

# **REPUBLIC OF BELARUS**

**Reassessment of the sustainability  
of the opioid agonist therapy  
programme within the context  
of transition from donor support  
to domestic funding**



## ACKNOWLEDGEMENTS

This report is a publication by the **Eurasian Harm Reduction Association (EHRA)**. EHRA is a not-for-profit public membership-based organisation uniting harm reduction activists and organisations from Central and Eastern Europe and Central Asia (CEECA). Its mission is to actively unite and support communities and civil societies to ensure the rights and freedoms, health and well-being of people who use psychoactive substances in the CEECA region.

The author wishes to thank the team of like-minded people who helped him to collect the necessary information. The staff at the following State-run institutions have been immensely helpful: 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; the Department of Psychiatry and Medical Psychology of the Belarusian State Medical University (BSMU); and the Department of Psychiatry and Narcology of the Belarusian Medical Academy of Postgraduate Education. Special thanks to the activists from the non-governmental sector, including the national community-led non-governmental organisation (NGO), 'Your Chance' and the Belarusian non-governmental association, 'Positive Movement'.

The critical comments and recommendations from members of the advisory group helped to significantly improve the report. Considerable support was provided by V.I. Grankov, Coordinator of the communicable disease programme at the World Health Organization Country Office in Belarus; V.I. Pikirenya, Associate Professor, at the Department of Psychiatry and Medical Psychology of BSMU; A. Krasikova, Chairman of the Vitebsk branch of the 'Positive Movement' Association; S. Kryzhevich, Chairman of the Board of the 'Your Chance' NGO; and J.V. Istomina, Deputy Chief physician for the outpatient section of the Minsk City Clinical Narcological Centre.

### **Financial support**

This publication was prepared and published within the framework of the regional project entitled 'Sustainability of Services for Key Populations in the EECA Region', implemented by a consortium of organizations from the EECA region under the leadership of the ICF "Alliance for Public Health" in partnership with the NGO "All-Ukrainian Network of PLWH" with the financial support from the Global Fund.

The viewpoints expressed in this publication are solely those of its author and do not necessarily reflect the views of the consortium of the organizations, nor that of the Global Fund.

**Recommended citation**

Kralko A.A. Republic of Belarus: Reassessment of the sustainability of the opioid agonist therapy programme within the context of transition from donor support to domestic funding. Eurasian Harm Reduction Association: Vilnius, Lithuania, 2023.

The English language version of this report was edited by Graham Shaw.

The report is available at: [www.harmreductioneurasia.org](http://www.harmreductioneurasia.org)

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## ACRONYMS

|                |   |
|----------------|---|
| <b>AIDS</b>    | Acquired Immune Deficiency Syndrome         |
| <b>ART</b>     | Antiretroviral Therapy                      |
| <b>ARV</b>     | Antiretroviral                              |
| <b>BSMU</b>    | Belarusian State Medical University         |
| <b>CCM</b>     | Country Coordination Mechanism              |
| <b>CEECA</b>   | Central and Eastern Europe and Central Asia |
| <b>EECA</b>    | Eastern Europe and Central Asia             |
| <b>EHRA</b>    | Eurasian Harm Reduction Association         |
| <b>FTE</b>     | Full-Time Equivalent                        |
| <b>GDP</b>     | Gross Domestic Product                      |
| <b>HIV</b>     | Human Immunodeficiency Virus                |
| <b>INCB</b>    | International Narcotics Control Board       |
| <b>M&amp;E</b> | Monitoring and Evaluation                   |
| <b>MMT</b>     | Methadone Maintenance Therapy               |
| <b>MoH</b>     | Ministry of Health                          |
| <b>NGO</b>     | Non-Governmental Organisation               |
| <b>PLHIV</b>   | People Living with HIV                      |
| <b>TB</b>      | Tuberculosis                                |
| <b>UHC</b>     | Universal Health Coverage                   |
| <b>UNDP</b>    | United Nations Development Programme        |
| <b>WHO</b>     | World Health Organization                   |

## EXECUTIVE SUMMARY

The opioid agonist maintenance therapy programme<sup>1</sup> (OAT) has been implemented in the Republic of Belarus since 2007. It was introduced as part of the projects supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria. The Republic of Belarus is committed to the provision of universal health coverage (UHC) which includes OAT. The therapy is provided free of charge at State narcology clinics. As of January 1, 2022, there were 20 methadone maintenance therapy sites in the country serving 707 clients.

OAT in Belarus was fully financed by the Global Fund up until 2015. In 2018, the State committed itself to progressively increasing public health spending to achieve national goals under UHC and pledged to increase co-financing, especially that of the main costs of the national HIV and tuberculosis (TB) responses. At that point, the State took over the financing of the work of substitution therapy sites, with the exception of methadone procurement. In 2022, the State started to pay for OAT medication as well, and the Global Fund now only supports the follow-up of OAT clients to increase their adherence to HIV treatment.

The aim of this study is to evaluate the sustainability of the OAT programme within the context of its transition from Global Fund support to national funding and to identify strengths, barriers, challenges and risks, as well as opportunities to enhance the programme's sustainability. The first sustainability analysis was conducted during February–March 2020 and was based on the framework and methodology designed by the Eurasian Harm Reduction Association (EHRA)<sup>2</sup>. The current analysis is a follow-up study aimed at examining the main changes that have occurred in the programme over the last two years.

The current assessment is mainly focused on the success achieved and the problems encountered during efforts to ensure sustainability; on the relevant conditions and mechanisms for transition; on gaps in the finances and human resources and other programmatic data relevant to the transition process; and on an analysis of the confirmed transition plans.

This assessment is based on various published sources, numerous documents and interviews with key experts, as well as data received during the similar analysis conducted in 2020. In addition to qualitative data, quantitative indicators were analysed, where possible. The EHRA-recommended approach was used as well as the adapted country assessment tool, with both focusing on OAT programme sustainability during the transition from donor to national funding.

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<sup>1</sup> The term “substitution therapy” currently in use in Belarus describes supportive therapy with opioid analgesics, which sees the drugs in the forms suitable for internal use (including sublingual use) prescribed and administered to clients who are drug dependent or who have medical indications of such a condition.

<sup>2</sup> Assessment of the sustainability of the opioid agonist therapy programme (OAT). The Guidance on performing the assessment in the context of transition from donor support to domestic funding. Vilnius, Lithuania: Eurasian Harm Reduction Association, 2019. <https://harmreductioneurasia.org/ru/oat-sustain-method>

## Analysis of progress in achieving sustainability

| Issue area                   | 2020                             | 2022                                | Issue area  | 2020                                | 2022                                |
|------------------------------|----------------------------------|-------------------------------------|---|-------------------------------------|-------------------------------------|
| <b>Policy and governance</b> | Moderate level of sustainability | Moderate level of sustainability    | Political commitment                                    | Moderate level of sustainability    | Moderate level of sustainability    |
|                              |                                  |                                     | Management of transition from donor to domestic funding | Moderate level of sustainability    | Moderate level of sustainability    |
| <b>Finance and resources</b> | Moderate level of sustainability | Substantial level of sustainability | Medications   | Substantial level of sustainability | Substantial level of sustainability |
|                              |                                  |                                     | Financial resources                                     | Moderate level of sustainability    | High level of sustainability        |
|                              |                                  |                                     | Human resources   | Moderate level of sustainability    | Moderate level of sustainability    |
|                              |                                  |                                     | Evidence and information systems                        | Substantial level of sustainability | Substantial level of sustainability |
| <b>Services</b>              | At moderate to high risk         | Moderate level of sustainability    | Availability and coverage                               | Low level of sustainability         | Low level of sustainability         |
|                              |                                  |                                     | Accessibility   | Moderate level of sustainability    | High level of sustainability        |
|                              |                                  |                                     | Quality and integration                                 | Moderate level of sustainability    | Substantial level of sustainability |

**In the Policy and Governance area**, the OAT programme is at a moderate level of sustainability. Overall, there is stable political support for the OAT programme and its expansion in line with international guidelines. The government fulfils its obligation to ensure the transition from donor support to national funding, which is reflected in the State programme, 'People's health and demographic security of the Republic of Belarus' for 2021-2025.

There are no serious legislative obstacles to OAT in Belarus. A 2021 Decree of the Ministry of Health introduced the instruction on procedures for the provision of OAT which regulates the administration of the therapy by medical professionals in clinical settings as well as self-administration by the client<sup>3</sup>.

During 2021-2022, the OAT programme was monitored by the Republican Scientific and Applied Research Centre for Mental Health to ensure high-quality monitoring of the situation and to adequately estimate the demand for medicines and plan procurement given the growing need triggered by new circumstances. As in the previous period, the OAT programme's transition to national funding did not significantly affect the attitudes of decision-makers. The Ministry of Health has continued to support the programme. The Interior Ministry has also supported its implementation and expansion, where necessary, as it believes that such programmes help reduce drug overdose rates<sup>4</sup>. Implementation of OAT in the penitentiary system is not on the agenda at present.

<sup>3</sup> Ministry of Health, Resolution No. 98, 'On medical care for clients with dependence on narcotic drugs of the opium group', 20 August 2021.

<sup>4</sup> Author's communication with a key public sector expert.

Civil society organisations continue to actively support the OAT programme and have advocated for its expansion and sustainability during the transition period. The 2020-2021 epidemiological crisis triggered by the COVID-19 pandemic forced the NGOs to further coordinate their efforts to ensure the programme's sustainability. As a result, research was carried out to study the impact of COVID-19 on OAT programme participants. The research suggested that overall, respondents were satisfied with the work of OAT sites during the pandemic and with the COVID-19 safety measures at the sites<sup>5</sup>.

Neither the timeframe nor the financial aspect of the OAT programme's transition from donor support to national funding have been outlined in Belarus, as the country does not yet have an approved Transition Plan. The previous Transition Plan was completed in 2021 and, at the time of writing of this assessment, no new document has yet been developed. A draft plan designed in 2022 failed to win approval. Work is underway to bring it up-to-date for 2023-2024 and approved in accordance with procedures.

**In Finance and resources**, a substantial level of sustainability has been achieved, with the indicator improving since the previous assessment. This is due to the integration of OAT drug procurement into the State procurement and supply system that has proven to be reliable and has high potential. At the same time, 2022 saw a delay in the delivery of buprenorphine due to a shift in logistics caused by the sanctions imposed on the country. The OAT drugs used in Belarus are registered in line with the established procedure. The Ministry of Health simplified registration procedures for all medicines and medical equipment in 2022, taking into account the epidemiological situation.

Methadone and buprenorphine are available free of charge, with the costs covered from the State budget. OAT services are part of drug dependency treatment available to all citizens under a State-guaranteed package of health services.

The targeted financing of the OAT programme from the budget is guaranteed by the government programme, 'People's Health and Demographic Security in the Republic of Belarus' for 2021-2025. The allocated funds cover current needs, with the exception of social support services for OAT clients which is financed by the Global Fund. Belarus has made significant progress in fulfilling its co-financing obligations over the past two years and looks likely to continue until at least 2026. Overall, the finance and resources indicator has improved significantly compared to 2020, having moved from a moderate to a substantial level of sustainability.

