnostics, expenditure on blood sampling and transportation should be accounted for.

Exclusions: This category excludes VCT for vulnerable sections of the population and most-at-risk sections of the population (IDUs, FSW, MSM), as well as VCT in the context of preventing mother-to-child transmission of HIV and mandatory HIV testing; testing for identifying people requiring treatment is described in Section II.

Line 04 Prevention programmes for vulnerable and accessible sections of the population (migrants, convicts, long distance truck drivers, etc.—see types of target populations at the beginning of the Instructions)

Expenditure on programmes for vulnerable and accessible sections of the population includes risk-reduction measures, among them:

- VCT for vulnerable and accessible sections of the population;
- promotion and social marketing of condoms, procurement and distribution of condoms for vulnerable and accessible sections of the population;
- prevention and treatment of STI among vulnerable and accessible sections of the population;

- HIV education aimed at behaviour change towards less risky behaviour for vulnerable and accessible sections of the population (including via mass media, peer outreach work).

Line 05 Prevention programmes for youth in school

Expenditures on:

- development and implementation of educational programmes on HIV for youth in school;
- preparation and dissemination of materials (brochures, leaflets, video) for youth in school;
- procurement and distribution of condoms among youth in school.

Line 06 Prevention programmes for people living with HIV (PLHIV)

Programmes aimed at reducing risky behaviour by HIV-infected people. Includes HIV education of PLHIV (including via mass media); prevention of HIV transmission to other people, training of peer educators, advertising, procurement and distribution of condoms, prevention and treatment of STI among PLHIV.

Line 07 Prevention programmes for female sex workers and their clients (FSW)

Expenses on programmes for FSW include risk-reduction measures, including:

- VCT for FSW;
- promotion and social marketing of condoms, procurement and distribution of condoms among FSW;
- prevention and treatment of STI among FSW;
- HIV education for FSW aimed at behaviour change towards less risky behaviour (including via mass media, peer outreach work).

Line 08 Programmes for men who have sex with men (MSM)

Expenditures on programmes for MSM include risk-reduction measures, including:

- VCT for MSM;
- promotion and social marketing of condoms, procurement and distribution of condoms among MSM;
- prevention and treatment of STI among MSM;
- HIV education for MSM aimed at behaviour change towards less risky behaviour (including via mass media, peer outreach work).

Line 09 Harm-reduction programmes for injection drug users (IDUs)

Expenditures on programmes for IDUs include risk-reduction measures, including:

- VCT for IDUs;
- promotion and social marketing of condoms, procurement and distribution of condoms among IDUs;
- prevention and treatment of STI among IDUs;
- HIV education for IDUs aimed at behaviour change towards less risky behaviour (including via mass media, peer outreach work);
- procurement and exchange of disposable syringes for IDUs, replacement therapy for IDUs.

Line 10 Prevention programmes in the workplace

Expenditure by institutions/organisations on prevention programmes for their employees/workers and their family members include:

- VCT under programmes based in the workplace;

- promotion, social marketing, procurement and distribution of condoms under programmes based in the workplace;
- STI prevention and treatment under programmes based in the workplace;
- HIV education aimed at behaviour change (including payment for lectures for employees on the work premises, acquisition of informational materials, etc.).

Exclusions: this category excludes expenses on Universal Precautions and ensuring Safe Medical Injections in health organisations, which are attributed to other categories of Section I.

Line 11 Social marketing of condoms

Expenditures on campaigns (including via mass media) to promote the purchase of condoms by the general population, excluding procurement programmes.

Exclusions: Social marketing of condoms under programmes for vulnerable and accessible sections of the population as well as most-at-risk sections of the population should be attributed to their corresponding spending categories.

Line 12 Public and commercial sector male condom provision

Expenditure on procurement, provision and distribution of male condoms to prevent HIV transmission among the general population, irrespective of mode of distribution (free-of-charge, subsidised or commercially priced; accessibility). This includes expenses on their delivery and distribution.

Exclusions: Provision of condoms as part of programmes for vulnerable and accessible sections of the population as well as most-at-risk sections of the population should be attributed to their corresponding spending categories.

Line 13 Public and commercial sector female condom provision

Expenditure on procurement, provision and distribution of female condoms to prevent HIV transmission, regardless of mode of distribution.

Line 14 Microbicides

Expenditure on procurement of compounds applied inside the vagina or rectum to confer protection against HIV/STI (gels, creams, foams, suppositories, etc.).

Line 15 Prevention, diagnosis and treatment of STIs

Expenditure on prevention (STI education through mass media), diagnostics and treatment of STI among the general population.

Exclusions: Prevention, diagnostics and treatment of STI as part of programmes for vulnerable and accessible sections of the population as well as most-at-risk sections of the population should be attributed to their corresponding spending categories.

Line 16 Prevention of mother-to-child transmission (PMTCT)

Expenditure on services aimed at preventing mother-to-child transmission of HIV:

- counselling and testing for pregnant women in PMTCT programmes, including procurement of express tests for diagnostics, physicians' services, counsellors, laboratory and post-test counselling;
- antiretroviral prophylaxis for HIV-positive pregnant women and neonates before and after delivery;
- counselling and safe infant feeding practices (including substitution of breast milk);
- delivery practices and postpartum care within PMTCT programmes;
- procurement and distribution of condoms within PMTCT programmes.

Line 17 Blood safety

Expenditures on ensuring blood safety (blood products and donated organs) and investment in activities supporting a nationally coordinated safe blood transfusion programme for the prevention of HIV transmission: provision of diagnostic laboratories with systems for HIV testing of donor blood; HIV testing of donor blood.

Line 18 Post-exposure prophylaxis

This includes expenditure on interventions and ARVs after high risk exposure (PEP in health care setting, emergencies, rape, etc.).

Line 19 Safe medical injections

Expenditure on prevention of the medical transmission of HIV includes: training in ensuring safe medical injections; expenses on purchase and disposal of injection equipment and other related equipment and supplies; procurement and use of disinfectants.

Line 20 Universal precautions

Expenditure by health institutions on universal precautions aimed at limiting HIV transmission includes: use of gloves, masks, barrier clothing, protective goggles and other means of protection by healthcare personnel for the avoidance of HIV infection through biological fluids.

Line 21 Other

Preventive activities not classified elsewhere.

Line 22 Total

Total amount of spending for this section.

Section 2. Care and Treatment**Line 1.0** Outpatient care, total

Expenditure on treatment and provision of HIV-related services to PLHIV in outpatient settings and centres for hygiene, epidemiology and public health during the year: cost of visits calculated in accordance with expenses incurred including payment for labour of medical and non-medical personnel, overheads, laboratory tests, provision of medical drugs, etc.

This category excludes expenses on outpatient treatment of unrelated diseases and conditions (e.g. trauma) provided to HIV-positive patients.

Outpatient care includes:

Line 1.1 Provider-initiated testing and counselling

Expenditure incurred during the year in relation to the delivery of HIV testing for diagnostic purposes as well as costs of confirmatory testing if reactive (symptoms caused by HIV; HIV-associated disease; STI, etc.), including payment of the services of the physician, office and laboratory premises, etc.

Exclusions: Expenditure on VCT under prevention programmes and testing under PMTCT (see Section I) and mandatory HIV testing.

Line 1.2 Mandatory HIV testing

Expenditure on mandatory HIV testing (e.g. when receiving citizenship, etc.)

Line 1.3 Opportunistic infections (OI) outpatient prophylaxis and treatment

Expenditure on prevention of opportunistic infections during the year: cost of diagnostics and examination of PLHIV for secondary infections; cost of medical drugs procured and provided (isoniazid, cotrimoxazole, etc.)

Exclusions: Expenditure on inpatient treatment of OI is reflected in line 2.1 of this Section.

Line 1.4 Antiretroviral therapy

This includes expenses incurred during the year to treat adults and children with all types of antiretrovirals (including costs of treatment, human resources and supplies involved, overheads, etc.) regardless of the therapy delivery location.

Line 1.5 Nutritional support

Expenditure incurred during the year on nutritional support for HIV-positive people receiving ARV treatment, i.e. provision of nutrition to PLHIV receiving ARV treatment for the purpose of nutritional support and stimulation of adherence to ARV therapy.

