

**GOVERNMENT OF THE REPUBLIC OF BELARUS**

**UNITED NATIONS DEVELOPMENT PROGRAMME**

**Project title:**

**Support of the National Programme "Tuberculosis"  
in the Republic of Belarus**

**Implementing agency: Ministry of Health of the Republic of Belarus**

**Project implementation period: 5 years**

**Budget: 14 381 461 US dollars**

**Brief project description:**

This project is designed to support the National Programme "Tuberculosis" for 2005-2009. Funding is provided by the Global Fund to Fight AIDS, Tuberculosis and Malaria. The main goal of the project is to enhance efficiency of measures to reduce and prevent further spread of tuberculosis infection in Belarus. The project provides for a comprehensive use of direct observation treatment strategy (DOTS) in practical work of the state health system and development of the capacity of the national reference laboratory. In order to develop the modern model of tuberculosis epidemiological surveillance in Belarus, it is planned to introduce the National Tuberculosis Register, i.e., an automated system for collection and analysis of data according to the international standards.

The project provides for free treatment of patients using first- and second-line drugs, which will help to minimize adverse effects of tuberculosis infection. It also stipulates the development of material and technical facilities in tuberculosis treatment institutions so that they meet international standards, thereby allowing a high degree of safety for patients and medical staff.

One of the project targets is to prevent further spread of tuberculosis among the most vulnerable groups, such as prisoners staying in the penitentiary institutions and after their release, homeless people, etc.

**Minsk**

**June 2007**

## SIGNATURES OF THE PARTIES

Country: Republic of Belarus

- Objectives:** Increasing efficiency of measures to reduce tuberculosis burden in the Republic of Belarus through comprehensive use of DOTS strategy in practical work of the public health system, namely:
- establishing a system for quality control assessment related to bacteriological detection of tuberculosis cases;
  - ensuring standardized treatment under direct observation of medical professionals;
  - ensuring effective and sustainable provision of good-quality anti-tuberculosis drugs;
  - organizing an efficient system for standardized monitoring and evaluation at all levels;
  - optimizing and updating laboratory services;
  - improving quality of standardized directly observed treatment of tuberculosis patients, including social support for patients in need;
  - improving the system of management and supply of high-quality anti-tuberculosis drugs;
  - optimizing the tuberculosis reporting and recording system; establishing a modern tuberculosis surveillance model; and
  - developing a modern poly- and multi-drug resistant tuberculosis surveillance system; introducing modern multi-drug resistant tuberculosis treatment regimens according to WHO recommendations.

### Implementing organization:

### Ministry of Health

<p>Project implementation period: <u>2007-2012</u>                  Project title: <u>Support of the National Programme "Tuberculosis" in the Republic of Belarus</u>                  Project #: <u>00056644</u>                  Project duration: <u>5 years</u>                  Implementing organization: <u>Ministry of Health</u></p>
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<p>Budget <span style="float: right;"><u>USD 13 717 254</u></span>                  Administrative costs <u>USD 664 207</u>                  Total budget: <span style="float: right;"><u>USD 14 381 461</u></span>                  Allocated resources: <span style="float: right;"><u>USD 14 381 461</u></span></p> <ul style="list-style-type: none"> <li>• Government _____</li> <li>• Other:                         <ul style="list-style-type: none"> <li>○ Donor (GF) <span style="float: right;"><u>USD 14 214 021</u></span></li> <li>○ Donor(UNDP) <u>USD 167 440</u></li> <li>○ Donor _____</li> </ul> </li> <li>• Non-monetary input _____</li> <li>• Not funded budget: _____</li> </ul>
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## LIST OF ACRONYMS

<b>AIDS</b>	acquired immunodeficiency syndrome
<b>BelMPDA</b>	Belarusian Medical Post-Diploma Academy
<b>BSRC</b>	Belarusian Society of Red Cross
<b>CCM</b>	Country Coordinating Mechanism
<b>CI</b>	correctional institution
<b>DEP MIA</b>	Department of Execution of Punishment, Ministry of Internal Affairs
<b>DOTS</b>	WHO direct observation treatment strategy
<b>HIV</b>	human immunodeficiency virus
<b>GF</b>	Global Fund to Fight AIDS, Tuberculosis and Malaria
<b>MDR</b>	multi-drug resistance
<b>MDR drugs</b>	drugs for treatment of multi-drug resistant tuberculosis
<b>MH</b>	Ministry of Health
<b>MIF</b>	Ministry of Internal Affairs
<b>NGO</b>	nongovernmental organization
<b>NPC</b>	National Project Coordinator
<b>PLHA</b>	people living with HIV and AIDS
<b>PMG</b>	Project Management Group
<b>PS</b>	penitentiary system
<b>RB</b>	Republic of Belarus
<b>SI</b>	state institution
<b>SRIPP</b>	Scientific Research Institute of Pulmonology and Phthysiology
<b>UN</b>	United Nations Organization
<b>UNDP</b>	United Nations Development Programme
<b>WHO</b>	World Health Organization

CHAPTER I. ANALYSIS OF THE TUBERCULOSIS SITUATION IN THE REPUBLIC OF BELARUS

1. Epidemic situation

Since 1991, the main tuberculosis epidemiological indicators in the Republic of Belarus have been deteriorating. Over the period of ten years (1991-2000), the total tuberculosis incidence rate in the country increased by 62.0%. Over 2002-2005, the tuberculosis incidence rate (including all sectors) increased from 51.7 in 2002 to 54.3 per 100,000 population in 2005. In 2006, the number of newly identified TB cases in the Republic of Belarus was 5142, which made 52.8 cases per 100,000 population, or 2.8% less than in 2005 (Fig. 1).

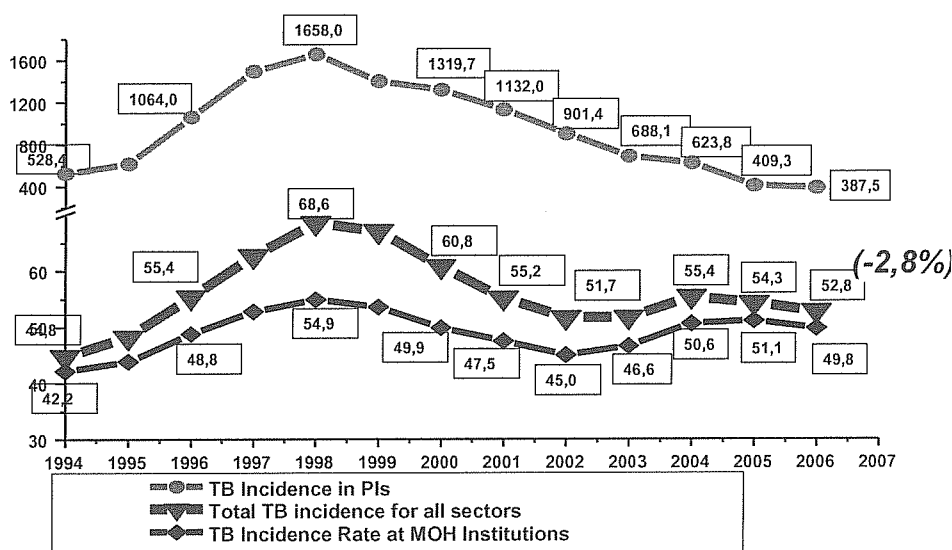


Fig. 1. Dynamics of TB cases in the Republic of Belarus.

In late 1990's, a significant increase of tuberculosis cases was registered in penitentiary institutions of the DEP MIA. In 1994, the tuberculosis incidence rate in penitentiary institutions (PIs) was 528.4 per 100,000 prisoners, reaching 1658.0 per 100,000 prisoners by 1999. After that, the tuberculosis incidence rate started to decrease. For example, the number of tuberculosis patients in PIs decreased from 901.4 per 100,000 prisoners in 2002 to 387.5 per 100,000 prisoners in 2006 (Fig. 2), whereas the share of tuberculosis patients identified in the institutions of the Ministry of Health increased from 88.1% to 94.2%.

