

# ***Republic of Belarus:***

*ASSESSMENT OF THE SUSTAINABILITY  
OF THE OPIOID AGONIST THERAPY  
PROGRAMME IN THE CONTEXT OF  
TRANSITION FROM DONOR SUPPORT  
TO DOMESTIC FUNDING*

**February-April 2020**

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Assessment tools and the relevant guidelines have been developed by the EHRA based on the previous framework concepts, as well as experience in assessing sustainability and transition capacities in the areas of HIV, tuberculosis, malaria, and harm reduction. These are mostly based on international approaches and programmatic recommendations on OAT.

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# Acronyms and Abbreviations

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ART	Antiretroviral Therapy
CCC	Country Coordinating Committee
EHRA	Eurasian Harm Reduction Association
EMA	European Medicines Agency
FTE	Full-Time Equivalent
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
INCB	International Narcotics Control Board
M&E	Monitoring and Evaluation
MDR-TB	Multi-Drug Resistant Tuberculosis
MoH	Ministry of Health
NGO	Non-Governmental Organisation
OAT	Opioid Agonist Therapy
OST	Opioid Substitution Therapy
OSTM	Opioid Substitution Therapy with Methadone
PSM	Procurement and Supply Management
PWID	People Who Inject Drugs
PWUD	People Who Use Drugs
TB	Tuberculosis
TSM	Technical Support Mechanism
UHC	Universal Health Coverage
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization

# Executive Summary

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The opioid agonist therapy (OAT) programme<sup>1</sup> has been implemented in the Republic of Belarus since 2007 within the framework of projects supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). In the field of drug dependence treatment, the Republic of Belarus remains committed to universal access to health which involves free access to the OAT programme provided by state-run facilities. As of January 1, 2020, nineteen OAT sites were functioning in the country, providing services to 690 clients.

Up until 2015, OAT programme expenses were completely paid by the Global Fund. From 2015 onwards, the government has assumed responsibility for financing the work of OAT sites, with the exception of methadone procurement. It is expected that as of 2021, OAT medications will be purchased at the expense of the state budget and the OAT service sites will be completely funded by the state.

In these circumstances, it is crucial to assess the sustainability of the OAT programme in the context of transition from Global Fund support to national funding, and to identify the strengths, barriers, challenges, and risks, as well as opportunities to enhance the sustainability of the OAT programme. This assessment was conducted between February and April 2020 using the OAT sustainability framework concept and methodology developed by the Eurasian Harm Reduction Association (EHRA)<sup>2</sup>.

This assessment was conducted with a particular focus on sustainability-related accomplishments and issues; underlying conditions and mechanisms; gaps in financial, human-resource and other programmatic data related to the transition period; and analysis of the national “Plan to Ensure the Sustainability and Transition to State Funding for HIV/AIDS and Tuberculosis Prevention, Treatment, Care, and Support Programmes in the Republic of Belarus, 2020–2021”<sup>3</sup> (hereinafter referred to as the Transition Plan).

The study highlighted a range of **accomplishments in OAT** programme development, including the following:

1. There is sufficient political commitment for the implementation and scale-up of the OAT programme, and no legislative barriers are undermining the provision of OAT in the country. The government has confirmed its commitments to facilitate the transition of OAT to public funding.

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<sup>1</sup> Other terms, such as “substitution therapy with methadone” and “opioid substitution therapy” are also in use in Belarus. In the author's view, and according to other national experts, the term “opioid agonist therapy” most fully reflects the essence of treatment interventions and is likely to be most widely used in both clinical practice and new regulations in the near future.

<sup>2</sup> Measuring the sustainability of opioid agonist therapy (OAT). A guide for assessment in the context of donor transition. Eurasian Harm Reduction Association: Vilnius, Lithuania. 2020. Available at: <https://harmreductioneurasia.org/ru/oat-sustain-method/>

<sup>3</sup> Ministry of Health, Decree No. 268, “On the Implementation of the Transition Plan”, Minsk, 9 March 2020.

2. Two subsequent national Transition Plans were put into effect for the transition from donor to domestic funding: in 2016<sup>4</sup> and 2020, as well as the Concept of Sustainable Development of the HIV/AIDS and Tuberculosis Prevention, Treatment, Care, and Support System (2017).
3. The government programme, “People’s Health and Demographic Safety of the Republic of Belarus (2016–2020)”, provides for partial co-financing to support the work of the “Substitution Therapy and Drug Treatment Centre”, and OAT sites during 2019–2020.
4. The country has an oversight mechanism in place within the Country Coordinating Committee (CCC) to control OAT transition to domestic funding, with an increasing influence of NGOs on decision-making processes.
5. Particular components of the OAT monitoring and evaluation system have been put in place, including approved operational reporting forms for submitting statistics on the OAT programme; and analytical reports on the state of the OAT programme.
6. A mechanism has been launched for the procurement of buprenorphine in addition to methadone, to expand the range of alternative options for OAT medication.
7. Preliminary work has been completed to reduce barriers that hinder access and to make the OAT programme more attractive for clients (including the introduction of take-home doses for self-administered therapy) - relevant provisions are included in the draft instruction on the organisation of OAT and its clinical protocol.
8. Studies have been carried out at the national level proving the cost-effectiveness of the OAT programme and the need to expand the programme in Belarus. According to the estimates, the OAT programme generates a minimum of USD6 in socio-economic benefits per dollar spent by averting negative consequences and cutting subsequent costs, and a minimum of USD10–11 per dollar spent by preventing new HIV infections<sup>5</sup>.
9. A social support programme has been launched for OAT clients.

However, there are challenging issue areas in the implementation of the OAT programme. The assessment reveals moderate levels of sustainability in the areas of Policy and Governance, and Finance and Resources, and a moderate level of risk in the area of Services for opioid agonist treatment programmes in the context of their transition from the Global Fund to domestic funding.

The main challenges and obstacles to achieving greater sustainability of the OAT programme in Belarus are as follows:

1. The OAT programme continues to be considered a part of the national response to the HIV epidemic rather than a part of the national drug policy aimed at enhancing drug dependency treatment care.

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<sup>4</sup> Ministry of Health. Action plan for the implementation of the Concept of Sustainable Development of the HIV/AIDS and Tuberculosis Prevention, Treatment, Care, and Support System. Minsk; Ministry of Health, 27 December 2016.

<sup>5</sup> Petrovich M.A., Alexandrov A.A. Assessment of the socio-economic effectiveness of implementing the programmes of methadone substitution treatment for drug dependence: a case of Gomel Oblast. Minsk, 2013.

2. There is no single designated agency responsible for OAT oversight, coordination, and management. There are no formalised and efficient procedures to involve civil society members, including OAT clients, in the OAT governing and coordinating structures.
3. The country does not have a detailed plan for transition of the OAT programme to domestic funding.
4. There are still legal barriers hindering access to the OAT programme, including: mandatory registration for dispensary observation within the narcological register system, which leads to considerable restrictions of civic rights (including no eligibility for a driving license; no right to keep and bear arms; no right to hold public office and be employed in some other positions; and no right to work in some professional fields); the established practice of disclosing personal data of people who use drugs to law-enforcement agencies; the lack of a definition of what is a “minimum narcotic drug amount/dose” in the law; and the lack of a mechanism for offering drug dependence treatment as an alternative to incarceration.
5. Approval of the instruction on procedures for the provision of OAT and the new clinical protocol have been delayed, which has resulted in a decrease in the number of OAT programme clients.
6. The public procurement of medicines remains a complex and complicated procedure, which may impede the timely supply of medicines for the OAT programme given the lack of experience in purchasing OAT medications from public sources. There is no adequate legal framework to regulate the procurement of medicines for the OAT programme through international platforms.
7. Upon the transition to domestic funding, one of the risks is that the OAT needs are not met due to an insufficient budget allocation as the OAT programme is not likely to be classified as a top-priority category for national healthcare spending.
8. Methadone and buprenorphine have not yet been included in the National List of Essential Medicines, which can hamper centralised public funding for the procurement of these medications.
9. There is a lack of interest in expanding OAT programme outreach and coverage by medical personnel working at OAT service sites part-time, in addition to their main job responsibilities.
10. There is no unified database of OAT programme participants, which makes it difficult for clients to receive non-interrupted therapy in any other district if they travel within the country.
11. OAT programme coverage remains low (3.7% as of the end of 2019), and the total number of clients decreases annually due to the low motivation/adherence of clients. Currently available programme services and terms and conditions do not accommodate the key needs of people who use drugs.
12. The OAT programme remains rather high-threshold, with a widespread practice of terminating clients “for non-compliance” (such as alcohol and psychoactive substance use), which is incompatible with national clinical protocols. A list of groups/populations with special OAT needs has not been developed for the OAT programme.

13. The readiness/preparedness for the implementation of the OAT programme in prisons is low within the penitentiary system. Options to involve general practitioners in the implementation of the OAT programme are not under serious consideration.

14. None of the governmental programmes has set indicators to increase OAT coverage.

15. The geographic coverage of the OAT programme remains insufficient. There is a shortage of OAT service sites in Vitebsk and Mogilev Oblasts.

16. There is no single, unified procedure for OAT sites in the country. The OAT sites are not actively co-operating with other healthcare services to support the continuum of care for HIV, tuberculosis, and drug dependence.

A summary of progress towards ensuring the sustainability of opioid agonist treatment programmes in Belarus, by the three thematic areas reviewed in the course of this assessment, is shown in the following table:

<i>Issue areas</i>	<i>Indicators</i>		
Policy and governance	Moderate risk	Political commitment	Moderate level of sustainability, at moderate risk
		Management of transition from donor to domestic funding	Moderate level of sustainability, at moderate risk
Finance and resources	Moderate risk	Medications	Substantial level of sustainability with moderate to low risk
		Financial resources	Moderate level of sustainability, at moderate risk
		Human resources	Moderate level of sustainability, at moderate risk
		Evidence and information systems	Substantial level of sustainability with moderate to low risk
Services	At moderate to high risk	Availability and coverage	Low level of sustainability, at high risk
		Accessibility	Moderate level of sustainability, at moderate risk
		Quality and integration	Moderate level of sustainability, at moderate risk

Based on this assessment, **recommendations** have been developed to enhance the sustainability of the OAT programme as follows:

**1. Recommendations to the Inter-sectoral Council on Healthy Lifestyles, Control of Non-communicable Diseases, and Prevention of Alcohol Abuse, Drug Dependence, and Tobacco Use (established under the Council of Ministers of the Republic of Belarus):**

- 1.1. Initiate an open dialogue between the Ministry of Health and the Ministry of Finance to ensure consistent, sustainable, and feasible budget allocations and priority setting for the OAT programme, taking into account the current economic situation.
- 1.2. Revise the pre-set activities and resources in the strategic documents (such as the National Strategy for Sustainable Social and Economic Development, and the Governmental programmes) and make sure that measures to provide public funding to the OAT programme are included as priority activities, making adjustments to the changing economic landscape and the available donor funding in the country.
- 1.3. Develop, and put in force, a strategic document/position on national drug policy, reflecting the positive role, and importance, of OAT for the reduction of crime among people who use drugs, and for their social reintegration.

**2. Recommendations to the Ministry of Health:**

- 2.1. Develop a detailed financial plan for the transition of OAT to domestic funding with specified unit costs, co-financing levels, and sources of domestic funding for the provision of services, including those provided under existing and proposed government programmes.
- 2.2. Develop regulations to define a comprehensive mechanism for the management and coordination of the OAT programme. Designate a unitary authority responsible for OAT supervision, coordination, and management. Designate a key healthcare agency/institution responsible for OAT monitoring and evaluation.
- 2.3. Finalise and formally approve the instruction on procedures for the provision of OAT, and the clinical protocol for OAT for clients with opioid dependence, to provide more streamlined pathways for client enrolment.
- 2.4. Ensure that take-home doses of OAT medication can be dispensed for self-administered therapy to highly adherent clients, as well as to all clients with limited access to OAT service sites (including those who fall ill, and those in pre-trial detention facilities), and more generally in the case of restrictions enacted due to the COVID-19 pandemic.
- 2.5. Enable OAT programme enrolment for clients with an opioid dependence diagnosis who are not formally registered with a dependence psychiatrist-narcologist for narcological dispensary observation

- 2.6. Rule out the input of information into the Unified PWUD Registration database for those clients who are placed under preventive observation. Work out the issue of abolishing the rules on mandatory dispensary and preventive observation for PWUD.
- 2.7. Develop a detailed work algorithm to organise the provision of OAT at the OAT sites MMT rooms with 100% government funding, including more convenient opening hours for programme clients.
- 2.8. Develop a mechanism to raise the level of pay for medical personnel at OAT service sites up to the average pay level in the industrial sector of the national economy.
- 2.9. Make sure that OAT medications are included in the national Model List of Medicines for the next/current year. Address planning and procurement needs to supply OAT medications in various forms (syrup, tablet, etc.), as well as to supply different/alternative OAT medicines. Establish and work out a mechanism for calculating both the pharmacological and non-pharmacological needs of the OAT programme, including additional equipment and supplies (such as dispensers and dosing units, furniture, etc.).
- 2.10. Consider having OAT administered/prescribed by general practitioners and private clinicians.
- 2.11. Develop and introduce postgraduate training modules for physicians and nurses with a focus on administering OAT, and reducing stigma towards key populations affected by HIV, including PWUD.
- 2.12. Organise and deliver integrated services based on the OAT maintenance sites/rooms to support the continuum of care for HIV, tuberculosis, and drug dependence treatment.
- 2.13. Set performance indicators to increase OAT coverage.
- 2.14. Address the issue of the gradual introduction of OAT in the penitentiary system. Provide support through personnel training to the penitentiary system. Enhance support to drug-dependent people who are being released from prison and provide dynamic supervision.
- 2.15. Provide for the transition of services (such as social support to clients at OAT sites maintenance rooms) delivered by non-governmental, not-for-profit, organisations as part of Global Fund grant implementation, to public funding using the social contracting mechanism. Develop and submit proposals for amendments and additions to existing regulations as regards the implementation of the social contracting mechanism to provide services to people in the OAT programme.
- 2.16. Organise a study to estimate the number of opioid dependent people who use drugs users in the country as a whole and by region

- 3. Recommendations to the Republican Scientific and Applied Research Centre for Mental Health:**
  - 3.1. In the framework of developing clinical protocols of medical care for patients with mental and behavioural disorders - highlight the specifics of administering therapy to clients enrolled in the OAT programme, including gender-specific issues.
  - 3.2. Establish a procedure to conduct a quarterly in-depth analysis of statistical data on the implementation of the OAT programme, to inform the analytical reports provided to the Ministry of Health, the Ministry of Internal Affairs, and the Ministry of Labour and Social Care.
  - 3.3. Examine the efficacy of the existing staff structure of OAT rooms/sites taking into account their workload. Suggest solutions for the optimisation of the staffing structure and for enhancing the motivation of OAT personnel.
- 4. Recommendations to the Republican Scientific and Applied Research Centre for Medical Technologies, Information, Management and Economics of Health Care:**
  - 4.1. Develop and implement a forecasting methodology to estimate the need for medication in the OAT programme.
  - 4.2. Develop recommendations for organising government procurement of OAT medications from foreign suppliers.
  - 4.3. Organise a cross-sectoral (involving NGOs) roundtable to discuss and develop a mechanism to monitor the implementation of the Transition Plan.
- 5. Recommendations to the Country Coordinating Committee for interaction with the Global Fund to Fight AIDS, Tuberculosis and Malaria:**
  - 5.1. Address OAT programme sustainability issues on a regular basis at the Country Coordinating Committee meetings.
  - 5.2. Request that the Task Force on the Expansion of OAT Services, established under the Country Coordinating Committee, produce quarterly analytical reports on transition progress to monitor the implementation of the Transition Plan, presenting and discussing these reports at the Country Coordinating Committee meetings.
  - 5.3. Provide technical support concerning organisational issues to the Country Coordinating Committee's Task Force on the Expansion of OAT Services.
- 6. Recommendations to civil society representatives:**
  - 6.1. Develop a mechanism for co-ordination with dependence psychiatrists-narcologists and Chief Narcologists at healthcare authorities to promptly communicate information on the issues faced by OAT clients

- 6.2. Develop projects to provide social, legal, and information support to OAT programme clients, as well as projects driven/implemented by client communities, including peer-to-peer projects.
- 6.3. Scale-up the implementation of activities aimed at capacity development of NGOs and client organisations, and the training of NGO activists involved in OAT.

**7. Recommendations to technical partners and donors:**

- 7.1. Provide support to conduct training of specialists involved in forecasting the needs/demand for, and the procurement of, medications and supplies for the OAT programme.
- 7.2. Provide technical support to calculate the estimated numbers of people who use drugs, including people who inject drugs, disaggregated by gender.
- 7.3. Provide international advice and tools for the development of national low-threshold drug dependency treatment programmes, including OAT.

## 1. Context

Healthcare in Belarus involves the state-run healthcare system, non-government health organisations, and individual businesses/entrepreneurs who carry out medical and pharmaceutical activities under the law. The basis of healthcare in the Republic of Belarus is the state-run healthcare system funded from the state budget. There are about 600 healthcare facilities offering inpatient care, about 1,500 outpatient and polyclinic facilities, and 17 Republic-level fundamental and applied science centres.