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<sup>5</sup> Study of the impact of COVID-19 on participants in the opioid analgesic maintenance therapy program. <http://yourchance.by/wp-content/uploads/2022/12/Publikatsiya-issledovaniya-Kovid-19.pdf>



OAT represents one of the key functions of the State drug treatment service and is included in the job description of healthcare staff at OST sites. However, general practitioners cannot administer/prescribe substitution therapy since it is not included in the relevant clinical protocol<sup>6</sup> or in the new substitution therapy regulations. A staff training system ensures the sustainable implementation of the OAT programme; however, modules on OAT have not yet been fully integrated into healthcare workforce education and training. Specialised courses are needed to maintain professional growth of the medical staff of substitution therapy sites, as is an introduction of a relevant training module for nurses and doctors working to treat infectious diseases.

The monitoring of the OAT programme is carried out by the Republican Scientific and Applied Research Centre for Mental Health. This component requires strengthening so that monitoring and evaluation data can inform the development of specific methodologies to identify needs, ensure coverage and quality of OAT.

Compared to the 2020 assessment, the 'Evidence and information systems' indicator shows a certain level of deterioration due to the impact of the unfavourable epidemiological situation.

**The Services area** is moderately sustainable, which is an improvement from the 2020 moderate level of risk. However, the coverage of OAT services remains low (3.8%) despite the fact that OAT was approved for self-administration by clients. In addition, the issue of OAT availability in prisons has not yet been resolved.

The new instruction on procedures for the provision of OAT has had a positive influence on access to the therapy. In line with the current regulations, there are no restrictions in terms of physical access and timely enrolment; the programme also caters for the needs of various population groups. OAT is available in all major geographic and administrative regions of the country, with more sites needed in some areas, especially in the Mogilev region. Two new sites are due to open in the Minsk region in 2023 due to the high level of drug-related morbidity there.

Low-income citizens do not face any financial barriers in accessing OAT: anyone can enrol, including pregnant women, provided they have medical indications. Medical indications and contraindications to the administration of substitution therapy to clients affected by drug dependence are specified by the clinical protocol for the provision of medical care to clients with mental and behavioural disorders and the clinical protocol for the use of substitution therapy.

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<sup>6</sup> Clinical Protocol, 'Diagnosis and Treatment of Patients with Mental and Behavioural Disorders by General Practitioners', in MoH, Decree No. 13, 'On Approval of the Clinical Protocol', 2 March 2020.

The new instruction on procedures for the provision of OAT stipulates that a one-off use of illegal drugs is not a criterion for terminating treatment. At the initial detection of psychoactive substances, except those prescribed by the attending physician, the client receives a recorded warning from their doctor that upon repeated detection, the issuance of opioid analgesics for self-administration, or the prescription thereof, will be terminated. There are no restrictions on needle/syringe exchange for OAT programme participants.

Clients suffering from drug dependence have an individual treatment and rehabilitation plan which offers an assessment of the client's needs, medical rehabilitation services and counselling for the individual and their relatives. The complete course of OAT is available on prescription. The prescribed doses of methadone/buprenorphine comply with WHO recommendations.

Overall, it can be confirmed that while there has been no significant change in policy and governance, the past two years have seen an improvement in the area of Finance and Resources, as well as in Services.

### **Key recommendations:**

1. Develop a detailed financial plan for the transition of OAT to domestic systems that not only contains financial data but also provides for legislative changes in areas such as drug dependence prevention and treatment, dispensary observation of clients, removal of barriers to employment and socialisation of OAT clients.
2. Organise and deliver integrated services based on the OAT sites, such as dispensing HIV antiretroviral therapy (ART) medication to people living with HIV (PLHIV) and treatment medication to people living with tuberculosis (TB).
3. Address the issue of feasibility of implementing OAT programme in the penitentiary system.
4. Take additional measures to improve monitoring and evaluation of the OMT programme and specifically develop a forecasting methodology to estimate the need for OAT medicines, including improved coverage and ensured quality.
5. Develop and introduce postgraduate training modules for general practitioners and infectious disease doctors with a focus on administering OAT, describing its advantages from a public health and evidence-based perspective.
6. Involve client organisations in the regular monitoring and evaluation of the OAT programme and ensure that evaluation reports are published and available to specialists and clients.
7. As part of the development of e-health, introduce, manage and fund a nationwide database of OAT programme clients.

8. Initiate scientific research aimed at improving the quality of the PTAO program, provide for their funding and implementation of the results into practice.
9. Explore the feasibility of manufacturing opioid substitution therapy drugs at Belarusian pharmaceutical companies.
10. Finalise, and formally approve, the clinical protocol for OAT for clients experiencing opioid drug dependence, detailing the specifics of the OAT programme related to the duration of illness, comorbidity and motivation for seeking treatment.
11. Introduce regular training sessions, seminars and webinars for the staff of internal affairs bodies and the Prosecutor's office to inform them about modern approaches to drug treatment, including the OAT programme.
12. Conduct OAT advocacy among people who use and/or inject opioids to prevent the spread of misconceptions and negative stereotypes about OAT. Inform toxicology clients admitted with opiate group drug poisoning about the benefits of OAT.
13. Introduce, manage and fund a hotline that offers narcological and legal help, as well as counselling.
14. Expand the social support possibilities for OAT clients and finance social support from the State budget as well as expand the social contracting mechanism to provide assistance to clients experiencing drug dependence.
15. Develop and implement a forecasting methodology to estimate the need for medication in the OAT programme.
16. For NGOs to launch projects aimed at providing social, legal and informational support to OAT clients.

# 1. Context

Healthcare in Belarus mainly involves the State-run healthcare system funded from the State budget, with a modest share of services provided by non-governmental health organisations and individual businesses/entrepreneurs. 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.

Primary and specialised medical care are mainly financed by local budgets. Healthcare institutions subordinate to the Ministry of Health are financed from the national budget. Over the past few years, an amount corresponding to about 4% of GDP was allocated for the healthcare system from the State budget, which complies with the threshold value of the Republic's social security indicator recommended by WHO and is provided through the Concept of National Security of the Republic of Belarus<sup>7</sup>.

Drug treatment is offered in outpatient and inpatient healthcare facilities, as well as day-care facilities. People voluntarily seeking drug treatment from a healthcare facility of their own accord, and are willing to pay, are offered anonymous treatment and are not required to be registered with 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 (Novopolotsk, Orsha, Bobruisk, Minsk, Baranovichi, Mozyr). 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.

During 2020-2022, each region saw a surge in new rehabilitation centres opening for people experiencing drug dependence, with priority given to social support. The first such centre opened at the Republican Scientific and Applied Research Centre for Mental Health. Another rehabilitation centre operates at the Vitebsk Regional Clinical Centre of Psychiatry and Narcology.

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<sup>7</sup> The President of the Republic of Belarus, Decree No. 575, 'On approval of the Concept of National Security of the Republic of Belarus', 09 November 2010.

The Interior Ministry is the authority responsible for the coordination of the activities of government bodies (organisations) to counteract illicit drug trafficking in Belarus. In the first half of 2022, there was an increase in the number of reported drug-related crimes in all regions of the country, except for the Minsk and Grodno regions. The most significant increase was reported in the Vitebsk region and in the city of Minsk. There is a consistent trend in online marketplaces being the specific channel to source psychoactive substances responsible for over 90% of cases of drug dealing. The most commonly sold illicit drugs include mephedrone,  $\alpha$ -PVP, as well as marijuana and hashish. The number of cases of poisoning with psychoactive substances is on the rise, but the fatality rate has significantly decreased. Poisoning rates among minors have decreased slightly. In Minsk, the poisoning rate, including fatal cases, has decreased<sup>8</sup>.

Illegal trafficking from abroad is the main source of the psychoactive substances flowing into Belarus. Most of the drugs continue to arrive from the Russian Federation: all of the supply chains uncovered in 2022 originated from Russia<sup>9</sup>.

Opioids are not the most widely used drugs, and though the share of opioid drugs has been reducing, it still remains quite high. According to 2019 official statistics, opioid-dependent clients constituted 44.3% of all those newly registered for medical observation by narcological service specialists, compared to 42.7% in 2020. The share of opioid-dependent clients stood at 61% (4,579 individuals) among all those registered for medical observation in the Dispensary Narcological Register as of the end of 2019, and at 59.6% the end of 2020<sup>10</sup>. However, not all of those individuals initially diagnosed with 'opioid dependence syndrome' still continue to use opioids. Some of them started using other types of narcotic drugs, and, if there is an opportunity, they return to taking opioids. According to the latest published data (2020), the estimated number of people who inject drugs in Belarus is between 73,800 and 87,000 people<sup>11</sup>.

Public health is considered one of the top priorities of the national drug policy<sup>12</sup>, but the main focus is combating crime and maintaining public order. The Interior Ministry 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>13</sup>.

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<sup>8</sup> Обзор наркоситуации в республике за 2022 год [Overview of the drug situation in the Republic for January-September 2022]. In Russian only. <https://www.mvd.gov.by/ru/page/guniptl/narkokontrol>

<sup>9</sup> Обзор наркоситуации в республике за 2022 год [Overview of the drug situation in the Republic for January-September 2022], Ibid.

<sup>10</sup> Reporting on mental disorder cases related to substance use, and contingents of client in 2019. Form 1-Narcology. Ministry of Health. State statistics.

<sup>11</sup> Kechina E. The study of the specifics of the spread of HIV among vulnerable groups (PWID, FSW and MSM) and the assessment of their number in the context of the regions of the Republic of Belarus. Minsk, Republic of Belarus: Republican Center of Hygiene, Epidemiology and Public Health, 2020.

<sup>12</sup> Law No. 408-3, 'On Narcotic Drugs, Psychotropic Substances, Their Precursors and Analogues', 13 July 2012.

<sup>13</sup> Buter L.A. 10 years of methadone substitution therapy in Belarus: experience, challenges, and prospects. Collected analytical and information materials. Minsk, 2017, pp11-18.

The OAT programme using buprenorphine was first suggested in Belarus by representatives of the UN Development Programme (UNDP) in 1999 in response to the aggravating HIV epidemic in the cities of Svetlogorsk and the capital, Minsk. 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 Ministry of Health (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>14</sup>. In 2020, new OAT sites opened in the cities of Vitebsk and Orsha, while one site closed in the Gomel tuberculosis hospital due to a long-term lack of OAT clients. Most OAT service sites were developed exclusively 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 (ARV) medicines at the expense of the national budget (about US\$500,000)<sup>15</sup>.

Political commitment to the transition to national funding from Global fund support was first enshrined in the State programme, 'People's Health and Demographic Security of the Republic of Belarus', for 2016-2020. The Global fund set a mandatory condition for its grant for Belarus in 2016-2018, that State social contracting must become the main mechanism for financing NGOs.

Since 2014, donor funding has ceased for substitution therapy sites with the exception of methadone procurement. From 2021, methadone procurement was planned to be paid with public funds; however, the first such purchase was in fact only made in 2022. According to the MoH procurement plan, posted on the electronic trading platform of the National Marketing Centre, in 2022, US\$780,000 was allocated for the purchase of methadone, and US\$127,000 for the purchase of buprenorphine<sup>16</sup>.