Line 1.6 Specific HIV-related laboratory monitoring

Laboratory expenditures on monitoring of HIV treatment through determining immunological status and viral load (expenses for the delivery of CD4 cell count, viral load determination and testing for drug resistance, biochemical and hematological analysis).

Line 1.7 Dental programmes for people living with HIV

Expenditure on dental services provided to people living with HIV, including the cost of treatment, human resources and supplies involved, overheads, etc.

Line 1.8 Psychological support

Expenditure incurred during the year on psychological support for people living with HIV, including counselling and antidepressant drugs prescribed in the treatment.

Line 1.9 Outpatient palliative care

Expenditure incurred during the year on palliative care to PLHIV and their families, aimed at improving quality of life through ongoing care, symptom relief, etc.

Line 1.10 Home-based care

Expenditure on external support for individuals chronically ill with AIDS and their family members: home-based nursing care, home-based non-medical help, psychological help and teaching family members basic information on HIV, first aid, etc.

Line 2.0 Inpatient care

Expenditure incurred during the year on in-hospital treatment of HIV-related diseases for HIV-positive people: cost of inpatient stay for the year calculated in accordance with costs of bed days, intensive therapy, surgical intervention, diagnostics, provision of medical drugs, etc.

This category excludes expenses on inpatient treatment of unrelated diseases provided to HIV-positive patients (e.g. calculous cholecystitis, etc.). Inpatient treatment includes:

Line 2.1 Inpatient treatment of opportunistic infections (OI)

Expenditure on treatment of opportunistic infections (OI), including medicinal treatment, diagnostics and care for treatment of HIV-related diseases (Pneumocystis carinii pneumonia, cryptosporidiosis, histoplasmosis and other parasitic, viral and fungal infections). Part of this expenditure is reflected based on the cost of bed days and the duration of stay of HIV-positive inpatients.

Line 2.2 Inpatient palliative care

Expenditure incurred during the year to provide inpatient medical help to HIV-positive patients, aimed at improving quality of life through continuing care, symptom relief, etc.

Line 3.0 HIV/AIDS patient transport

Expenditure on transportation of patients with HIV/AIDS undergoing treatment, e.g. costs of transporting HIV-positive patients for treatment to medical and preventive treatment facilities in other cities.

Line 4.0 Other

Care and Treatment services not classified above.

Line 5.0 Total

Total amount of spending in this section.

Section 3. Orphans and Vulnerable Children

This section includes expenditures on activities aimed at HIV-positive children under 18 years of age and orphans left without parental care as a result of HIV. This includes expenses on social payments, social support measures established for disabled children, payments to individuals providing care to HIV-positive children and disabled child care benefits at the rate established by the legislation of the Republic of Belarus.

Line 01 OVC school education

Expenditure on education of OVC in schools (school fees, uniforms, books, etc.)

Line 02 OVS basic healthcare

The cost of providing healthcare to orphans and vulnerable children within the healthcare system—immunisations, routine healthcare (excluding costs for ART, drugs for prevention and treatment of OI attributable to Section II).

Line 03 OVC family/home support

This refers to in-kind support, provision of social assistance and welfare payments to HIV-positive OVC and their family members (food, clothes, public transport tickets, reimbursements, etc.).

Line 04 OVC community support

Identifying OVC in communities, child care, outreach work with homeless children. Training and support of social workers.

Line 05 OVC social services and administrative costs

Expenditure on legal services for OVC and their family members, for execution of necessary documents, administrative and institutional arrangements.

Line 06 OVC institutional care

Expenditure on care for OVC provided in children's homes, orphanages, mission and boarding schools, etc.

Line 07 Other

Services to OVC not classified above.

Line 08 Total

Total amount of spending for this section.

Section 4. Social Protection and Social Services (excluding Orphans and Vulnerable Children)

Expenditure by public and nongovernmental organisations on social services and social security.

Line 01 Monetary benefits

Payment of social benefits to HIV-positive people or their family members on account of disability and/or loss of earning capacity, including from programme/project funds.

Line 02 In-kind benefits

Provision of social support through in-kind benefits (food, clothes, public transportation tickets, etc.).

Line 03 Social services

Provision of social services to HIV-infected people and their family members (funeral fees, transportation of patients, day care services, including payment of labour of social workers who provide social services, etc.).

Line 04 HIV-specific income generation projects

Development of public work programmes ensuring sheltered employment and livelihood for PLHIV.

Line 05 Other

Services not classified above.

Line 06 Total

Total amount of spending for this section.

Section 5. Programme Management and Administration

Expenditure incurred at different administrative levels outside the points of healthcare delivery.

Line 01 Programme planning and coordination

Expenditures related to the realisation of national strategic planning on AIDS, including expenses on dissemination of strategic information and best practice for increasing programme efficiency and effectiveness; planning and evaluation of prevention and treatment efforts; analysis and quality assurance of demographic and health data related to HIV/AIDS. Also included are expenditures on coordinating the unified national framework for action on AIDS. This category includes a portion of the expenditures of organisations which do not provide direct prevention and treatment services to the population (Section I, II), do not make procurements for the provision of services, but which perform planning and coordination of HIV/AIDS-related programmes and activities (CCM; part of the expenditure of HIV/AIDS Prevention Centres and of UN agencies on programme management, including labour costs, maintenance of premises, procurement of telecommunication equipment, means of communication, etc.).

Line 02 Programme management

Expenditures within programmes/projects in the area of HIV aimed at their management, incurred at the administrative level and related to financial management (including labour costs, maintenance of premises, procurement of telecommunication equipment and other means of communication, administrative costs and overheads of NGOs and international organisations, etc.).

Line 03 Monitoring and evaluation of programmes and activities

Expenditures within programmes/projects in the area of HIV aimed at project monitoring, quality control and conducting targeted evaluation of programmes and activities carried out

during the year, including wages of personnel implementing monitoring and evaluation programmes (studying the population for the purpose of epidemiological surveillance).

Line 04 Operations research

This refers to expenses incurred in 2008 in performing operations research on HIV with the aim of improving the management of HIV/AIDS programmes, increasing the quality of health service delivery (the objective is to analyse the results of medical services).

Line 05 Serological surveillance

This category includes expenditure on input and processing of information used in documenting the incidence and specific prevalence of the epidemic, including wages of epidemiological personnel. This category also includes sentinel studies, mandatory reporting of cases of infection, and epidemiological analysis.

Line 06 HIV drug-resistance surveillance

Expenditures incurred during the year on epidemiological monitoring of levels of prevalence and determining the circulation of resistant viral strains among specific HIV-positive populations, including costs of creating sentinel sites, laboratory operations, supplies, labour costs.

Line 07 Drug supply systems

Expenditure within programmes/projects or activities aimed at logistics, supply and transportation of antiretroviral and other important drugs procured within HIV-related programmes (storage costs, transportation costs, etc.).

Line 08 Information technology

Expenditures within programmes/projects or activities aimed at developing, introducing and upgrading information systems, software and hardware for managing HIV-related data (e.g. development and introduction of CRIS computer databases, etc.).

Line 09 Patient tracking

Activities and resources to ensure compliance with, adherence to and readiness for treatment.

Line 10 Upgrading of laboratory infrastructure and purchase of new equipment

Expenditure incurred during the year on strengthening laboratory infrastructure and specialised facilities which work with medical and telecommunication equipment in the field of HIV (procurement, lease, upgrading of equipment, furniture and means of transportation), including staff training and other technical assistance. This includes laboratory equipment, medical equipment for performing ELISA, PCR, CD4 count, etc.

Line 11 Construction of new health centres

Expenditures on construction, renovation, upgrading and rental of premises, as well as equipping facilities which provide HIV/AIDS-related services.

Line 12 Other

Expenses on strengthening programme management not classified elsewhere.

Line 13 Total

Total amount of spending for this section.

Section 6. Human resources

This category includes monetary incentives—salary increments for medical staff and management personnel, training for healthcare staff working with HIV-positive patients, biological materials and fluids.

Line 01 Monetary incentives for physicians

Line 02 Monetary incentives for nurses

Line 03 Monetary incentives for other staff

Line 04 Formative education to build up the HIV workforce

Education for additional health workers in the field of HIV who are required at present or will be required in future (special programmes).