Drug treatment is offered in outpatient and inpatient healthcare facilities, day-care facilities, and in non-clinic settings (for prison inmates). People seeking drug treatment from a healthcare facility of their own accord, voluntarily and are willing to pay, are offered anonymous treatment and are not required to be registered in the Narcological Register. There is a narcological (drug treatment) dispensary or a clinical centre for psychiatry and narcology in the central cities in each region of the country. There are also psycho-narcological (drug dependence psychiatry and drug treatment) dispensaries in major cities. At the Republic level, drug treatment care is provided by the Republican Scientific and Applied Research Centre for Psychiatry and Narcology. In total, there are 28 inpatient facilities and 26 day-care units operating within the state narcological service, with 270 beds available for the rehabilitation of drug-dependent clients. There are Drug Dependence Psychiatrist-Narcologist Care rooms in each central district hospital to provide medical care to drug dependent people.

The Ministry of Internal Affairs is the authority responsible for the coordination of the activities of government bodies (organisations) to counteract illicit drug trafficking in Belarus. In recent years, the number of reported drug-related crimes have tended to decrease, while the amounts of seized drugs and psychotropic substances have been increasing annually. The most commonly seized illicit drugs include heroin, hashish and marijuana, and psychotropic substances such as  $\alpha$ -PVP ( $\alpha$ -Pyrrolidinopentiophenone, a synthetic stimulant of the cathinone class), para-methylephedrine, and MDMA. Synthetic psychotropic substances remain most common and most often associated with drug overdoses<sup>6</sup>.

Opioids are not the most widely used drugs, but the share of opioid drugs is quite high. According to 2019 official statistics, opioid-dependent clients constituted 44.3% among all those newly registered for medical observation by narcological service specialists (dependence psychiatrist-narcologist), and 61% (4,579 individuals) among all those registered for medical observation in the Dispensary Narcological Register as of the end of 2019<sup>7</sup>. According to practicing specialists - including drug dependence psychiatrists - not all of those individuals are initially diagnosed with 'opioid dependence syndrome' but are now continuing to use opioids. Some of them started using other types of narcotic drugs, for various reasons, and now are reported under the category of 'combination drug use'.

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<sup>6</sup> Ministry of Internal Affairs. Drug enforcement. A review of the drug situation in the Republic within the first 3 months of 2020: <https://www.mvd.gov.by/ru/page/guniptl/narkokontrol>

<sup>7</sup> Reporting on mental disorder cases related to substance use, and contingents of client in 2019. Form 1-Narcology. Ministry of Health. State statistical reporting.

The estimated number of people who inject drugs in Belarus is 75,000 (as of 2015)<sup>8</sup>. According to a criminological assessment conducted by the Academy of the Ministry of Internal Affairs in 2018, there were 88,500 people who use drugs in the country (the proportion of people who inject drugs was not specified)<sup>9</sup>.

Public health is considered one of the top priorities of the national drug policy<sup>10</sup>, but the main focus is made on combating crime and maintaining public order. The Ministry of Internal Affairs recognises the positive impact of the OAT programme on the HIV epidemic. It has pointed out, however, that the role of OAT is “insufficiently convincing” when it comes to the socialisation of clients (including their employment, improving relations with family and relatives, ability to start a family, and in finding a solution to housing issues)<sup>11</sup>.

The opioid agonist therapy programme with buprenorphine was first suggested by representatives of the UN Development Programme (UNDP) in Belarus in 1999 in response to the aggravating HIV epidemic in the cities of Svetlogorsk and the capital, Minsk. Up until 2004, UNDP submitted its project proposals for substitution therapy to the Ministry of Health (MoH) almost every year, but these were not supported by other involved agencies. In 2004, a decision was made to conduct a two-year OAT pilot project at the Gomel Regional Narcologic Dispensary for 50 drug dependent people living with HIV or having somatic complications. This project was launched on October 1, 2007, within the framework of the implementation of the international technical assistance project, “Prevention and Treatment of HIV/AIDS in the Republic of Belarus”. Based on the assessment of the outcomes of the pilot project in 2009, the MoH Clinic and Supervisory Council concluded that the method of substitution therapy with methadone for opioid dependent clients can be scaled-up to involve other healthcare organisations throughout the country. By 2015, 19 OAT sites in 17 cities existed in the country<sup>12</sup>. As of March 1, 2020, the number of OAT sites remains unchanged. Three new sites are scheduled to open in 2020 in the cities of Minsk, Vitebsk, and Orsha. All OAT service sites have been developed under the international technical assistance projects supported by the Global Fund.

In 2012, Belarus began a gradual transition of HIV treatment projects to domestic funding. The MoH purchased antiretroviral therapy (ART) medicines at the expense of the national budget (about USD500,000). Since 2014, donor funding has ceased for substitution therapy sites with the exception of methadone procurement. From 2021, methadone procurement is to be paid with public funds.

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<sup>8</sup> Country report on the progress made in the global AIDS response (for the monitoring of progress towards the targets set in the Political Declaration on HIV/AIDS). The Republic of Belarus. Reporting period: 2015. Minsk, 2016.

<sup>9</sup> The Belarusian Internet portal TUT.BY: The actual number of people who use drugs in Belarus amounts to 88,500. The number of persons serving time in prison for drug-related crimes is about 6,000: <https://news.tut.by/society/639765.html>

<sup>10</sup> Law No. 408-3, “On Narcotic Drugs, Psychotropic Substances, Their Precursors and Analogues”, of 13 July 2012. National Legal Internet Portal of the Republic of Belarus. <http://www.pravo.by/document/?guid=3961&p0=H11200408>

<sup>11</sup> Buter L.A. 10 years of methadone substitution therapy in Belarus: experience, challenges, and prospects. Collected analytical and information materials. Minsk, 2017.

<sup>12</sup> Kralko A.A., Belayets I.A., German T.M. Dynamics of the main indicators of the methadone substitution treatment programme based on the monitoring outcomes. Collected analytical and information materials. Minsk, 2017.

According to paragraph 6.1 of the Grant Agreement of 22 November 2018 on the implementation of programme “Strengthening the National Health System for HIV and Tuberculosis Prevention, Treatment, Care, and Support in the Republic of Belarus”, the country has committed to increasing its public health expenditure to achieve the goals of national universal health coverage (UHC), as well as to increase co-financing of programmes supported by the Global Fund, with a focus on increasing the payment of general expenses of the national plans to combat HIV and tuberculosis.

The first plan for the transition of HIV and TB prevention, treatment, care, and support programmes was approved by the MoH in December 2016<sup>13</sup> for the period of 2016–2018. The Plan was developed at the request of the Global Fund; according to the 2016–2018 grant agreement, the grant Recipient was responsible for the development of such a document. By the end of 2016, the MoH, together with other stakeholders, developed the “Concept of Sustainable Development of the HIV/AIDS and Tuberculosis Prevention, Treatment, Care, and Support System”, as well as an implementation plan to put it into action. The Concept was not formally signed off at the next level, the Council of Ministers, due to the fact that the Minister of Health, who had signed the document, was shortly after appointed the Deputy Prime Minister.

Only 50% of the interventions included in the first Transition Plan have been implemented (of them, 24% were implemented completely and 26% were implemented in part). The plan was not implemented completely for several reasons, including the following<sup>14</sup>:

- suggested changes were too substantial compared to the available timeframe (particularly regarding legislation);
- the lack of involvement of all concerned HIV organisations in the development and implementation of the Transition Plan;
- mistakes in the selection of implementers and co-implementing partners;
- poor prioritising of activities;
- no clearly identified focal point coordinators from each implementing agency;
- lack of regular implementation monitoring of the plan;
- in setting tasks, descriptions of tasks were perplexing and unclear;
- no options to make adjustments to the plan.

The second Transition Plan was developed in accordance with Global Fund guidelines in the process of application for the next grant; the plan was developed throughout 2019. In March 2020, the 2020/2021 Transition Plan was approved by a MoH decree<sup>15</sup>.

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<sup>13</sup> Action plan for the implementation of the Concept of Sustainable Development of the HIV/AIDS and Tuberculosis Prevention, Treatment, Care, and Support System, dated 27.12.2016.

<sup>14</sup> “Results of, and the prospects for, the National Response Plan to Ensure the Sustainability of, and Transition to, the Public Funding of HIV/AIDS and Tuberculosis Prevention, Treatment, Care, and Support Programmes in the Republic of Belarus”, (presentation). 2018 : <https://www.belaid.net/rezultaty-i-perspektivy-plana-obespecheniya-ustojchivosti-nacionalnyx-otvetnyx-mer-i-perexoda-na-gosudarstvennoe-finansirovanie-programm-po-vich/>

<sup>15</sup> Ministry of Health, Decree No. 268, Ibid.

## 2. Goals and methodology

Several frameworks have recently been conceptualised within the context of sustainability and transition to domestic funding of the HIV and TB response. Almost all EECA countries with Global Fund support have carried out such assessments and developed their own national transition plans.

In 2019, the Eurasian Harm Reduction Association (EHRA) developed a country assessment methodology and toolkit with a particular focus on the sustainability of OAT programmes. This was developed in response to ongoing calls and requests for support from EHRA members to assess the prospect of OAT programmes continuing upon the completion of international projects that provide political, technical and financial support in their respective countries (EHRA, 2019). The methodological framework of this assessment is built on “Measuring the sustainability of opioid agonist therapy (OAT): A guide for assessment in the context of donor transition”, which was developed and published by EHRA and updated in 2020. For a detailed description of the conceptual approach and all of the tools for such an assessment, please see: <https://harmreductioneurasia.org/oat-sustain-method/>

The assessment of the sustainability of the OAT programme was carried out in the Republic of Belarus using the EHRA approach and tools in February and April 2020. **The purpose of this assessment** was to assess the sustainability of the OAT programme in the context of its transition from the Global Fund, and other donors, to domestic funding; and to identify risks, as well as opportunities, to enhance the sustainability of the OAT programme. The results of this assessment would then be used to justify the importance of OAT programme development and to have OAT expenses funded by government programmes.

**A consolidated framework for the assessment of OAT programme sustainability** is shown in the following table (please see **Annex 1** for a detailed version with key deliverables/benchmarks).

Issue areas	Indicators			
A. Policy and governance	Political commitment		Management of transition from donor to domestic funding	
B. Finance and resources	Medications	Financial resources	Human resources	Evidence and information systems
C. Services	Availability and coverage	Accessibility		Quality and integration

This assessment includes a general background section, a progress review, an overview of challenges and opportunities within each issue area, as well as general conclusions and recommendations for government ministries and agencies, national coordinating bodies, practicing specialists, civil society, technical partners, and donors.

Progress towards the sustainability of the OAT programme in Belarus is assessed by the three issue areas. It is shown in a general summary table as well as in individual summaries by each thematic area. The table below describes the sustainability scale with corresponding percentage values.

<i>Scale for status of sustainability</i>	<i>Description</i>	<i>Approximation of the scale as a percentage</i>
<b>High</b>	<b>High level of sustainability with low or no risk</b>	<b>&gt;85–100 %</b>
<b>Substantial</b>	<b>Substantial level of sustainability with moderate to low risk</b>	<b>70–85 %</b>
<b>Moderate</b>	<b>Moderate level of sustainability, at moderate risk</b>	<b>25–35 %</b>
<b>At moderate to high risk</b>	<b>Sustainability at moderate risk to high risk</b>	<b>36–49 %</b>
<b>At high to moderate risk</b>	<b>Moderate to low level of sustainability, at high to moderate risk</b>	<b>50–69 %</b>
<b>At high risk</b>	<b>Low level of sustainability, at high risk</b>	<b>&lt;25 %</b>

An Advisory Group was established to provide support during the assessment process, consisting of four specialists representing government, academia, and non-governmental organisations. Members of the group included:

- Dr. Alexey A. Alexandrov, Chief Physician of the Minsk Regional Clinical Centre, “Psychiatry & Narcology”;
- Dr. Oleg R. Aizberg, Associate Professor of the Department of Psychiatry and Narcology, the Belarusian Medical Academy of Postgraduate Education;
- Dr. Vladimir I. Pikirenya, Assistant of the Department of Psychiatry and Medical Psychology, the Belarusian State Medical University;
- Irina E. Statkevich, Chair of the Board of the Belarusian non-governmental association, “Positive Movement”.

The Advisory Group members provided comments on the completed evaluation sheets and reviewed the results of the assessment. This assessment was conducted using system approach methods, including statistical approaches using historical data, and expert assessments.

A desk review was conducted to analyse the sustainability of the OAT programme in the context of transition from Global Fund support to domestic funding. Alongside the desk review, interviews were conducted with key experts from the following categories:

- three directors of public health care organisations;
- two drug dependence psychiatrists-narcologists from OAT service sites;
- two members of the Global Fund Grant Management group;
- two representatives of client community-driven organisations;
- one faculty member from a medical university.

Statistical and information materials were also requested from, and provided by, the MoH and the Ministry of Internal Affairs; the Republican Scientific and Applied Research Centre for Mental Health; the Republican Scientific and Applied Research Centre for Medical Technologies, Information, Management and Economics of Health Care, which currently includes a dedicated grant management unit supported by the Global Fund - the Global Fund Grant Management Department. Focus groups were deemed impractical.

The collected information was entered into the tables of the assessment tool by three main issue areas: Policy and Governance; Finance and Resources; and Services. The assessment was primarily focused on an analysis of the following documents: the Complex Plan of Action to efficiently combat drug trafficking, to prevent drug use, particularly among children and youth, and to provide social rehabilitation to drug-dependent people, 2019–2020; the governmental programme, “People's health and demographic security in the Republic of Belarus” (2016–2020); the Interagency Plan for implementing the recommendations accepted by the Republic of Belarus following the second round of the Universal Periodic Review by the UN Commission on Human Rights, and recommendations to the Republic of Belarus from the human rights treaty bodies, for 2016–2019<sup>16</sup>.

Other documents studied in detail included: the previous Transition Plan for the period from 2017 to 2018; the Concept of Sustainable Development of the HIV/AIDS and Tuberculosis Prevention, Treatment, Care, and Support System; and a draft version of the Plan to Ensure the Sustainability and Transition to Public Funding for HIV/AIDS and Tuberculosis Prevention, Treatment, Care, and Support Programmes in the Republic of Belarus (2020–2021).

Regulatory frameworks, scientific publications, as well as international guidelines on related issues were actively used in the assessment.

Three tables of the assessment tool have been compiled based on the collected information, including expert interviews. At the final stage, the assessment results were summarised, taking into account feedback received from members of the Advisory Group. Scores were assigned to measure progress

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<sup>16</sup> Council of Ministers, Decree No. 860, “On the approval of the Interagency Plan for implementing the recommendations accepted by the Republic of Belarus following the second round of the Universal Periodic Review by the UN Commission on Human Rights, and recommendations to the Republic of Belarus from the human rights treaty bodies, for 2016–2019”, 24 October 2016: <http://www.government.by/ru/solutions/2661>

towards the sustainability of the opioid agonist treatment programme by three surveyed thematic areas according to the templates provided in the Guide, and a report with conclusions and recommendations was finalised. The finalised table, with scores for all indicators and benchmarks used under this assessment, is presented at **Annex 2**.

**The main methodological limitations** of this assessment related to the difficulty in obtaining detailed statistical data on the financing of OAT sites, including funding from local budgets. The lack of recently estimated numbers of people who use opioids in the country also made it more difficult. At the time of the analytic review, the new Plan to Ensure the Sustainability and Transition to Public Funding for HIV/AIDS and Tuberculosis Prevention, Treatment, Care, and Support Programmes in the Republic of Belarus for 2020–2021 (the Transition Plan) was still subject to an approval procedure - its approved version has become available only by the time of the finalised assessment report. For our preliminary analysis, we used a draft version of the Transition Plan, which was not significantly different from its final version.

**Figure 1. Infographic: Sustainability assessment methodology for the OAT programme in Belarus, February–April 2020.**



### 3. Key results: Policy and governance

Policy and Governance	Moderate level of sustainability, at moderate risk
Political commitment	Moderate level of sustainability, at moderate risk
Management of transition from donor to domestic funding	Moderate level of sustainability, at moderate risk

A moderate level of sustainability, at moderate risk, can be assumed for the Policy and Governance issue area based on the analysis of sustainability. In general, there is sufficient political commitment to the implementation and scale-up of the OAT programme in the country according to international guidelines. In 2015, Belarus signed a Grant Agreement to implement a project to combat the HIV epidemic in 2016–2018, committing to foster the transition of HIV prevention programmes to public funding, along with the continued implementation and adequate scale-up of OAT in the country. The Grant Agreement is an integral part of the Framework Agreement between the Global Fund and the government, which was signed in October 2015<sup>17</sup>, and, therefore, these commitments are established at a legislative level.