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<sup>14</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, pp20-23.

<sup>15</sup> Resolution of the Council of Ministers of the Republic of Belarus dated 04.03.2011 No. 269 (ed. dated 12.12.2013), 'On approval of the State Program for HIV Prevention for 2011-2015'.

<sup>16</sup> National Marketing Center. Electronic marketplace. <https://goszakupki.by/purchases-items/view/31500246>, <https://goszakupki.by/purchases-items/view/31500216>, <https://goszakupki.by/purchases-items/view/31500231>

At the request of the Global Fund, the first plan for the transition of HIV and TB prevention, treatment, care and support programmes was approved by the MoH in December 2016 for the period of 2016–2018<sup>17</sup>. 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. 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)<sup>18</sup>.

The first Transition Plan was strategically aimed at increasing coverage of opioid dependent clients with the OAT programme by implementing the following measures:

- review and streamline requirements for launching and securing OAT sites in order to lower their operational and set-up costs (not completed);
- add tablet and liquid forms of methadone to the formulary list (not completed);
- develop and approve by a MoH order a standard regulation on the substitution therapy site (partially completed — the regulation was developed, but not approved);
- review the clinical protocol regulating methadone substitution therapy (partially completed — the protocol was revised, but not approved);
- consider introducing opioid substitution therapy in pre-trial detention facilities during administrative arrest (partially completed — the issue was considered, but no document was adopted);
- develop a comprehensive socialisation model for OAT clients (not completed).

The first plan for transition was not implemented completely for several reasons, including the following: 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; the lack of regular implementation monitoring of the plan; and descriptions of some tasks were perplexing and unclear during the setting of tasks; no options to make adjustments to the plan (at least once a year).

The second Transition Plan was developed in accordance with Global Fund guidelines in the process of the 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>19</sup>.

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<sup>17</sup> Action plan for the implementation of the Concept of Sustainable Development of the HIV/AIDS and Tuberculosis Prevention, Treatment, Care, and Support System, 27.12.2016.

<sup>18</sup> Karaban I.A. Outcomes and outlook for a plan to ensure the sustainability of the national response and transition to publicly funded HIV programs. Report at the Third International Forum on HIV, December 4, 2018 <https://ecom.ngo/resource/files/2021/06/programma-foruma.pdf>

<sup>19</sup> Ministry of Health, Decree No. 268, of 09.03.2020, 'On the implementation of the transition plan'.

The activities within the second Transition Plan were as follows:

- assess the need for OAT medication and include its costs in the State budget (partially completed; the purchase was postponed to 2022);
- 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 (completed);
- address the issue concerning the provision of OAT in pre-trial detention facilities (partially completed; the algorithm for interaction with the internal affairs bodies is described in the new instruction on substitution therapy);
- ensure that plans are developed and implemented to improve the performance of OAT sites in each hosting healthcare facility (partially completed for some OAT sites).

A draft Transition Plan for 2022-2023 has been developed but not approved. There are plans in 2023 to update and approve it for the period 2021-2024.



## 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. The methodology was piloted in 2020 in four EECA countries and revised based on the results of the pilot scheme.

The methodological framework of this assessment is built on the updated version of the guide for assessment in the context of transition from donor to national funding, 'Measuring the sustainability of opioid agonist therapy (OAT)', that was developed by EHRA. For a detailed description of the conceptual approach and all of the tools for such an assessment, please see: <https://eecapatform.org/ptao-rukovodstvo/> (in Russian) or <https://eecapatform.org/en/oat-a-guide-for-assessment-in-the-context-of-donor-transition/> (in English).

The first assessment of the sustainability of the OAT programme was carried out in the Republic of Belarus using the EHRA approach and tools during February-April 2020. The current assessment, based on the previous one, was carried out during August-October 2022. Minor changes were made to the EHRA tool: it was decided to carry out the assessment and simultaneously compare it with the 2020 analysis.

**The purpose of the 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 area               | 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          |

**Figure 1. Infographic: Sustainability assessment methodology for the OAT programme in Belarus, August–October 2022**



An Advisory Group was established to provide support during the assessment process, consisting of four specialists from government, academic, non-governmental and international organisations. Members of the group included: V.I. Grankov, Coordinator, Infectious Diseases Programme, WHO Country Office, Belarus; Dr. Vladimir I. Pikirenya, Assistant, Department of Psychiatry and Medical Psychology, Belarusian State Medical University; A. Krasikova, Chairman, Vitebsk branch of the 'Positive Movement' Association; S. Kryzhevich, Chairman of the Board, 'Your Chance' NGO; and Zh.V. Istomina, Deputy Chief Physician, outpatient section, Minsk City Narcological Centre. The Advisory Group commented on the completed tables of the assessment tool and reviewed the assessment results. The assessment was based on the systematic approach and a number of more specific methods, such as historical, statistical 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;
- one member of the Global Fund Grant Management group;
- three representatives of client community-driven organisations; and,
- one faculty member from a medical university.

Statistical and information materials were also requested from, and provided by, 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 not possible due to the COVID-19 epidemiological situation.

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; and the governmental programme, 'People's Health and Demographic Security of the Republic of Belarus' for 2021–2025.

Other documents studied in detail included: the previous Transition Plan for the period from 2020 to 2021; 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 towards the sustainability of the OAT 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 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> |
|---|---|---|
| High                                      | High level of sustainability with low or no risk                  | >85–100%  |
| Substantial                               | Substantial level of sustainability with moderate to low risk     | 70–84%  |
| Moderate                                  | Moderate level of sustainability, at moderate risk                | 50–69%  |
| At moderate to high risk                  | Sustainability at moderate risk to high risk                      | 36–49%  |
| At high to moderate risk                  | Moderate to low level of sustainability, at high to moderate risk | 25–35%  |
| At high risk                              | Low level of sustainability, at high risk                         | <25%  |

**The main methodological limitations** of this assessment, as in the previous assessment, were related to the difficulty in obtaining detailed statistical data on the financing of OAT sites, including funding from local budgets. 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 was still subject to an approval procedure.

## 3. Key Results: Policy and Governance

### 3.1. Review of sustainability

|   | 2020                                    | 2022                                    |
|---|---|---|
| <b>Policy and Governance</b>                            | <b>Moderate level of sustainability</b> | <b>Moderate level of sustainability</b> |
| Political commitment                                    | Moderate level of sustainability        | Moderate level of sustainability        |
| Management of transition from donor to domestic funding | Moderate level of sustainability        | Moderate level of sustainability        |

A moderate level of sustainability, at moderate risk, can be assumed for the Policy and Governance issue area based on the analysis of sustainability. As in the previous two-year period, there is sufficient political commitment to the implementation and scale-up of the OAT programme in the country using 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>20</sup>, and, therefore, these commitments are established at a legislative level.

Under the terms of the 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>21</sup>. These government commitments have been reflected in the governmental programme, 'People's health and demographic security of the Republic of Belarus', for 2016–2020<sup>22</sup>.

During the latest reporting period, NGOs continued to actively advocate for the expansion and sustainability of OAT during the transition to national financing. However, their efforts were affected by the COVID-19 pandemic. The 'Positive Movement' Association continued its project offering social follow-up and support to OAT treatment clients. With UNAIDS support, the 'Your Chance' NGO conducted a large-scale study in 2022 to examine the baseline level of client satisfaction with the OAT programme.

<sup>20</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. Ratified by the Law of the Republic of Belarus of October 18, 2016, 'On ratification of the Framework Agreement between the Government of the Republic of Belarus and the Global Fund to Fight AIDS, Tuberculosis and Malaria'.

<sup>21</sup> Eurasian Harm Reduction Network. Sustainability and Transition Planning for Global Fund Harm Reduction Programmes. A Case Study from Belarus. Vilnius; Eurasian Harm Reduction Network, October 2015. <https://cdn.sanity.io/files/6u5teakk/production/8b930a1bf0e20a2f9c488de65aec7f9432ea44da.pdf>

<sup>22</sup> Decree of the Council of Ministers of the Republic of Belarus dated January 19, 2021, No. 28 “On the State Program “Health of the People and Demographic Security” for 2021–2025”. [https://pravo.by/upload/docs/op/C22100028\\_1611349200.pdf](https://pravo.by/upload/docs/op/C22100028_1611349200.pdf)

The Transition Plan for the period of 2020–2021 was implemented but no new plan has yet been approved.

In 2021–2022, the Republican Scientific and Applied Research Centre for Mental Health tightened its control of the OAT programme in a move that may be directly connected to the programme's transition from donor to State funding. The Institution started to study and analyse the programme's effectiveness in more detail, to monitor client enrolment on the buprenorphine programme, and to take part in the planning of OAT medicine procurement. The Centre has exercised these functions before, but over the last two years its role widened and strengthened significantly.

The National Scientific and Applied Research Centre for Medical Technologies, Information, Management, and Economics of Health Care has a specialised Global Fund grant management department; therefore, it oversaw and facilitated the procurement of leftover OAT medications that were purchased earlier under the international technical assistance project. The Republican Scientific and Applied Research Centre for Mental Health continues to monitor the number of clients enrolled on methadone and prepares quarterly reports. The Centre's experts were also involved in the preparation of ToRs for the procurement of OAT medications and related planning.

As in the previous period, OAT transition planning has not significantly influenced the attitudes to, and perceptions of, the OAT programme among top managers and policy decision-makers. The Main Directorate for Drug Control and Combating Human Trafficking of the Interior Ministry believes that the OAT programme should be maintained due to the concern that the rates of psychoactive substance poisoning may increase if the programme is suspended<sup>23</sup>. Overall, law enforcement agencies were not opposed to the OAT programme during 2021–2022. The MoH continues to support the programme; however, its coverage of people living with HIV (PLHIV) has been reported to be insufficient.

The latest government programme, the 'People's Health and Demographic Security of the Republic of Belarus (2021–2025)', lists the following key areas of activity: improvement of substitution therapy's effectiveness and safety; promotion of enrolment onto drug treatment programmes; and reduction of the latent drug dependence rates<sup>24</sup>. A dedicated paragraph in the programme guarantees State-funded procurement of methadone and buprenorphine as well as dispensers and dosing units for OAT drugs. Two new OAT sites are expected to open in the towns of Dzerzhinsk and Maryina Gorka.

An assessment of the legal environment for HIV prevention and treatment was carried out in 2019–2020 by UNDP and the MoH. Recommendations were devised based on its results on the changes to be made to certain regulatory laws<sup>25</sup>. The following suggestions were also made: replace prison sentences with treatment for drug dependence; abolish compulsory treatment; and change the criminal law regarding the punishment of PLHIV for putting someone at risk of contracting the virus.

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<sup>23</sup> Author's communication with a key public sector expert.

<sup>24</sup> Council of Ministers, Resolution No. 28, 'On the approval of the governmental programme, 'People's Health and Demographic Security in the Republic of Belarus' for 2021–2025', 19 January 2021.

<sup>25</sup> MoH, Information letter No. 7- 21/845, 'On the draft list of regulatory laws', 15 January 2021.