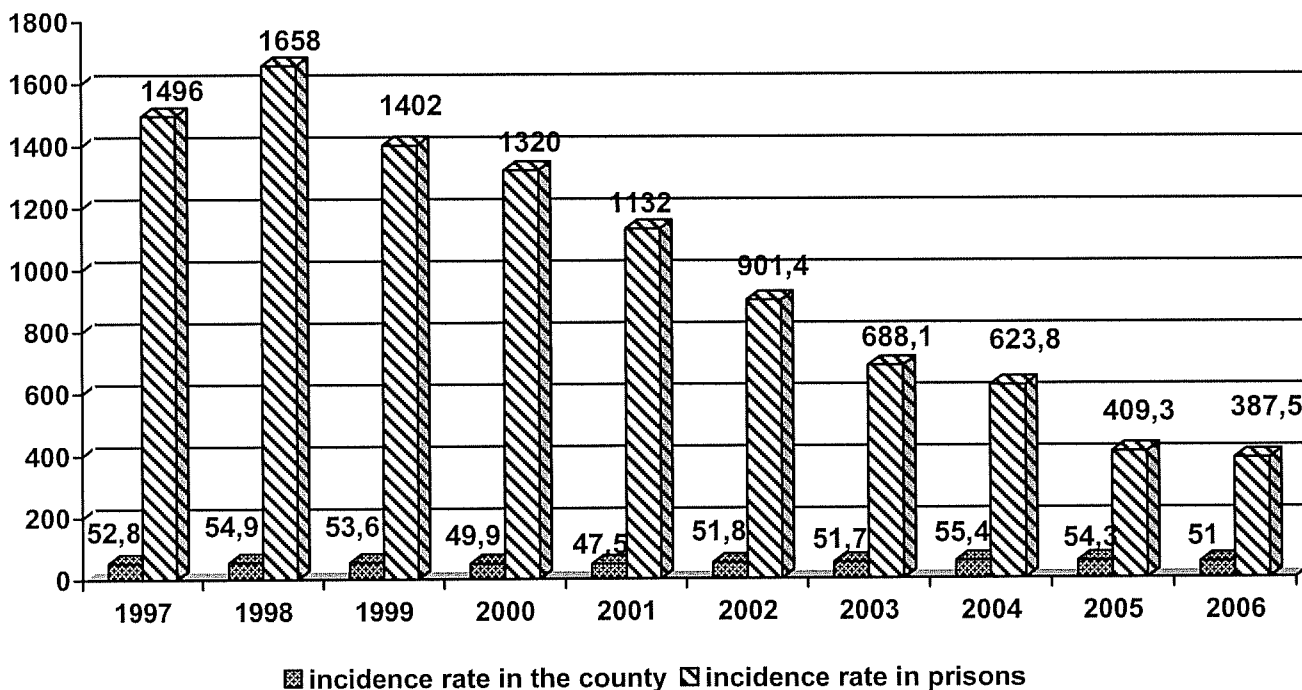


Fig. 2

For the country in general, the highest tuberculosis incidence rates are reported in Gomel Oblast (66.3 per 100,000 population) and Mogilev Oblast (61.9 per 100,000 population), as it was the case in the past. It should be noted that there are significant differences in the case dynamics between urban and rural populations (Fig. 3): whereas the tuberculosis incidence rate in urban areas was going down (44.5 in 2004, 43.6 in 2005, and 42.0 per 100,000 population in 2006), the tuberculosis incidence rates in rural areas were increasing in the recent years (64.8 in 2004, 70.4 in 2005 and 70.2 per 100,000 population in 2006). The share of the social and medical risk populations is increasing, especially among chronic alcoholics (17.3%), and unemployed people of the working age (30.1%).

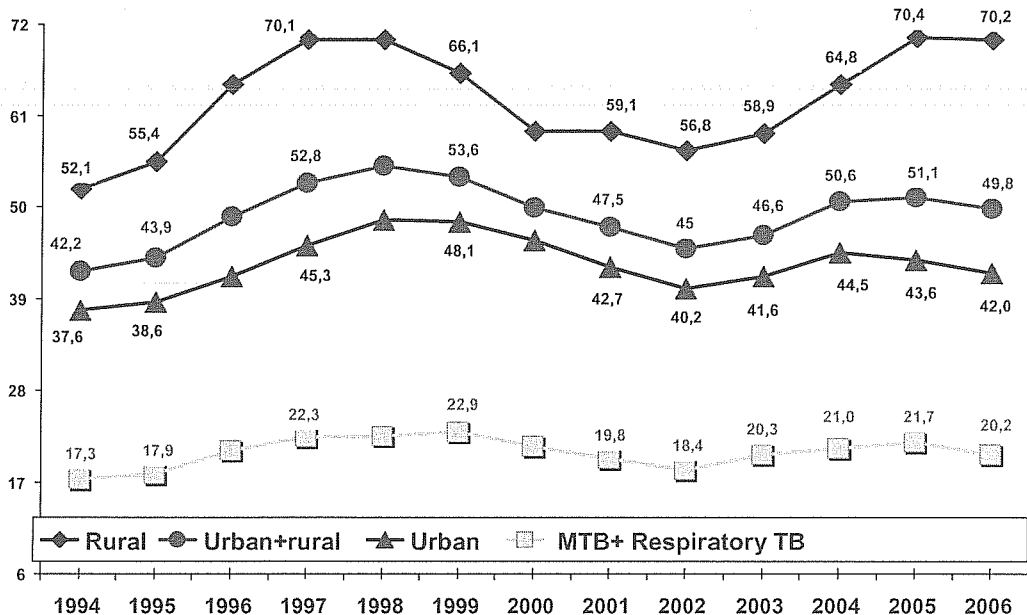


Fig. 3. Dynamic of tuberculosis incidence rates in the Republic of Belarus.

Paediatric tuberculosis incidence rate was 4.1 per 100,000 children in 2006 (4.2 in 2005); the adolescent tuberculosis incidence rate decreased by 35.2% in 2006, from 19.9 to 12.9 per 100,000 adolescents (Fig. 4).

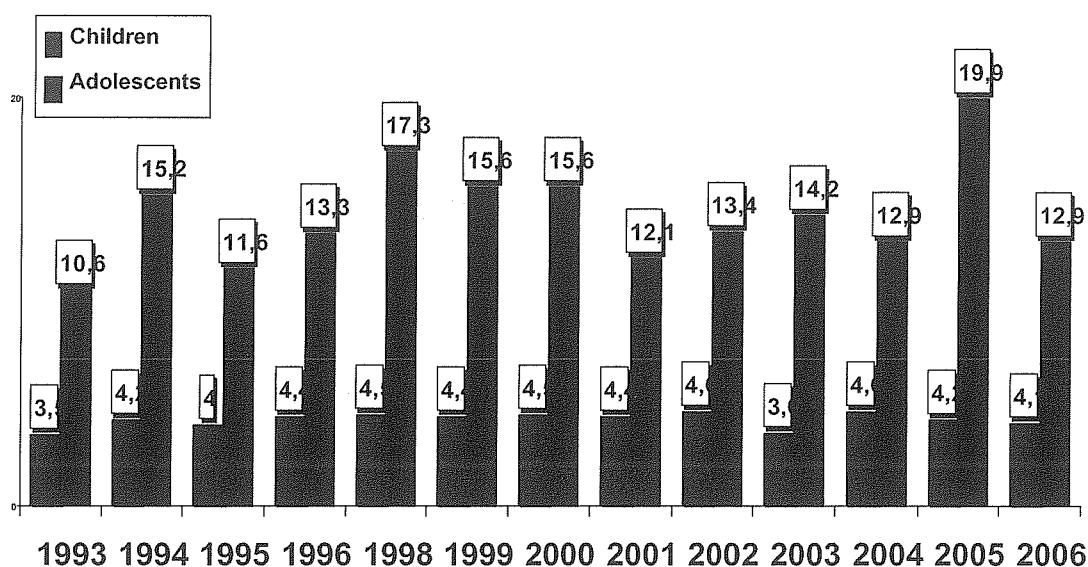


Fig. 4. Dynamics of incidence rates among children and adolescents in the Republic of Belarus.