Under the terms of Global Fund agreements, the minimum threshold contribution requirement to disease programmes in Belarus is set at 60%; an additional co-financing requirement is the “willingness to pay” confirmed by the government<sup>18</sup>. These government commitments have been reflected in the governmental programme, “People's health and demographic security in the Republic of Belarus”, for 2016–2020<sup>19</sup>.

It should be noted that the country has seen a significant increase in the influence of NGOs on decision-making processes related to the expansion and sustainability of the OAT programme in the transition to public funding over the past two years<sup>20</sup>. For instance, the NGO, “Your Chance”, has successfully advocated for a decision to establish an OAT site in Vitebsk Oblast in 2019. The NGO, “Positive Movement”, has initiated a social support project for methadone therapy programme clients, and has been implementing this project since December 2019. Representatives of the Republican

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<sup>17</sup> Law, “On the ratification of the Framework Agreement between the Government of the Republic of Belarus and the Global Fund to Fight AIDS, Tuberculosis and Malaria”, 18 October 2016 .

<sup>18</sup> Eurasian Harm Reduction Network. Sustainability and Transition Planning for Global Fund Harm Reduction Programmes. for a Case Study from Belarus. Vilnius; Eurasian Harm Reduction Network, October 2015. <http://fileserver.idpc.net/library/belarus-global-fund-case-study-eng.pdf>

<sup>19</sup> The governmental programme, “People's health and demographic security in the Republic of Belarus”, (2016–2020): <http://www.government.by/upload/docs/filecdcf0f8a76b95e004.PDF>

<sup>20</sup> Ministry of Health, Decree No. 223, “On amendments to the decree of the Republic of Belarus Ministry of Health of February 17, 2020, No. 162” , 27 February 2020

social community-based association, “Your Chance”, are involved in a working group to develop regulations on procedures for the provision of OAT. As a result of the involvement of a wider range of NGO stakeholders, a comprehensive draft Transition Plan was developed<sup>21</sup>.

The Transition Plan for the forthcoming period of 2020–2021 was approved by a ministerial decree of the Ministry of Health at the time of this assessment<sup>22</sup>. In the context of the OAT programme, an expansion in OAT coverage is envisioned by the Transition Plan. There are currently sufficient technical and human resources to implement the transition. However, there are no clearly identified measures in the Transition Plan as to how domestic resources and systems will take over the financing and management of the OAT programme.

Some constraints have been caused in that the MoH has not designated a unitary agency responsible for the supervision, coordination, and management of the OAT programme. The overall control and supervision of the OAT programme is performed by the MoH as a government body in charge of the organisation of medical care provided to the citizens of Belarus, and the coordination and oversight of the activities of other Republican state authorities, legal entities, and individuals in the sphere of health care under the law<sup>23</sup>. The National Mental Health Scientific and Applied Research Centre (Mental Health Centre) and the National Scientific and Applied Research Centre for Medical Technologies, Information, Management, and Economics of Health Care, are directly responsible at present for the coordination and management functions of the OAT programme, but their resources are not enough for the efficient management of the OAT programme. The Mental Health Centre is responsible for monitoring the number of OAT clients and quarterly data reporting, as well as the provision of analytical information on the performance of OAT sites at the request of the MoH. The specialists of the Mental Health Centre are also involved in the development of technical specifications (terms of reference) for the procurement of medications for the OAT programme. The Centre for Medical Technologies, Information, Management, and Economics of Health Care has a specialised Global Fund grant management department; therefore, it oversees and facilitates the procurement of OAT medications.

OAT transition planning has not significantly influenced the attitudes to, and perceptions of, the OAT programme among top managers and policy decision-makers. Law enforcement agencies are not opposed to the expansion of the OAT programme; however, the personnel of drug control units of the Ministry of Internal Affairs need to see the evidence as to the efficacy of the OAT programme. Moreover, this assessment demonstrates that to ensure the sustainability of OAT programme after transition to public funding, it is vitally important to establish a programme of regular training not only for internal affairs personnel, but also for the Prosecutor's Office, investigating and justice agencies, as well as social service and child custody services (juvenile councils).

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<sup>21</sup> Ministry of Health, Decree No. 406, “On the establishment of a working group” 4 April 2019.

<sup>22</sup> Ministry of Health, Decree No. 268, Op.cit.

<sup>23</sup> Council of Ministers, Resolution No. 1446, “On the issues related to the Ministry of Health of the Republic of Belarus”, 28 October 2011.

The governmental programme, “People's health and demographic security in the Republic of Belarus”, is being developed for the forthcoming period of 2021–2025 and, in so doing, appears to be a favourable moment to develop a detailed transition plan and to ensure plans for specific allocations. The previously established government commitments, aimed at ensuring the sustainability of the OAT programme, are most likely to be reaffirmed in the new programme with the current size and volume of operation. With the help of enhanced advocacy efforts, there is now an opportunity to increase these obligations.

### **3.1. Political commitment**

**State of progress.** Based on the assessment results, the OAT programme has moderate sustainability in the area of political commitment. There is a political commitment for the implementation and scale-up of the OAT programme in the country in compliance with international guidelines, particularly on behalf of the MoH. OAT is included in several national strategies and action plans on the HIV response and drug control, with a commitment to WHO-recommended targets<sup>24</sup>. The MoH has committed to providing OAT services - the relevant clinical protocols have been approved by the agency<sup>25</sup>.

Established political commitments concerning the implementation of the OAT programme in Belarus are mostly tied to HIV political commitments. However, members of the Advisory Group for this project believe that there is a strong understanding within the MoH that OAT is part of drug policy and one of the core treatment approaches for opioid dependence.

There are no significant legal barriers undermining the provision of OAT services in the country. According to the law, it is legal to use narcotic drugs and psychotropic substances for medical purposes for pain management and to relieve physical (mental) suffering caused by a disease and/or medical intervention, as required for medical treatment and in compliance with the clinical protocols (medical care approaches) approved by the MoH<sup>26</sup>. There is a separate legal norm that establishes the right to provide medical and other care, including drugs, psychotropic substances, and analogues to people who use drugs and to people experiencing drug dependence.

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<sup>24</sup> The Complex Plan of Action to efficiently combat drug trafficking, to prevent drug use, particularly among children and youth, and to provide social rehabilitation to drug dependent people (2019–2020), dated 21 March 2019, No. 33/202-98/183; Sub-programme component No. 5, “Prevention of HIV infections”, under the governmental programme, “People's health and demographic security in the Republic of Belarus”, (2016–2020), adopted by Council of Ministers, Resolution No. 200, “On the approval of the Governmental Programme “People's health and demographic security in the Republic of Belarus” for 2016–2020”, of 14 March 2016; the Interagency Plan to implement the recommendations accepted by the Republic of Belarus following the second round of the Universal Periodic Review by the United Nations Commission on Human Rights, and recommendations to the Republic of Belarus from the human rights treaty bodies, for 2016–2019, adopted by Council of Ministers Resolution No. 860, Ibid.

<sup>25</sup> Ministry of Health, Decree No. 1387, “On the Clinical Protocol of medical care for patients with mental and behavioural disorders”, 31 December 2010; Ministry of Health, Decree No. 1233, “On the use of opioid substitution therapy in persons with opioid drug dependence”, 16 November 2010.

<sup>26</sup> Law No. 408-3 (ed. 18 July 2016), “On Narcotic Drugs, Psychotropic Substances, Their Precursors and Analogues”, 13 July 2012.

**Barriers and challenges.** The requirement of being registered with the psychiatrists-narcologists for the regular medical check-up is one of the serious barriers for access to OAT programme. This linkage to the narcological registration system can have negative consequences for clients. Articles 23 and 24 of Law No. 349-3, “On the provision of psychiatric care” of 7 January 2012, affects the fundamental rights of OAT clients (e.g. they become ineligible for a driving license<sup>27</sup>; have no right to keep and bear arms<sup>28</sup>; and have no right to hold public office and be employed in other positions, and to work in some professional fields<sup>29</sup>), Personal data of all registered people who use drugs are included in a unified database with access provided to personnel of the Ministry of Internal Affairs which is expressly provided for by law (Article 311 of Law No. 408-3, “On narcotic drugs, psychotropic substances, their precursors, and analogues”, 13 July 13 2012).

The high risk of being deprived of social rights makes people who inject drugs unwilling to seek access to health care facilities, particularly to OAT services. Moreover, the Belarusian law does not have a precise definition of a minimum drug amount/dose. Hence, literally any amount of drugs can make people subject to criminal liability for drug possession, as criminal law makes no exclusion for possessing drugs for personal use only. For some potential clients of the OAT programme, this is a reason to opt out<sup>30</sup>.

To some extent, the lack of consensus among law enforcement staff as to the efficacy of the OAT programme is a further constraint. Due to awareness and training programmes for law enforcement and prison personnel on harm reduction issues<sup>31</sup>, the point of view of the top leadership of the Ministry on the importance of supporting and developing the OAT programme can be changed<sup>32</sup>. Currently, the position of the Ministry of Internal Affairs on the OAT programme is bearable, with no extremely negative or positive responses. Since 2017, the Ministry of Internal Affairs started to include the monitoring of the quality and efficiency of OAT services for opioid dependent clients in their interdisciplinary programme plans to combat drug trafficking and to prevent drug use<sup>33</sup>.

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<sup>27</sup> Ministry of Health, Resolution No. 88, “On establishing a list of diseases and health conditions prohibiting individuals from driving motor vehicles and self-propelled vehicles, and medical reasons/treatment conditions under which individuals are allowed to drive”, 6 December 2018.

<sup>28</sup> Council of Ministers, Resolution No. 92, “On the approval of the list of diseases and physical disabilities prohibiting individuals from keeping and bearing arms”, 13 February 2019.

<sup>29</sup> Ministry of Health, Resolution No. 74, “On conducting mandatory and extraordinary medical check-ups for employees”, 29 July 2019.

<sup>30</sup> According to a survey under the project, “Identifying and influencing the OAT programme's readiness to enrol people with combined drug dependence”. Minsk, 2019.

<sup>31</sup> Harm reduction and HIV prevention among people who use drugs: Professional training programme. Minsk; Academy of the Ministry of Internal Affairs, 2015.

<sup>32</sup> Methadone therapy. The Minister's personal opinion vs. the world's experience. [https://naviny.by/rubrics/society/2015/05/13/ic\\_articles\\_116\\_188872](https://naviny.by/rubrics/society/2015/05/13/ic_articles_116_188872)

<sup>33</sup> The Interdisciplinary Plan of Action to efficiently combat drug trafficking, to prevent drug use, particularly among children and youth, and to provide social rehabilitation to drug dependent people (2017-2018), 2 June 2017, No. 33/202-156/255; the Interdisciplinary Plan of Action, (2019-2020), Ibid.

A further constraint in the development of OAT services is the lack of a mechanism for offering drug dependence treatment as an alternative to incarceration.

**Transition impact.** At the level of political commitment, transition from Global Fund support to national funding has highlighted the need to plan allocations for OAT services within the governmental programme, “People's health and demographic security in the Republic of Belarus”, (2016–2020). It is expected that the costs of maintaining OAT programme service sites will also be included in the next five-year government healthcare programme<sup>34</sup>.

**Opportunities and the way forward.** A real opportunity to reaffirm political commitment to ensure the provision and expansion, as needed, of OAT, in the country is to incorporate the commitments in the preamble of the new state programme, “People's health and demographic security in the Republic of Belarus”, for 2021–2025. In the final assessment of the implementation of the 'Interdisciplinary Plan of Actions to Efficiently Combat Drug Trafficking and to Prevent Drug Use', it is advisable to emphasise the need to remove legal barriers undermining access to the OAT programme, and to ensure that concrete measures are taken to make the required legislative adjustments (i.e. to eliminate constraints affecting the fundamental rights of OAT programme clients) in the Plan for the forthcoming period (2021–2022).

### ***3.2. Management of transition from donor to domestic funding***

**State of progress.** Two subsequent national Plans were put into effect for transition from donor to domestic funding in 2016 and 2020<sup>35</sup> as well as the 'Concept of Sustainable Development of the HIV/AIDS and Tuberculosis Prevention, Treatment, Care, and Support System' (2017). The 2020–2021 Transition Plan provides for the expansion in coverage of OAT, including the following:

- finalise and formally approve, with all concerned stakeholders, the guidelines (instruction) on procedures for administering OAT for opioid dependent people; and the guidelines (instruction) on the organisation of the activities of OAT sites;
- address the issue concerning the provision of OAT in pre-trial detention facilities to people detained under the law on administrative offenses;
- Ensure that plans are developed and implemented to improve the performance of OAT sites in each hosting healthcare facility.

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<sup>34</sup> Author's communication with a key expert.

<sup>35</sup> The Action plan for the implementation of the Concept of Sustainable Development of the HIV/AIDS and Tuberculosis Prevention, Treatment, Care, and Support System, 27 December 2016; the Plan to Ensure the Sustainability and Transition to Public Funding for HIV/AIDS and Tuberculosis Prevention, Treatment, Care, and Support Programmes in the Republic of Belarus (2020–2021), approved by Ministry of Health Decree No. 268, Op.cit.

Some progress has been seen in the practical implementation of the OAT sustainability component over the past two years. Sub-programme No. 5, “Prevention of HIV infections”, under the governmental programme, “People's health and demographic security in the Republic of Belarus”, (2016–2020) provides for partial co-financing to support the work of the “Substitution Therapy and Drug Treatment Centre”, and OAT sites in 2019–2020, totalling USD340,655. In the previous three years (2016–2018), no funding was earmarked for OAT services under this programme.

In practice, the country has an advisory mechanism in place within the Country Coordinating Committee to oversee transition of the OAT programme to domestic funding. According to the draft “Statute on the Republic of Belarus Country Coordinating Committee for interaction with the Global Fund to Fight AIDS, Tuberculosis and Malaria (Country Coordinating Committee)”, one of its functions is to “provide assistance, as well as to oversee and analyse the transition of HIV/AIDS and tuberculosis response activities to public funding”<sup>36</sup>. This draft Statute is expected to be signed-off at the CCC meeting in the first half of 2020.

The MoH, and Chief Narcologists in the regional health departments and the City of Minsk Healthcare Department are responsible for the general oversight and coordination of OAT programme development. In recent years, the National Centre for Narcological Monitoring and Prevention, acting under the National Scientific and Applied Research Centre for Mental Health, has been increasingly involved in the monitoring of the OAT programme. Significant progress has been seen in the area of management and coordination with the establishment of a “Taskforce on Expansion of Opioid Agonist Therapy Coverage under the Country Coordinating Committee”. The functions of the Taskforce include addressing the most acute, current issues related to the implementation and expansion of the OAT programme. The Taskforce was particularly productive in 2019 when it accelerated activities to launch OAT sites in the Vitebsk region, and initiated the procurement procedure for buprenorphine.

The National Centre for Narcological Monitoring and Prevention has established a practice to develop analytical reports on the state of OAT, which are regularly presented to the MoH, usually once every three months and/or more often in the case of a special request by the MoH.

The results of the OAT programme and its sustainability issues were discussed in 2014 and 2018 at Ministerial meetings chaired by the First Deputy Minister of Health. In 2013, an assessment was conducted with a focus on the socio-economic effects of implementing the OAT programme in Gomel Oblast<sup>37</sup>. The study showed that the OAT programme was not expensive (costing only USD1.30 per client, per day), while it helped in reducing crime and mortality rates, preventing the spread of HIV and hepatitis C, and increased adherence by clients to ART. According to the economic efficiency analysis, the OAT programme generates a minimum of USD6 worth of socio-economic benefits per dollar spent by cutting subsequent future costs, and a minimum of USD10–11 saved per dollar spent by preventing new HIV infections.

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<sup>36</sup> Author's communication, Ibid.

<sup>37</sup> Petrovich M.A., Alexandrov A.A. Ibid.

The non-government sector and client communities have a growing influence on the decision-making process regarding the OAT programme. NGO members representing the OAT client community are included in the Taskforce on Expansion of OAT Coverage under the CCC, as well as in the working group to draft MoH regulations, “On the approval of the Instruction on procedures for administering opioid agonist therapy in drug dependent clients”, and, “On the approval of the clinical protocol for opioid agonist therapy in clients with opioid dependence”<sup>38</sup>.

**Barriers and challenges.** The main problem with the transition process is that the country does not have a detailed plan to define OAT transition from donor to domestic funding. The Transition Plan requests that medication needs are calculated and medicines for OAT are included in the procurement system to be purchased at the expense of the national budget in 2021. The Transition Plan, per se, does not contain an approved budget for these activities. Given that the new state healthcare programme for the forthcoming period is expected to be developed during 2020, it is advisable to have this calculation done as early as possible, before programme approval. Constraints may involve a lack of estimations on the number of OAT programme clients as no studies have been conducted to forecast the demand for OAT programme coverage in the country.