## 3.2. Political commitment

**State of progress.** Based on the assessment results, the OAT programme has moderate sustainability in the area of political commitment. As in the previous period, there is 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>26</sup>. The MoH has committed to providing OAT services and relevant clinical protocols have been approved by the agency<sup>27</sup>; however, the newly prepared version of the OAT clinical protocol was not approved.

The implementation of the OAT programme in Belarus is still mostly tied to the country's HIV political commitments, despite the fact that most experts admit that OAT is part of drug policy and one of the core treatment approaches for opioid dependence.

During the latest reporting period, there have been no significant legal changes in the country that could create barriers undermining the provision of OAT services. The law 'On Narcotic Drugs, Psychotropic Substances, their Precursors and Analogues' permits the 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 clinical protocols (medical care approaches) approved by the MoH<sup>28</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.

The adoption of the guidelines (Instruction) on procedures for the provision of medical care to clients with opioid drug dependence became a significant step forward, as it ensured for the first time that several days' worth of take-home doses of OAT medication could be dispensed for self-administered therapy<sup>29</sup>.

The plan for the transition of Global fund-supported programmes to national funding for 2020-2021 was approved in March 2020. Its key areas of activity were designed to ensure the quality of services<sup>30</sup>, achieve programme sustainability and provide advanced training for staff capacity building. Plans were put in place to increase the share of State funding for HIV prevention programmes for people who use drugs, and to improve the M&E system, among other things.

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<sup>26</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 (2021–2022); the governmental programme, 'People's Health and Demographic Security in the Republic of Belarus' (2021–2025).

<sup>27</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>28</sup> Law No. 408-3 (ed. 18 July 2016), 'On Narcotic Drugs, Psychotropic Substances, their Precursors and Analogues', 13 July 2012.

<sup>29</sup> Ministry of Health, Resolution No. 98, 'On medical care for patients with dependence on narcotic drugs of the opium group', 20 August 2021.

<sup>30</sup> Ministry of Health, Decree No. 268, 'On the implementation of the Transition Plan', 9 March 2020.

Ensuring the quality of the services was one of the plan's top priorities and among the suggested measures were an analysis of best practices and the introduction of mechanisms to assess the quality of HIV and TB-related prevention, medical and social care. One of the plan's critical components was the intention to create a nationwide training system for NGO staff and to provide an enabling legal environment for NGOs working to prevent the spread of dangerous diseases, including HIV. Most of the plan's components were fulfilled, but a new plan for 2022 and subsequent years has not yet been developed.

**Barriers and challenges.** Demand for psychoactive substances dependence treatment remains low in Belarus despite the availability of such programmes, including OAT, free of charge. The mandatory registration with the psychiatrists-narcologists for regular medical check-ups is one of the serious barriers for access to the OAT programme. Doctors often fail to devise a formal personalised treatment plan that includes the client's own treatment goals and ways of reaching them. In addition, there is no sign of OAT being approved for use in prisons and convicts that were on treatment before their sentence are forced to stop it.

There is no scientific justification for the 'compulsory recovery' concept that enables the mandatory registration and forced detention in rehabilitation facilities. There is no data on what results such measures achieve, and such an approach contradicts recommendations of international organisations.

The approach to dispensing through observation of clients experiencing drug dependence was changed in 2022: compulsory observation was introduced for clients admitted to toxicology wards with psychoactive substance poisoning, regardless of whether they have are drug dependent or not. The Ministry of Internal Affairs initiated legislative changes that would see people admitted to hospital with drug poisoning for the second time or more to being transferred to compulsory rehabilitation facilities. Financial and human resources spent on mandatory registration and forced rehabilitation are very likely to be a waste of the (usually limited) State resources.

Belarus has a functioning social contracting mechanism for HIV which helps finance HIV prevention for people who use drugs, among other lines of work. Local governments, however, often struggle to understand the problems of people who use drugs, hence funding the services for them is not always a priority.

Belarusian law lacks a precise definition of a minimum drug amount/dose which, to some extent, prevents potential customers from approaching the OAT programme.

No mechanism has been developed for offering drug dependence treatment as an alternative to incarceration, despite repeated attempts to address the issue.



**Transition impact.** At the level of political commitment, transition from Global Fund support to national funding has allowed the planning of allocations for OAT services within the governmental programme, 'People's Health and Demographic Security in the Republic of Belarus', (2021–2025). Two new OAT programme service sites are expected to be opened in the country.

**Opportunities and the way forward.** A real opportunity to reaffirm political commitment to ensuring provision and scale-up of OAT in the country is to remove the legislative barriers to access the OAT programme.

### 3.3. Management of transition from donor to national funding

**State of progress.** Ministry of Health Decree No. 268, 'On the implementation of the Transition Plan', adopted in March 2020 confirmed the main areas and interventions that would facilitate transition to domestic funding of the programmes that had been supported by international donor organisations (mainly the Global fund). The 2020-2021 Transition Plan provides for the key activity areas aimed at improving the quality of the services, programme sustainability and staff qualifications, including the following:

- implementing the transition of services provided by non-governmental, non-profit organisations within the framework of Global Fund grants to State financing through the state social contracting mechanism;
- increasing the capacity of Belarus to assess the burden of, and make decisions on, effective HIV and TB responses (including calculating the need and ensuring that OAT medication is included in the procurement system to be purchased at the expense of the national budget);
- increasing the capacity of NGOs and key groups affected by HIV and TB to assert their enjoyment of their right to health;
- improving the mechanisms that ensure universal uninterrupted access to the latest diagnostic methods and highly effective HIV and TB treatment, as well as to OAT (including measures to ensure the expansion of OAT coverage); and,
- removing social and legal barriers to HIV and TB prevention, treatment, care and support services for representatives of key population groups.

The governmental programme, 'People's Health and Demographic Security of the Republic of Belarus' (2021-2025) guarantees that the State pays for methadone and buprenorphine and dispensers for OAT drugs.

The previous programme, 'People's Health and Demographic Security of the Republic of Belarus' for 2016–2020 only guaranteed partial financing of OAT sites, drug dependence treatment and substitution therapy sites, and in 2016-2018 no targeted OAT funding was allocated at all.

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. The National Scientific and Applied Research Centre for Mental Health has been increasingly involved in the planning and monitoring of the OAT programme. An advisory mechanism oversees the country's transition to domestic funding within the framework of the Country Coordination Mechanism (CCM).

In 2022, the MoH, together with the WHO country office, organised round tables in each region dubbed 'Strengthening interaction and cooperation in providing comprehensive care to OAT clients', which addressed sustainability issues faced by the OAT programme in the current environment.

The non-government sector and client communities have continued to influence the decision-making process regarding the OAT programme. Client organisations have advocated for the timely deliveries of OAT medications to Belarus and have kept up a relevant correspondence with government bodies, which helped achieve results<sup>31</sup>. OAT clients and communities of people who use drugs have highlighted their concerns and offered suggestions on how to improve the quality of services and access to medication at a conference on 'Health and well-being of people living with HIV and people at risk of HIV in the context of modern challenges' in 2022 which was informed by the needs of key groups. In 2020, the 'Your Chance' NGO carried out large-scale research to assess client satisfaction with the quality of OAT services<sup>32</sup>.

**Barriers and challenges.** The OAT programme in Belarus has effectively transitioned to State funding. However, problems may emerge in areas such as procurement of disposables and medication for OAT sites. It is advisable to introduce regulations for the management and coordination of the OAT programme. The question of creating a national community platform as an advisory body for monitoring to ensure uninterrupted OAT treatment programmes has not yet been addressed and no such body yet exists. It is impossible to strengthen community systems without regular and adequate funding of community organisations (clients, HIV services, etc.) and State support, for example, for activities to strengthen their capacity.

**Transition impact.** The transition to national funding has been instrumental in the development and approval of regulations on the provision of OAT and a new OAT clinical protocol. The issues, such as a situation assessment and OAT demand planning, have become more frequently discussed at the MoH and the Interior Ministry.

**Opportunities and way forward.** Incorporating the financing of the OAT programme into State programmes is vital to ensuring its sustainability in the coming years. The expansion of services for OAT clients should also be funded from the State budget. This primarily concerns social support and job creation for OAT programme clients.

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<sup>31</sup> Author's communication with a key private sector expert.

<sup>32</sup> Kralko A., Kryzhevich S., Kukushkin S., Gartsev S. Study of the baseline level of client satisfaction with the opioid substitution therapy programme. – NGO «Your Chance», Minsk, 2022. <http://yourchance.by/wp-content/uploads/2022/09/Otchet-po-issledovaniyu-FINAL.pdf>.

It is advisable to regularly address issues related to OAT programme sustainability at MoH board meetings and health departments at the local level, and to introduce regulations for the comprehensive management and coordination of the OAT programme.

**Table 1. The main interventions for building OAT programme sustainability.**

| 2019–2020   | 2021–2022   |
|---|---|
| <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 Mechanism 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 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> | <p>Ministry of Health Decree No. 98 of 20 February 2021, 'On medical care for patients with opiate group drug dependence syndrome' establishes a basic list of medications and equipment necessary to provide medical care to individuals experiencing opioid dependence and approves recommendations (Instructions) on providing medical care to clients with opioid dependence.</p> <p>The State programme, 'People's Health and Demographic Security of the Republic of Belarus' provides for State-funded procurement of methadone and buprenorphine and dispensers and dosing units for OAT drugs; two new OAT sites (in the towns of Dzerzhinsk and Maryina Gorka).</p> |

## 4. Key results: Finance and other resources

### 4.1. Sustainability review

|                                  | 2020                           | 2022                              |
|----------------------------------|--------------------------------|-----------------------------------|
| <b>Finance and resources</b>     | <b>Moderate sustainability</b> | <b>Substantial sustainability</b> |
| Medications                      | Substantial sustainability     | Substantial sustainability        |
| Financial resources              | Moderate sustainability        | High sustainability               |
| Human resources                  | Moderate sustainability        | Moderate sustainability           |
| Evidence and information systems | Substantial sustainability     | Moderate sustainability           |

The integral assessment indicator shows a substantial level of 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 fostering the transition of HIV prevention programmes, including OAT, to public systems. Plans were made to allocate funds for OAT sites within the governmental programme, 'People's Health and Demographic Security in the Republic of Belarus (2016–2020)'; however, the funding was insufficient to cover all the needs of the sites. According to the similar programme for 2021–2025, methadone and buprenorphine for clients experiencing opioid dependence, as well as dispensers and dosing units for OAT drugs, were to be paid for from local budgets.

Buprenorphine-based OAT was launched in Belarus in 2020, with the medication purchased with Global Fund support. All of the country's regions received the medication; however, due to low demand, not all of it was used. OAT sites failed to attract the number of clients for the buprenorphine-based OAT suggested by a demand assessment carried out in 2019. Many clients who switched to buprenorphine from methadone opted to go back to methadone shortly after the switch. 2022 saw a shortage of buprenorphine caused by the issues of delivery of the new shipment that had been purchased with domestic funds, resulting in more clients having to switch to methadone.

Transition to domestic funding did not result in lower adherence rates, however, there are concerns among the clients about the programme's sustainability.