In the penitentiary institutions, tuberculosis incidence rates are higher among prisoners who are kept in tight security conditions. In the last 9 years, the average annual tuberculosis incidence rate for such prisoners has been 23.8% higher than for all other prisoners in general. The incidence rates among tight security prisoners exceed by 11.0% the same rate for prisoners in general. The lowest incidence rate is reported in the women's prison and in educational prisons, 9.8 and 3.3 times lower than the average prison rates, respectively.

In the recent years, there has been a progressive increase in HIV-associated tuberculosis rate (as of 1 January 2001, the cumulative number of such patients was 65; as of 1 January 2005, the number of patients with co-infection was 563). In 2006, the number of new combined HIV/TB cases was 200.

In 2006, tuberculosis was identified among 16 medical professionals of tuberculosis clinics (1.8 times less than in 2004, when this number was 28) and among 83 medical workers of the general treatment network (79 medical workers were found ill in 2004).

In 2005 and 2006, efficacy of tuberculosis patient treatment was 77% and 78%, respectively. The relapse TB cases have significantly decreased (5.0 per 100,000 population in 2002, 6.9 in 2003, 9.4 in 2005 and 8.4 in 2006). The tuberculosis incidence rate, including relapse, has been 60.5 per 100,000 population in 2005 and 58.2 per 100,000 population in 2006 (Fig. 5).

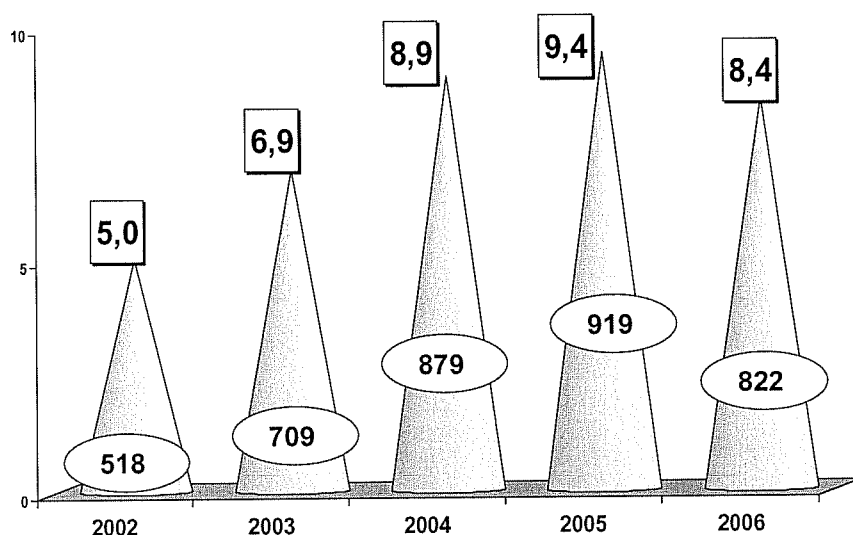


Fig. 5. TB relapse cases in the Republic of Belarus (per 100,000 population).

The share of disabled persons among different tuberculosis patient groups made 12.3%. Among them, 476 tuberculosis patients were recognized as disabled because of tuberculosis.

Since 1992, the mortality rate due to tuberculosis has increased 2.6 times, reaching 12.1 per 100,000 population in 2005 (Fig. 5). The highest mortality was reported in 2005 in Mogilev Oblast (14.5 per 100,000 population) and Gomel Oblast (12.8 per 100,000 population), especially among rural population: 18.4 per 100,000 population in Grodno Oblast and 13.5 per 100,000 population in Gomel Oblast.



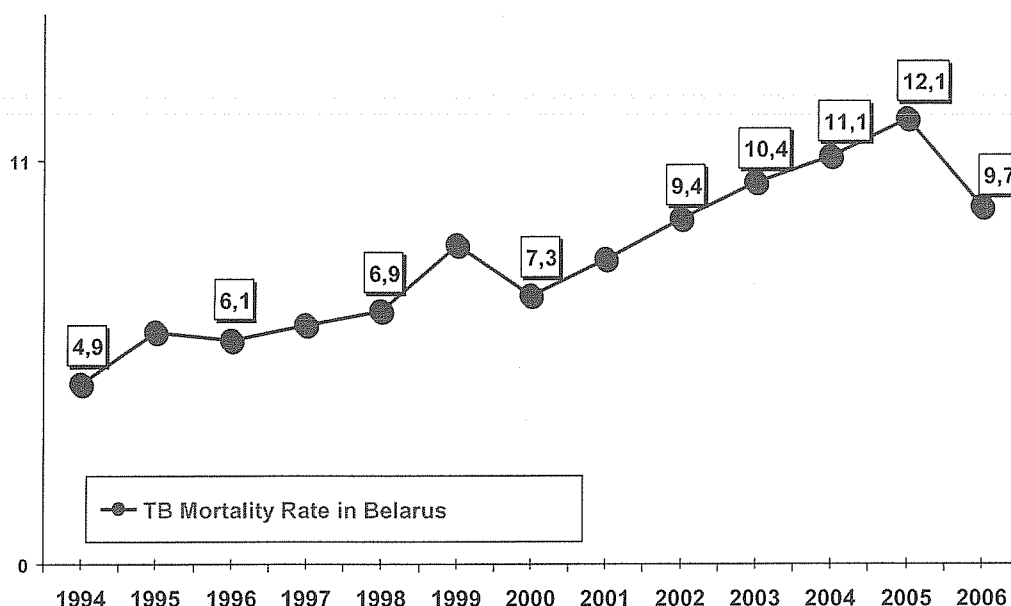


Fig. 6. Dynamic of TB mortality rate in the Republic of Belarus.

In 2006, according to preliminary data, 945 persons died of tuberculosis, which made 9.7 per 100,000 population nationwide. The mortality rates have decreased in all regions of the country, except for Gomel Oblast.

In 2006, the highest mortality rate was reported in Grodno Oblast (14.5), Gomel Oblast (14.3) and Mogilev Oblast (11.1 per 100,000 population).

In the last 10 years, the tuberculosis mortality rates for penitentiary institutions have been different, with a trend towards decrease in the last 4 years. While in 1996-1998 this rate was 3.3 times higher than the same rate for general population, then in 2004-2006 the mortality rate among prisoners did not differ from the same rate for the general population. This indicates that the tuberculosis mortality rate in prisons depends not only on the clinical forms of tuberculosis, but, to some extent, on social factors. For example, during the observation period, two amnesties took place, which concerned, as a rule, prisoners with serious forms and complications. Besides, every year some of the prisoners with active tuberculosis are released from prisons if they have irreversible changes in lungs and signs of decompensation of breathing and cardiac systems. However, despite these factors, the tuberculosis mortality rate among prisoners remains high, which can be explained by the presence of acute and rapidly progressing forms of tuberculosis, frequently with lethal outcome, among newly identified tuberculosis patients in prisoners.

The general tuberculosis mortality rate is negatively affected by mortality rate of patients with multi-drug resistant tuberculosis (MDR), making 18.1% in 2006 (20.6% in 2005), which was 1.9 times higher than the mortality rate among patients without MDR (9.3% in 2006 and 11.3% in 2005).

Among people who died of tuberculosis, only 6.6% were employed, 52.7% were not employed, while others were disabled or pensioners; 6.8% of the deaths were reported among homeless people. Only 24.2% of the patients who died had regularly and correctly taken anti-tuberculosis drugs, while other tried to evade treatment, violated treatment conditions or left hospitals on their own. It should be noted that 23.2% of patients who died of tuberculosis in hospitals, stayed there for a period of up to 10 days. These patients were admitted to hospitals with total or subtotal destruction of lungs (caseous pneumonia) and symptoms of multiple organ disorders. This indicates to untimely diagnosis of the

disease at the polyclinic (outpatient) stage. Another drawback in the organization of tuberculosis treatment support is the fact that in 2006 some 14.3% of patients died at home (especially high rate was in Minsk Oblast and city of Minsk, making 25.6% and 18.3%, respectively).