Line 05 Training

Expenditures incurred during the year on continuing education of medical and non-medical workers, senior personnel working in the area of HIV to improve their knowledge and the quality of service delivery.

Line 06 Other

Expenses on human resources not classified above

Line 07 Total

Total amount of spending for this section.

Section 7. Research (excluding Operations Research)

This Section refers to expenditure on research related to AIDS: expenses on the activities of researchers and professionals engaged in the conception or creation of new products, processes, methods and systems for use in the HIV response.

Line 01 Biomedical research

Expenditure incurred during the year on biomedical research on HIV.

Line 02 Clinical research

Expenditure incurred during the year on clinical research on HIV.

Line 03 Epidemiological research

Expenditure incurred during the year on epidemiological research on HIV: studying diseases and risks of infection.

This category excludes epidemiological surveillance.

Line 04 Social science research

Expenditure incurred during the year on social science research. Studying a wide range of social aspects of HIV.

Line 05 Behavioural research

Expenditure incurred during the year on behavioural research on HIV. Studying risk factors which lead to deterioration of health, for the purpose of disease prevention.

Line 06 Research in economics

Investigates activities aimed at economic aspects of the HIV epidemic.

Line 07 Vaccine-related research

Expenditure on research for the development and testing of HIV vaccines.

Line 08 Other

Research activities related to HIV and AIDS not classified above.

Line 09 Total

Total amount of spending for this section.

Section 8. Enabling Environment and Community Development

Line 01 Advocacy and strategic communication

Expenditures on large-scale campaigns for HIV prevention, including for the purpose of reducing stigma and discrimination. Conducting of PR-campaigns, conferences outside the health sector. This includes expenses on providing support to prominent groups in the HIV response, and inviting civil society, opinion leaders or popular figures to advocate for effective HIV prevention and social support of PLHIV (creation of strong constituencies at the regional and country levels to carry out events, etc. with the support of the government and key partners).

Line 02 Human rights programmes for people living with HIV

Resources invested in the protection of human rights, legal consultations, publishing of informational materials aimed at overcoming and preventing discrimination and stigmatisation of PLHIV, including convicts, support of national human rights organisations (costs of support, legal services, publishing services, etc.).

Line 03 AIDS-specific institutional development

Capacity development of NGOs. Consultative and technical support for NGOs to ensure effective implementation of HIV/AIDS programmes and activities. Holding of training workshops for NGOs to improve financial management, human resources management, quality assurance of strategic planning, etc.

Line 04 AIDS-specific programmes focused on women

Programmes targeting women and girls, in addition to those included in the spending categories described above, for instance: activities promoting improved reproductive health, programmes for reducing violence against women, and counselling activities addressing impairment of women's rights.

Line 05 Programmes for reducing gender-based violence

Assistance and counselling related to women's rights, promotion of women's rights, provision of psychological services to victims of sexual violence, activities of public and nongovernmental organisations in this area.

Line 06 Other

Activities on enabling environment creation and community development not classified above.

Line 07 Total

Total amount of spending for this section.

Appendix 3. UNGASS Matrix—Belarus NASA 2008 (Br)

ASC categories	FS.1 Public Funds	FS.1.1.1.5 Minis- try (or equivalent sector entity) of Finance	FS.1.2 Public social security funds **	FS.1.2.1 Em- ployer contri- butions to Public Social Security *	FS.2 PRIVATE FUNDS	FS.2.2 Households' funds	FS.3 Interna- tional funds	FS.3.2.01 UNAIDS Secretariat	FS.3.2.13 GFATM	FS.3.2.99 Multilateral funds or development funds n.e.c.	FS.3.3.05 International Federation of Red Cross and Red Crescent Societies, and National Red Cross Socie- ties	FS.3.3.99 International not-for-profit organizations and founda- tions not elsewhere classified (n.e.c.)	Totals
ASC.1.01.98 Communication for social and behavioral change not desegregated according to the content as health or as non-health activities.		307 680,000						48 840,000	255 939,000		77 020,000		689 479,000
ASC.1.02 Community mobilization		400,000						2 165,000	201 353,000		96 290,000	44 419,000	344 627,000
ASC.1.03 VCT		1 361 700,000											1 361 700,000
ASC.1.04.1 VCT as part of programmes for vulnerable and special populations		2 490,000							126 356,000				128 846,000
ASC.1.04.4 BCC/IEC as part of programmes for vulnerable and special populations								14 000,000	25 115,000			9 478,000	48 593,000
ASC.1.04.98 Programmatic interventions for vulnerable and special populations not desegregated by type		103 670,000							37 171,000				140 841,000
ASC.1.05 Prevention - Youth in school		77 640,000											77 640,000

ASC.1.07 Prevention of HIV transmission aimed at persons living with HIV (PLHA)		27 390,000							11 780,000				39 170,000
ASC.1.08.1 VCT as part of programmes for sex workers and their clients									3 724,000				3 724,000
ASC.1.08.3 STI prevention and treatment as part of programmes for sex workers and their clients									116 632,000				116 632,000
ASC.1.08.4 BCC/IEC as part of programmes for sex workers and their clients							13 000,000		25 084,000				38 084,000
ASC.1.08.98 Programmatic interventions for sex workers and their clients not desegregated by type							8 000,000		244 073,000				252 073,000
ASC.1.08.99 Other programmatic interventions for sex workers and their clients not elsewhere classified (n.e.c.)									6 324,000				6 324,000
ASC.1.09.1 VCT as part of programmes for men who have sex with men (MSM)									10 668,000				10 668,000
ASC.1.09.2 Condom provision as part of programmes for men who have sex with men (MSM)									26 654,000				26 654,000
ASC.1.09.3 STI prevention and treatment as part of programmes for men who have sex with men (MSM)									74 817,000				74 817,000
ASC.1.09.4 BCC/IEC as part of programmes for men who have sex with men (MSM)									202 629,000				202 629,000

ASC.1.09.98 Programmatic interventions for men who have sex with men (MSM) not desegregated by type										40 669,000		1 400,000	42 069,000
ASC.1.10.1 VCT as part of programmes for injecting drug users (IDUs)										38 950,000			38 950,000
ASC.1.10.4 BCC/IEC as part of programmes for injecting drug users (IDUs)										42 445,000		17 724,000	60 169,000
ASC.1.10.98 Programmatic interventions for injecting drug users (IDUs) not desegregated by type		47 850,000								785 724,000			833 574,000
ASC.1.10.99 Other programmatic interventions for injecting drug users (IDUs) not elsewhere classified (n.e.c.).										389 373,000			389 373,000
ASC.1.11 Prevention programmes in the workplace		926 850,000											926 850,000
ASC.1.12 Condom social marketing		300,000											300,000
ASC.1.13 Public and commercial sector condom provision						3 981 480,000							3 981 480,000
ASC.1.15 Microbicides		6 360,000								35 514,000			41 874,000
ASC.1.16 Prevention, diagnosis and treatment of STIs (Improving management of STI)		14 719 510,000											14 719 510,000
ASC.1.17.2 Antiretroviral prophylaxis for HIV-infected pregnant women and newborns										45 547,000			45 547,000
ASC.1.17.3 Safe infant feeding practices (including substitution of breast milk)										23 116,000			23 116,000

ASC.1.17.98 PMTCT not-desegregated by intervention		318 740,000											318 740,000
ASC.1.18 Blood safety		3 579 160,000											3 579 160,000
ASC.1.19.98 Post-exposure prophylaxis not-desegregated by intervention		77 260,000											77 260,000
ASC.1.98 Prevention activities not disaggregated by interventions		306 480,000											306 480,000
ASC.2.1.01 Provider initiated testing and counselling		209 880,000											209 880,000
ASC.2.1.02 Opportunistic infection (OI) prophylaxis		15 350,000											15 350,000
ASC.2.1.03.98 Antiretroviral therapy not-desegregated by age or line of treatment								2 259 874,000					2 259 874,000
ASC.2.1.04 Nutritional support associated to ARV therapy		730,000											730,000
ASC.2.1.05 Specific HIV-related laboratory monitoring		278 960,000						109 688,000					388 648,000
ASC.2.1.06 Dental care and services for people living with HIV		1 400,000											1 400,000
ASC.2.1.07 Psychological treatment and support services		140,000						37 458,000					37 598,000
ASC 2.1.08 Palliative care								313 274,000					313 274,000
ASC.2.1.98 Outpatient care services not disaggregated by interventions		215 200,000											215 200,000
ASC.2.2.1 OI treatment		1 643 420,000						170 013,000					1 813 433,000
ASC.2.2.98 In-patient services not disaggregated by interventions		6 600,000											6 600,000