### 4.2. Medications

**State of progress.** During 2021–2022, the OAT programme in Belarus used methadone and buprenorphine. The medication was purchased with Global Fund support, and transition to domestic funding was only made in the second half of 2022. The delivery of buprenorphine was delayed and a number of clients had to switch to methadone.

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>33</sup>. The national procedure for public procurement of medicines ensures that prices for OAT medications in Belarus are comparable to those in neighbouring countries<sup>34</sup>.

**Barriers and challenges.** Medicine availability for OAT has been badly affected by international sanctions against Belarus. Whilst the restrictions do not target the medications directly, they do affect supply chains and logistics. The estimation of the need and procurement planning process are still far from perfect, and deliveries are often delayed. Despite the fact that buprenorphine has been used for OAT for some time, the number of potential regular clients for buprenorphine-based OAT still remains unknown.

**Transition impact.** Transition to domestic financing of OAT medication purchases was effectively completed in Belarus in 2022. The funding has been secured by the current State programme. OAT medications are purchased together with other essential medicines according to existing national regulations on the use, and management, of controlled drugs. Procurement and delivery systems have changed – the procedures now strictly follow the national regulations for public procurement of medicines, while earlier, when paid for by the Global Fund, the medications were purchased via international trading platforms. The country has been granted permission by the International Narcotics Control Board (INCB) to import OAT medications in sufficient quantities.

**Opportunities and way forward.** A more responsible and realistic approach to purchase requests for OAT medicines is necessary, especially now that the logistics have changed. It is advisable to set up a permanent reserve stock of medicines and to keep it updated, taking into account the expiration dates.

### 4.3. Financial resources

**State of progress.** As in previous years, 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>35</sup>, which implies this care is provided to the citizens free of charge. Since OAT belongs to narcological care, the OAT programme is also currently free. Narcological care costs are covered by national and local budgets, which are a sustainable, long-term source of funding.

Targeted financing of the OAT programme started in 2019 and has continued since then. Sustainability in this area has improved over the past two years, having moved from moderate to high, mainly due to the inclusion of methadone and buprenorphine in the national list of medicines to be purchased with public funds. Funding for these medicines was also secured by the

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<sup>33</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.

<sup>34</sup> Presidential Decree No. 494, 'On public procurement of medical devices, medicines and medical nutrition', 29 December 2020.

<sup>35</sup> П.3 постановления Совета Министров Республики Беларусь от 29.03.2016 № 259 «О некоторых вопросах».

government programme, 'People's Health and Demographic Security in the Republic of Belarus' for 2021–2025. Methadone Maintenance Therapy (MMT) sites are fully funded by the State, except for the social support services, which continue to be carried out and expanded through the social contracting mechanism.

**Barriers and challenges.** Although the current national programme provides financing to purchase OAT medications, the scale of the funding is unclear. The programme gives the total amount for all medicines without specifying how much for which drug. This hampers monitoring of the estimation of the need for methadone and buprenorphine, especially if the programme is to be scaled-up. The issue of rising prices is likely to feature as there are no plans to manufacture the drugs domestically.

**Transition impact.** OAT sites have been funded by the government since 2015 with the only exception having been the purchase of methadone. However, since 2022, the medications for OAT have also been purchased with public funds. Donor funding only covers social support services aimed at promoting adherence to treatment.

**Opportunities and way forward.** In the near future, it will be necessary 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.

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

|   | 2014    | 2015    | 2016      | 2017      | 2018      | 2019  | 2020  | 2021            | 2022   |
|---|---------|---------|-----------|-----------|-----------|---|---|-----------------|--|
| Budget designated for OAT per national strategies, plans, etc   | N/A     | N/A     | N/A       | N/A       | N/A       | 166 857*  | 173 798*  | No data<br>**** | 907 000<br>(according to the public procurement website) |
| Amount and share of domestic public funding                     | No data | No data | No data   | No data   | No data   | 95% (except for the purchase of medications)<br>***** | 97% (except for the purchase of medications)<br>***** | No data         | No data  |
| Amount of Global Fund support**                                 | 257 549 | 496 475 | 124 769   | 353 863   | 379 434   | 148 901   | No data   | 176 070         | No data  |
| Estimated need for OAT funding***                               | No data | No data | 1 714 160 | 2 356 970 | 2 999 780 | No data   | No data   | 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   | 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.

\*\*\*\*\* Govorkov D., Fisenko E. Republic of Belarus: Assessing the sustainability of HIV response among key populations in the context of transition from Global Fund support to public funding. Vilnius, Lithuania: Eurasian Harm Reduction Association, 2021.

**Table 3. OAT programme components that depend on international funding**

| OAT programme components that depend on international funding  | Sources (donors), timeframe of funding available |                        |
|--|--|------------------------|
|  | As of March 2020                                 | As of November 2022    |
| Purchase of methadone and buprenorphine  | Global Fund, 2020                                | Public funding         |
| Social support services for OAT clients  | Global Fund, 2020                                | Global Fund, 2023      |
| The work of the Country Coordinating Mechanism to coordinate the OAT programme, including the Taskforce on Expansion of OAT Coverage | Global Fund, 2020–2024                           | Global Fund, 2020–2024 |
| Organising and conducting sentinel surveillance  | Global Fund, 2020                                | Global Fund, 2023      |
| Estimating the size of key populations   | UNAIDS, 2020                                     | -                      |
| Conducting roundtables on OAT  | UNODC, 2020                                      | UNODC, 2022            |

## 4.4. Human resources

**State of progress.** Regulations adopted by the MoH setting out the staffing structure of OAT sites remained unchanged during the reporting period<sup>36</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. At the same time, MoH resolution No. 98 approving the new instruction on substitution therapy introduces the definition of a multidisciplinary team which represents "a group of specialists with medical and other education working at a State health organisation, including a psychiatrist-narcologist, a medical worker with secondary medical education (nurse, paramedic), a staff psychologist, a social work specialist, and a social worker who provides medical care, psychological and social assistance to patients with drug dependence"<sup>37</sup>.

The provision of OAT continues to be included in the job description of drug dependence psychiatrists-narcologists and other health staff assigned with work tasks at OAT sites. The new instruction provides the job description of a psychiatrist-narcologist at an OAT site, a medical worker with secondary medical education, a psychologist, a specialist in social work and a social worker. In particular, the responsibilities of a psychiatrist-narcologist are as follows:

- provision of medical care to clients experiencing drug dependence;
- management of the OAT site's multidisciplinary team and of the interaction between its members;
- implementation of clinical protocols;
- interaction with the medical advisory commission and the head of the narcological organisation; and,
- coordination of interaction between various departments.

<sup>36</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.

<sup>37</sup> Ministry of Health, Resolution No. 98, 'On medical care for patients with addiction to narcotic drugs of the opium group', 20 August 2021.

Medical personnel involved in the OAT programme are highly qualified, which is confirmed by routine inspections carried out by the chief freelance specialists in narcology with regional health departments<sup>38</sup>. Advanced training for staff capacity building is organised and regularly provided, including training seminars for medical personnel.

**Barriers and challenges.** The issue of OAT being prescribed by general practitioners has not been on the agenda. There is a clear lack of interest in expanding OAT programme outreach and coverage by medical personnel working at OAT sites. They also seem to lack interest in improving the quality of life of clients. Although, the introduction of multidisciplinary teams by MoH Resolution No. 98 should help improve the situation, it is still too early to see the results from the work of multidisciplinary teams. According to community representatives, staff obligations to tend to OAT clients without receiving any additional bonus payments could lead to the staff providing services in a perfunctory manner without paying due attention to the clients' problems, and hamper the results. The emerging shortage of medical workers in the country in some regions may also affect substitution therapy sites.

**Transition impact.** Transition to domestic funding has not had any significant impact on the human resources of the OAT programme. As in previous years, OAT staff receive postgraduate training in narcology. Seminars for doctors and nurses organised by the MoH jointly with the regional bureau of the WHO has helped reduce stigma towards key populations affected by HIV and to raise awareness of OAT as well as to inform the medical staff about WHO recommendations regarding OAT. The OAT programme has not been fully integrated into the professional training of health workers, at least for drug treatment specialists, nurses and infectious disease doctors. 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>39</sup>.

**Opportunities and way forward.** It is advisable to develop a postgraduate training module for physicians and nurses with a focus on the problem areas of the OAT service provision, such as legal questions and quality assessment of the OAT programme.

*A standard team providing OAT services is comprised of the following staff members:*

- Drug dependence psychiatrist-narcologist;
- OAT site nurse;
- OAT site psychologist; and,
- Social support team.

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<sup>38</sup> Author's communication with a key public sector expert.

<sup>39</sup> Author's communication with a key public sector expert.



The multidisciplinary team of an OAT site may include (with their consent) specialist doctors of State healthcare organisations working in HIV and/or tuberculosis prevention and treatment, and specialists from public associations working in HIV prevention and offering social rehabilitation services to people living with drug dependence.

## 4.5. Evidence and information systems

**State of progress.** This area has seen its sustainability indicator slide from a substantial to a moderate level, mainly due to the impact of the COVID-19 pandemic that made it more difficult to conduct research involving clients. During 2021-2022, no studies of the effectiveness and efficiency of OAT were conducted that could provide the basis for the development of new regulations and programme components.

The Republican Scientific and Applied Research Centre for Mental Health has continued to collect operational reporting for quarterly statistics on the OAT programme that was put into force by the MoH in 2016<sup>40</sup>. Since buprenorphine was introduced into OAT practice, a form was added to the quarterly report to forecast and plan for the need for the drug. However, the current OAT programme monitoring system has not been fully used to manage the programme, including to assess the need, ensure coverage and monitor the quality of services.

An analysis of retention in treatment was conducted in March 2022 based on treatment termination data. The reasons for termination of OAT in Belarus were studied in detail, with the research also comparing data on exclusion of clients from the OAT programme with international practice, and examined the factors that affect retention and adherence to treatment among OAT clients. The report is currently being prepared for publication.

Late 2020 saw the first ever PhD thesis on OAT defended in Belarus, under the title 'Neuropsychological and clinical-psychological factors influencing the effectiveness of methadone substitution therapy'<sup>41</sup>. It revealed new data on social, clinical, psychological and neuropsychological factors that influence the results of methadone substitution therapy in opioid-dependent clients. MMT clients were also profiled for the first time: they were observed to be significantly affected by concomitant psychiatric symptoms, have high rates of suicidal ideation and actions, and they often come from dysfunctional families. Sociodemographic factors such as a criminal record, work attitudes and support networks were found to influence the chances of having substitution treatment terminated; the thesis also compared the characteristics of the Belarusian cohort of MMT clients to those in other countries where substitution treatment is available.

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<sup>40</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>41</sup> Pikirenya V.I. Neuropsychological and clinical-psychological factors affecting the effectiveness of methadone replacement therapy: abstract of the Medical Sciences dissertation. Minsk: 2020.

The level of rehabilitation potential, an integral indicator of clinical, social and demographic characteristics of MMT clients, was applied in order to assess the therapy's effectiveness. The thesis studied the influence of psychological and clinical psychological features on the effectiveness of MMT. Modern neuropsychological diagnostic methods were applied to the target population to reveal that the efficiency of substitution therapy is influenced by specific neuropsychological factors such as the volume of spatial working memory and the level of propensity for risky and impulsive behaviour<sup>42</sup>.