Thus, in 2006:

- the tuberculosis incidence, including all forms of tuberculosis (for all sectors), decreased by 2.8% and made 52.8 cases per 100,000 population; in the system of the Ministry of Health the decrease was from 51.1 to 49.8 per 100,000 population (by 2.5%), and in the system, of the MIA from 409.3 to 387.5 per 100,000 population (by 5.3%). The decrease of the tuberculosis incidence rate is reported in all regions (with the exception of Gomel Oblast, where 6.1% increase was reported, mostly due to HIV-associated TB); the maximum tuberculosis incidence rates were reported in Gomel Oblast (66.3) and Mogilev Oblast (61.9);
- among newly identified tuberculosis patients, the share of socially maladapted people increased: 17.7% are chronic alcoholics, and 30.1% are homeless people. As before, the tuberculosis incidence rates are 1.7 times higher among rural population than among urban groups;
- the tuberculosis incidence rate among children under 15 decreased by 2.4%;
- the tuberculosis incidence rate among children in the 15-18 age group decreased by 35.2%;
- tuberculosis relapse cases decreased by 10.6%;
- the tuberculosis mortality rate decreased from 11.2 to 9.7 per 100,000 population, or by 13.4% (according to the MH of RB); tuberculosis incidence rates have decreased in all regions of the country, with the exception of Gomel Oblast (23.3% growth);
- the share of tuberculosis mortality at home decreased from 20.0 to 14.3%.

According to preliminary data, in the first 3 months of 2007, the number of newly identified tuberculosis patients was 1171, i.e., 128 cases less than in the same period of 2006. The tuberculosis incidence decreased from 13.3 to 12.1 per 100,000 population, or by 9.0%. Tuberculosis was found among 5 children (11 cases in 2006) and 9 adolescents (10 cases in 2006). The tuberculosis incidence rate decreased in 6 regions (by 3.7% to 30.9%), whereas in Gomel Oblast this indicator increased by 15.5% (by 17.4 to 21.0 per 100,000 population), which is conditioned by high spreading and impact of HIV in this region.

The Government of the Republic of Belarus and the Ministry of Health pay special attention to the tuberculosis situation in the country. The work is continued to implement the National Programme "Tuberculosis" for 2005-2009, approved by the Republic of Belarus Council of Ministers. The grant agreement has been signed with Global Fund to Fight AIDS, Tuberculosis and Malaria to fund tuberculosis treatment activities. Implementation of activities included into the National Programme "Tuberculosis" and the Global Fund project will allow stabilizing and, later, improving the tuberculosis epidemic situation in the country.

## *2. National measures and strategy to fight the tuberculosis epidemic*

All tuberculosis treatment activities are funded by the State through the budget.

In the system of the Ministry of Health, tuberculosis prevention and treatment activities are organized through specialized regional (Oblast) and district (rayon) tuberculosis treatment rooms and outpatient clinics (dispensaries).

Methods of diagnostics, measures to ensure full access to services, referral procedures and patient treatment protocols are defined, at all stages, by a series of regulatory documents of the Republic of Belarus Ministry of Health, including: Order 143 of 28 July 1991 "On the status of anti-tuberculosis support for population in the Republic of Belarus and measures for its improvement", Order 106 of 4

July 2002 “On improving the system of regular checkups and examination for identification of tuberculosis patients in the Republic of Belarus”, Order 473 of 8 June 2006 “On some measures for improving the organization and quality of medical care for tuberculosis patients”, and Order 484 of 19 June 2006 “On approval of tuberculosis patient diagnostics and treatment protocols”.

The tuberculosis epidemic situation is controlled by the Government of the Republic of Belarus and the Ministry of Health. The National Programme “Tuberculosis” for 2005-2009 was developed and approved by the Republic of Belarus Council of Ministers. This Programme provided for supply of anti-tuberculosis drugs to medical institutions of the Republic of Belarus, including drugs for treatment of multi-drug resistant tuberculosis. Implementation of the Programme will allow stabilization of the tuberculosis incidence rate and its subsequent reduction, decreasing the number of patients with multi-drug resistant tuberculosis and obtaining economic benefits due to decrease of resources for treatment and maintenance of ability to work among patients. Every region of the country has its own Interdepartmental Councils to take measures against tuberculosis, which supervise tuberculosis infections at the region and district levels.

Within the National Programme “Tuberculosis”, the Ministry of Health developed and implemented “Plans for joint actions of the Ministry of Internal Affairs and the Ministry of Health of the Republic of Belarus to implement the National Programme “Tuberculosis” in the system of internal affairs, military units and institutions of the Department of Execution of Punishment of the Republic of Belarus Ministry of Internal Affairs”. As a result, the penitentiary component of the first National Programme “Tuberculosis” has been implemented in full. The tuberculosis epidemiological situation in penitentiary institutions has been put under control. Owing to coordinated efforts of doctors from the general treatment system and medical services of the DEP MIA, the number of tuberculosis patients with diagnosis not established before imprisonment has decreased by 27%. Today, the penitentiary system of the Republic of Belarus actively implements the penitentiary component of the National Programme “Tuberculosis” for 2005–2009. This programme includes close cooperation with the tuberculosis treatment centres of the Republic of Belarus Ministry of Health so as to assist in tuberculosis diagnostic, counselling, succession of treatment of tuberculosis patients, admitted to penitentiary institutions or released from such institutions.

Implementation of activities included into the National Programme “Tuberculosis” allows a significant modernization of material and technical facilities of the institutions which provide treatment and diagnosis for tuberculosis patients: over two years of the Programme implementation, laboratory and X-ray equipment has been procured for the National (republican) Hospital of the penitentiary system and medical services, resuscitation equipment for this hospital, as well as consumables for bacteriological diagnosis and reagents for the system of rapid detection of tuberculosis mycobacteria “BACTEC”; funds have been allocated to procure anti-tuberculosis drugs. However, the real needs in financial resources for implementation of tuberculosis treatment activities in penitentiary institutions exceed the funds stipulated in the programme.

The Republic of Belarus has a number of regulatory documents that define the national strategy on tuberculosis prevention and treatment, namely:

- the National Programme “Tuberculosis” for 2005-2009; and
- the Concept of development of the health system for 2007-2010.

This Programme provides for procurement of highly-effective modern equipment for rapid bacteriological diagnosis of tuberculosis, determination of drug resistance of the tuberculosis infection and equipment of major bacteriological laboratories. Implementation of the Programme will make it possible to meet the country’s needs in anti-tuberculosis drugs, *inter alia*, for chemotherapy of multi-drug resistant tuberculosis, fully switching to treatment of patients according to WHO recommendations (DOTS and DOTS-PLUS strategies), stabilizing the tuberculosis incidence rate and

its future decrease (by 10% over 5 years), and decreasing the number of patients with multi-drug resistant tuberculosis. The Programme also stipulates further development of international cooperation based on the WHO anti-tuberculosis strategy provisions. The Programme aims at enhancing practical, organizational and methodological support to specialists of regional and district levels and developing the national human capacity of the tuberculosis treatment services.

The above documents stipulate the use of a comprehensive approach to solution of the tuberculosis prevention, diagnosis and treatment problem.

The basic principles of the national policy on tuberculosis are:

- Recognition of the tuberculosis problem at the national level;
- The use of the interdepartmental approach to implementation of tuberculosis programmes;
- Compulsory medical preventive examinations among population groups who run high risk of tuberculosis;
- Full provision of the first- and second-line anti-tuberculosis drugs for tuberculosis patients;
- Promotion of healthy lifestyle so as to prevent the spread of tuberculosis infections, through mass media;
- Involvement of additional financial resources for implementation of the national tuberculosis prevention, diagnosis and treatment strategy.