ASC.3.3 OVC Family / Home support		127 300,000		18 000,000									145 300,000
ASC.3.6 OVC Institutional care		55 500,000											55 500,000
ASC.4.01.1 Programme Administration		458 420,000					5 820,000	924 027,000		109 100,000	2 690,000		1 500 057,000
ASC.4.02 Planning and coordination		1 400,000					52 597,000	36 822,000					90 819,000
ASC.4.03 Monitoring and evaluation		243 700,000						39 242,000					282 942,000
ASC.4.04 Operations research								9 787,000					9 787,000
ASC.4.05 Serological-surveillance (Serosurveillance)		520 640,000						15 789,000					536 429,000
ASC.4.07 Drug supply systems		40 470,000						102 650,000					143 120,000
ASC.4.08 Information technology								55 484,000					55 484,000
ASC.4.09 Supervision of personnel and patient tracking		5 650,000						13 256,000					18 906,000
ASC.4.10.1 Upgrading laboratory infrastructure and new equipment		186 160,000						641 362,000					827 522,000
ASC.4.10.2 Construction of new health centres		9 400,000											9 400,000
ASC.4.10.99 Upgrading and construction of infrastructure not elsewhere classified (n.e.c)										38 440,000			38 440,000
ASC.5.1 Monetary incentives for physicians		265 980,000											265 980,000
ASC.5.2 Monetary incentives for nurses		531 340,000											531 340,000
ASC.5.3 Monetary incentives for other staff		175 230,000											175 230,000
ASC.5.5 Training		95 930,000						129 635,000			11 763,000		237 328,000

ASC.6.1 Social protection through monetary benefits				696 800,000									696 800,000
ASC.7.1 Advocacy and strategic communication		12 100,000							25 159,000			9 330,000	46 589,000
ASC.7.2 Human rights		500,000							6 818,000				7 318,000
ASC.7.4 AIDS-specific programmes focused on women												30 535,000	30 535,000
ASC.8.4 Social science research							1 000,000		14 936,000				15 936,000
ASC.8.5 Behavioural research									8 535,000				8 535,000
ASC.8.6 Research in economics									5 727,000				5 727,000
ASC.8.7.2 Research on capacity strengthening - government and civil society institutions										850 000,000			850 000,000
Totals	0,000	26 964 880,000	0,000	714 800,000	0,000	3 981 480,000	0,000	145 422,000	7 689 193,000	850 000,000	320 850,000	127 339,000	40 793 964,000

Appendix 4. Belarus Source of Funding—Key Intervention Area, NASA 2008 (Br)

AIDS spending categories (ASC)	Funding Sources				Total
	1. Public Funds	2.2. Households' funds	3.2. Multilateral agencies	3.3 International not-for-profit organizations and foundations	
ASC.1 Prevention	21 863 480,000	3 981 480,000	2 855 662,000	246 331,000	28 946 953,000
ASC.2 Care and Treatment	2 371 680,000	0,000	2 890 307,000	0,000	5 261 987,000
ASC.3 Orphans and Vulnerable Children (OVC)	200 800,000	0,000	0,000	0,000	200 800,000
ASC.4 Programme Management activities	1 465 840,000	0,000	1 896 836,000	150 230,000	3 512 906,000
ASC.5 Human Capital	1 068 480,000	0,000	129 635,000	11 763,000	1 209 878,000
ASC.6 Social Protection and Social Services (excluding OVC)	696 800,000	0,000	0,000	0,000	696 800,000
ASC.7 Enabling Environment and Community Development	12 600,000	0,000	31 977,000	39 865,000	84 442,000
ASC.8 HIV-related Research (excluding Operations Research)	0,000	0,000	880 198,000	0,000	880 198,000
TOTAL	27 679 680,000	3 981 480,000	8 684 615,000	448 189,000	40 793 964,000

Appendix 5. List of institutions, organisations, ministries and departments included in the 2008 Belarus national AIDS spending assessment.

Brest Region

1. Baranavičy Central Clinic, Baranavičy
2. Baranavičy Municipal Hospital No.2, Baranavičy
3. Baranavičy State Centre for Training, Retraining and Advanced Training of Middle Medical Staff, Baranavičy
4. Baranavičy Zonal Centre for Hygiene and Epidemiology, Baranavičy
5. Biaroza District Centre for Hygiene and Epidemiology, Biaroza
6. Biaroza District Hospital, Biaroza
7. Brest Central Clinic, Brest
8. Brest Children's Regional Hospital, Brest
9. Brest Regional Antituberculosis Dispensary, Brest
10. Brest Regional Blood Transfusion Station, Brest
11. Brest Regional Cardiological Dispensary, Brest
12. Brest Regional Centre for Hygiene, Epidemiology and Public Health, Brest
13. Brest Regional Centre for Medical Rehabilitation "Tonus", Brest
14. Brest Regional Dental Clinic, Brest
15. Brest Regional Dermatovenereological Dispensary, Brest
16. Brest Regional Endocrinological Dispensary, Brest
17. Brest Regional Maternity Hospital, Brest
18. Brest Regional Medical and Rehabilitation Expert Commission, Brest
19. Brest Regional Medicogenetic Consulting Centre "Marriage and Family", Brest
20. Brest Regional Mental Hospital "Kryvošyn", Kryvošyn
21. Brest Regional Mental Hospital "Haradzišča", Haradzišča
22. Brest Regional Mental Hospital "Mahilioŭcy", Mahilioŭcy
23. Brest Regional Narcological Dispensary, Brest
24. Brest Regional Oncological Dispensary, Vyčulki
25. Brest Regional Pathologicoanatomical Office, Brest
26. Brest Regional Psychoneurological Dispensary, Brest
27. Brest Regional Storage Base of Medical Equipment and Property, Brest
28. Brest Zonal Centre for Hygiene and Epidemiology, Brest
29. Cieliachany Psychoneurological Rest Home for the Elderly and Disabled, Cieliachany
30. Drahičyn Central District Hospital, Drahičyn
31. Drahičyn District Centre for Hygiene and Epidemiology, Drahičyn
32. Hancavičy Blood Transfusion Station, Hancavičy
33. Hancavičy Central District Hospital, Hancavičy
34. Hancavičy District Centre for Hygiene and Epidemiology, Hancavičy
35. Ivacevičy Central District Hospital, Ivacevičy
36. Ivacevičy District Centre for Hygiene and Epidemiology, Ivacevičy
37. Ivanava Central District Hospital, Ivanava
38. Ivanava District Centre for Hygiene and Epidemiology, Ivanava
39. Kamianiec Central District Hospital, Kamianiec
40. Kamianiec District Centre for Hygiene and Epidemiology, Kamianiec
41. Kobryn Central District Hospital, Kobryn
42. Kobryn Zonal Centre for Hygiene and Epidemiology, Kobryn
43. Lachva Children's Centre, Lachva
44. Liachavičy Central District Hospital, Liachavičy
45. Liachavičy District Centre for Hygiene and Epidemiology, Liachavičy
46. Luniniec Central District Hospital, Luniniec