The 'Your Chance' NGO conducted a study in 2022 on the baseline level of client satisfaction with the OAT programme within the framework of the UNAIDS-supported project, 'Case-management support of OST patients during the COVID-19 pandemic, promotion of vaccination and other public health measures against COVID-19 among OST patients'. The study found that the level of client satisfaction with OAT services was relatively high and suggestions were made for further improvement of the OAT programme's quality<sup>43</sup>.

Also in 2022, the 'Your Chance' NGO conducted a study of how the COVID-19 pandemic affected clients of the maintenance therapy programme using opioid analgesics. The study aimed to clarify the basic parameters of morbidity, symptoms, awareness, medical care, involvement in preventive measures and the need for additional support measures for people who use drugs and the OAT community<sup>44</sup>.

**Barriers and challenges.** There are no open sources containing data on the course of implementation of the OAT programme in Belarus. The national eHealth project could see the introduction of an OAT client medical register system into the national monitoring system; however, the eHealth project has not yet been completed and it is unclear when it will be operational. There is no clear understanding of why it is important to digitise the OAT monitoring system; there is no annual schedule, procedures or forms for monitoring client visits, and no form for assessing the quality of services.

**Transition impact.** It is obvious that the transition of the OAT programme to public funding requires that its effectiveness is assessed on a regular basis. The issue of developing a scientifically sound methodology for the assessment of OAT programme effectiveness has been repeatedly raised with the MoH. There has been some serious research by civil society organisations into certain aspects of the OAT programme's work. There is no doubt that regular assessments by client organisations are extremely important for the overall M&E system.

**Opportunities and way forward.** It would be advisable to anchor the development of the M&E system for OAT in the State programme and provide for appropriate public funding. Regular research is required in areas such as assessing the quality of services, social and economic efficiency and estimating the number of potential clients of the OAT programme.

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<sup>42</sup> Pikirenya V.I., Ibid.

<sup>43</sup> Kralko A., Kryzhevich S., Kukushkin S., Gartsev S. Study of the baseline level of client satisfaction with the opioid substitution therapy programme. – NGO «Your Chance», Minks, 2022. <http://yourchance.by/wp-content/uploads/2022/09/Otchet-po-issledovaniyu-FINAL.pdf>.

<sup>44</sup> Study of the effect of COVID-19 on clients of the opioid analgesic maintenance therapy program. – NGO «Your Chance», Minks, 2022. <http://yourchance.by/wp-content/uploads/2022/12/Publikatsiya-issledovaniya-Kovid-19.pdf>.

## 5. Key results: Services

### 5.1. Review

|                           | 2020                             | 2022                                    |
|---------------------------|----------------------------------|---|
| <b>Services</b>           | <b>At moderate to high risk</b>  | <b>Moderate level of sustainability</b> |
| Availability and coverage | High risk                        | High risk                               |
| Accessibility             | Moderate level of sustainability | High level of sustainability            |
| Quality and integration   | Moderate level of sustainability | Significant level of sustainability     |

Based on the assessment results, access to OAT is at a moderate level of sustainability. The most problematic (at high risk) elements in this area include the availability and coverage of the OAT programme. There have been some positive trends in the provision of services to people who use drugs under the OAT programme, for example the introduction in 2021 of the recommendations (instruction) on procedures for OAT provision<sup>45</sup>. The instruction outlines the following lines of work for an OAT site's multidisciplinary team:

- providing advice to drug dependent clients on the use of substitution therapy; prevention of HIV, parenteral viral hepatitis, tuberculosis, overdose; harm reduction for non-medical use of narcotic drugs, psychotropic substances and their analogues; referral for treatment and rehabilitation;
- building and maintaining adherence to substitution therapy, HIV and tuberculosis treatment among drug dependent clients;
- dispensing of antiretroviral and/or antituberculosis drugs (using telemedicine technology of video-controlled treatment) to drug dependent clients with HIV and/or tuberculosis (in case of medical indications, if there is a note from a doctor at a State healthcare organisation working in HIV/TB prevention and treatment, or a written statement by the client) under the supervision of a medical worker of the drug treatment organisation;
- counselling to drug dependent clients and their relatives;
- social support for drug dependent clients; and,
- organising and coordinating cooperation between the drug treatment facility and the organisations tasked with promoting social rehabilitation and adaptation of drug dependent clients.

<sup>45</sup> Ministry of Health, Resolution No. 98, 'On medical care for patients with addiction to narcotic drugs of the opium group', 20 August 2021.

For the first time, more avenues opened for clients who receive substitution treatment. Drug treatment facilities now offer OAT clients with the following treatment options:

- medication can be taken at an OAT site, during partial hospitalisation or at a drug treatment inpatient facility;
- medication can be delivered and administered to the client in a somatic inpatient unit by a health professional. A medical worker at an inpatient unit may also dispense opioid analgesics;
- OAT medication can be delivered by a medical professional to the client's address and administered there;
- take-home doses of OAT can be given, if approved, by a medical panel, for further self-administration; and,
- a prescription can be issued for OAT medication.

The issue of OAT continuation by clients that receive a criminal or administrative sentence has been partially resolved. The instruction approved by MoH Resolution No. 98 stipulates that if a substitution therapy client receives a non-custodial or other sentence that does not require a referral to an open jail, and continues to reside at their home address, the drug treatment provider liaises with the local branch of the interior ministry to:

- ensure that the client has uninterrupted access to treatment by informing the authorities of the client's need for substitution therapy, communicates his/her name, forms and dosage of the opioid analgesics s/he takes (in order to avoid being held legally liable for violation of the sentence); and,
- clarify any questions that the local law enforcement authorities may have regarding the client's need to receive substitution therapy.

In late 2020, two new OAT sites opened in the towns of Orsha and Vitebsk in the Vitebsk region; however, the substitution therapy site at the Gomel TB dispensary was closed.

Social support services for OAT clients have been developing steadily: the mechanism operates within the framework of a project financed by the Global Fund and is implemented by the 'Positive Movement' NGO. A peer support manual outlining the process was developed to streamline the intervention, and it provides counselling algorithms, a treatment drop-out risk assessment and a risk reduction plan<sup>46</sup>. Since its start in 2019, based on the results of a re-evaluation the social support intervention has resulted in the decrease of risks of withdrawal from treatment (by 10% or more) in 62.9% of patients and in a higher quality of life among 64.2% of clients<sup>47</sup>. The high cost of the social support intervention might mean, however, that after donor funding ends, substitution therapy will be limited to a medicine prescription only. To prevent that, it is recommended that the social support services for OAT clients be developed under the State social contracting mechanism.

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<sup>46</sup> Pikirenia U., Samarina O. Guideline for p2p social support of OST patients. - Minsk, Belarus, 2021. [https://pmplus.by/upload/iblock/48c/2019\\_10\\_07\\_rukovodstvo\\_po\\_sotsialnoy\\_rabote\\_utverzhdennoe.pdf](https://pmplus.by/upload/iblock/48c/2019_10_07_rukovodstvo_po_sotsialnoy_rabote_utverzhdennoe.pdf)

<sup>47</sup> Korotkevich T.V., Pikirenya V.I., Pechko T.L., Statkevich I.E. Peer-based social support program for patients with drug addiction, implemented by Belarusian public association "Positive movement" // Forms and methods of social work in various spheres of life: materials of XI International Scientific and Applied Conference (22-23 September 2022), devoted to the 60th anniversary of East Siberian State University of Technology and Management / ed. by Yu.Yu. Shurigina. Ulan-Ude: the ESSTU Publishing House, 2022, pp140-143.

OAT coverage remains low and does not exceed 4%. Until 2021, there had been an annual decrease in the number of clients; during 2021-2022, the number of clients began to increase, but the growth rate is slow.

As in previous years, the retention rate remains fairly stable and corresponds to 67% on average<sup>48</sup>, which is not a bad result given the circumstances in Belarus.

The largest share of client drop-out are those who left the OAT programme of their own will, with an overall share of 42.3%. One-third of clients (30.5%) have had their treatment terminated due to regime violations; 15% committed criminal offences and are imprisoned; 8.1% of cases stopped use of OAT due to the client's death and 3.8% of clients achieved remission<sup>49</sup>. These results suggest that there is a lack of an individual approach towards clients. It is necessary to study what drives clients to decide to leave the programme.

Reasons as to why clients drop out of the OAT programme vary from region to region, which suggests client diversity as well as differences in how OAT is set up in different regions. Detailed data on the reasons that force clients to drop out from OAT could inform decisions taken by authorities responsible for drug treatment services in each region.

**Table 4. Analysis of the number of OAT clients and sites over the last 3 years and the upcoming year<sup>50</sup>**

|  | 2018        | 2019        | 2020        | 2021    |
|--|-------------|-------------|-------------|---------|
| <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  | 728         | 690         | 696         | 707     |
| Number and percentage of female OAT clients  | 193 (26,5%) | 172 (24,9%) | 171 (24,6%) | No data |
| Coverage of OAT (% of opioid dependent people)   | 3,9%        | 3,7%        | No data     | 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         | No data     | No data |
| Number of people registered by State institutions as being opioid dependent              | 5,734       | 4,998       | No data     | No data |
| OAT coverage among people registered by State institutions as being opioid dependent (%) | 12,7%       | 13,8%       | No data     | No data |
| <b>Geographic coverage</b>   |             |             |             |         |
| Number of OAT sites  | 19          | 19          | 19          | 20      |
| 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%     |

<sup>48</sup> Reports from the Republican Scientific and Applied Centre for Mental Health.

<sup>49</sup> Kralko, A.A., Pikirenya, V.I. Opportunities to improve the effectiveness of OAT: An analysis of treatment adherence based on patient dropout data. UNAIDS, 2022 (forthcoming).

<sup>50</sup> Information based on reports from the Republican Scientific and Applied Centre for Mental Health.

|  | 2018    | 2019    | 2020    | 2021    |
|--|---------|---------|---------|---------|
| 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      | 18      | 20      |
| Number of clients receiving OAT in specialised drug treatment centres (narcological)                               | 728     | 690     | 696     | 707     |
| 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       |
| 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   | 39,9%   | 39,3%   | 39,8%   | No data |
| The ratio of OAT clients living with HIV who receive ART   | 80,4%   | 92,2%   | 91,3%   | 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       | 0       |

## 5.2. Availability and Coverage

**State of progress.** At present, OAT is available in all regions of Belarus. In 2020, two new sites were opened in the Vitebsk region. Two more sites are planned in the Minsk region under the State programme, 'People's Health and Demographic Security' for 2021-2025.

The new Instruction on the organisation of OAT allows take-home doses of medication dispensed for self-administered therapy. The medication can also be delivered to the client's home and to inpatient units at other medical facilities. If an OAT client is detained, doses of medication can be dispensed for administration at the pre-trial detention facility, if approved by the interior ministry authorities.

Under the new Instruction, not only clients with opioid and analogue dependence syndrome (ICD-10 code F11.2) can enrol in the OAT programme, but also individuals with multiple drug use and use of other psychoactive substances (such as alcohol) dependence syndrome (ICD-10 code F19.2). The programme also accepts opioid dependent clients with other concomitant mental and behavioural disorders.