The general tuberculosis treatment strategy in the penitentiary system does not differ in principle from the strategy of the Republic of Belarus Ministry of Health, stated in the National Programme “Tuberculosis” and other regulatory documents. It stipulates a comprehensive approach to the solution of the tuberculosis prevention and treatment problem, involving a broad range of stakeholders, reflects the priority lines of tuberculosis treatment activities of the medical services of the Department of Execution of Punishment, and ensures succession in attaining the specified goals. This strategy makes it possible to pay attention to such important aspects as early detection of tuberculosis in all types of penitentiary institutions, prevention of multi-drug resistant tuberculosis and ensuring involvement of civil and charity organizations in the implementation of prevention programmes in PIs. The Ministry of Internal Affairs, together with the Ministry of Health of the Republic of Belarus, has developed a number of regulatory acts (legal documents) regulating the issues of tuberculosis prevention, diagnosis and treatment among prisoners.

General management of the tuberculosis treatment services in the country is made by the Ministry of Health, directly through the departments of health in the Regional Executive Committees and the State Institution “Scientific Research Institute of Pulmonology and Phthisiology” (SRIPP). In their turn, these departments supervise activities of 6 Oblast tuberculosis outpatient centres, which, in turn, supervise and conduct tuberculosis treatment activities at the level of administrative centres of Belarus through 29 district tuberculosis outpatient centres and 132 tuberculosis treatment offices/rooms (in policlinics).

The system of registration and reporting, operating within the National Programme “Tuberculosis”, is also vertically structured. Quarterly reports are collected at the district (rayon) level; the reports are transferred to the Oblast tuberculosis outpatient centres, which, in turn, provide summary data to the SRIPP. This information is systematized and statistically processed in the form of a summary national report, which is sent to the Ministry of Health and the Ministry of Statistics and Analysis of the Republic of Belarus. Tuberculosis surveillance data, received from the departmental medical services, are also included into the national tuberculosis reports.

General monitoring of the epidemiological situation in the country is made by the Ministry of Health through collection of data from medical services of this ministry and from other ministries or public

institutions. General statistical data on tuberculosis are submitted for processing to the Ministry of Statistics and Analysis of the Republic of Belarus.

The SRIPP makes scientific research in the field of phthiology, analysis and coordination of the national tuberculosis prevention and treatment, and development of national tuberculosis programmes.

Human resources issues (training, retraining and refreshment training) in the tuberculosis system of the country are coordinated and conducted by specialists of the SRIPP and the Belarusian Medical Post-Diploma Academy (BelMPDA).

The private medical sector is at the stage of development; therefore, its resources cannot be used at this stage for tuberculosis-related activities.

### *3. Process of preparation of the request for funding*

During its sitting on 30 May 2006, the Country Coordinating Mechanism made a decision to submit a request for the tuberculosis component to the Global Fund to Fight AIDS, Tuberculosis and Malaria. To develop a proposal, a working group, including representatives of different sectors of the society, was set, including institutions of the Republic of Belarus Ministry of Health, the system of execution of punishment, representatives of the Belarusian Society of Red Cross, and UNDP.

In order to distribute information about the request, the web sites of the UN Office and the Department on Prevention of HIV/AIDS placed an announcement on submission of proposals from any stakeholders, organizations and individuals, for their participation in the national application for the tuberculosis component.

It should be noted that the CCM took all measures for maximum possible dissemination of information about the application. However, only three organizations responded to the proposal to take part in the implementation of the planned national tuberculosis programme: the Scientific Research Institute of Pulmonology and Phthiology (SRIPP), the Belarusian Society of Red Cross (BSRC) and the Department of Execution of Punishment of the Ministry of Internal Affairs (DEP MIA) of the Republic of Belarus. Currently, they are the only organizations in the Republic of Belarus specializing in anti-tuberculosis medical care and having practical experience in treatment of tuberculosis patients. These three organizations were considered in the national application as potential subrecipients. On 12 July 2006, the proposals of these three candidates were analyzed at the meeting of the CCM working group and recognized as eligible. Representatives of the above-mentioned organizations actively participated in further preparations, and in discussions and approval of the 6<sup>th</sup> round national application.

The thus prepared application was approved by the CCM. The Principal Recipient for the project was the UN Development Programme, which has all opportunities required for financial and programme management of the project.

On 8 November 2006, the Global Fund to Fight AIDS, Tuberculosis and Malaria informed that the application of the Republic of Belarus was approved. On 8 May 2007, the Grant Agreement was signed between the Global Fund and the UN Development Programme, which was initialled by the Deputy Prime Minister of the Republic of Belarus A. N. Kosinets (Annex 1).

### *4. Goals and tasks of the project*

The project will be implemented along the below-described lines using the comprehensive strategic approach to combating the epidemic, involving civil and other organizations. The main lines of project activities are:

- The support of tuberculosis treatment activities conducted by the Republic of Belarus Ministry of Health;
- Improvement of epidemiological surveillance, control over the spread of tuberculosis, and monitoring in the system of the RB Ministry of Health;
- Treatment of tuberculosis and prevention of its spread in the national penitentiary system; and
- Control over outpatient treatment and provision of access to medical care and support for the most vulnerable populations.

The project implementation will make it possible to solve one of the priority tasks: to fully introduce DOTS strategy in practical work of the health system.

Implementation of the project stipulates the solution of the following tasks:

- Improvement of identification of new tuberculosis cases (by microscopy and culture) through optimization and update of laboratory services;
- Improvement of quality of standardized treatment of tuberculosis patients and social support of patients in need;
- Further development of the system of management and supply of high-quality anti-tuberculosis drugs;
- Improvement of the tuberculosis reporting and recording system
- Establishment of a modern system of tuberculosis epidemiological surveillance;
- Development of a modern poly- and multi-drug resistant tuberculosis surveillance system;
- Introduction of modern multi-drug resistant tuberculosis treatment regimens according to WHO recommendations;
- Training medical and other specialists taking part in tuberculosis prevention, diagnosis and treatment services; and
- Ensuring cooperation between public, civil and other organizations involved into epidemic responses.

### *5. Expected outcomes*

1. Decrease of the number of new tuberculosis cases and replaces. While in 2005 the tuberculosis incidence rate made 54 per 100,000 population, then by 2012 it is planned to reduce this rate to 49 per 100,000 population. Meanwhile, it is expected that the tuberculosis infection detection rate by means of DOTS will be improved. It is planned to change this indicator during the first two years of the project from 46% to 55%.
2. Improving of tuberculosis treatment and time diagnosis, both among vulnerable groups and general population. It is planned that during five years of the project the rate of successful treatment will be increased from 74% to 85% (from 74% to 79% during the first two years). Over five years, the number of tuberculosis patients receiving first-line drugs will increase from 2284 in 2007 to 7460 in 2012.
3. Enhancement of control over anti-tuberculosis drug resistance. Providing MDR drugs to 200 patients in need of such treatment during the 2<sup>nd</sup> year of the project.
4. Prevention of tuberculosis infections among PLHA and increasing efficacy of treatment of HIV-associated tuberculosis. It is planned to increase the rate of tuberculosis patients tested for HIV within the project from 90% in 2005 to 98% in 2009.

5. Strengthening of the National reference laboratory and equipping medical institutions with modern diagnosis equipment. While in 2005 only 30% of laboratories had proper equipment, then by 2009 it is planned to have all 100% of the laboratories equipped with modern equipment, which will make it possible to make tuberculosis prevention, diagnosis and treatment at a higher professional level.
6. Development of human resources. By 2009, it is planned to train 4085 medical professionals.
7. Support of the national tuberculosis monitoring and evaluation system through introduction of the national tuberculosis register, an automated system for data collection and analysis. This will allow making rapid analysis, predicting the epidemic situation, timely adjusting the ongoing activities and evaluating prevention and treatment programmes.
8. Ensuring of medical care and social support to tuberculosis patients, including food packages (from 500 packages in 2007 to 2000 packages in 2009).