47. Luniniec District Centre for Hygiene and Epidemiology, Luniniec
48. Malaryta Central District Hospital, Malaryta
49. Malaryta District Centre for Hygiene and Epidemiology, Malaryta
50. Pinsk Central Clinic, Pinsk
51. Pinsk State Medical College, Pinsk
52. Pinsk Zonal Centre for Hygiene and Epidemiology, Pinsk
53. Pružany District Centre for Hygiene and Epidemiology, Pružany
54. Pružhany Central Hospital, Pružany
55. Sasnovy Bor, Children's Centre, Sasnovy Bor
56. Specialised Repair and Technical Office "Medik", Brest
57. State Treatment and Counselling Clinic, Brest
58. Stolin Central District Hospital, Stolin
59. Stolin District Centre for Hygiene and Epidemiology, Stolin
60. Svitanak, Child Rehabilitation and Health Centre, Pahost-Zaharodski
61. Tamašoŭka, Regional Children's Centre for Medical Rehabilitation, Tamašoŭka
62. Viachovičy Tuberculosis Hospital, Viarchovičy
63. Žabinka Central District Hospital, Žabinka
64. Žabinka District Centre for Hygiene and Epidemiology, Žabinka

Homieł Region

65. Akciabrski Central District Hospital, Akciabrski
66. Akciabrski District Centre for Hygiene and Epidemiology, Akciabrski
67. Brahin Central District Hospital, Brahin
68. Brahin District Centre for Hygiene and Epidemiology, Brahin
69. Buda-Kašaliova Central District Hospital, Buda-Kašaliova
70. Buda-Kašaliova District Centre for Hygiene and Epidemiology, Buda-Kašaliova
71. Čačersk Central District Hospital, Čačersk
72. Čačersk District Centre for Hygiene and Epidemiology, Čačersk
73. Chojniki Central District Hospital, Chojniki
74. Chojniki District Centre for Hygiene and Epidemiology, Chojniki
75. Dobruš Central District Hospital, Dobruš
76. Dobruš District Centre for Hygiene and Epidemiology, Dobruš
77. Homieł Blood Transfusion Station, Homieł
78. Homieł Central City Clinic, Homieł
79. Homieł City Centre for Hygiene and Epidemiology, Homieł
80. Homieł District Centre for Hygiene, Epidemiology and Public Health, Homieł
81. Homieł Regional Centre for Hygiene, Epidemiology and Public Health, Homieł
82. Homieł Regional Children's Clinical Hospital, Homieł
83. Homieł Regional Children's House for Children with Central Nervous System and Mental Damage, Homieł
84. Homieł Regional Clinical Cardiological Dispensary, Homieł
85. Homieł Regional Clinical Clinic, Homieł
86. Homieł Regional Clinical Dermatovenereological Dispensary, Homieł
87. Homieł Regional Clinical Hospital for Disabled Second World War Veterans, Homieł
88. Homieł Regional Clinical Hospital for Infectious Diseases, Homieł
89. Homieł Regional Clinical Hospital, Homieł
90. Homieł Regional Clinical Mental Clinic, Homieł
91. Homieł Regional Clinical Oncological Dispensary, Homieł
92. Homieł Regional Clinical Pathologicoanatomical Office, Homieł
93. Homieł Regional Dental Clinic, Homieł
94. Homieł Regional Diagnostic Medicogenetic Counselling Centre "Marriage and Family", Homieł
95. Homieł Regional Endocrinological Dispensary, Homieł

96. Homieĺ Regional Medical Rehabilitation Expert Commission, Homieĺ
97. Homieĺ Regional Narcological Dispensary, Homieĺ
98. Homieĺ Regional Tuberculosis Clinical Hospital, Homieĺ
99. Homieĺ State Medical College, Homieĺ
100. Jelsk Central District Hospital, Jelsk
101. Jelsk District Centre for Hygiene and Epidemiology, Jelsk
102. Kalinkavičy Central District Hospital, Kalinkavičy
103. Kalinkavičy District Centre for Hygiene and Epidemiology, Kalinkavičy
104. Karma Central District Hospital, Karma
105. Karma District Centre for Hygiene and Epidemiology, Karma
106. Lieĺčycy Central District Hospital, Lieĺčycy
107. Lieĺčycy District Centre for Hygiene and Epidemiology, Lieĺčycy
108. Lojeű Central District Hospital, Lojeű
109. Lojeű District Centre for Hygiene and Epidemiology, Lojeű
110. Mazyr Blood Transfusion Station, Mazyr
111. Mazyr Central Municipal Clinic, Mazyr
112. Mazyr Zonal Centre for Hygiene and Epidemiology, Mazyr
113. Naroűlia Central District Hospital, Naroűlia
114. Naroűlia District Centre of Hygiene and Epidemiology, Naroűlia
115. Pietrykaű Central District Hospital, Pietrykaű
116. Pietrykaű District Centre for Hygiene and Epidemiology, Pietrykaű
117. Rahačoű Blood Transfusion Station, Rahačoű
118. Rahačoű Central District Hospital, Rahačoű
119. Rahačoű Zonal Centre for Hygiene and Epidemiology, Rahačoű
120. Rečyca Central District Hospital, Rečyca
121. Rečyca Zonal Centre for Hygiene and Epidemiology, Rečyca
122. Svietlahorsk Central District Hospital, Svietlahorsk
123. Svietlahorsk Zonal Centre for Hygiene and Epidemiology, Svietlahorsk
124. Vierasok, Regional Children’s Centre for Medical Rehabilitation, Šarpilaűka
125. Vietka Central District Hospital, Vietka
126. Vietka District Centre for Hygiene and Epidemiology, Vietka
127. Źlobin Central District Hospital, Źlobin
128. Źlobin District Centre for Hygiene and Epidemiology, Źlobin
129. Źytkavičy Central District Hospital, Źytkavičy
130. Źytkavičy District Centre for Hygiene and Epidemiology, Źytkavičy
131. Źyvica, Children’s Centre, Čonki

Hrodna Region

132. Aűmiany Central District Hospital, Aűmiany
133. Aűmiany District Centre for Hygiene and Epidemiology, Aűmiany
134. Astraviec Central District Hospital, Astraviec
135. Astraviec District Centre for Hygiene and Epidemiology, Astraviec
136. Bierastavica Central District Hospital, Vialikaja Bierastavica
137. Bierastavica District Centre for Hygiene and Epidemiology, Vialikaja Bierastavica
138. Dziaťlava Central District Hospital, Dziaťlava
139. Dziaťlava District Centre for Hygiene and Epidemiology, Dziaťlava
140. Health Unit “Groniteks”, Hrodna
141. Health Unit of Textile Production Enterprise, Hrodna
142. Hrodna Central City Clinic, Hrodna
143. Hrodna Regional Blood Transfusion Centre, Hrodna
144. Hrodna Regional Cardiological Dispensary, Hrodna
145. Hrodna Regional Centre for Hygiene, Epidemiology and Public Health, Hrodna

146. Hrodna Regional Children's Clinical Hospital, Hrodna
147. Hrodna Regional Clinical Centre "Phthiology", Hrodna
148. Hrodna Regional Clinical Centre "Psychiatry-Narcology", Hrodna
149. Hrodna Regional Clinical Hospital for Infectious Diseases, Hrodna
150. Hrodna Regional Clinical Hospital, Hrodna
151. Hrodna Regional Clinical Perinatal Centre, Hrodna
152. Hrodna Regional Dermatovenereological Dispensary, Hrodna
153. Hrodna Regional Endocrinological Dispensary, Hrodna
154. Hrodna Regional Mental Hospital "Žodziški", Žodziški
155. Hrodna Regional Pathologicoanatomical Office, Hrodna
156. Hrodna Regional Unitary Enterprise Treatment and Production Workshops, Astroŭlia
157. Hrodna State Medical College, Hrodna
158. Hrodna Zonal Centre for Hygiene and Epidemiology, Hrodna
159. Iŭje Central District Hospital, Iŭje
160. Iŭje District Centre for Hygiene and Epidemiology, Iŭje
161. Joint Medical Car Pool, Hrodna
162. Kareličy Central District Hospital, Kareličy
163. Kareličy District Centre for Hygiene and Epidemiology, Kareličy
164. Lastochka, Hiezhaly
165. Liasnaja Paliana, Children's Rehabilitation and Health Centre, Žodziški
166. Lida Central District Hospital, Lida
167. Lida District Regional Psychoneurological Hospital "Astroŭlia", Astroŭlia
168. Lida Zonal Centre for Hygiene and Epidemiology, Lida
169. Masty Central District Hospital, Masty
170. Masty District Centre for Hygiene and Epidemiology, Masty
171. Medical Rehabilitation Expert Commission, Hrodna
172. Navahrudak Central District Hospital, Navahrudak
173. Navahrudak Zonal Centre for Hygiene and Epidemiology, Navahrudak
174. Regional Sports Medicine Dispensary, Hrodna
175. Ščučyn Central District Hospital, Ščučyn
176. Ščučyn Zonal Centre for Hygiene and Epidemiology, Ščučyn
177. Slonim Central District Hospital, Slonim
178. Slonim Regional Blood Transfusion Station, Slonim
179. Slonim Zonal Centre for Hygiene and Epidemiology, Slonim
180. Smarhoń Central District Hospital, Smarhoń
181. Smarhoń Zonal Centre for Hygiene and Epidemiology, Smarhoń
182. Svislač Central District Hospital, Svislač
183. Svislač District Centre for Hygiene and Epidemiology, Svislač
184. Vaŭkavysk Central District Hospital, Vaŭkavysk
185. Vaŭkavysk Zonal Centre for Hygiene and Epidemiology, Vaŭkavysk
186. Vaŭkavysk Regional Children's Rehabilitation Centre, Vaŭkavysk
187. Voranava Central District Hospital, Voranava
188. Voranava District Centre for Hygiene and Epidemiology, Voranava
189. Zeĺva Central District Hospital, Zeĺva
190. Zeĺva District Centre for Hygiene and Epidemiology, Zeĺva