OAT treatment starts at an outpatient facility or during partial hospitalisation. Opioid analgesics are dispensed to the client at an OAT site on the same day as the decision is made to start treatment.

There is no requirement to admit the client to an inpatient facility to determine the necessary dose, except for cases specified in the clinical protocol.

Various opioid analgesics are approved: methadone, buprenorphine, buprenorphine plus naloxone, and other licensed medicines. The use of other medicines, including those containing narcotic drugs and psychotropic substances, is allowed if medically indicated and prescribed by the treating doctor in accordance with clinical protocols.

**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. During the reporting period, the coverage of the OAT programme has stood at around 4% of the estimated number of opioid users, which suggests that more measures are needed to improve coverage. There have been no discussions about the availability of OAT in the penitentiary system, nor in the private sector. Mandatory registration for dispensary observation within the narcological register system remains a critical barrier that deters potential clients from accessing the OAT programme.

The very process, content and methods of mandatory registration are not attractive to individuals and fail to motivate them to comply with the prescribed procedures. The majority of people who are registered do not stick to the schedule, do not use the available services, and the facilities are usually unable to maintain contact with clients. The services offered as part of dispensary or preventive care do not appeal to individuals and can often be perceived as part of a restrictive system. Many drug treatment clinic staff believe that drug dependence treatment in its current form is not beneficial from a public health perspective.

**Transition impact.** Transition has not had, thus far, any significant impact on OAT programme coverage. Over the past two years, the decline in the number of clients using the OAT programme has slowed down; however, it is not yet clear whether there is any connection to the transition to domestic funding. The new Instruction on procedures for the provision of OAT, the approval for take-home doses and a lower threshold for enrolment have helped to improve the programme's reputation, however no short-term influence on coverage has been recorded.

**Opportunities and way forward.** To increase the motivation of potential OAT clients, steps should be taken to change the approach to dispensary observation within the narcological register system. Any form of client 'registration' should only be used for the more efficient planning of services, to make them more effective, and there should be no mandatory component.

### 5.3. Accessibility

**State of progress.** Over the past two years, the OAT programme sustainability indicator in the area of accessibility has improved by moving from a moderate to a high level. Progress has been mainly attributed to the approval of the new Instruction on the organisation of OAT which introduced certain measures to improve the programme's accessibility. In particular, the list of indications for substitution therapy was expanded and made more specific, the enrolment procedure was simplified, and take-home medication was made available for self-administration.

OAT is currently available in all major geographic and administrative areas throughout the country where opioid dependence cases have been reported and where there is a need for OAT services. However, the geographic distribution of OAT sites is uneven. 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 in accessing OAT in the country, including OAT for pregnant women. Medical indications and contraindications for OAT are determined by the clinical protocol for providing medical care to individuals with mental and behavioural disorders and the clinical protocol for the use of substitution therapy. For opioid dependent pregnant women, OAT using methadone is recommended for the duration of pregnancy and up to 6 months after delivery<sup>51</sup>.

Among the contraindications for OAT are the client's refusal to undergo treatment, the inability to take the opioid analgesics in forms such as tablets and sublingual medicines, or if the client commits an administrative offence or crime against employees of a public health care organisation involved in the provision of services.

Treatment of clients experiencing opioid dependence is for the purposes of:

- treatment of drug dependence;
- prevention of opioid overdose;
- prevention of the spread of HIV, parenteral viral hepatitis and other diseases associated with injecting opioids;
- enabling people dependent on drugs to stop injecting opioids altogether;
- improving the mental and somatic state of drug dependent individuals, enabling timely diagnosis and treatment of concomitant mental disorders (illnesses) and/or somatic diseases, including those associated with injecting opioid use (hereinafter referred to as concomitant illnesses);
- managing drug dependent clients during the antenatal and postnatal periods;
- treating opioid withdrawal symptoms before the start of treatment and rehabilitation;
- motivating drug dependent clients to follow through with their medical and social rehabilitation.

**Barriers and challenges.** The limited geographic coverage of the OAT programme for clients living in the Mogilev region continues to be an acute issue as there is no OAT site in Mogilev yet.

Opening hours for OAT sites in all regions are tailored to the local specifics. Most of them are open in the morning, including at weekends. As there are no unified, standardised rules applying to all MMT sites throughout the country, each of the existing sites sets its opening hours depending on whether they have a full-time medical worker on their staff and on the number of clients. Among the main reasons for client dissatisfaction with the opening hours of a site include the following: the opening hours make the clients late for work; OAT sites are only open for a very short time; and the opening hours do not allow clients to take medication twice a day (e.g. in the morning and in the evening)<sup>52</sup>.

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<sup>51</sup> Ministry of Health, Decree No. 1387, 'On the Clinical Protocol of medical care for patients with mental and behavioural disorders', 31 December 2010.

<sup>52</sup> Kralko A., Kryzhevich S., Kukushkin S., Gartsev S. Study of the baseline level of client satisfaction with the opioid substitution therapy programme. – NGO «Your Chance», Minks, 2022. <http://yourchance.by/wp-content/uploads/2022/09/Otchet-po-issledovaniyu-FINAL.pdf>.



**Transition impact.** Transition to domestic funding did not directly affect the development and approval on the new Instruction on the organisation of OAT which detailed and clarified all the questions regarding the administration of OAT, thus helping to improve the programme's accessibility. Unified standards and requirements for operational procedures were put in place for all OAT sites throughout the country, making OAT services more convenient and more attractive for clients.

The withdrawal of external donor funding has not had any significant impact on accessibility to the OAT programme for clients. Attempts are made to plan for new OAT sites and expansion continues to remain a priority for the MoH.

**Opportunities and way forward.** In the context of transition, there is a feasible opportunity for improving the geographic coverage of the OAT programme. A need may arise to analyse the work of sites serving the lowest number of clients. It is important to make rational decisions, discover the reasons for low coverage in certain regions and not to rush to close any existing sites.

Figure 2. Map of OAT service sites in Belarus



## 5.4. Quality and integration

**State of progress.** Over the past two years, the OAT programme sustainability indicator in the area of Quality and Integration has improved by moving from a moderate to a significant level. The change is the result of both the introduction of new regulations governing the OAT programme and the continuing development of the existing OAT implementation practices. Belarus is committed to international approaches in the administration of OAT. National standards recommend that a minimum dose of methadone be 60mg's, and a minimum dose of buprenorphine be 12mg's. There are no restrictions for dosage increases<sup>53</sup>. The average dose of methadone for most clients is over 60mg's.

One of the notable positive developments is the project to provide social support to OAT clients which has been implemented since the 4th 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 the 'Positive Movement' NGO and involves OAT sites with at least 30 clients in all geographic regions. The project aims to help people who use drugs 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 OAT clients - who share their experience and provide peer-to-peer support to other clients, helping them out with the issues of reintegration, self-realisation, seeking health care, enhancing their quality of life, and reducing risky behaviours. Peer consultants share their positive experience of OAT 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 programme coverage). 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 from 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 5,484 in 2020. According to an independent study, however, 58% of OAT clients sought help from a staff psychologist, 35% never sought help, and 7% said that there was no psychologist at their site<sup>54</sup>. The ratio of OAT services integrated into the general health system remains low. OAT sites are not actively cooperating 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>55</sup>.

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<sup>53</sup> Ministry of Health, Decree No. 1387, 'On the Clinical Protocol of medical care for patients with mental and behavioural disorders', 31 December 2010.

<sup>54</sup> Kralko A., Kryzhevich S., Kukushkin S., Gartsev S. Study of the baseline level of client satisfaction with the opioid substitution therapy programme. - NGO «Your Chance», Minks, 2022. <http://yourchance.by/wp-content/uploads/2022/09/Otchet-po-issledovaniyu-FINAL.pdf>.

<sup>55</sup> Author's communication with a key public sector expert.

**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 screenings 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 on-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

### Conclusions

1. The comparative analysis of the sustainability of the OAT programme in the context of transition from Global Fund support to domestic systems shows that the Policy and Governance issue area has seen no significant change, while positive changes were recorded in the Finance and Resources and Services issue areas. There is sufficient political commitment for the implementation and scale-up of the OAT programme in line with international recommendations. However, no transition plan for the coming years has yet been approved.
2. Sustainability of the Services area is most at-risk, particularly the availability and coverage of services. Perhaps more time is needed to implement all the provisions of the new Instruction on substitution treatment in order to increase the number of individuals enrolled in the programme. Further analysis of the reasons for low coverage is needed, preferably as part of a research study.
3. Medical care is provided to individuals experiencing drug dependence with a view to achieving abstinence. This is a deeply-rooted and scientifically out-of-date barrier that hinders access to drug dependence treatment and prevents its monitoring and evaluation, including the OAT programme.
4. In the context of transition, it is necessary to improve the OAT programme's monitoring and evaluation system. Regulations have to be developed to define a comprehensive mechanism for the management and coordination of the OAT programme, as was highlighted in the previous report.
5. Certain legal barriers are still hindering access to the OAT programme and deterring potential clients, such as the mandatory registration for dispensary medical observation by drug dependence psychiatrists-narcologists.
6. Procurement of medicines for OAT, especially the planning of the need and scheduling the supplies, represents a risk area in the context of transition, even with the full financial support of the State.
7. The new Instruction on organisation of OAT has had a positive influence on the programme, especially on its accessibility. It removed barriers to enrolment, strengthened the individual approach to each client, laid out the structure of the work of the multidisciplinary team and allowed take-home medication.
8. Professional training is needed, especially among general practitioners and infectious disease doctors, to maintain high standards of professional practice in the area of OAT.

9. The issue of geographic coverage has not yet been resolved: there is still only one OAT site in the Mogilev region.
10. Civil society organisations, including client-led organisations, are able to advocate for OAT, take part in discussions of existing problems and conduct their own research. Their influence on decision-making in this area has not diminished over the reporting period.
11. Doctors at OAT sites do not pay enough attention to overdose prevention; there are no workshops for clients and the information provided on this topic is insufficient.

## Recommendations

1. Develop a detailed financial plan for the transition of OAT to domestic systems that would not only contain financial data but also provide for legislative changes in areas such as drug dependence prevention and treatment, dispensary observation of clients, removal of barriers to employment and socialisation of OAT clients.
2. Organise and deliver integrated services based at the OAT sites, such as dispensing ART medication to PLHIV, and TB treatment medication to people living with tuberculosis.
3. Address the issue of the possible introduction and implementation of OAT in the penitentiary system.
4. Take additional measures to improve OAT monitoring and evaluation, especially the development of a forecasting methodology to estimate the need for OAT medicines, to improve coverage and to ensure quality.
5. Develop and introduce postgraduate training modules for general practitioners and infectious disease doctors with a focus on administering OAT, describing its advantages from a public health and evidence-based perspective.
6. Regularly assess the effectiveness of the OAT programme involving client organisations; publish such reports and make them available to professionals and clients.
7. As part of the development of eHealth, introduce, manage and fund a nationwide database of OAT programme clients.
8. Initiate research aimed at improving the quality of the OAT programme and provide adequate funding and put results into practice.
9. Explore the feasibility of manufacturing OAT drugs at Belarusian pharmaceutical companies.
10. Finalise, and formally approve, the clinical protocol for OAT for clients experiencing opioid drug dependence, detailing the specifics of the OAT programme related to the duration of illness, comorbidity and motivation for seeking treatment.
11. Introduce regular training sessions, seminars and webinars for Interior Ministry staff and prosecutors to inform them about modern approaches to drug treatment such as the OAT programme.
12. Conduct OAT advocacy among people who inject drugs in order to prevent the spread of misconceptions and negative stereotypes about substitution therapy. Raise awareness of the benefits of OAT among toxicology clients admitted with opioid poisoning.
13. Set up a hotline offering counselling and advice on drug treatment and related legal issues. Support the hotline technically and financially.
14. Expand social support possibilities for OAT clients; fund the programme from the State budget and use the social contracting mechanism to provide social support to clients experiencing drug dependence.