The coordination of the OAT programme lies with the MoH as the state authority in charge of shaping the country's health policy. However, there are currently no regulations to set forth a comprehensive, integrated approach to the management and coordination of the OAT programme. There are no formalised and efficient procedures to involve civil society members, including OAT clients, in OAT governance and coordination structures. The growing influence of NGOs on decision-making in the past two years has been driven solely by their activism. Activities planned for the first Transition Plan, which included the establishment of a unitary coordinating body to coordinate the programmes and projects of governmental, not-for-profit, and international organisations in the fields of socially significant diseases and HIV, have not been implemented. It is most likely that this coordinating body was not established because of time constraints, as well as the lack of MoH subcontractors for this activity. This activity has not been included in the new Transition Plan, although the next activities were introduces:

- to address the issue of, and to request the Ministry of Health to establish, a MoH Community Council;
- to establish, and to ensure the functioning of, a national community platform as an advisory body for monitoring to ensure uninterrupted ART treatment and prevention programmes among key populations affected by HIV.

**Transition impact.** The transition to national funding has been instrumental in fostering an enabling legal environment to ensure the functioning of the OAT programme, including the development of draft regulations on the provision of OAT and a new OAT clinical protocol. The transition process has

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<sup>38</sup> Ministry of Health, Decree No. 223, Ibid.

also enhanced the interaction between government agencies, health organisations and NGOs on the issues of situation analysis, needs assessment, and planning for the OAT programme. A social support mechanism has been introduced to support OAT clients. It is currently funded by the Global Fund project, but it is expected in the future that peer-to-peer consultants, engaged by the social support project, will be compensated whether as social work staff members by the state-run narcological organisations/facilities or through the state-run social contracting mechanism.

Given the importance of transiting the country's OAT programme from donor's to public financing, the coordination of the OAT programme has been accelerated, which has resulted, in particular, in more regular meetings of the Taskforce on Expansion of OAT Coverage under the CCC. This Taskforce group has become the core platform for planning and coordinating activities for the OAT programme. In August 2019, the group made recommendations regarding the opening of new OAT sites in two regions - Vitebsk and Mogilev Oblasts. Suggestions were also given on how to expand awareness and information activities among people who inject drugs and to form a budget for the OAT programme for 2020.

OAT programme issues have become more frequently discussed at CCC meetings. At its meeting in September 2019, the CCC discussed an agenda issue, 'On new tasks of the Country Coordinating Committee within the framework of the transition of HIV/AIDS and Tuberculosis response to national public funding'. It was decided to amend a list of CCC functions (included in the draft Statute on the CCC) with functions related to its activities in the transition to public systems<sup>39</sup>. According to the draft Statute, which is pending approval at the next CCC meeting, one of the Committee's functions is now to “provide assistance, as well as to oversee and analyse the transition of HIV/AIDS and tuberculosis response activities to public funding”.

Activities aimed at strengthening OAT programme management and coordination are included in Section 2.3 of the new Transition Plan: “Enhancing the interaction between government agencies, health organisations and non-governmental organisations on situation analysis regarding the spread of HIV among key populations”. In November 2019, the founding conference of the National Community Platform was held with the financial support of UNAIDS and the organisational support of the BelNet Anti-AIDS Association, which led, first and foremost, to the uniting of key population communities affected by HIV and the formation of the Community Council, following the draft of the new Transition Plan<sup>40</sup>.

Opportunities and way forward. The new Transition Plan contains a sufficient set of activities to ensure the management of transition from donor to domestic funding. Nevertheless, a focus should be made on prioritising activities to optimise the process of management. Firstly, it is necessary to prepare a financial plan for OAT transition to domestic/public sources. It is also important to develop an

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<sup>39</sup> Proceedings of the Country Coordinating Committee meeting of 30 September 2019.

<sup>40</sup> The National Platform of Communities of Key Groups Affected by HIV is established in Belarus. Available at : <https://www.belaid.net/v-belarusi-sozdana-nacionalnaya-platforma-soobshhestv-grupp-uyazvimyx-k-vich/>

algorithm of actions to specify the steps and to understand how the financing of the OAT programme will be provided by local and national budgets. The development of this algorithm (or “roadmap”) should lie with the Office of Economic Analysis and Healthcare Development of the MoH.

Management of the transition process can be significantly improved through routine monitoring the implementation of the Transition Plan. One possible option for this monitoring can be to request that the Taskforce on Expansion of OAT Coverage produces quarterly reports on the transition progress and to discuss these at CCC meetings.

The most important component is to ensure that the Transition Plan activities are incorporated into government programmes as fully as possible. This can be done by involving Chief Narcologists at the MoH and regional healthcare departments, plus the National Scientific and Applied Research Centre for Medical Technologies, Information, Management, and Economics of Health Care; the National Scientific and Applied Research Centre for Mental Health; as well as NGOs with expertise in the field, and key group representatives.

To ensure efficient management of the OAT programme during transition to public systems, it is advisable at the initial stage to address the OAT programme sustainability issues at CCC meetings on a regular basis; and to discuss the issues relating to the functioning of opioid substitution therapy (OST) sites with Chief Narcologists from regional healthcare departments every three months.

Furthermore, regulations should be developed and enacted to set forth a comprehensive, integrated approach to the management and coordination of the OAT programme. This step is strategically important because the CCC is an authority responsible for the coordination of international projects and it is unlikely to continue functioning after the withdrawal of the Global Fund. It seems appropriate, after transition of the OAT programme to public systems is fully completed, to designate the authority responsible for its management and coordination. These functions can be delegated to the National Centre for Narcological Monitoring and Prevention; in this case, its mandate should be broadened to make the Centre an independent organisation directly reporting to the MoH or the Council of Ministers, as is the case in some other countries. The newly introduced body should ensure that all stakeholders have a voice in decision-making, including representatives of client communities and civil society. This would help to ensure that the important component of OAT programme coordination is sustained once the CCC ceases operations.

**Table 1: The main stages of building OAT programme sustainability**

Early (initial) stage	Current stage
<p>In 2015, Belarus signed a Grant Agreement to implement a project to combat the HIV epidemic during 2016–2018, committing to foster the transition of HIV prevention programmes to public systems. Commitments are documented at the legislative level, as the Grant Agreement is an integral part of the Framework Agreement between the Global Fund and the government of Belarus.</p> <p>In 2015, the Taskforce on Expansion of the Opioid Agonist Therapy Coverage is established under the Country Coordinating Committee.</p> <p>27 December 2016: The Minister of Health approved the following national documents: the Concept of Sustainable Development of the HIV/AIDS and Tuberculosis Prevention, Treatment, Care, and Support System; and the Action Plan to implement the Concept of Sustainable Development of the HIV/AIDS and Tuberculosis Prevention, Treatment, Care, and Support System (for 2017–2018).</p> <p>21 April 2017: The new Minister of Health re-confirmed (and re-approved) the Concept of Sustainable Development of the HIV/AIDS and Tuberculosis Prevention, Treatment, Care, and Support System. One of its main activities is to “improve the system of providing opioid substitution methadone therapy, including the development and implementation of a comprehensive model of patient socialisation”.</p> <p>The results of, and the prospects for, the National Response Plan to Ensure the Sustainability of and Transition to Public Funding for HIV/AIDS Prevention, Treatment, Care, and Support Programmes in Belarus were presented and discussed at the 3rd International Forum on HIV on 4 December 2018.</p> <p>According to MoH Decree No. 406, dated 4 April 2019, a working group was established to prepare the Plan to Ensure the Sustainability and Transition to Public Funding for HIV/AIDS and Tuberculosis Prevention, Treatment, Care, and Support Programmes in Belarus (2019–2021). The working group involves representatives from a wide range of government agencies and facilities, international organisations, and NGOs.</p>	<p>Ministry of Health Decree No. 268 of 9 March 2020, “On the implementation of the Transition Plan”, puts into effect the “Plan to Ensure the Sustainability and Transition to Public Funding for HIV/AIDS and Tuberculosis Prevention, Treatment, Care, and Support Programmes in Belarus (2020–2021)”.</p> <p>An advisory mechanism is established within the Country Coordinating Committee to oversee the transition of the OAT programme to domestic funding: according to the draft Statute on the Country Coordinating Committee for interaction with the Global Fund to Fight AIDS, Tuberculosis and Malaria, one of the Committee's functions is to “provide assistance, as well as to oversee and to analyse the transition of HIV/AIDS and tuberculosis response activities to public funding”.</p> <p>MoH Decree No. 162 of 17 February 2020 has approved the composition of the Working Group to draft MoH regulations “On the approval of the Instruction on procedures for administering opioid agonist therapy in drug-dependent clients”, and, “On the approval of the clinical protocol for administering opioid agonist therapy in clients experiencing drug dependence”.</p>

## 4. Key results: Finance and other resources

Finance and resources	Moderate level of sustainability, at moderate risk
Medications	Substantial level of sustainability with moderate to low risk
Financial resources	Moderate level of sustainability, at moderate risk
Human resources	Moderate level of sustainability, at moderate risk
Evidence and information systems	Substantial level of sustainability with moderate to low risk

The integral assessment indicator shows moderate-level sustainability in the Finance and Resources issue area.

Having signed the 2015 Grant Agreement to implement the project to combat the HIV epidemic (2016–2018), the country has committed to foster the transition of HIV prevention programmes, including OAT, to public systems. A significant step was made towards transitioning the OAT programme to public funding when it was planned to allocate funds for OAT sites for 2019–2020 within the governmental programme, “People's health and demographic security in the Republic of Belarus (2016–2020)”. Paragraph 21 of Sub-Programme 5, “Prevention of HIV infections”, provides for partial co-financing from national and local budgets to support the work of the Substitution Therapy and Drug Treatment Centre, and OAT sites (except for the Vitebsk and Grodno regions). In Minsk, a third OAT site has been set up with the above-mentioned programme funds.

The demand for buprenorphine was calculated and a purchase request was formed for the first time in 2019. There is also a feasible opportunity for planning the purchase of methadone and buprenorphine within the new government programme. Thus, the process has started to integrate OAT medicine procurement into the national procurement and supply management (PSM) system for essential medicines. The draft Instruction on the organisation of OAT, and a new clinical protocol, have been developed. This project is currently in progress. A working group has been established by MoH Decree. Positive developments include a large number of studies conducted in the country that provide sufficient evidence to prove both the efficiency of, and the need to scale up, the OAT programme in Belarus<sup>41</sup>.

However, the national procedure of public procurement of medicines is currently quite complex and complicated: by law, there are several legal modalities for the procurement of goods depending on a variety of factors such as the source of finance, the type of the purchasing unit/actor, the area(s) of use of

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<sup>41</sup> Petrovich M.A., Alexandrov A.A., Op.cit.; Artemenko E.K. A report on the results of the study “Potential interest of people who inject drugs (PWID) to participate in the opioid agonist programme”. Republican social community-based association, “Your Chance”, with the support of the Belarusian community-based association, “Positive Movement”. Minsk, 2018; Pikirenya V., Artyomenko E., Parfenyuk E. A report on the study of factors enabling the growth of the number of new and permanent clients of low-threshold HIV prevention service sites for people who inject drugs in the Republic of Belarus: AIDS Foundation East-West, Minsk, 2017; Your Chance. A study under the project, “Identifying and Influencing the Readiness to Enrol People with Polysubstance dependences in OAT Programmes”, 2019.

the goods, etc. The purchase of medicines for the OAT programme has so far been provided for with the help of international technical assistance projects. With transition to domestic public systems, there is a risk that OAT needs will not be met due to an insufficient amount of funding allocated by the government to the OAT programme. The OAT programme is unlikely to be classified as a top-priority of national healthcare spending.

From year to year, an increase in pay for health workers has been an increasingly acute issue as a way to improve their motivation to provide better services to OAT programme clients. Initially, in the projects funded by the Global Fund, the medical staff of OAT sites received additional bonus payments, on top of their regular salary, from the OAT project funds. Such payments ceased more than five years ago. However, from the perspective of medical personnel, the OAT programme is a complicated job that deserves higher pay, otherwise they are less willing to put in the effort to retain clients in the OAT programme.

There is no unified database of OAT programme clients, which makes it difficult both for clients to receive medication in any other administrative district, and for managers to plan resources. In the unified narcological database that contains data on drug-dependent people, the OAT programme status of a registered person cannot be identified as there is no separate field for this in the software template. Therefore, this database does not provide an option to see whether the individual is enrolled in the OAT programme. If OAT programme clients need to pick up their medicine at another city/location, they are required to present a statement of their programme status, and a preliminary agreement has to be made between the staff of the OAT site as to the dispensing of medication. Transition to national systems is expected to help increase OAT programme retention rates as clients will be more confident in the sustainability of the programme. OAT programme coverage is likely to increase when people have no doubt about sustaining donor-funded programmes once donor funding comes to an end. Transition helps to have a structured plan for narcological care spending.

There has been an improvement in the building of OAT programme personnel capacity<sup>42</sup>. Transition planning has contributed to intensified evaluations of OAT programme performance and efficiency, as well as advocacy for programme expansion.

One of the next steps in the near future should be to ensure that OAT medicines are included in the Republican Model List of Medicines for the next/current year, which is a basic step to have such medications included in the list for centralised public procurement of medicines. Along with the Transition Plan, a more detailed work algorithm is needed for OAT sites to organise the provision of OAT services in the changing environment. In the longer-term, it is important to extend, and have legally approved, the range of authorised entities with relevant capacity to prescribe and dispense OAT (including, among others, primary care physicians and general practitioners). There is also a need to optimise the monitoring and evaluation system, and to designate (by MoH decree) a key healthcare institution/facility responsible for such work.

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<sup>42</sup> Author's communication with a key public sector expert.

## 4.1. Medications

**State of progress.** Currently, the OAT programme uses methadone. In 2019, a feasibility study was conducted for the use of buprenorphine, demand was calculated and a purchase request along with a term of reference was formed. At the beginning of 2020, a mechanism was put into action for purchasing buprenorphine with Global Fund support for approximately 350 clients in 2020. During 2020, buprenorphine and methadone are likely to be purchased in the amounts sufficient to cover a portion of the need for 2021, which should be taken into account when planning the state's expense for OAT for the following year.

Purchases of OAT medication has been carried out steadily throughout the implementation of the OAT programme, in compliance with existing national regulations on the use and management of controlled drugs. In recent years, the country has been granted permission by the International Narcotics Control Board (INCB) to import OAT medications in sufficient quantities. There has been no systematic stock-outs/interruptions in the supply of medicines over the past 12 months in any region of the country. Methadone hydrochloride (Molteni) and Buprenorphine (Sandoz) are registered in the State Register of Medicines<sup>43</sup>. An issue being discussed at present is the introduction of simplified registration procedures for WHO-qualified medicines or medicines registered by the European Medicines Agency (EMA). A sustainable pharmacological surveillance system is in place, and OAT programme clinicians and clients do not face any significant barriers when reporting adverse drug reactions to the medicines in question<sup>44</sup>.

**Barriers and challenges.** There is no adequate legal framework in the country to regulate the procurement of medicines for the OAT programme from international suppliers, which may have a negative impact on medicine availability. An issue still underdeveloped is the need for planning and procurement to supply OAT medicines in a variety of forms (syrup, tablet form, etc.). Financial planning for the procurement of medicines can be complicated by the lack of practical experience in using buprenorphine in Belarus. The proportion of clients who can potentially be regular users of buprenorphine is unknown.

**Transition impact.** Transition to domestic systems has given rise to a more responsible and realistic approach to purchase requests for OAT medicines. In 2019, specialists from the Mental Health Centre (responsible for OAT issues) announced the collection of purchase requests for buprenorphine twice within one year, as it appeared to be necessary to provide advice to drug dependence psychiatrists-narcologists, including two videoconferences for regional specialists to explain approaches to the clinical use of buprenorphine and in calculating drug dosage.

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<sup>43</sup> Registers of the Centre for the Quality Control and Testing in Health Care:  
[https://www.rceth.by/Refbank/reestr\\_lekarstvennih\\_sredstv/details/8862\\_09\\_14\\_19](https://www.rceth.by/Refbank/reestr_lekarstvennih_sredstv/details/8862_09_14_19);  
[https://www.rceth.by/Refbank/reestr\\_lekarstvennih\\_sredstv/details/10687\\_19](https://www.rceth.by/Refbank/reestr_lekarstvennih_sredstv/details/10687_19)

<sup>44</sup> Ministry of Health, Resolution No. 48, "On the approval of the Instructions for reporting adverse reactions to medicines, and on declaring some MoH Resolutions to be no longer in force", 17 April 2015.

**Opportunities and way forward.** It is important to include OAT medicines in the Republican Model List of Medicines for the next/current year, which is a basic step for their inclusion in the list for centralised public procurement of medicines. It is advisable to organise a roundtable discussion on financial planning for OAT programme services, involving financial specialists from the MoH, main regional healthcare departments, and the City of Minsk Healthcare Department.

## 4.2. Financial resources

**State of progress.** Medical care for clients with chronic alcohol, drug dependence and substance use, as well as interventions to prevent the development of substance dependence, are included in the list of state-guaranteed minimum social standards in health care<sup>45</sup>, which implies this care is provided to the citizen free-of-charge. Since OAT belongs to narcological care, the opioid agonist treatment programme is also free for clients at present. Narcological care costs are covered by national and local budgets, which are a sustainable, long-term source of funding. From 2019, targeted financing of the OAT programme started from the budget of the government programme, “People's Health and Demographic Security in the Republic of Belarus (2016–2020)”, which provides funding for 2019–2020 (the breakdown of public funding by components is not available).