Mahilioŭ Region

191. Asipovičy Central District Hospital, Asipovičy
192. Asipovičy District Centre for Hygiene and Epidemiology, Asipovičy
193. Babrujsk Central Hospital (with branches), Babrujsk
194. Babrujsk Clinic No.1 (with filial branches), No.2, No.3, No.7, Babrujsk
195. Babrujsk Dental Clinic, Babrujsk

196. Babrujsk Maternity Hospital, Babrujsk
197. Babrujsk Municipal Children's Hospital (with clinics), Babrujsk
198. Babrujsk Municipal Emergency Hospital (with branches), Babrujsk
199. Babrujsk Zonal Blood Transfusion Station, Babrujsk
200. Babrujsk Zonal Centre for Hygiene and Epidemiology, Babrujsk
201. Bialyničy Central District Hospital, Bialyničy
202. Bialyničy District Centre for Hygiene and Epidemiology, Bialyničy
203. Bychaŭ Central District Hospital, Bychaŭ
204. Bychaŭ District Centre for Hygiene and Epidemiology, Bychaŭ
205. Čavusy Central District Hospital, Čavusy
206. Čavusy District Centre for Hygiene and Epidemiology, Čavusy
207. Čerykaŭ Central District Hospital, Čerykaŭ
208. Čerykaŭ District Centre for Hygiene and Epidemiology, Čerykaŭ
209. Chocimsk Central District Hospital, Chocimsk
210. Chocimsk District Centre for Hygiene and Epidemiology, Chocimsk
211. City Emergency Hospital, Mahilioŭ
212. Clinic No.8, No.11, Mahilioŭ
213. Drybin Central District Hospital, Drybin
214. Drybin District Centre for Hygiene and Epidemiology, Drybin
215. Hlusk Central District Hospital named after A.S. Semenov, Hlusk
216. Hlusk District Centre for Hygiene and Epidemiology, Hlusk
217. Horki District Centre for Hygiene and Epidemiology, Horki
218. Horki Central District Hospital, Horki
219. Hospital of Mahilioŭ Regional Treatment and Diagnostic Centre, Mahilioŭ
220. Kasciukovičy Central District Hospital, Kasciukovičy
221. Kasciukovičy District Centre for Hygiene and Epidemiology, Kasciukovičy
222. Kiraŭsk Central District Hospital, Kiraŭsk
223. Kiraŭsk District Centre for Hygiene and Epidemiology, Kiraŭsk
224. Kličaŭ Central District Hospital, Kličaŭ
225. Kličaŭ District Centre for Hygiene and Epidemiology, Kličaŭ
226. Klimavičy Central District Hospital, Klimavičy
227. Klimavičy District Centre for Hygiene and Epidemiology, Cimanava
228. Krasnapollie Central District Hospital, Krasnapollie
229. Krasnapollie District Centre for Hygiene and Epidemiology, Krasnapollie
230. Kruhlaje Central District Hospital, Kruhlaje
231. Kruhlaje District Centre for Hygiene and Epidemiology, Kruhlaje
232. Kryčaŭ Central District Hospital, Kryčaŭ
233. Kryčaŭ District Centre for Hygiene and Epidemiology, Kryčaŭ
234. Mahilioŭ Central Clinic (with branches), Mahilioŭ
235. Mahilioŭ Children's Clinic (with branches), Mahilioŭ
236. Mahilioŭ Dental Clinic, Mahilioŭ
237. Mahilioŭ Hospital for Infectious Diseases, Mahilioŭ
238. Mahilioŭ Hospital No.1, Mahilioŭ
239. Mahilioŭ Regional Antituberculosis Dispensary, Mahilioŭ
240. Mahilioŭ Regional Blood Transfusion Station, Mahilioŭ
241. Mahilioŭ Regional Centre for Hygiene, Epidemiology and Public Health, Mahilioŭ
242. Mahilioŭ Regional Children's Dental Clinic, Mahilioŭ
243. Mahilioŭ Regional Children's Hospital, Mahilioŭ
244. Mahilioŭ Regional Dental Clinic, Mahilioŭ
245. Mahilioŭ Regional Dermatovenereological Dispensary, Mahilioŭ
246. Mahilioŭ Regional Hospital for Disabled Second World War Veterans, Mahilioŭ
247. Mahilioŭ Regional Hospital, Mahilioŭ

248. Mahilioŭ Regional Narcological Dispensary, Mahilioŭ
249. Mahilioŭ Regional Oncological Dispensary, Mahilioŭ
250. Mahilioŭ Regional Treatment and Diagnostic Centre, Mahilioŭ
251. Mahilioŭ Regional Mental Hospital, Mahilioŭ
252. Mahilioŭ Zonal Centre for Hygiene and Epidemiology, Mahilioŭ
253. Mscislaŭ Central District Hospital, Mscislaŭ
254. Mscislaŭ District Centre for Hygiene and Epidemiology, Mscislaŭ
255. Nursing Hospital, Mahilioŭ
256. Self-Supporting Dental Clinic, Ltd, Mahilioŭ
257. Škloŭ Central District Hospital, Škloŭ
258. Škloŭ District Centre for Hygiene and Epidemiology, Škloŭ
259. Slaŭharad Central District Hospital, Slaŭharad
260. Slaŭharad District Centre for Hygiene and Epidemiology, Slaŭharad

Minsk City

261. 1st Central District Clinic of Central District of Minsk, Minsk
262. 1st City Antituberculosis Dispensary, Minsk
263. 1st City Children's Clinic, Minsk
264. 1st City Children's Dental Clinic, Minsk
265. 1st City Clinical Hospital, Minsk
266. 2nd Antituberculosis Dispensary, Minsk
267. 2nd Central District Clinic of Frunzienski District of Minsk, Minsk
268. 2nd City Children's Clinic, Minsk
269. 2nd City Children's Clinical Hospital, Minsk
270. 2nd City Clinical Hospital, Minsk
271. 2nd City Dental Clinic, Minsk
272. 3rd Central District Clinic of Akciabrski District of Minsk, Minsk
273. 3rd City Children's Clinic, Minsk
274. 3rd City Children's Clinical Hospital, Minsk
275. 3rd City Clinical Hospital named after E.V. Klumov, Minsk
276. 3rd City Dental Clinic, Minsk
277. 4th City Children's Clinical Hospital, Minsk
278. 4th City Clinic, Minsk
279. 4th City Clinical Dental Clinic, Minsk
280. 4th City Clinical Hospital named after N.E. Savchenko, Minsk
281. 5th City Clinical Hospital, Minsk
282. 5th City Dental Clinic, Minsk
283. 6th Central District Clinic of Leninski District of Minsk, Minsk
284. 6th City Clinical Hospital, Minsk
285. 7th City Children's Clinic, Minsk
286. 7th City Clinic, Minsk
287. 7th City Dental Clinic, Minsk
288. 8th City Children's Clinic, Minsk
289. 8th City Clinic, Minsk
290. 8th City Clinical Dental Clinic, Minsk
291. 9th City Children's Clinic, Minsk
292. 9th City Clinic, Minsk
293. 9th City Clinical Hospital, Minsk
294. 9th Dental Clinic, Minsk
295. 10th City Children's Clinic, Minsk
296. 10th City Clinical Hospital, Minsk
297. 10th City Dental Clinic, Minsk