15. Develop and implement a forecasting methodology to estimate the need for medicines used by the OAT programme.
16. NGOs should launch and implement projects aimed at offering social, legal and information support to OAT programme clients.

## 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><b>Indicator A1:<br/>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><b>Indicator A2:<br/>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><b>Indicator B1:<br/>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><b>Indicator B2:<br/>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><b>Indicator B3:<br/>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>   | <p><b>Indicator B4:<br/>Evidence and information systems</b></p> <ul style="list-style-type: none"> <li>• OAT monitoring system is in place and is used for managing the OAT programme, including programme need, coverage and quality assurance</li> <li>• Evidence-base for OAT effectiveness and efficiency is regularly generated and inform policy and programme planning</li> <li>• 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</li> </ul> |



|                           |   |   |   |
|---------------------------|---|---|---|
| <p><b>C. SERVICES</b></p> | <p><b>Indicator C1:<br/>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><b>Indicator C2:<br/>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 health 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 in the OAT programme</li> </ul> | <p><b>Indicator C3:<br/>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 (<i>in line with WHO guidance: 80% or more of the sites</i>)</li> <li>● A high proportion of OAT clients receive psycho- and social support (<i>in line with WHO guidance: 80% or more of the sites</i>)</li> </ul> |
|---------------------------|---|---|---|

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

|  | <i>Score</i>                         | <i>References/Sources</i>  |
|--|--------------------------------------|--|
| <b>Policy and Governance</b>   | <b>55% — moderate sustainability</b> |  |
| <i>Political commitment</i>  | <i>59% — moderate sustainability</i> |  |
| Benchmark A1.1: OAT is included in national drug control, HIV and/or hepatitis strategies and action plans, with a commitment to WHO-recommended targets | 75% — substantial 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);<br>Council of Ministers, Resolution No. 28, “On the approval of the governmental programme, “People's Health and Demographic Security in the Republic of Belarus” for 2021-2025, 19 January 2021   |
| Benchmark A1.2: Legislation explicitly supports the provision of OAT   | 63% — moderate sustainability        | Law No. 408-3 “On Narcotic Drugs, Psychotropic Substances, Their Precursors and Analogues”, 13 July 2012;<br>Law No. 349-3 “On the provision of psychiatric care”, 7 January 2012<br>Ministry of Health, Resolution No. 94, “On establishing a list of diseases and contraindications prohibiting individuals from driving motor vehicles, self-propelled vehicles, and small motor vessels”, 5 September 2022;<br>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;<br>Criminal Code of Belarus |
| Benchmark A1.3: OAT is a core part of national policy for opioid dependence management   | 80% — high sustainability            | Ministry of Health, Decree No. 98, "On medical care for patients with opiate group drug addiction syndrome", 20 February 2021;<br>Ministry of Health, Decree No. 1387, 31 December 2010;<br>Ministry of Health, Decree No. 1233, “On the use of opioid substitution therapy in persons with opioid drug dependence”, 16 November 2010;   |
| Benchmark A1.4: Law enforcement and justice systems support implementation and expansion, as needed, of OAT  | 38% — at moderate risk               | UNODC Manual for law enforcement personnel on harm reduction and HIV prevention among people who inject drugs;<br>Aizberg O.R. The drug treatment system for drug-dependent people in Belarus: reference manual. Minsk, 2014 – 73 p;<br>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.  |

|  | <i>Score</i>                            | <i>References/Sources</i>  |
|--|---|--|
| Benchmark A1.5: Effective governance and coordination oversee the development of OAT in the country.   | 50% — moderate sustainability           | Two key experts;<br>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. – 144 p.   |
| Benchmark A1.6: Civil society, including OAT clients, are consulted in OAT governance and coordination at country level  | 50% — moderate sustainability           | Three key experts.   |
| <i>Management of transition from donor to domestic funding</i>   | <i>50% — moderate sustainability</i>    |  |
| Benchmark A2.1: Country has adopted a plan which defines transition of OAT from donor to domestic funding, including a timeline.   | 50% — moderate sustainability           | The Concept of Sustainable Development of the HIV/AIDS and Tuberculosis Prevention, Treatment, Care, and Support System, 21 April 2017;<br>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;<br>Ministry of Health, Decree No. 406, 4 April 2019;<br>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. | 33% — at moderate risk                  | One key expert   |
| Benchmark A2.3: Donor transition oversight in the country effectively supports implementation of the OAT transition to domestic system.  | 50% — moderate sustainability           | Two key experts  |
| Benchmark A2.4: There is good progress in the implementation of the OAT component in the transition plan   | 67% — moderate sustainability           | Council of Ministers, Resolution No. 28, “On the approval of the governmental programme, “People's Health and Demographic Security in the Republic of Belarus” for 2021-2025, 19 January 2021  |
| <i>Finance and Resources</i>   | <i>73% — substantial sustainability</i> |  |
| <i>Medication</i>  | <i>78% — 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.   | 70% — moderate sustainability           | Two key experts  |

|  | <i>Score</i>                            | <i>References/Sources</i>   |
|--|---|---|
| Benchmark B1.2: Both methadone and buprenorphine are registered and their quality assurance system is operational.   | 88% — high sustainability               | State Register of Medicines of Belarus; Ministry of Health, Resolution No. 48 (ed. 03 December 2020) “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% — <i>substantial sustainability</i> | One key expert  |
| <i>Financial resources</i>   | 97% — <i>high sustainability</i>        |   |
| Benchmark B2.1: Methadone and buprenorphine are included in the state reimbursed medicine lists and are funded from public sources.  | 100% — high sustainability              | 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.  | 100% — high 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.  | 88% — high sustainability               | Council of Ministers, Resolution No. 28, “On the approval of the governmental programme, “People's Health and Demographic Security in the Republic of Belarus” for 2021-2025, 19 January 2021   |
| 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.                     | 100% — high sustainability              | One key expert  |
| <i>Human resources</i>   | 56% — <i>moderate sustainability</i>    |   |
| 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.  | 63% — moderate sustainability           | One key expert  |
| <i>Evidence and information systems</i>  | 61% — <i>moderate sustainability</i>    |   |
| Benchmark B4.1: OAT monitoring system and is used for managing the OMT programme, including programme need, coverage, and quality assurance  | 50% — 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 |

|  | <i>Score</i>                         | <i>References/Sources</i>   |
|--|--------------------------------------|---|
| Benchmark B4.2: Evidence-base for OAT effectiveness and efficiency is regularly generated and informs policy and programme planning.                           | 83% — high sustainability            | Alexandrov A.A. Pharmacological maintenance treatment for drug dependence. <i>Psychiatry</i> , Vol. 2 (02), 2008, pp. 144–150;<br>Alexandrov A.A. Results of the first pilot project of opioid substitution therapy for opioid dependence / Aizberg O.R., Aleksandrov A.A., Osipchik S.I., Tumilevich V.V., Shabalina L.V. // <i>Psychiatry</i> , Vol. 4 (06), 2009, pp. 37–51;<br>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. – p. 144.<br>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;<br>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;<br>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;<br>Study of the effect of COVID-19 on clients of the opioid analgesic maintenance therapy programme. “Your Chance” NGO, 2022;<br>Study of the baseline level of patient satisfaction with the opioid substitution therapy programme. “Your Chance” NGO, 2022. |
| 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;<br>Law, No. 99-Z, (ed. 01 September 2022), On the Protection of Personal Data, 07 May 2021   |
| <i>Services</i>  | <i>58% — moderate sustainability</i> |   |
| <i>Availability and coverage</i>   | <i>17% — at high risk</i>            |   |
| Benchmark C1.1: OAT is available in hospitals and primary care; take-home doses are allowed.   | 67% — moderate sustainability        | Ministry of Health, Decree No. 98, "On medical care for patients with opiate group drug addiction syndrome", 20 February 2021;<br>Two key experts   |
| Benchmark C1.2: Coverage of estimated number of opioid dependent people with OAT is high.  | 0% — at high risk                    | Reports on the provision of OAT by the Republican Scientific and Applied Research Centre for Mental Health;<br>One key expert.  |

|  | <i>Score</i>                            | <i>References/Sources</i>   |
|--|---|---|
| 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   |
| 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;<br>One key expert  |
| <i>Accessibility</i>   | <i>85% — high sustainability</i>        |   |
| Benchmark C2.1: There are no people on a waiting list for entering the service.  | 100% — high sustainability              | One key expert.   |
| Benchmark C2.2: Opening hours and days accommodate key needs.  | 75% — substantial sustainability        | Two key experts   |
| Benchmark C2.3: Geographic coverage is adequate  | 75% — substantial sustainability        | Two key experts   |
| Benchmark C2.4: There are no user fees and barriers for people without insurance.  | 100% — high sustainability              | Two key experts   |
| OAT is available and, in general, accessible for populations with special needs (pregnant and other women, sex workers, underage users, ethnic groups)   | 88% — 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 C2.6: Illicit drug consumption is tolerated (after dose induction phase).  | 63% — moderate sustainability           | Three key experts;<br>Ministry of Health, Decree No. 98, "On medical care for patients with opiate group drug addiction syndrome", 20 February 2021.  |
| Benchmark C2.7: Individual plans are produced and offered with involvement of the service user.  | 83% — 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;<br>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. | 83% — 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;<br>Ministry of Health, Decree No. 98, "On medical care for patients with opiate group drug addiction syndrome", 20 February 2021.             |
| <i>Quality and integration</i>   | <i>71% — substantial sustainability</i> |   |
| 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;<br>Ministry of Health, Decree No. 1233, “On the use of opioid substitution therapy in persons with opioid drug dependence”, 16 November 2010. |

|  | <i>Score</i>                     | <i>References/Sources</i>  |
|--|----------------------------------|--|
| Benchmark C3.2: OAT programmes are based on the maintenance approach and have retention of user.   | 83% — substantial sustainability | Ministry of Health, Decree No. 1387, “On the Clinical Protocol of Medical Care for Patients with Mental and Behavioural Disorders”, 31 December 2010;<br>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. | 50% — moderate sustainability    | Three key experts  |
| Benchmark C3.4. A high proportion of OAT clients receive psycho- and social support.   | 50% — moderate sustainability    | Reports from the Republican Scientific and Applied Research Centre for Mental Health.  |