**Barriers and challenges.** Methadone and buprenorphine have not yet been included in the national List of Essential Medicines, which can be a reason to rule out centralised public funding for the procurement of these drugs. The List of Essential Medicines only includes Buprenorphine solution for injections - an analgesic not applicable for OAT<sup>46</sup>. The currently purchased Methadone hydrochloride is not the best price option available on the market. In the process of public procurement, the question of finding a supplier offering the best/lowest price is likely to arise. Therefore, the currently existing supply option is not likely to be used and there is a risk of ending up with a lower quality drug.

**Transition impact.** OAT sites have received public funding since 2015, with the exception of the purchase of methadone, which is made with donor funding.

**Opportunities and way forward.** In the near future, it will be important to establish and pilot a mechanism for calculating both pharmacological and non-pharmacological needs of the OAT programme, including additional equipment and supplies (such as dispensers and dosing units, furniture, etc.) and services (social support, training of medical personnel), along with the planning of funding. National experts should also be trained in methods used for assessing national spending on the OAT programme.

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<sup>45</sup> Council of Ministers, Resolution No. 259, “On selected issues”, 29 March 2016.

<sup>46</sup> Ministry of Health, Resolution No. 65 (ed. 24 June 2019), “On the establishment of the List of Essential Medicines”, 16 July 2007.

**Table 2: Funding levels and progress of financial transition (in USD)**

	2014	2015	2016	2017	2018	2019	2020
Budget designated for OAT per national strategies, plans, etc	N/A	N/A	N/A	N/A	N/A	166 857*	173 798*
Amount and share of domestic public funding	N/A of the total budget						
Amount of Global Fund support**	257 549	496 475	124 769	353 863	379 434	148 901	No data****
Estimated need for OAT funding***, including	No data	No data	1 714 160	2 356 970	2 999 780	No data	No data
Funds from the Global Fund	No data	No data	375 571	543 995	719 959	No data	No data
Funds available from local budgets	No data	No data	1 281 000	1 761 375	2 241 750	No data	No data
The gap between the need and the estimated amount of funding***	No data	No data	57 589	51 600	38 071	No data	No data

\*Council of Ministers, Resolution No. 200, “On the approval of the governmental programme, People's Health and Demographic Security in the Republic of Belarus (2016–2020)”, 14 March 2016.

\*\*Data from the Global Fund Grant Management group.

\*\*\*Harm Reduction: Proof points in favour of Strategic Investments: National Report of the Republic of Belarus. Minsk, 2015. This study is based on estimates, particularly the assessment of public funding requirements.

\*\*\*\*No data.

### 4.3. Human resources

**State of progress.** Regulations have been adopted by the MoH setting out the staffing structure of OAT sites<sup>47</sup>, as follows: for every 50 clients enrolled in the OAT programme, the OAT facility should have 0.5 FTE (Full-Time Equivalent) drug dependence psychiatrist-narcologist, 2 FTE staff nurses, and 1 FTE for each of the following: a staff psychologist, a social worker, and a medical attendant.

<sup>47</sup> Ministry of Health, Resolution No. 81, “On the approval of model staffing structure for medical and pharmaceutical personnel of narcological dispensaries, wards/departments, and rooms”, 30 April 2008 .

The provision of OAT is included in the job description of drug dependence psychiatrists-narcologists and other health staff assigned with work tasks at OAT sites. Task sharing/task shifting is allowed, but as a rule, OAT programme clients are under the medical observation of one designated clinician. Medical personnel involved in the OAT programme are highly qualified. Advanced training for staff capacity building is organised and regularly provided, including international training seminars for medical personnel.

**Barriers and challenges.** In Belarus, OAT cannot be prescribed by general practitioners or other frontline health care providers, and OAT medication is not available in pharmacies and outpatient clinics - although this would be a good alternative option to increase geographic availability of OAT programme services. There is a clear lack of interest in expanding OAT programme outreach and coverage on behalf of medical personnel working at OAT sites. Additional bonus payments to OAT site personnel, which used to be paid with donor funding, has now ceased. Doctors and nurses are not motivated to put in the effort to retain clients in the OAT programme. This is particularly the case for health workers involved part-time in OAT site services and having this 'extra workload' in addition to their main job responsibilities when OAT tasks are shifted/shared between health facility personnel.

**Transition impact.** The OAT programme has been integrated into the professional training of health workers, primarily for drug treatment specialists, psychologists, and nurses working at narcological dispensaries. Training received by OAT staff, particularly to introduce them to WHO recommendations on OAT, has increased awareness and reduced stigma towards PWUD<sup>48</sup>. The practice has shown that in the framework of transition to public funding, the issues of professional training and maintaining high standards of professional practice will greatly depend upon the availability of donor support from international organisations. This is particularly the case for training workshops organised and conducted by international experts, and for opportunities for Belarusian specialists to participate in international conferences. To date, public funding for these activities has been extremely limited<sup>49</sup>.

**Opportunities and way forward.** In the near future, it is advisable to develop a postgraduate training module for physicians and nurses with a focus on reducing stigma towards key populations affected by HIV and in fostering partnerships with local organisations - prevention service providers - and to have it introduced in the postgraduate education system.

A standard team providing OAT programme services involves the following staff members:

- Drug dependence psychiatrist-narcologist;
- OAT room nurse;
- OAT room psychologist;
- Members of the social support team for OAT sites with over 30 clients.

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<sup>48</sup> Author's communication with a key civil sector expert.

<sup>49</sup> Author's communication with a key public sector expert.

**Table 3: Human resources**

Name of the regional health care facility	Number of staff: physicians		Number of staff: nurses		Number of staff: psychologists		Number of staff: social workers		Number of staff: Hospital aides		Total number of staff positions		Number of OAT sites in each region	Planned OAT Site capacity (number of clients)	Actual number of clients as of 5 March 2018
	in staffing structure	actually employed	in staffing structure	actually employed	in staffing structure	actually employed	in staffing structure	actually employed	in staffing structure	actually employed	in staffing structure	actually employed			
Gomel Oblast	1,75	1,5	8,25	8,25	0,25	0,25	-	-	4,75	4,75	15	14,75	6	400	180
Grodno Oblast	1,5	1,5	4,5	4,0	0,25	1,25	1,0	1,0	1,0	1,0	9,25	8,5	2	90	109
Brest Oblast	1,0	1,0	3,0	3,0	0,5	0,5	-	-	0,25	0,25	4,75	4,75	2	100	72
Minsk Oblast	2,75	2,75	8,0	8,0	4,25	4,25	1,0	1,0	-	-	16,0	16,0	5	200	160
Mogilev Oblast	0,5	0,5	2,0	2,0	1,0	1,0	-	-	1,0	1,0	4,5	4,5	1	50	40
City of Minsk:	2,0	2,0	6,5	6,5	1,0	1,0	-	-	2,0	2,0	11,5	11,5	2	165	165
Vitebsk Oblast:	0,5	0,5	2,0	2,0	1,0	1,0	0,5	0,5	-	-	4,0	4,0	1	50	36
Total on the Republican level	10,0	9,75	34,25	33,75	9,25	9,0	2,5	2,5	9,0	9,0	65,0	64,0	19	1055	762

#### 4.4. Evidence and information systems

**State of progress.** The operational reporting form for quarterly statistics on the OAT programme was put into force by the MoH in 2016<sup>50</sup>. In the monitoring and evaluation framework, the National Centre for Narcological Monitoring and Prevention has been developing analytical reports on the main OAT indicators for the past three years (in the Belorussian language). These reports are provided to the MoH on a regular basis. The reports have been used by the MoH to inform policy and technical decisions in pursuit of improvements to the OAT programme. Several independent assessments on OAT effectiveness and efficiency have also been conducted<sup>51</sup>. Assessment findings have been used to provide evidence of the efficiency of the OAT programme for ministerial meetings held by the MoH and the Ministry of Internal Affairs. OAT assessments have been conducted over the past 3 years to evaluate the availability and desirability of the OAT programme for their clients. The results of these assessments have been discussed, and the main findings and conclusions communicated to drug treatment specialists and MoH officials<sup>52</sup>.

**Barriers and challenges.** In general, per the national policy, the data on OAT programme clients is confidential. The general requirement to maintain the confidentiality of all clients is set forth by Article 46 of the National Law, “On Health Care”. However, the national “Unified Registration System of Persons who Use Narcotic Drugs, Psychotropic Substances, and/or Their Analogues” (hereinafter, Unified Register of PWUD) exists, which contains data on all clients staying under both medical (dispensary) and preventive observation, including OAT programme clients. Access to the unified database is provided to personnel of the Ministry of Internal Affairs. To access the OAT programme, a potential client must be registered with the dispensary narcological register. Linkage to the narcological registration system might affect the fundamental civil rights of clients. The legal status of OAT programme clients is not established by law. For instance, it is not stated in law that people receiving a stabilised maintenance dose are not considered to be in a state of drug intoxication, and they can drive or are eligible for certain types of work. These factors reduce the desirability of the OAT programme for clients and make the OAT programme a high-threshold intervention.

**Transition impact.** Transition planning has contributed to intensified evaluations of OAT programme performance and efficiency, as well as advocacy efforts for programme expansion. The issue of developing a scientifically sound methodology for the assessment of OAT programme effectiveness has been repeatedly raised. The research and development of such a methodology is unlikely to be funded from the public budget; hence the support of international donors will be required. So far, NGOs are not yet capable of attracting public finance from the government to conduct assessments of the OAT programme, however regular assessments by client organisations are extremely important for the overall monitoring and evaluation (M&E) system.

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<sup>50</sup> Ministry of Health, Decree No. 700, “On declaring some Appendices (Nos. 3, 4, 5, 6 to the MoH Decree No. 854, 14 November 2006) to be no longer in force, and On the approval of operational statistics forms for reporting on the activities of health organisations providing psychiatric and narcologic care”, 26 July 2016 .

<sup>51</sup> Petrovich M.A., Alexandrov A.A., Op.cit..

<sup>52</sup> Artemenko E.K., Ibid.; Pikirenya V., et al, Ibid.; Your Chance, 2019, Ibid.

**Opportunities and way forward.** There is a need to step up the development of the M&E system, and to designate (by MoH decree) a key healthcare organisation responsible for OAT M&E. The main M&E activities should be financed by the state; however, international funding is also highly important, particularly in assessing the quality of services, social and economic efficiency, and estimating the number of potential clients of the OAT programme.

Consideration should be given to the use of the “Unified Register of PWUD” to confirm the status of clients in the OAT programme, as well as to exclude those clients under preventive observation from the unified narcological register.

The cost-effectiveness ratio for the implementation of OAT is 1:6, which means that for each dollar spent by the state, the OAT programme generates a minimum of USD6 in socio-economic benefits by cutting the costs of mitigating the negative consequences of drug use (such as HIV treatment or AIDS-related deaths, crime, or unemployment). The socio-economic effect from administering OAT to 250 clients for one year in one region - Gomel Oblast - has been estimated at USD726,000, or USD8,000 USD per client, per day, including USD3,000 in averted damage from criminal activities among drug users (e.g. property damage, and penitentiary system costs), USD3,000 in averted losses from unemployment among drug users and benefits from the income generated by those programme participants who are employed, plus USD2,000 in averted losses from the spread of HIV.

Based on a comparative analysis of HIV-related costs, it can be concluded that the OAT programme generates a minimum of USD10-11 in socio-economic benefits per dollar spent by preventing new HIV infections (Alexandrov A.A. and Petrovich M.A., 2013).

## 5. Key results: Services

Services	Moderate level of sustainability, at moderate risk
Availability and coverage	Low level of sustainability, at high risk
Accessibility	Moderate level of sustainability, at moderate risk
Quality and integration	Moderate level of sustainability, at moderate risk

Based on the assessment results, the level of access to OAT is at moderate risk in this area in terms of ensuring sustainable access to OAT services. The most problematic (at high risk) elements in this area include the availability and coverage of the OAT programme. However, there have been some positive trends in the provision of services to PWUD under the OAT programme in recent years. As the analysis shows, the Ministry of Internal Affairs started showing some interest in increasing OAT coverage among persons in pre-trial detention facilities. In one of the regions (Grodno Oblast), an agreement was reached to start such interventions in March 2020<sup>53</sup>. It is increasingly apparent that new clients are not required to have a history of unsuccessful treatment attempts.

In 2019, a project was started to open more OAT sites in Vitebsk Oblast. As of March 2020, the OAT site in Orsha was ready to open, waiting only for dispensers to be purchased and methadone to be delivered. In Vitebsk, the renovation work is still in process to set up the OAT site on the premises of the local psycho-narcological dispensary.

A mechanism has been introduced for social support of OAT clients. In the 4th quarter of 2019, a social support programme was launched for OAT clients by the NGO 'Positive Movement', under the project supported by the Global Fund<sup>54</sup>.

As a total, retention rates in the programme have been fairly sustainable in recent years, reaching 67% on average - quite a high level for Belarus.

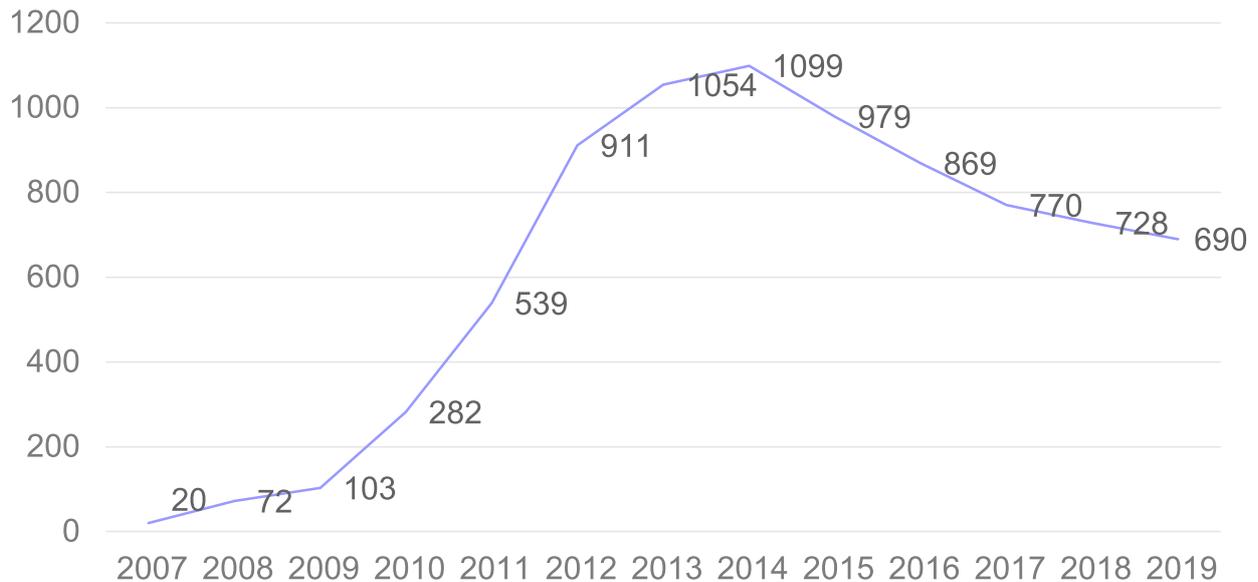
However, OAT programme coverage remains low (3.7% as of the end of 2019) in all regions throughout the country, and the total number of clients continues to decrease annually due to the low motivation/adherence rates among clients.

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<sup>53</sup> Author's communication with a key public sector expert.

<sup>54</sup> Author's communication with a key civil sector expert.

**Figure 2. Dynamics in the number of clients attending OAT sites**



The terms and conditions of services, as they are now provided by healthcare organisations, do not meet the needs of PWUD. Based on the results of a study conducted in 2019, the following unmet needs of clients were identified<sup>55</sup>:

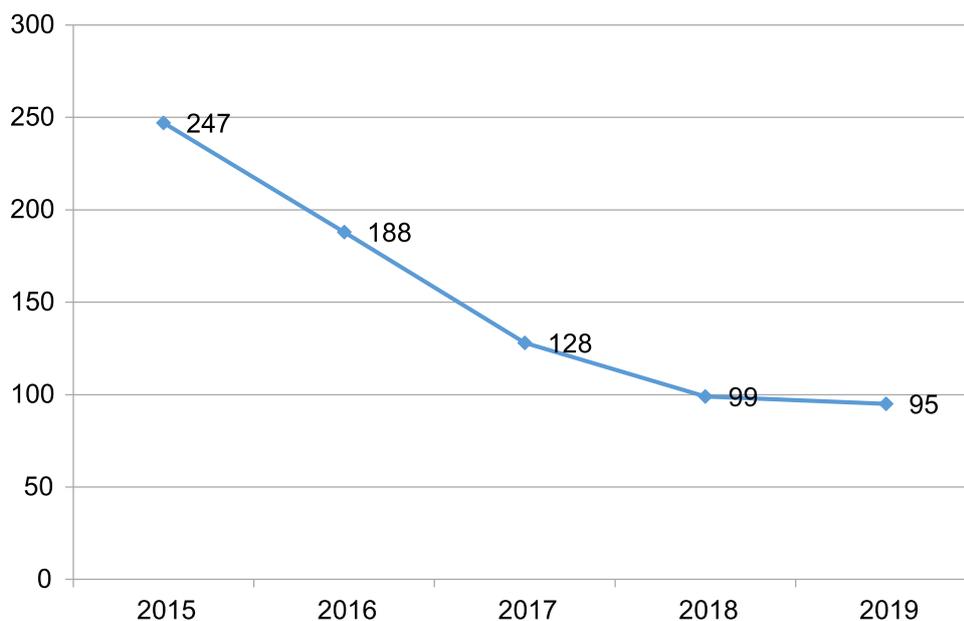
- approval for take-home doses, which is particularly important at present within the context of the COVID-19 pandemic;
- expand the list of OAT drugs (to include methadone in tablet form, buprenorphine, and prolonged release methadone);
- clients of the OAT programme should be a separate group in the narcological register;
- there should be more options to have OAT medicines delivered to hospitals, to where clients live, and to pre-trial detention facilities and prisons;
- opening hours and days should be more convenient; and,
- more streamlined pathways for client enrolment.