298. 11th City Children's Clinic, Minsk
299. 11th City Clinic, Minsk
300. 11th City Clinical Hospital, Minsk
301. 11th City Dental Clinic, Minsk
302. 12th City Children's Clinic, Minsk
303. 12th City Clinic, Minsk
304. 12th City Dental Clinic, Minsk
305. 13th City Children's Clinic, Minsk
306. 13th City Clinic, Minsk
307. 13th City Dental Clinic, Minsk
308. 14th Central District Clinic of Partyzanski District of Minsk, Minsk
309. 15th City Children's Clinic, Minsk
310. 15th City Clinic, Minsk
311. 16th City Children's Clinic, Minsk
312. 16th City Clinic, Minsk
313. 17th City Children's Clinic, Minsk
314. 17th City Clinic, Minsk
315. 18th City Clinic, Minsk
316. 19th Central District Clinic of Pieršamajski District of Minsk, Minsk
317. 19th City Children's Clinic, Minsk
318. 20th City Children's Clinic, Minsk
319. 20th City Clinic, Minsk
320. 21st Central District Clinic of Zavadski District of Minsk, Minsk
321. 22nd City Children's Clinic, Minsk
322. 22nd City Clinic, Minsk
323. 23rd City Children's Clinic, Minsk
324. 23rd City Clinic, Minsk
325. 24th City Special Medical Examination Clinic, Minsk
326. 25th Central District Clinic of Maskoŭski District of Minsk, Minsk
327. 25th City Children's Clinic, Minsk
328. 26th City Clinic, Minsk
329. 27th City Clinic, Minsk
330. 28th City Clinic, Minsk
331. 29th City Clinic, Minsk
332. 30th City Clinic, Minsk
333. 31st City Clinic, Minsk
334. 32nd City Clinic, Minsk
335. 33rd City Students' Clinic, Minsk
336. 34th Central District Clinic of Saviecki District of Minsk, Minsk
337. 35th City Clinic, Minsk
338. 36th City Clinic, Minsk
339. Children's House No.1 for Children with Central Nervous System and Mental Damage, Minsk
340. Children's House No.2, Minsk
341. City Children's Clinical Hospital for Infectious Diseases, Minsk
342. City Children's Clinical Psychoneurological Dispensary, Minsk
343. City Clinical Dermavenerological Dispensary, Minsk
344. City Clinical Emergency Hospital, Minsk
345. City Clinical Hospital for Infectious Diseases, Minsk
346. City Clinical Maternity Hospital No2, Minsk
347. City Clinical Narcological Dispensary, Minsk
348. City Clinical Pathologicoanatomical Office, Minsk
349. City Endocrinological Dispensary, Minsk

350. City Gerontological Centre, Minsk
351. City Gynaecological Hospital, Minsk
352. City Psychoneurological Dispensary, Minsk
353. City Tuberculosis Hospital, Voŭkavicy
354. Clinical Centre for Plastic Surgery and Medical Cosmetology, Minsk
355. General Practice Unit, Minsk
356. Health Unit of Minsk Motor Plant, Minsk
357. Health Unit of Minsk October Revolution Plant, Minsk
358. Health Unit of Minsk Watch Production Plant, Minsk
359. Health Unit of OAO BelOMO—Minsk Mechanical Plant named after S.I. Vavilov, Minsk
360. Health Unit of ZAO Atlant, Minsk
361. Hygiene and Epidemiology Centre of Akciabrski District of Minsk, Minsk
362. Hygiene and Epidemiology Centre of Centralny District of Minsk, Minsk
363. Hygiene and Epidemiology Centre of Frunzienski District of Minsk, Minsk
364. Hygiene and Epidemiology Centre of Lieninski District of Minsk, Minsk
365. Hygiene and Epidemiology Centre of Maskoŭski District of Minsk, Minsk
366. Hygiene and Epidemiology Centre of Partyzanski District of Minsk, Minsk
367. Hygiene and Epidemiology Centre of Pieršamajski District of Minsk, Minsk
368. Hygiene and Epidemiology Centre of Saviecki District of Minsk, Minsk
369. Hygiene and Epidemiology Centre of Zavadski District of Minsk, Minsk
370. Medical Initiative, Minsk
371. Minsk City Cardiological Dispensary, Minsk
372. Minsk City Centre for Hygiene and Epidemiology, Minsk
373. Minsk City Centre for Medical Rehabilitation of Children with Psychoneurological Diseases, Minsk
374. Minsk City Clinical Oncological Dispensary, Minsk
375. Minsk City Medical Rehabilitation Expert Commission, Minsk
376. Minsk Consulting and Diagnostic Centre, Minsk
377. Minsk Regional Centre for Hygiene, Epidemiology and Public Health, Minsk
378. Minsk State Medical College, Minsk
379. Out-Patient Clinic No 1, Minsk
380. Praleska, City Children's Centre, Rakaŭ
381. Public Unitary Enterprise of Hospital Road Transport, Minsk
382. Roadside Blood-Transfusion Station, Minsk
383. Roadside Centre for Hygiene and Epidemiology of the Belarusian Railways, Minsk

Minsk Region

384. Barysaŭ Central District Hospital, Byča
385. Barysaŭ Children's House, Barysaŭ
386. Barysaŭ Zonal Centre for Hygiene and Epidemiology, Barysaŭ
387. Bierazino Central District Hospital, Bierazino
388. Bierazino District Centre for Hygiene and Epidemiology, Bierazino
389. Červieŭ Central District Hospital, Červieŭ
390. Červieŭ District Centre for Hygiene and Epidemiology, Červieŭ
391. Dziaržynsk District Centre for Hygiene and Epidemiology, Dziaržynsk
392. Dziažynsk Central District Hospital, Dziažynsk
393. Kapyĺ Central District Hospital, Kapyĺ
394. Kapyĺ District Centre for Hygiene and Epidemiology, Kapyĺ
395. Klieck District Centre for Hygiene and Epidemiology, Klieck
396. Klieck Central District Hospital, Klieck
397. Krupki Central District Hospital, Krupki
398. Krupki District Centre for Hygiene and Epidemiology, Krupki

399. Lahojsk Central District Hospital, Lahojsk
400. Lahojsk District Centre for Hygiene and Epidemiology, Lahojsk
401. Lubań Central District Hospital, Liubań
402. Lubań District Centre for Hygiene and Epidemiology, Liubań
403. Maladziečna Central District Hospital, Maladziečna
404. Maladziečna Zonal Centre for Hygiene and Epidemiology, Maladziečna
405. Marjina Horka Central District Hospital, Marjina Horka
406. Maternity Hospital of Minsk Region, Minsk
407. Medical Rehabilitation Expert Commission of Minsk Region, Liasny
408. Miadziel Central District Hospital, Miadziel
409. Miadziel District Centre for Hygiene and Epidemiology, Miadziel
410. Minsk Central National Hospital, Baraŭliany
411. Minsk Regional Antituberculosis Dispensary, Liaskoŭka
412. Minsk Regional Blood Transfusion Station, Maladziečna
413. Minsk Regional Children's Clinical Hospital, Minsk
414. Minsk Regional Clinical Hospital, Liasny-1
415. Minsk Regional Dental Clinic, Minsk
416. Minsk Regional Dermatovenereological Dispensary, Minsk
417. Minsk Regional Narcological Dispensary, Minsk
418. Minsk Regional Pathologicoanatomical Office, Liasny-1
419. Minsk Regional Psychoneurological Dispensary, Minsk
420. Minsk Zonal Centre for Hygiene and Epidemiology, Baraŭliany
421. Minskoblsantrans (Minsk Regional Medical Transport), Minsk
422. Niasviž Central District Hospital, Niasviž
423. Niasviž District Centre for Hygiene and Epidemiology, Niasviž
424. Puchavičy District Centre for Hygiene and Epidemiology, Marjina Horka
425. Puchavičy, Regional Children's Centre for Medical Rehabilitation, Marjina Horka
426. Salihorsk Central District Hospital, Salihorsk
427. Salihorsk Zonal Centre for Hygiene and Epidemiology, Salihorsk
428. Sluck Central District Hospital, Sluck
429. Sluck Specialised Children's House for Children with Central Nervous System and Mental Damage, Sluck
430. Sluck State Medical College, Sluck
431. Sluck Zonal Centre for Hygiene and Epidemiology, Sluck
432. Smaliavičy Central District Hospital, Smaliavičy
433. Smaliavičy District Centre for Hygiene and Epidemiology, Smaliavičy
434. Specialised Repair and Technical Enterprise "Medik-2003", Baraŭliany
435. Saryja Darohi Central District Hospital, Saryja Darohi
436. Saryja Darohi District Centre for Hygiene and Epidemiology, Saryja Darohi
437. Stoŭbcy Central District Hospital, Stoŭbcy
438. Stoŭbcy District Centre for Hygiene and Epidemiology, Stoŭbcy
439. Uzda Central District Hospital, Uzda
440. Uzda District Centre for Hygiene and Epidemiology, Uzda
441. Valožyn Central District Hospital, Valožyn
442. Valožyn District Centre for Hygiene and Epidemiology, Valožyn
443. Viliejka Central District Hospital, Viliejka
444. Viliejka District Centre for Hygiene and Epidemiology, Viliejka
445. Źodzina Central District Hospital, Źodzina
446. Źodzina Municipal Centre for Hygiene and Epidemiology, Źodzina