#### *6. Beneficiaries*

- Tuberculosis institutions of the Ministry of Health system, which will improve the level and quality of services provided both to vulnerable groups and general population by providing better opportunities for diagnosis and treatment of tuberculosis.
- Tuberculosis patients, who will get access to modern tuberculosis diagnosis and treatment methods.
- Prisoners in correction labour institutions and remand prisons of the DEP MIA, who will have significantly reduced risk of disease due to improved access to tuberculosis diagnosis and treatment.
- People living with HIV and AIDS will have significantly reduced risk of HIV-associated tuberculosis due to preventive measures.
- The most vulnerable population groups (people with very low incomes, homeless people, persons released from prisons, etc.), who will have opportunity for diagnosis and timely treatment using high-quality drugs.
- Medical staff of tuberculosis treatment institutions and departments, who will have opportunity to enhance their resource capacity in the field of planning, monitoring, evaluation and implementation of programmes.
- Medical professionals, laboratory staff, primary health staff and medical staff working in prisons, who will have the required medical and technical facilities needed to exclude the risk of disease.
- General population, who will benefit from the project implementation due to stabilization of the situation and reduced threat of further spread of the disease.

#### *7. Justification of UNDP involvement*

The UNDP office in Belarus is a member of the Country Coordination Mechanism on implementation of the Global Fund project and has the required project management experience and administrative opportunities. The UNDP is a member of the UNDP Theme Group on HIV/AIDS, which also involves the Republican Centre of Hygiene, Epidemiology and Public Health and representatives of Belarusian nongovernmental organizations (NGOs). UNDP projects related to health activities are implemented by NGOs together with governmental entities and local communities.

The available technical, management and financial capacities of the UNDP, combined with the newly acquired experience, established partner relations with key governmental entities, NGOs and local communities, make it possible to consider the UNDP as the most appropriate Principal Recipient of the GFATM grants and manager of this grant.

## CHAPTER I. ANALYSIS OF THE TUBERCULOSIS SITUATION IN THE REPUBLIC OF BELARUS

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Evaluation made in July 2004 by the GFATM agent from the international auditing company KPMG, confirmed that the UNDP has all the required organizational, administrative, financial and procurement opportunities for managing programmes of the similar scale.

One of the items on the CCM sitting agenda on 20 July 2006 was to consider the issue of appointment of the Principal Recipient for the GFATM grant requested. As a result of discussions, it was decided to appoint the UN Development Programme Office in the Republic of Belarus as the Principal Recipient of the grant to support tuberculosis treatment activities. This decision was made taking into account the UNDP experience in implementation of the HIV/AIDS grant, as well as the availability of administrative staff and procurement procedures and implementation of similar projects in Belarus.

The implementation of the HIV/AIDS grant in Belarus, where the UNDP has been the Principal Recipient, is highly evaluated by the Global Fund, the local Fund agent and CCM.



## CHAPTER II. DESCRIPTION OF THE PROJECT COMPONENTS

### *Component 1. Enhancing TB Control Activity of the Ministry of Health System in the Republic of Belarus*

The objective of the component is to eliminate the organizational and financial gap in the national tuberculosis treatment services and the primary health network in Belarus and enhance the healthcare system, in measures against tuberculosis infection.

#### **Organization implementing the component**

The component coordinator is the Ministry of Health represented by the state institution “Scientific Research Institute of Pulmonology and Phthiology”. The activities will be implemented by staff of tuberculosis treatment organizations of the country.

#### **Target groups**

- The SI “Scientific Research Institute of Pulmonology and Phthiology” of MH RB;
- The laboratory network of tuberculosis organizations;
- Staff of tuberculosis treatment organizations and the general health system; and
- Newly identified tuberculosis patients, including patients with multi-drug resistant tuberculosis.

#### Activity 1.1. Establishment and operation of the Centre for education and training of staff

During implementation of this activity, it is planned to establish the training centre at the SI “Scientific Research Institute of Pulmonology and Phthiology”, procure furniture and consumables for its operation, connect it to the Internet, develop educational plans, *inter alia*, using international experts, and organize training workshops devoted to modern methods of tuberculosis prevention, detection, diagnosis and treatment according to DOTS strategy and the general plan to fight tuberculosis (Stop TB Strategy)

#### Activity 1.2. Establishment of the national reference laboratory

The project stipulates the establishment of the National reference laboratory in the Republic of Belarus, which will exercise due quality control of the laboratory services in the country as a whole and allow organizing effective interaction with supranational laboratories. The grant resources will be used to procure office and laboratory equipment, provide necessary consumables to the reference laboratory and pay for services of international experts. Establishment of the national reference laboratory meeting modern requirements of the WHO will facilitate enhancing the quality control of laboratory services and, ultimately, making these services compliant with the world standards.

#### Activity 1.3. Publication of an adapted manual (practical guide) on tuberculosis and introduction of the DOTS strategy

It is planned to publish a guide outlining modern methods of tuberculosis prevention, diagnosis and treatment, including WHO recommendations (DOTS and DOTS-PLUS) so as to disseminate advanced tuberculosis control experience and ensure effective interaction and feedback.

### Activity 1.4. Update of the bacteriological diagnosis services

This activity will include enhancing material and technical facilities of the laboratories in the country through procurement of required laboratory equipment and consumables, which will improve quality of tuberculosis diagnosis and treatment results due to timely adjustment of the chemotherapy regimes by the results of testing tuberculosis mycobacteria sensitivity to anti-tuberculosis drugs.

### Activity 1.5. Treatment of tuberculosis patients

The range of tuberculosis treatment measures will be supported as regards procurement of high-quality anti-tuberculosis drugs to be organized through tendering procedures. Some of the required 1<sup>st</sup> line drugs will be procured through the Global Drug Facility, which will facilitate standardized and quality treatment according to WHO recommendations and, ultimately, better tuberculosis treatment outcomes; the 2<sup>nd</sup> line drugs will be procured through the Green Light Committee of the World Health Organization. All anti-tuberculosis drugs will be imported into the country according to UN procedures, while their distribution will be made according to the national legislation of the Republic of Belarus.

### Activity 1.6. Education and refreshment training of medical professionals

The grant resources will be used to develop human resources of the health services, involved in anti-tuberculosis activities in the country, including training of medical and laboratory staff of the health institutions how to use modern methods of tuberculosis prevention, detection, diagnosis and treatment according to DOTS and the general plan to fight tuberculosis (Stop TB Strategy). It is planned to organize workshops at the national, regional and district levels according to a cascaded system involving international advisers, and to organize working meetings to discuss the results obtained.

### Activity 1.7. Education and practical training of staff in other countries

For proper operation of the national reference laboratory and the national tuberculosis register, proper organization of tuberculosis epidemiological surveillance and improvement of knowledge of specialists engaged in the central tuberculosis treatment services, it is planned to organize education and practical training of local specialists in other countries.

It is planned to invite 2 specialists every year to take part in specialized international conferences for exchange of experience at the international level and presentation of the programme outcomes.

### Activity 1.8. Organization of public activities, roundtables and conferences

In order to exchange information about the project progress, discuss the actual results and adjust plans for future actions, it is planned to have in-country public activities, roundtables and conferences and publish information and educational materials.

### ***Component 2. Improvement of TB-related Epidemiological Surveillance and Monitoring in the Public Health System of Belarus***

The objective of the component is to enhance the system of monitoring and evaluation of the tuberculosis spread in the Republic of Belarus according to international standards.

### **Organization implementing the component**

The component coordinator is the Ministry of Health represented by the state institution “Scientific Research Institute of Pulmonology and Phthiology”. The activities will be implemented by staff of tuberculosis treatment organizations of the country.

If other organizations are involved into this component, their list will be approved by the CCM according to the specified procedure.

### **Target groups**

- SI “Scientific Research Institute of Pulmonology and Phthiology”; and
- Tuberculosis treatment organizations.