Clients have low motivation due to the challenging programme rules, and high threshold for programme enrolment. For programme enrolment, clients are required to submit a large number of documents and to undergo a battery of tests. The list of requirements varies from region to region and depends on locally established procedures. Up until now, no alternative OAT medicines (such as buprenorphine and tablet methadone) are used except methadone syrup. One of the factors resulting in low OAT coverage is the established practice of sharing data of drug-dependent clients with law enforcement (the Ministry of Internal Affairs). According to a resolution of the Council of Ministers<sup>56</sup> health care organisations are supposed to provide, at least once a month, extracts of medical records confirming a drug dependence diagnosis to the territorial offices of the Ministry of Internal Affairs at the clients' place of residence because drug dependence is included in the list of health conditions/diseases that may create a risk to the health or safety of other people. This is one of the reasons for a sharp decline in the number of new clients in OAT sites in recent years.

<sup>55</sup> A survey under the project, "Identifying and influencing the OAT programme's readiness to enrol people with combined drug dependence", Minsk, 2019 .

<sup>56</sup> Council of Ministers, Resolution No. 1192, "On the approval of the Procedures for providing patients' confidential medical information by health care facilities to law enforcement agencies", 18 December 2014 .

**Figure 3. Number of newly enrolled clients in the OAT programme**



The OAT programme remains high-threshold, with a widespread practice of terminating clients “for non-compliance”, (such as alcohol and psychoactive substance use). A total of 881 clients have been terminated for non-compliance throughout implementation (since 2007) of the OAT programme. This is incompatible with national clinical protocols which point out that, “the craving for opioids, withdrawal symptoms, and concomitant substance use, suggest that the daily dose of methadone is insufficient”.

It should be noted that the Ministry of Internal Affairs pays close attention to the OAT programme, closely following the use of controlled drugs<sup>57</sup>, . The Ministry acknowledges the positive impact of the programme in the reduction of crime rates<sup>58</sup>. In the meantime, the readiness/preparedness for the implementation of the OAT programme in prisons is low within the penitentiary system.

Options to involve general practitioners in the implementation of the OAT programme is not under serious consideration by MoH. Over the past 5 years, there has been a lack of interest in expanding the OAT programme on behalf of frontline drug dependence psychiatrists-narcologists<sup>59</sup>. The reluctance and passive resistance of specialists are impediments to the recruitment of new clients. Some drug dependence psychiatrists-narcologists perceive OAT as an added burden on their main workload (this is often the case for part-time health personnel working in the OAT team part-time (0.5 or 0.25 of the full pay rate).

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<sup>57</sup> Ministry of Internal Affairs, Resolution No. 469, “On the approval of the Instructions on assessing the eligibility of the use of the medicine “Methadone” in healthcare organisations, and the purchase of controlled drugs and psychotropic substances by persons with medication warrants from pharmacies authorised for the dispensing of these drugs and substances” 28 December 2012.

<sup>58</sup> Executive Committee. Counteracting illicit drug trafficking in the Republic of Belarus. Liability for the violation of the law on drug control. Grodno Region, Belarus; Department of Internal Affairs, 2018: <http://grodnorik.gov.by/uploads/files/materialy/edi/2018/03-15/Protivodejstvie-nezakonnogo-oborota-narkotikov.pdf>

<sup>59</sup> Kralko A.A., et al, Ibid.

At present, none of the government programmes has set indicators to increase OAT coverage. In 2019, the MoH abolished such an indicator from the regional Health Care Outcomes Model, which is used to assess the performance of healthcare facilities. The abolished indicator measured OAT coverage in people with polysubstance and opioid dependence in compliance with WHO recommendations, and, according to this indicator, the coverage amounted to at least 40%.

One of the main barriers hindering access to the OAT programme is insufficient geographic coverage, with extremely low numbers of OAT sites in Vitebsk and Mogilev Oblast. There are no OAT sites fully integrated with other services (to provide all necessary care and social services to clients with HIV and tuberculosis), and this option is rarely discussed. A list of groups/populations with special OAT needs has not been developed for the OAT programme.

The Transition Plan for 2016–2018 emphasised the need to have OAT programme eligibility/inclusion criteria duly set forth, and the procedure for the provision of OAT services duly established by the regulations. For the first time, the recently developed draft Instruction on procedures for administering OAT allows take-home doses of opioid analgesic drugs dispensed for self-administered therapy in non-clinical settings, as well as the delivery of OAT medicines to hospitals, and in some cases to the patient's place of residence. This draft regulation was developed following the Transition Plan. The draft instruction is currently being finalised to bring it in line with established legal procedures and requirements. It has boosted the opening of new OAT sites (e.g. in Vitebsk Oblast). The level of services offered by OAT sites is now approaching the quality standards established by WHO good practices, based on client-centred approaches to accommodate client needs. However, if international assistance is completely discontinued, there is a risk of slowing down the integration of social services for OAT clients.

One of the current priority tasks is to continue dialogue with the Ministry of Internal Affairs to ensure the development of the OAT programme in prisons. Efforts should be made to advocate for the gradual transitioning of OAT clients away from the narcological register system, with its mandatory medical observation by drug dependence psychiatrists-narcologists. One of the issues to be addressed as soon as possible is to exempt those clients staying under preventive observation (i.e. those with occasional drug use) from the Unified Narcological Register of PWUD. The linkage to this narcological registration system is deterring new clients, including potential OAT clients, from seeking drug treatment care and in accessing narcological facilities. This issue should be addressed by initiating a review of, and amendment to, relevant resolutions of the Council of Ministers<sup>60</sup>.

It is highly recommended that the approval procedure for this Instruction and the new Clinical Protocol on OAT be streamlined. It is important to make sure that alternative medicine (buprenorphine) is purchased in sufficient quantity. Since there is a lack of experience in using buprenorphine in Belarus,

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<sup>60</sup> Council of Ministers, Resolution No. 468, “On the approval of the Regulation on the formation and management of the Unified Registration System of Persons who Use Narcotic Drugs, Psychotropic Substances, and/or their Analogues”, 4 June 2015 .

clinicians do not have a clear understanding of the future needs as well as the ratio of clients who would be receiving buprenorphine among all OAT programme clients. Consequently, the buprenorphine procurement plan is likely to require further adjustment.

It is advisable to set indicators to increase OAT coverage within the relative governmental programmes. Additional financing needs to be allocated to launch the OAT site in Mogilev. In the future, it is important to ensure that sufficient funding is allocated for the opening of new OAT sites at the stage of developing national and local budget plans.

**Table 4: Analysis of the number of OAT clients and sites over the last 3 years and the upcoming year**

	2017	2018	2019	2020
<b>Coverage, including females</b>				
Estimated number of opioid dependent people	18 450	18 450	18 450	18 450
Estimated number and percentage of opioid dependent females	No data	No data	No data	No data
Number of OAT programme clients	770	728	690	No data*
Number and percentage of female OAT clients	214 (27,8 %)	193 (26,5 %)	172 (24,9 %)	No data*
Coverage of OAT (% of opioid dependent people)	4,2 %	3,9 %	3,7 %	No data*
Coverage of OAT among opioid dependent females	No data	No data	No data	No data
Coverage of OAT based on the WHO scale: Low 20% Middle 40% High	Low	Low	Low	No data*
Number of people registered by state institutions as being opioid dependent	6067	5734	4998	No data**
OAT coverage among people registered by state institutions as being opioid dependent (%)	12,7 %	12,7 %	13,8 %	No data**
<b>Geographic coverage</b>				
Number of OAT sites	19	19	19	19
The ratio of main administrative units (regions) of the country that have OAT	100 %	100 %	100 %	100 %
<b>Integration of OAT</b>				
Ratio of OAT sites with integrated care for HIV/TB/HCV	30 %	30 %	30 %	30 %
Number of OAT sites in specialised state-run drug treatment centres (narcological)	19	19	19	18
Number of clients receiving OAT in specialised drug treatment centres (narcological)	770	728	690	н.д.**
Number of OAT sites in health service primary care, and number of clients	0	0	0	0
Number of people on OAT in detention (including pre-trial detention) facilities at the end of the reporting period	0	0	0	0

	2017	2018	2019	2020
Number of people receiving OAT from NGO-based services	0	0	0	0
Number of OAT clients receiving OAT from the private sector	0	0	0	0
The ratio of OAT clients who are living with HIV	36,1 %	39,9 %	39,3 %	No data*
The ratio of OAT clients living with HIV who receive ART	71,6 %	80,4 %	92,2 %	No data*
The ratio of OAT clients diagnosed with HCV	No data	No data	No data	No data
The ratio of OAT clients who are diagnosed with TB	No data	No data	No data	No data
The ratio of OAT clients diagnosed with TB receiving TB treatment (including MDR-TB)	No data	No data	No data	No data
Number of specialised HIV and TB services that provide OAT	1	1	1	1

No data: No data available, assessments have not been carried out.

No data\*: No data available as the information is collected quarterly.

No data\*\*: No data available as the information is collected annually.

## 5.1. Availability and coverage

**State of progress.** Currently, OAT is available to clients not only in outpatient settings but also in hospitals. However, there are occasional disruptions in methadone deliveries to hospitals in certain regions<sup>61</sup>. The above-mentioned draft Instruction on the organisation of OAT allows (for the first time) take-home doses of medication dispensed for self-administered therapy. It is suggested that the Medical Advisory Board should decide on whether to dispense take-home doses of opioid analgesic drugs for self-administered therapy in non-clinical settings on a case-by-case basis, taking into consideration the following:

- if the client has diseases or health conditions inflicting disability/affecting their ability to move;
- if the client has negative results of laboratory testing (urine screening) showing that the client is not taking any other non-authorized “street” drugs, psychotropic and intoxicating substances and/or their analogues;
- if the client is caring for a child under 3 years of age;
- if the client is on sick leave (confirmed by a medical statement);
- if the client is going to be on short-term travel: up to 15 days to a city/location on the territory of Belarus where OAT sites are not available, or up to 7 days outside of Belarus.

The Medical Advisory Board of the concerned narcological facility will decide if a person can be allowed to collect take-home doses of opioid analgesic drugs for self-administered therapy in non-clinical settings, and for how many days (but not exceeding 15 days)<sup>62</sup>.

<sup>61</sup> Author's communication with a key civil sector expert.

<sup>62</sup> Author's communication with a key public sector expert.

The “Plan to Ensure the Sustainability and Transition to Public Funding for HIV/AIDS and Tuberculosis Prevention, Treatment, Care, and Support Programmes in Belarus” for 2020–2021 (the Transition Plan) requests that the MoH, jointly with the Ministry of Internal Affairs, considers the issue of providing OAT in pre-trial detention facilities to people detained under the law of administrative offenses in 2020.

**Barriers and challenges.** Thus far, OAT is not available in outpatient clinics and cannot be prescribed by a general practitioner, and these options are currently not being discussed. Over recent years, the coverage of the OAT programme has not exceeded 4.2% of the estimated number of opioid users (3.7% in 2019) and 13.8% of the number of opium-dependent people staying under medical observation as formally registered with the state-run narcological facilities/organisations. OAT is not available and not possible in prison settings, neither for initiation onto OAT nor for continuing treatment to inmates who were on OAT before incarceration. The introduction of the OAT programme in the penitentiary system is unlikely for the foreseeable future. OAT is not available in the private sector, and this option is currently not being discussed by the MoH.

**Transition impact.** Transition has not had, thus far, any significant impact on OAT programme coverage and the number of clients using OAT programme sites continues to decline. The number of OAT programme clients in Belarus has decreased by 10.4% over the past three years. It is expected that programme coverage may increase once the Instruction on procedures for the provision of OAT is formally approved, as required by the Transition Plan. Until recently, there has been no national regulation of this kind in place; a procedure for the provision of OAT was formally approved only for one pilot project in Gomel Oblast<sup>63</sup>. An awareness campaign should also be organised to advocate for scaling-up of OAT programme coverage, as suggested by a resolution of the Taskforce on Expansion of OAT Coverage under the CCC<sup>64</sup>. Once take-home doses for self-administered therapy are allowed, it might become a key enabler to the expansion of programme coverage. As a total, transition to public systems is beneficial for building the confidence of PWUD in the sustainability of OAT services once the OAT programme ceases to be dependent on donor funding.

**Opportunities and way forward.** To scale-up OAT coverage, steps should be taken to increase motivation of both PWUD and the medical staff of the OAT sites. It is important to ensure that OAT inclusion criteria for clients, as outlined in the new clinical protocols, are approved as soon as possible. It is also vital to develop clear instructions for clinicians on the rules of administering agonist therapy for people with polysubstance dependence, to allow take-home doses for self-administered therapy, and to initiate a process to ban the disclosure of data on PWUD to the Ministry of Internal Affairs.

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<sup>63</sup> Ministry of Health, Resolution No. 31, “On the approval of the Instruction on the procedure for methadone substitution treatment for drug dependent people living with AIDS in the Gomel Regional Narcological Dispensary within the framework of the implementation of the international technical assistance project, “Prevention and Treatment of HIV/AIDS in the Republic of Belarus”, 16 September 2005

<sup>64</sup> Minutes of meeting of the Taskforce on Expansion of OAT Coverage under the Country Coordinating Committee, 22 August 2019.

## 5.2. Accessibility

**State of progress.** OAT is currently available in all major geographic administrative areas throughout the country where opioid dependence cases have been reported and there is a need for OAT services. However, the geographic distribution of OAT sites is uneven. In the city of Minsk, a third OAT site is scheduled to open in 2020, which will significantly improve the accessibility and coverage of the OAT programme. OAT medicines are provided to clients free-of-charge in Belarus, which is most likely to continue in the future as the provision of drug treatment is included in the state guaranteed package of healthcare (to minimum social standards).

There are no general constraints for access to OAT in the country, including OAT for pregnant women. For opioid-dependent pregnant women, opioid agonist therapy with methadone is recommended for the duration of pregnancy and up to 6 months after delivery<sup>65</sup>.

There is a tendency towards a more flexible approach, and higher tolerance, to illicit drug consumption in clients of the OAT programme. In most cases, drug dependence psychiatrists-narcologists try to find a solution on a case-by-case basis, and it is not in every instance that such clients are terminated from the programme<sup>66</sup>.

In recent years, clients have not been required to have a confirmed history of previous unsuccessful dependency treatment attempts for programme enrolment, although some OAT sites may have this requirement<sup>67</sup>. However, under the National Clinical Protocol on OAT, only people who are (i) at least 18 years of age; and, (ii) are diagnosed with opioid dependence syndrome (opioid drug dependence) qualify for OAT. Younger clients (16 years of age and older) may be enrolled, and OAT may be recommended, if they have somatic or infectious diseases “requiring ethiotropic treatment” (i.e. a treatment that tackles the cause of the problem), such as chronic hepatitis B or C, HIV, or TB)<sup>68</sup>. The use of opioids without opioid dependence syndrome is considered as a treatment contraindication for long-term OAT

**Barriers and challenges.** The limited geographic coverage of the OAT programme for clients living in the Vitebsk and Mogilev regions continues to be an acute issue. OAT clients living in Vitebsk have to travel 100 km's to visit the nearest OAT site located in Polotsk (a 200 km round trip) on a daily basis.

Opening hours for OAT sites in all regions are tailored to the local specifics. Most of them work in the morning, including at weekends. Often the OAT sites open for a very short time, e.g. no more than one hour per day<sup>69</sup>. As there are no unified, standardised rules of procedure applying to all OAT sites throughout the country, each of the existing sites sets its opening hours depending on their local conditions, including whether they have a full-time medical worker on their staff and the number of clients served.

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<sup>65</sup> Ministry of Health, Decree No. 1387, Ibid.

<sup>66</sup> Author's communication with a key public sector expert.

<sup>67</sup> Author's communication with a key civil sector expert.

<sup>68</sup> Ministry of Health, Decree No. 1233, Ibid.

<sup>69</sup> Author's communication with a key civil sector expert.