Viciebsk Region

447. Bahušeŭsk Regional Tuberculosis Hospital, Bahušeŭsk

448. Biešankovičy Central District Hospital, Biešankovičy
449. Biešankovičy District Centre for Hygiene and Epidemiology, Biešankovičy
450. Braslaŭ Central District Hospital, Braslaŭ
451. Braslaŭ District Centre for Hygiene and Epidemiology, Braslaŭ
452. Braslaŭ Regional Mental Hospital "Slabodka", Slabodka
453. Braslaŭ Regional Tuberculosis Rehabilitation Centre for Teenagers, Braslaŭ
454. Čašniki District Centre for Hygiene and Epidemiology, Čašniki
455. Dokšyicy Central District Hospital, Dokšyicy
456. Dokšyicy District Centre for Hygiene and Epidemiology, Dokšyicy
457. Dubroŭna Central District Hospital, Dubroŭna
458. Dubroŭna District Centre for Hygiene and Epidemiology, Dubroŭna
459. Haradok Central District Hospital, Haradok
460. Haradok District Centre for Hygiene and Epidemiology, Haradok
461. Hlybokaje Central District Hospital, Hlybokaje
462. Hlybokaje District Centre for Hygiene and Epidemiology, Hlybokaje
463. Liepieĺ Central District Hospital, Liepieĺ
464. Liepieĺ District Centre for Hygiene and Epidemiology, Liepieĺ
465. Liepieĺ Regional Medical Rehabilitation Hospital for Children with Locomotor System Diseases, Regional Medical Rehabilitation Hospital for Children, Liepieĺ
466. Liepieĺ Regional Mental Hospital, Liepieĺ
467. Line Centre for Hygiene and Epidemiology of Polack Railway Station, Polack
468. Liozna Central District Hospital, Liozna
469. Liozna District Centre for Hygiene and Epidemiology, Liozna
470. Miory Central District Hospital, Miory
471. Miory District Centre for Hygiene and Epidemiology, Miory
472. Navapolack Central Municipal Hospital, Navapolack
473. Navapolack Municipal Centre for Hygiene and Epidemiology, Navapolack
474. Novalukomĺ Central District Hospital, Novalukomĺ
475. Orša Central Clinic, Orša
476. Orša Municipal Hospital No.4, Orša
477. Orša Zonal Centre for Hygiene and Epidemiology, Orša
478. Pastavy Central District Hospital, Pastavy
479. Pastavy District Centre for Hygiene and Epidemiology, Pastavy
480. Polack Central Municipal Hospital, Polack
481. Polack Regional Mental Hospital, Polack
482. Polack State Training Centre for Training, Retraining and Advanced Training of Personnel with Specialised Secondary Medical Education, Polack
483. Polack Zonal Centre for Hygiene and Epidemiology, Polack
484. Rasony Central District Hospital, Rasony
485. Rasony District Centre for Hygiene and Epidemiology, Rasony
486. Regional Centre for Plastic Surgery and Cosmetology, Viciebsk
487. Regional Homeopathic Out-Patient Clinic, Viciebsk
488. Šarkaŭščyna Central District Hospital, Šarkaŭščyna
489. Šarkaŭščyna District Centre for Hygiene and Epidemiology, Šarkaŭščyna
490. Sianno Central District Hospital, Sianno
491. Sianno District Centre for Hygiene and Epidemiology, Sianno
492. Šumilina Central District Hospital, Šumilina
493. Šumilina District Centre for Hygiene and Epidemiology, Šumilina
494. Talačyn Central District Hospital, Talačyn
495. Talačyn District Centre for Hygiene and Epidemiology, Talačyn
496. Ušačy Central District Hospital, Ušačy
497. Ušačy District Centre for Hygiene and Epidemiology, Ušačy
498. Viciebsk Children's Regional Clinical Hospital, Viciebsk

499. Viciebsk City Central Clinic, Viciebsk
500. Viciebsk Regional Blood Transfusion Station, Viciebsk
501. Viciebsk Regional Cardiological Dispensary, Viciebsk
502. Viciebsk Regional Centre for Hygiene, Epidemiology and Public Health, Viciebsk
503. Viciebsk Regional Clinical Antituberculosis Dispensary, Viciebsk
504. Viciebsk Regional Clinical Dermatovenereological Dispensary, Viciebsk
505. Viciebsk Regional Clinical Hospital for Infectious Diseases, Viciebsk
506. Viciebsk Regional Clinical Hospital, Viciebsk
507. Viciebsk Regional Clinical Oncological Dispensary, Viciebsk
508. Viciebsk Regional Clinical Patologicoanatomical Office, Viciebsk
509. Viciebsk Regional Dental Clinic, Viciebsk
510. Viciebsk Regional Diagnostic Centre, Viciebsk
511. Viciebsk Regional Endocrinological Dispensary, Viciebsk
512. Viciebsk Regional Medical Library, Viciebsk
513. Viciebsk Regional Medical Rehabilitation Expert Commission, Viciebsk
514. Viciebsk Regional Mental Hospital, Vičba
515. Viciebsk Regional Psychoneurological Dispensary, Viciebsk
516. Viciebsk Zonal Centre for Hygiene and Epidemiology, Viciebsk
517. Vierchniadvinsk Central District Hospital, Janina
518. Vierchniadvinsk District Centre for Hygiene and Epidemiology, Vierchniadvinsk
519. Vietraž, Regional Child Rehabilitation and Health Centre, Kasciani

**Ministries, departments (other than the Ministry of Health)
and nation-level subordinate organisations**

520. Belarusian Medical Academy of Postgraduate Education
521. Ministry of Culture
522. Ministry of Defence
523. Ministry of Education
524. Ministry of Emergency Situations
525. Ministry of Housing and Utilities
526. Ministry of Internal Affairs (including Penalties Execution Department)
527. Ministry of Labour and Social Protection
528. Ministry of Tourism and Sports
529. Ministry of Transport and Communications
530. National Centre for Hygiene, Epidemiology and Public Health

International Organisations and NGOs

531. Belarusian Association of UNESCO Clubs
532. Belarusian National Youth Association
533. Belarusian Red Cross
534. Interchurch Mission “Christian Social Service”
535. NGO “Dukhovnost”
536. NGO “Positive Movement”
537. NGO “Vstrecha”
538. UNAIDS
539. UNDP, Project Implementation Team



UNAIDS
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

UNHCR
UNICEF
WFP
UNDP
UNFPA
UNODC
ILO
UNESCO
WHO
WORLD BANK



Ministry of Health
Republic of Belarus