#### Activity 2.1. Establishment of the tuberculosis surveillance network: development and putting into practice of the national tuberculosis register

It is planned to develop, put into use and adapt the national tuberculosis register and new forms of reporting and recording on tuberculosis (as recommended by the WHO). These measures will facilitate further integration of the DOTS into the activities of the national health system and solution of the problem. As a result, it will help organize tuberculosis monitoring at a better level and collect comprehensive information about this disease according to standards recommended by the WHO. To this end, the required equipment and software will be procured, connection to Internet for rapid transmission of information will be made, and services will be provided. It is also planned to organize trips to provide advice on how to operate the national tuberculosis register.

#### Activity 2.2. Tuberculosis surveillance and monitoring

To organize good tuberculosis surveillance and monitoring, control and auditing of the project activities, it is planned to procure motor vehicles for irregular facilitation trips (including annual comprehensive checkups) by specialists of the national and regional levels, pay for their trips, provide consumables for organizational and methodology departments of the national and regional tuberculosis organizations, and pay for communication services.

#### *Component 3: Strengthening of TB Control Activities in the Penitentiary System of Belarus*

In order to improve tuberculosis diagnosis and treatment among prisoners, medical staff of penitentiary institutions, including doctors, nurses and laboratory technicians, will be trained. Other activities will include update of the bacteriological diagnosis services, treatment of tuberculosis patients according to the DOTS, organization of tuberculosis surveillance and monitoring in the penitentiary system, and information and methodological support of medical services of penitentiary institutions. Special attention will be paid to treatment of drug resistant tuberculosis patients and prevention of multi-drug resistant tuberculosis.

### **Organization implementing the component**

The Department of Execution of Punishment of the Ministry of Internal Affairs, Republic of Belarus (DEP MIA).

### **Target groups**

- Convicts staying in places of deprivation of freedoms and persons kept in remand prisons, including women and adolescents;
- Prisoners with tuberculosis treated in the Republican Tuberculosis Hospital of the DEP MIA, the Republican General Hospital of the DEP MIA, specialized wards of the remand prisons, and the unit for tuberculosis patients in the women's correctional institution;
- HIV-positive prisoners with tuberculosis diagnosis;
- Medical staff of the Republican Tuberculosis Hospital of the DEP MIA, the Republican General Hospital of the DEP MIA, and medical units of penitentiary institutions of the Republic of Belarus.

#### Activity 3.1. Supporting the system of education and training of medical staff

This activity includes organization of a permanent training centre for medical staff of the penitentiary system. To this end, office equipment will be procured and installed and permanent support with consumables and printing and copying materials will be provided. Organization of the training centre will make it possible to conduct regular refreshment training for medical professionals in issues of tuberculosis diagnosis and treatment.

#### Activity 3.2. Publishing an adapted guide on tuberculosis prevention, diagnosis and treatment in penitentiary institutions

It is planned to draft and publish a guide for doctors of penitentiary institutions on tuberculosis prevention, diagnosis and treatment, which will include specific recommendations on how to apply DOTS strategies, taking into account specific characteristics of penitentiary institutions, and organization of health support for prisoners in the Republic of Belarus.

#### Activity 3.3. Updating the bacteriological diagnosis services

It is planned to provide the required medical equipment for laboratories of the medical units of penitentiary institutions and the Republican Tuberculosis Hospital for prisoners. Implementation of this component will make it possible to organize continuous work on sputum bacteriological analysis and provide consumables for the system of rapid detection of tuberculosis mycobacteria which is available now in the Republican Tuberculosis Hospital of the DEP MIA. This will significantly reduce the time of diagnosis and facilitate early identification of tuberculosis patients among prisoners, which is beneficial as regards the treatment period.

#### Activity 3.4. Treatment of tuberculosis patients.

This activity will help enhance and improve work related to treatment of tuberculosis patients in penitentiary institutions. To provide such treatment, it is planned to procure first- and second-line drugs for tuberculosis treatment, thereby providing the required drugs for all patients in need, including drugs required for treatment of multi-drug resistant tuberculosis. Treatment will be organized using DOTS strategies.

#### Activity 3.5. Educational and refreshment training of medical professionals

The first stage will include training of 10 local trainers how to use international DOTS methods. At a later stage, the trained specialists will conduct workshops for 20 tuberculosis doctors of the penitentiary system, 40 nurses, 30 laboratory specialists, and 60 doctors of penitentiary institutions. Besides, it is planned to train 35 specialists of the penitentiary system

who will work with the tuberculosis register. This activity will include regular working meetings with medical professionals, managers of medical services and other stakeholders to discuss the results of work, exchange experience and coordinate activities within the penitentiary component of the project. To summarize and systematize the outcomes of the first stage, exchange of experience and learning of modern approaches to tuberculosis treatment, it is planned to organize an international scientific and practical conference on tuberculosis among prisoners at the end of the second year of the project.

Activity 3.6. Education and practical training in other countries

It is planned to organize and implement practical training of 2 specialists of the penitentiary institutions of Belarus who apply DOTS; training of 2 specialists during international courses on tuberculosis and HIV; and training of 2 specialists during international courses on treatment of multi-drug resistant tuberculosis.

This activity will include sending one medical professional every year to take part in the international ERS congress.

Activity 3.7. Epidemiological tuberculosis surveillance and monitoring in the penitentiary system

To provide for tuberculosis monitoring in the penitentiary system, it is planned to procure special equipment needed to set up an automated control system, procure and install basic software, connect to the Internet and organize regular servicing of this system. It is stipulated to allocate funds to provide consumables for the automated workplaces and pay for communication services. This activity will also include procurement of a motor vehicle to transport project specialists to all regions of the country and to deliver materials to the regions. To coordinate and supervise tuberculosis monitoring and epidemiological surveillance in penitentiary institutions, it is planned to organize regular inspection and auditing trips.

*Component 4: Provision of TB Outpatient Treatment and Social Support in the Vulnerable Groups*

The component activities are aimed at ensuring commitment of tuberculosis patients to treatment, increasing hygiene knowledge, developing vigilant attitude of the population to tuberculosis, and reducing prejudice to this disease and tuberculosis patients.

**Organization implementing the component**

Belarusian Red Cross Society (BRC)

**Target groups**

- Tuberculosis patients;
- People involved in close relations with tuberculosis patients (relatives and friends);
- Medical personnel and other staff engaged in directly observed treatment;
- Tuberculosis risk groups; and
- Population at large.

Activity 4.1. Work of local personnel

To ensure directly observed treatment of tuberculosis patients, the BRC nurses will disburse and control taking of drugs by tuberculosis patients in medical and social support centres of the Red Cross and at home and provide psychological and social support to such patients. Throughout the project period, 100 nurses will supervise treatment of 100 tuberculosis patients during the maintenance treatment phase. Members of the BRC Secretariat and seven working groups of the project will organize, support and monitor activities of the medical nurses and take part in social support of the patients, training of nurses, prevention activities and social and information activities.

### Activity 4.2. Rendering social support to tuberculosis patients

The objective of this activity is to motivate tuberculosis patients to have the complete course of observed treatment and support patients in difficult life circumstances related to treatment. Within this activity, patients who observe the prescribed treatment regimens, will have financial incentives in the form of food packages (every 2 months), and daily hot meals will be provided to low-income and homeless people. To make treatment accessible, patients who live in places remote from places of observed treatment will be given travel tickets for public transport. Fragile patients and patients with related pathologies (including HIV-coinfected tuberculosis) will be provided home care. Patients will also be given psychological support and legal counselling.

### Activity 4.4. Publishing handout materials on TB prophylaxis

The BRC will publish and distribute various information materials on tuberculosis problems. Information materials will be developed according to specific tasks for each target group, including the following:

- Information for TB patients so as to develop their commitment to treatment;
- Information for people who are close to TB patients (relatives and friends) so as to develop safe behaviours in terms of TB prevention;
- Information for general population so as to reduce the level of prejudice towards tuberculosis and develop vigilance in relation to tuberculosis among risk groups;
- Information for medical personnel involved in observed treatment so as to improve quality of their work and motivate their participation in the programme implementation.