Cases have been documented whereby child welfare services have filed female OAT clients with children for being in a “socially dangerous situation” only because they joined the programme, and the women have had to discontinue treatment out of the fear that they will otherwise have their children taken away<sup>70</sup>. It has also been noted that clients are not motivated to seek psychological care. To identify the reasons, further analysis is required.

**Transition impact.** The process of preparation for transition, on its own, has had a positive influence on the accessibility of the OAT programme. The concrete commitments to develop Instructions on procedures for the provision of OAT, and new clinical protocols, give impetus to specialists in the field, including regional lead clinicians, chief narcologists, and drug dependence psychiatrists-narcologists, to gradually lower the threshold for programme enrolment for new clients.

According to the new Transition Plan for 2020–2021, the Instruction on procedures to organise the work of OAT room is to be developed and approved, which is expected to unify standards and operation procedure requirements for all OAT sites throughout the country, making OAT services more convenient and more attractive for clients.

The withdrawal of external donor funding is not likely to have a significant impact on accessibility of the OAT programme for clients. However, there is a risk that, as a result of the lack of international financial support for educational and training activities for medical personnel (including attendance at professional training workshops and international conferences), OAT sites will not be able to meet up-to-date operational requirements. If there is a lack of opportunities for medical personnel to build on the most up-to-date guidelines and to exchange good practices, it will have a negative impact on accessibility of the OAT programme.

**Opportunities and way forward.** In the context of transition, there is a feasible opportunity for improving the geographic coverage of the OAT programme. Based on assessments implemented for each of the OAT sites within the project of providing social support to clients, specific recommendations can be developed on what can be done to improve the work of the OAT sites (e.g. adjust opening hours, optimise the staff structure, modify programme criteria/requirements for clients, etc.).

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<sup>70</sup> Eurasian Harm Reduction Association. “...Natasha hoped till the end that it would be sorted out. She cried and screamed when they made a decision and Arthur was taken away...it was so scary.” Interview with Natalya Golub and Sergey Kryzhevich, Your Chance RSOO, Belarus. Vilnius; Eurasian Harm Reduction Association, 23 April 2020; <https://harmreductioneurasia.org/ru/case-natashy-belarus/>

Figure 4. Map of OAT service sites in Belarus



### 5.3. Quality and integration

**State of progress.** PBelarus is committed to international approaches in the administration of OAT. National standards recommend that a minimum dose of methadone is 60 mg, and a minimum dose of buprenorphine is 12 mg. There are no restrictions for dosage increase<sup>71</sup>. Usually, the average dose of methadone for most clients is over 60 mg.

One of the notable positive developments is a project to provide social support to OAT clients, which has been implemented since the 4<sup>th</sup> quarter of 2019 as part of the intervention, “Opioid agonist therapy and other drug dependence treatment for people who inject drugs”, under the international technical assistance project, “Strengthening the National Health System for HIV and Tuberculosis Prevention, Treatment, Care, and Support in the Republic of Belarus”. This project is implemented by NGO, “Positive Movement”, involving OAT sites with at least 30 clients in all geographic regions. The project aims to help PWUD to overcome barriers hindering their access to OAT, and to improve the quality of life of people with opioid dependence syndrome who receive OAT. The project's core personnel are peer consultants - successfully treated and reintegrated clients on OAT - who share their experience and provide peer-to-peer support to other clients, helping them out in the issues of reintegration, self-realisation, seeking health care, enhancing quality of life, and reducing risky behaviours. Peer consultants share their positive OAT experience with their peers - people who use illicit “street” drugs - providing them with reliable information about OAT-related opportunities, benefits, and challenges. It helps improve their quality of life, adherence to treatment, and the uptake of services (as well as OAT

<sup>71</sup> Ministry of Health, Decree No. 1387, Op.cit .

programme coverage) among people who use “street” drugs. It is expected that once donor funding comes to an end, peer consultants will be employed as social workers by narcological dispensaries, and their work will be paid by the state budget.

**Barriers and challenges.** According to MoH data, the average uptake of psychological care services among OAT programme clients is 8 psychologist consultations/appointments per client. The total number of psychologist consultations received by OAT clients amounted to 5,688 in 2019. However, OAT clients have pointed out there is a lack of trust with psychologists and, in some cases, people believe there is no need for psychological support. The ratio of OAT sites fully integrated with wider health system services remains low. The OAT sites are not actively co-operating with other healthcare services to support the continuum of care for HIV, tuberculosis, and drug dependence, with the estimated proportion of integrated OAT sites at no more than 30%<sup>72</sup>.

**Transition impact.** Transition to public systems will facilitate the integration of services based on existing OAT sites. State-run narcological organisations have the capacity to organise screening for TB, HIV, and hepatitis, which is part of their function. Steps should be taken to ensure that ART and TB medication can be provided to clients of OAT sites at the spot.

**Opportunities and way forward.** It is important to step-up the implementation of the buprenorphine-based OAT programme and, in the future, to consider allowing take-home doses of buprenorphine for self-administered therapy to highly adherent clients on a case-by-case basis.

## 6. Conclusions and recommendations

### 6.1. Conclusions

1. The analysis of the sustainability of the OAT programme in the context of transition from Global Fund support to domestic systems shows that sustainability of the “Services” area is most at-risk, particularly the availability and coverage of services.
2. There is sufficient political commitment for the implementation and scale-up of the OAT programme in the country following international guidelines. However, there is no clear strategy as to how the OAT programme should be managed and financed with the support of the state budget.
3. In the context of transition, there are no formalised and efficient procedures to involve civil society members, including OAT clients, in OAT governing and coordinating structures. It is important to ensure further development of mechanisms for the oversight, coordination, and management of the OAT programme, including regulations to set forth an integrated approach to the management and coordination of the programme.

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<sup>72</sup> Author's communication with a key public sector expert).

4. As decision-makers need to see evidence of OAT programme efficiency, it is vital to regularly communicate information to the Government on the health and socio-economic benefits of the OAT programme to ensure OAT sustainability after transition to public systems.

5. There are legal barriers hindering access to the OAT programme: some fundamental civil rights of OAT programme clients are suspended as a consequence of the mandatory registration for dispensary medical observation by drug dependence psychiatrists-narcologists. It is required by law that information on clients experiencing drug dependence is provided to law enforcement agencies.

6. The country does not have a detailed plan for transition of the OAT programme from donor to domestic funding, which can cause delays and negatively affect the planning of expenditures, particularly in the framework of the new state programme, “People's health and demographic security in the Republic of Belarus”, for 2021–2025.

7. The national procedure for public procurement of medicines is quite complex, with several legal modalities for the procurement of various goods which may impede the timely supply of medicines for the OAT programme. The practice of purchasing methadone through international platforms, currently existing within the project supported by the Global Fund, will not be applicable upon transition to public systems.

8. As the OAT programme is unlikely to be classified a top-priority category of national healthcare spending, there is a risk that OAT needs will be unmet due to insufficient budget allocations. However, if adequate funds are promptly secured, the transition to national funding is expected to help increase OAT programme retention rates as clients will likely be more confident in the sustainability of the programme. OAT programme coverage is likely to increase when people have no doubts about sustaining donor-funded programmes once such funding comes to an end.

9. Centralised procurement of methadone and buprenorphine at the expense of the state budget may be impeded by the fact that these have not yet been included in the national List of Essential Medicines. The needs assessment for the procurement of buprenorphine, which is currently not based on practical data due to a lack of experience in the use of buprenorphine, is likely to require further adjustments.

10. In public funding settings, the low motivation of medical personnel at OAT sites has a negative impact on the expansion of OAT programme coverage. A mechanism needs to be in place to ensure pay is raised for health workers.

11. In the framework of transition to public systems, issues of professional training and maintaining high standards of professional practice will greatly depend upon the availability of donor support from international organisations. This is particularly the case for training workshops organised and conducted by international experts, as well as opportunities for Belarusian specialists to participate in international conferences.

12. The OAT programme remains unattractive and high-threshold for clients, which can be seen from the decline in the number of clients over the past 5 years and low programme coverage (3.7% of the estimated number of opioid users). In the meantime, the Transition Plan for 2016–2018 gave an impetus to the development of regulations on procedures for the provision of OAT, and new clinical protocols.

13. The geographic coverage of the OAT programme remains rather low, particularly in Vitebsk and Mogilev Oblasts; and there is a lack of OAT sites fully integrated with other services. However, examples exist that show the government has sufficient resources to open additional OAT sites, and OAT sites with fully integrated services can also be established with the support of the Ministry of Health.

14. The Ministry of Internal Affairs continues to pay close attention to the OAT programme, closely following the use of controlled drugs, while acknowledging the positive impact of the OAT programme on the reduction in crime rates. In the meantime, the readiness/preparedness for the implementation of the OAT programme in prisons is low within the penitentiary system.

15. There is a risk of a slowdown in the implementation of the project to provide social support to OAT clients, supported by the Global Fund, in the event of the complete withdrawal of international assistance, but still there are some elements of the project's sustainability.

**Table 5: Breakdown of OAT programme components dependent on international sources of funding, as of March 2020.**

OAT programme components that depend on international funding	Source(s) (donors)	Funding available (timeframe)
Purchase of methadone and buprenorphine	Global Fund	2020 г.
Project to provide social support to OAT programme clients	Global Fund	2020 г.
The work of the Country Coordinating Committee to coordinate the OAT programme, including the Taskforce on Expansion of OAT Coverage	Global Fund	2020–2024 гг.
Organising and conducting sentinel surveillance	Global Fund	2020 г.
Estimating the size of key populations	UNAIDS	2020 г.
Conducting 5 roundtables on OAT	UNAIDS	2020 г.

## 6.2. Conclusions

**1. Recommendations to the Inter-sectoral Council on Healthy Lifestyles, Control of Non-Communicable Diseases, and Prevention of Problematic Alcohol Use, Drug Dependence, and Tobacco Use (established under the Council of Ministers):**

1.1. Initiate an open dialogue between the Ministry of Health and the Ministry of Finance to ensure consistent, sustainable, and feasible budget allocations and priority setting for the OAT programme, taking into account the current economic situation.

1.2. Revise the pre-set activities and resources in strategic documents (such as the National Strategy for Sustainable Social and Economic Development, and the Governmental programmes) and make sure that measures to provide public funding for the OAT programme are included as priority activities, making adjustments to the changing economic landscape and the available donor funding in the country.

1.3. Develop, and put in force, a strategic document/position on national drug policy, reflecting a positive role for, and importance of, OAT for the reduction of crime among people who use drugs, and for their social reintegration.

## **2. Recommendations to the Ministry of Health:**

2.1. Develop a detailed financial plan for the transition of OAT to domestic systems, with specified unit costs, co-financing levels, and sources of domestic funding for the provision of services, including those provided under existing and proposed governmental programmes.

2.2. Develop regulations to define a comprehensive mechanism for the management and coordination of the OAT programme. Designate a unitary authority responsible for OAT supervision, coordination, and management. Designate a key healthcare agency/institution to be responsible for OAT monitoring and evaluation.

2.3. Finalise, and formally approve, the Instruction on procedures for the provision of OAT, and the clinical protocol for OAT for clients experiencing opioid drug dependence, that will provide more streamlined pathways for client enrolment.

2.4. Ensure that take-home doses of OAT medication can be dispensed for self-administered therapy to highly adherent clients, as well as to all clients with limited access to OAT service sites (including those who fall ill, and those in pre-trial detention facilities), and more generally in the case of restrictions resulting from the COVID-19 pandemic.

2.5. Enable OAT programme enrolment for clients with an opioid dependence diagnosis who are not formally registered with a drug dependence psychiatrist-narcologist for narcological dispensary observation.

2.6. Rule out the input of personal information into the Unified PWUD Registration database for those clients who are placed under preventive observation. Work out the issue of abolishing the rules on the mandatory dispensary and preventive observation for people who use drugs.

2.7. Develop a detailed work algorithm to organise the provision of OAT at the OAT sites with 100% government funding, including more convenient opening hours for programme clients.

2.8. Develop a mechanism to raise the level of pay for medical personnel at OAT service sites up to the average pay level in the industrial sector of the national economy.

2.9. Ensure that OAT medicines are included in the national Model List of Medicines for the next/current year. Address the needs for planning and procurement to supply OAT medicines in various forms (syrup, tablet form, etc.), as well as to supply different/alternative OAT medications. Establish and work out a mechanism for calculating both the pharmacological and non-pharmacological needs of the OAT programme, including additional equipment and supplies (such as dispensers and dosing units, furniture, etc.).

2.10. Consider having OAT administered/prescribed by general practitioners and private clinicians.

2.11. Develop and introduce postgraduate training modules for physicians and nurses with a focus on administering OAT, and reducing stigma towards key populations affected by HIV, including people who use drugs.

2.12. Organise and deliver integrated services based on the OAT sites to support the continuum of care for HIV, tuberculosis, and drug dependence treatment.

2.13. Set performance indicators to increase OAT coverage.

2.14. Address the issue of the gradual introduction of OAT in the penitentiary system. Provide support to the penitentiary system through the training of personnel. Increase support to drug dependent people who are being released from prison and provide dynamic supervision.

2.15. Provide for the transition of services (such as social support to clients at OAT sites), delivered by non-governmental, not-for-profit organisations as part of Global Fund grant implementation, to public funding using the social contracting mechanism. Develop and submit proposals for amendments and additions to existing regulations as regards the implementation of the social contracting mechanism, to provide services to people on OAT.

2.16. Organise a study to estimate the number of opioid dependent people who use drugs in the country as a whole and by region.

### **3. Recommendations to the Republican Scientific and Applied Research Centre for Mental Health:**

3.1. In the framework of developing clinical protocols of medical care for patients with mental and behavioural disorders, highlight the specifics for administering therapy to clients enrolled in the OAT programme, including gender-specific issues.

3.2. Establish a procedure to conduct a quarterly in-depth analysis of statistical data on the implementation of the OAT programme to inform the analytical reports provided to the Ministry of Health, the Ministry of Internal Affairs, and the Ministry of Labour and Social Care.

3.3. Examine the efficacy of the existing staff structure of OAT sites taking into account their workload. Suggest solutions for the optimisation of the staffing structure and for enhancing the motivation of OAT personnel.

#### **4. Recommendations to the Republican Scientific and Applied Research Centre for Medical Technologies, Information, Management and Economics of Health Care:**

4.1. Develop and implement a forecasting methodology to estimate the need for medicines in the OAT programme.

4.2. Develop recommendations for organising government procurement of OAT medicines from foreign suppliers.

4.3. Organise a cross-sectoral roundtable, involving NGOs, to discuss and develop a mechanism to monitor the implementation of the Transition Plan.

#### **5. Recommendations to the Country Coordinating Committee for interaction with the Global Fund to Fight AIDS, Tuberculosis and Malaria:**

5.1. Address sustainability issues of the OAT programme on a regular basis at the meetings of the Country Coordinating Committee.

5.2. Request the Taskforce on the Expansion of OAT Services, established under the Country Coordinating Committee, to produce quarterly analytical reports on transition progress through monitoring the implementation of the Transition Plan, and presenting and discussing these reports at meetings of the Country Coordinating Committee.

5.3. Provide technical support with regards to organisational issues of the Taskforce on the Expansion of OAT Services of the Country Coordinating Committee.

#### **6. Recommendations to civil society representatives:**

6.1. Develop a mechanism for co-ordination with drug dependence psychiatrists-narcologists and Chief Narcologists at healthcare authorities to promptly communicate information on the issues faced by OAT clients.

6.2. Develop projects to provide social, legal and information support to OAT programme clients, as well as projects driven/implemented by client communities, including peer-to-peer projects.

6.3. Scale-up implementation of activities aimed at developing the capacity of NGOs and client organisations, and the training of NGO activists involved in OAT.

**7. Recommendations to technical partners and donors:**

7.1. Provide support to conduct training of specialists involved in forecasting the needs/demand for, and procurement of, medicines and supplies for OAT programmes.

7.2. Provide technical support to calculate the estimated number of people who use drugs, including people who inject drugs and gender-disaggregated estimations.

7.3. Provide international advice and tools for the development of national low-threshold drug dependency treatment programmes, including OAT.

## ANNEX 1. The conceptual framework for assessing the sustainability of the OAT programme

ISSUE AREAS	INDICATORS AND BENCHMARKS			
<b>A. POLICY &amp; GOVERNANCE</b>	<p><i>Indicator A1:</i>  <b>Political commitment</b></p> <ul style="list-style-type: none"> <li>• OAT is included in national drug control, HIV and/or hepatitis strategies and action plans, with a commitment to WHO-recommended targets</li> <li>• Legislation explicitly supports the provision of OAT</li> <li>• OAT is a core part of national policy for opioid dependence management</li> <li>• Law enforcement and justice systems support implementation and expansion, as needed, of OAT</li> <li>• Effective governance and coordination oversee the development of OAT in the country</li> <li>• Civil society, including OAT clients, are consulted in OAT governance and coordination at country level</li> </ul>		<p><i>Indicator A2:</i>  <b>Management of transition from donor to domestic funding</b></p> <ul style="list-style-type: none"> <li>• Country has adopted a plan which defines transition of OAT from donor to domestic funding, including a timeline</li> <li>• There is a multi-year financial plan for the OAT transition to domestic sources, with unit costs developed, co-financing level, the (future) domestic funding sources for OAT identified and agreed among country representatives</li> <li>• Donor transition oversight in the country effectively supports implementation of the OAT transition to domestic funding</li> <li>• There is good progress in the implementation of the OAT-component in the transition plan</li> </ul>	
	<b>B. FINANCE &amp; RESOURCES</b>	<p><i>Indicator B1:</i>  <b>Medications</b></p> <ul style="list-style-type: none"> <li>• OAT medicine procurement is integrated into domestic PSM system and benefits from good capacity without interruptions</li> <li>• Both methadone and buprenorphine are registered and their quality assurance system is operational</li> <li>• Methadone and buprenorphine are secured at affordable prices</li> </ul>	<p><i>Indicator B2:</i>  <b>Financial resources</b></p> <ul style="list-style-type: none"> <li>• Methadone and buprenorphine are included in the state reimbursed medicine lists and are funded from public sources</li> <li>• OAT services are included in universal health coverage or state guaranteed package of healthcare, including for people without health insurance</li> <li>• OAT services are paid through sustainable public funding sources which secure adequate funds to cover comprehensive services</li> <li>• In countries with active HIV grants, OAT services are co-financed by the Government in accordance with the Global Fund Sustainability, Transition and Co-Financing Policy</li> </ul>	<p><i>Indicator B3:</i>  <b>Human resources</b></p> <ul style="list-style-type: none"> <li>• OAT is included in the job description of main health staff and core functions of the state system for drug dependencies with relevant capacities to prescribe and dispense OAT to a required scale</li> <li>• Capacity building system is adequate for OAT implementation in a sustainable way</li> </ul>

ISSUE AREAS	INDICATORS AND BENCHMARKS		
C. SERVICES	<p><i>Indicator C1:</i></p> <p><b>Availability and coverage</b></p> <ul style="list-style-type: none"> <li>• OAT is available in hospitals and primary care; take-home doses are allowed</li> <li>• Coverage of estimated number of opioid dependent people with OAT is high (in line with WHO guidance: 40% or above)</li> <li>• OAT is available in closed settings (including for initiation onto OAT), during pre-trial detention and for females</li> <li>• OAT is possible and available in the private and/or NGO sectors in addition to the state sector</li> </ul>	<p><i>Indicator C2:</i></p> <p><b>Accessibility</b></p> <ul style="list-style-type: none"> <li>• There are no people on a waiting list for entering the service</li> <li>• Opening hours and days accommodate key needs</li> <li>• Geographic coverage is adequate</li> <li>• There are no user fees and barriers for people without insurance</li> <li>• OAT is available and, in general, accessible for populations with special needs (pregnant and other women, sex workers, underage users, ethnic groups)</li> <li>• Illicit drug consumption is tolerated (after dose induction phase)</li> <li>• Individual plans are produced and offered with involvement of the service user</li> <li>• OAT inclusion criteria are supportive of groups with special needs and are not restrictive, i.e. failure in other treatment programmes is not required prior to enrolling into the OAT programme</li> </ul>	<p><i>Indicator C3:</i></p> <p><b>Quality and integration</b></p> <ul style="list-style-type: none"> <li>• Adequate dosage of methadone/buprenorphine is foreseen in national guidelines and practice in line with WHO guidance</li> <li>• OAT programmes are based on the maintenance approach and have a high retention of users</li> <li>• A high proportion of OAT sites are integrated and/or cooperate with other services and support continuity of care for HIV, TB and drug dependence (in line with WHO guidance: 80% or more of the sites)</li> <li>• A high proportion of OAT clients receive psycho- and social support (in line with WHO guidance: 80% or more of the sites)</li> </ul>

## ANNEX 2. Finalised table of scores for all assessment indicators and benchmarks

	SCORE	REFERENCE(S)/SOURCE(S)
<b>Policy and Governance</b>	<b>55,7 %</b> <b>- moderate sustainability</b>	
Political commitment	56,25 % - moderate sustainability	
Benchmark A1.1:	50 % - moderate sustainability	The Interdisciplinary Plan of Action to efficiently combat drug trafficking, to prevent drug use, particularly among children and youth, and to provide social rehabilitation to drug-dependent people (2019–2020); The Interagency Plan for implementing the recommendations accepted by Belarus following the second round of the Universal Periodic Review by the UN Commission on Human Rights and recommendations addressed to Belarus by the human rights treaty bodies, for 2016–2019
Benchmark A1.2:	37,5 % - moderate sustainability	Law No. 408-3 (ed. 18 July 2016), “On Narcotic Drugs, Psychotropic Substances, Their Precursors and Analogues”, 13 July 2012; Law No. 349-3 (ed. 11 November 2019), “On the provision of psychiatric care”, 7 January 2012 (with amendments coming into force on 24 May 2020); Ministry of Health, Resolution No. 88, “On establishing a list of diseases and health conditions prohibiting individuals from driving motor vehicles and self-propelled vehicles, and medical reasons/treatment conditions under which individuals are allowed to drive”, 6 December 2018; Council of Ministers, Resolution No. 1192, “On the approval of the Procedures for providing clients’ confidential medical information by health care facilities to law enforcement agencies”, 18 December 2014; Criminal Code of Belarus
Benchmark A1.3: OAT is a core part of national policy for opioid dependence management	87,5 % - high sustainability	Ministry of Health, Decree No. 1387, 31 December 2010; Ministry of Health, Decree No. 1233, “On the use of opioid substitution therapy in persons with opioid drug dependence”, 16 November 2010; Ministry of Health, Decree No. 162, 17 February 2020; Ministry of Health, Decree No. 718, “On the implementation in the Gomel Regional Narcological Dispensary of the pilot project to use substitution therapy in drug-dependent people within the framework of the implementation of the international technical assistance project, ‘Prevention and Treatment of HIV/AIDS in Belarus’”, 4 September 2007
Benchmark A1.4: Law enforcement and justice systems support implementation and expansion, as needed, of OAT	37,5 % - moderate sustainability	UNODC Manual for law enforcement personnel on harm reduction and HIV prevention among people who inject drugs; Aizberg OR. The drug treatment system for drug-dependent people in Belarus: reference manual. Minsk, 2014; Training programme for law enforcement personnel, “Harm reduction and HIV prevention among people who use drugs”: Academy of the Ministry of Internal Affairs of Belarus, 2005
Benchmark A1.5: Effective governance and coordination oversee the development of OAT in the country	50 % - moderate sustainability	Three key experts; Petrovich MA, Alexandrov AA. Assessment of the socio-economic effectiveness of implementing the programme of methadone substitution treatment for drug dependence: the case of Gomel Oblast. Minsk, 2013

Benchmark A1.6: Civil society, including OAT clients, are consulted in OAT governance and coordination at country level	75 % - <i>high sustainability</i>	Two key experts; Minutes of meetings of the Taskforce on Expansion of Opioid Agonist Therapy Coverage under the Country Coordinating Committee, 22 August 2019 and 26 December 2019
<b>Management of transition from donor to domestic funding</b>	55,2 % - <i>moderate sustainability</i>	
Benchmark A2.1: Country has adopted a plan which defines transition of OAT from donor to domestic funding, including a timeline	62,5 % - <i>moderate sustainability</i>	The Concept of Sustainable Development of the HIV/AIDS and Tuberculosis Prevention, Treatment, Care, and Support System, 21 April 2017; Action plan for the implementation of the Concept of Sustainable Development of the HIV/AIDS and Tuberculosis Prevention, Treatment, Care, and Support System, 27 December 2016; Ministry of Health, Decree No. 406, 4 April 2019; Ministry of Health, Decree No. 268, "On the Implementation of the Transition Plan", 9 March 2020
Benchmark A2.2: There is a multi-year financial plan for the OAT transition to domestic sources, with unit costs developed, co-financing level, the (future) domestic funding sources for OAT identified and agreed among country representatives	16,6 % - <i>at high risk</i>	One key expert
Benchmark A2.3: Donor transition oversight in the country effectively supports implementation of the OAT transition to domestic systems	75 % - <i>high sustainability</i>	Minutes of the Country Coordinating Committee meeting of 30 September 2019; Minutes of meetings of the Taskforce on Expansion of Opioid Agonist Therapy Coverage under the Country Coordinating Committee, from 22 August 2019 and 26 December 2019; Draft decree on the Roundtable meeting, "On Acute HIV Issues", to be held on 18 March 2020 in the framework of implementing the project, "Supporting the work of the Country Coordinating Committee for interaction with the Global Fund to Fight AIDS, Tuberculosis and Malaria - 2"
Benchmark A2.4: There is good progress in the implementation of the OAT component in the transition plan	66,6 % - <i>moderate sustainability</i>	Sub-Programme No. 5, "Prevention of HIV infections", under the governmental programme, "People's health and demographic security in Belarus", (2016-2020).
<b>Finance and Resources</b>	68,8 % - <i>moderate sustainability</i>	
<b>Medication</b>	74,1 % - <i>substantial sustainability</i>	
Benchmark B1.1: OAT medicine procurement is integrated into domestic procurement and supply management (PSM) system and benefits from good capacity without interruptions	60 % - <i>moderate sustainability</i>	Three key experts

Benchmark B1.2: Both methadone and buprenorphine are registered and their quality assurance system is operational	87,5 % - high sustainability	State Register of Medicines of Belarus; Ministry of Health, Resolution No. 48, “On the approval of the Instruction for reporting adverse reactions to medicines, and on declaring some MoH Resolutions to be no longer in force”, 17 April 2015; Two key experts
Benchmark B1.3: Methadone and buprenorphine are secured at affordable prices	75 % - high sustainability	One key expert
<b>Financial resources</b>	<b>61,45 %</b> <b>- moderate sustainability</b>	
Benchmark B2.1: Methadone and buprenorphine are included in the state reimbursed medicine lists and are funded from public sources	25 % - at high risk	Ministry of Health, Resolution No. 65 (ed. 24 June 2019), “On the establishment of the List of Essential Medicines”, 16 July 2007
Benchmark B2.2: OAT services are included in universal health coverage or state-guaranteed package of health care, including for people without health insurance	50 % - moderate sustainability	Council of Ministers, Resolution No. 259, “On selected issues”, 29 March 2016
Benchmark B2.3: OAT services are paid through sustainable public funding sources which secure adequate funds to cover comprehensive services	87,5 % - high sustainability	Paragraph 21, Sub-Programme No. 5, “Prevention of HIV infections”, under the governmental programme, “People's health and demographic security in the Republic of Belarus”, (2016–2020)
Benchmark B2.4: In countries with active HIV grants, OAT services are co-financed by the Government in accordance with the Global Fund Sustainability, Transition and Co-Financing Policy	83,3 % - high sustainability	One key expert
<b>Human resources</b>	<b>68,75 %</b> <b>- moderate sustainability</b>	
Benchmark B3.1: OAT is included in the job description of main health and core functions of the state system for drug dependencies with relevant capacities to prescribe and dispense OAT to a required scale	50 % - moderate sustainability	One key expert

Benchmark B3.2: Capacity building system is adequate for OAT implementation in a sustainable way	87,5 % - high sustainability	One key expert
<b>Evidence and information systems</b>	<b>70,8 %</b> - substantial sustainability	
Benchmark B4.1: OAT monitoring system and is used for managing the OMT programme, including programme need, coverage, and quality assurance	62,5 % - moderate sustainability	Ministry of Health, Decree No. 700, “On declaring some Appendices (Nos. 3, 4, 5, 6 to MoH Decree No. 854, 14 November 2006) to be no longer in force”, and “On the approval of operational statistics forms for reporting on the activities of health organisations providing psychiatric and narcological care”, July 26, 2016
Benchmark B4.2: Evidence-base for OAT effectiveness and efficiency is regularly generated and informs policy and programme planning	100 % - high sustainability	Alexandrov AA. Pharmacological maintenance treatment for drug dependence. Psychiatry, Vol. 2 (02), 2008; Alexandrov AA. Results of the first pilot project of opioid substitution therapy for opioid dependence. Psychiatry, Vol. 4 (06), 2009; Petrovich MA, Alexandrov AA. Assessment of the socio-economic effectiveness of implementing the programme of methadone maintenance treatment for drug dependence: the case of Gomel Oblast. Minsk, 2013; Artemenko EK. A report on the results of the study, “Potential interest of people who inject drugs (PWID) to participate in the opioid agonist programme”. Republican social community-based association, “Your Chance”, with the support of the Belarusian community-based association, “Positive Movement”. Minsk, 2018; Pikirenya V, Artyomenko E, Parfenyuk EA. Report on the study of factors enabling the growth in the number of new and permanent clients of low-threshold HIV prevention service sites for people who inject drugs in Belarus. AIDS Foundation East-West: Minsk, 2017; A study under the project, “Identifying and Influencing the Readiness to Enrol People with Polysubstance dependence in the OAT Programme”: Republican social community-based association, “Your Chance”, 2019
Benchmark B4.3: OAT client data is stored in a database; it is confidential, protected and not shared outside of the health system without a client's consent	50 % - moderate sustainability	One key expert; Law, On Health Care, 18 June 1993
<b>Services</b>	<b>41,6 %</b> - at moderate risk	
<b>Availability and coverage</b>	<b>8,3 %</b> - at high risk	
Benchmark C1.1: OAT is available in hospitals and primary care; take-home doses are allowed	16,6 % - at high risk	Two key experts
Benchmark C1.2: Coverage of estimated number of opioid dependent people with OAT is high (in line with WHO guidance: 40% or above)	0 % - at high risk	Reports on the provision of OAT by the National Centre for Narcological Monitoring and Prevention; One key expert

Benchmark C1.3: OAT is available in closed settings (including for initiation onto OAT), during pre-trial detention and for females	0 % - at high risk	Three key experts; Ministry of Health, Decree No. 268, 9 March 2020
Benchmark C1.4: OAT is possible and available in the private and/or NGO sectors in addition to the state sector	16,6 % - at high risk	Law, On Health Care, 18 June 1993; One key expert
<b>Accessibility</b>	<b>62,3 %</b> <b>- moderate sustainability</b>	
Benchmark C2.1: There are no people on a waiting list for entering the service	50 % - moderate sustainability	One key expert
Benchmark C2.2: Opening hours and days accommodate key needs	50 % - moderate sustainability	One key expert
Benchmark C2.3: Geographic coverage is adequate	75 % - high sustainability	Two key experts
Benchmark C2.4: There are no user fees and barriers for people without insurance	75 % - high sustainability	Two key experts
Benchmark C2.5: OAT is available and, in general, accessible for populations with special needs (pregnant and other women, sex workers, underage users, ethnic groups)	37,5 % - moderate sustainability	Ministry of Health, Decree No. 1387, “On the Clinical Protocol of Medical Care for Patients with Mental and Behavioural Disorders”, 31 December 2010; Ministry of Health, Decree No. 1233, “On the use of opioid substitution therapy in persons with opioid drug dependence”, 16 November 2010
Benchmark C2.6: Illicit drug consumption is tolerated (after dose induction phase).	62,5 % - moderate sustainability	Three key experts
Benchmark C2.7: Individual plans are produced and offered with involvement of the service user	83,3 % - high sustainability	Ministry of Health, Decree No. 1387, “On the Clinical Protocol of Medical Care for Patients with Mental and Behavioural Disorders”, 31 December 2010; Ministry of Health, Decree No. 1233, “On the use of opioid substitution therapy in persons with opioid drug dependence”, 16 November 2010

Benchmark C2.8: OAT inclusion criteria are supportive of groups with special needs and are not restrictive, i.e. failure in other treatment programmes is not required prior to enrolling into the OAT programme	66,6 % - moderate sustainability	Ministry of Health, Decree No. 1387, “On the Clinical Protocol of Medical Care for Patients with Mental and Behavioural Disorders”, 31 December 2010
<b>Quality and integration</b>	54,2 % - moderate sustainability	
Benchmark C3.1: Adequate dosages of methadone / buprenorphine is foreseen in national guidelines and practice in line with WHO guidance	100 % - high sustainability	Ministry of Health, Decree No. 1387, “On the Clinical Protocol of Medical Care for Patients with Mental and Behavioural Disorders”, 31 December 2010
Benchmark C3.2: OAT programmes are based on the maintenance approach and have retention of users	66,6 % - moderate sustainability	Ministry of Health, Decree No. 1387, “On the Clinical Protocol of Medical Care for Patients with Mental and Behavioural Disorders”, 31 December 2010; Reports from the National Centre for Narcological Monitoring and Prevention
Benchmark C3.3: A high proportion of OAT sites are integrated and/or cooperate with other services and support continuity of care for HIV, TB and drug dependence (in line with WHO guidance: 80% or more of the sites)	0 % - at high risk	Three key experts
Benchmark C3.4: A high proportion of OAT clients receive psycho- and social support (in line with WHO guidance: 80% or more of the sites)	50 % - moderate sustainability	Reports from the National Centre for Narcological Monitoring and Prevention