Throughout the entire programme implementation period, 40 000 copies of different information materials will be published every six months.

### Activity 4.5. Organizing public events during the World TB Day

These activities will be organized to pay public attention to the TB problem in the country, increase knowledge on health issues among population, inform about tuberculosis prevention and early detection measures and change attitude to TB patients and this disease in general. The activities will be organized every year, both at the national and regional levels.

### Activity 4.6. Organizing specialized TV and radio broadcast of TB-focused programmes

Informing population about the nature of tuberculosis, its symptoms, possibilities of diagnosis and treatment will help change the existing incorrect ideas about the disease and TB patients. Organization of specialized programmes on regional channels will allow informing population about possibilities for local examination and treatment.

### Activity 4.7. Training courses for BRC nurses

During the first three months of the project implementation, specialized training of 100 BRC nurses will be organized through their advanced training, which will increase their specialized knowledge on tuberculosis and ensure safety in working with infectious patients. Nurses will learn principles of observed treatment and their roles in such treatment and how to provide psychological support to TB patients.

### Activity 4.8. Training the BRC Project nurses at local institutions

Throughout the entire programme implementation period, nurses will have their advanced training courses every six months so as to improve their professional level on issues of coordination of their activities with TB treatment services, different aspects of work with TB patients and other issues related to programme implementation. Training will be conducted by specialists in phthysiology, epidemiology and hygiene, psychology, care, etc.

### Activity 4.9. Monitoring of outpatient treatment and social support

Throughout the entire programme implementation period, documentation offered by the phthysiology services and developed through the project will be evaluated. Monitoring visits of coordinators to relevant places will be organized on the regular basis.

## CHAPTER III. PROJECT MANAGEMENT

### *1. Country ownership*

The project document structure is based on the UNDP programmatic approach and stipulates country ownership of the Project. The project implementing organization is the Ministry of Health of the Republic of Belarus. The project activities will be coordinated in the Ministry of Health by the National Project Coordinator (NPC) to be appointed by the Ministry of Health.

For effective and time implementation of the Project according to the requirements of the Global Fund to Fight AIDS, Tuberculosis and Malaria, it is necessary to set the Project Management Group (PMG) operating under the guidance of the UNDP Representative in the Republic of Belarus and the National Project Coordinator. After agreement with the donor, it is planned to integrate the PMG of the project “Support of the National Programme “Tuberculosis” in the Republic of Belarus” and the PMG of the project “Prevention and Treatment of HIV/AIDS in the Republic of Belarus”. For effective management of the resources, these groups will have common administrative staff, located in the same office.

The detailed Work Plan of the project for the first year will be developed and signed by the Ministry of Health and the UNDP within the first month of the project, and then it will be approved by the Country Coordination Mechanism (CCM).

### *2. Functions and duties on management and coordination of project activities*

General coordination of the project activities will be coordinated by the Country Coordination Mechanism (CCM), whose basic functions include monitoring of the Project implementation, approval of annual work plans, procurement plans and other documents prepared by the Project Management Group (Annex 5).

In the period between sittings of the CCM, project activities will be coordinated by the CCM Working Group which will meet when required, but at least every three months.

#### **2.1. BASIC FUNCTIONS OF THE MINISTRY OF HEALTH OF THE REPUBLIC OF BELARUS**

- Ensuring control over the Project implementation;
- Supervising operation of the Project Management Group on implementation of the Project activities;
- Assisting in organization of procurement, deliveries and distribution of drugs, diagnosis test kits, laboratory equipment and other medical items, and controlling their targeted use;
- Developing and coordinating technical assignments, tender bids, expertise, etc., according to Annex 3 “Procurement Plan”;
- Ensuring the development, review and approval of training programmes for different groups of specialists on issues of tuberculosis prevention, diagnosis and treatment;
- Assisting effective organization of workshops for different groups of medical professionals;
- Reporting the project outcomes to be submitted to the Ministry of Economy; and
- Participating in the organization and conducting of monitoring and evaluation of the project components.



**2.2. BASIC FUNCTIONS OF THE UN DEVELOPMENT PROGRAMME (UNDP)**

- Timely funding all Project activities;
- Administrative management of the Project according to UNDP standards;
- Making procurement for the Project according to the UNDP procurement guidance and the Project Procurement Plan, and organizing delivery of goods to users;
- Hiring staff of the Project according to the UNDP contract requirements and procedures and paying for delivery-related work and services according to rates specified by the UNDP for specific types of work and services;
- Participating in the work of the CCM and the CCM Working Group, ensuring interaction with the CCM and the Ministry of Health so as to achieve the Project goals and targets;
- Informing the CCM about the Project progress and activities of the UNDP as the Principal Recipient of the project funds; and
- Coordinating Project activities with similar programmes in the Republic of Belarus.

**2.3. BASIC FUNCTIONS OF THE NATIONAL PROJECT COORDINATOR**

The basic tasks of the National Project Coordinator include:

- Operative management of the Project together with the UNDP Office in the Republic of Belarus, the Global Fund, the Republic of Belarus Council of Ministers and other concerned ministries and national governing authorities;
- Organizing sittings of the Country Coordination Mechanism and work groups on the Project implementation;
- Informing the Republic of Belarus Council of Ministers, ministries and other national governing authorities about the Project progress;
- Representing the Republic of Belarus Ministry of Health at international conferences on issues of cooperation with the UNDP;
- Controlling the fulfilment of commitments made by the Government of the Republic of Belarus on issues of technical cooperation with the UNDP within the project;
- Coordinating activities of the implementing organizations taking part in the Project implementation;
- Analyzing effectiveness of the Project implementation by different components;
- Developing proposals on improvement of the Project implementation activities; and
- Coordinating work plans, training programmes and plans of medical items distribution (procurement of drugs, test kits, diagnosis equipment, etc.).

**2.4. BASIC FUNCTIONS OF THE PROJECT MANAGEMENT GROUP**

Day-to-day coordination of the Project activities and support will be provided by the Project Manager as well as the Administrative Director, ensuring financial and administrative project management and procurement (hereinafter the PMG management). For effective use of funds and human resources, the Administrative Director of the project “Prevention and Treatment of HIV/AIDS in the Republic of Belarus” will also act as the Administrative Director of the project “Support of the National Programme “Tuberculosis” in the Republic of Belarus”.

The PMG will be managed by the UNDP Representative in the Republic of Belarus as regards administrative management of the project according to the UNDP procedures. Reports on the implementation of programmatic activities within the project and financial statements will be provided every three months to the UNDP and the National Project Coordinator using the agreed forms of reporting.

#### 2.4.1. PROJECT MANAGEMENT LEVELS

**The first management level (administrative)** will include, besides the Project Manager, four specialists:

1. Specialist on finances;
2. Assistant on administrative issues/interpreter; and
3. 2 procurement specialists.

For effective use of funds and human resources, the Administrative Director of the project “Prevention and Treatment of HIV/AIDS in the Republic of Belarus” will also act as the Administrative Director of the project “Support of the National Programme “Tuberculosis” in the Republic of Belarus”. Therefore, both projects will have the same specialist on logistics and will be located in common offices.

**The second management level (special topic)** will include four topic coordinators on the main components of the Global Fund grant and a public relations specialist:

1. Thematic coordinator on organization of tuberculosis treatment activities in the system of the Republic of Belarus Ministry of Health;
2. Thematic coordinator on organization of epidemiological surveillance and monitoring in the system of the Republic of Belarus Ministry of Health;
3. Thematic coordinator on issues of outpatient treatment and social support in vulnerable groups.
4. Thematic coordinator on TB Control Activities in the Penitentiary System of Belarus.

#### 2.4.2. FUNCTIONS OF THE PROJECT MANAGEMENT GROUP

The Project Management Group (PMG) will be set for the Project implementation period. All staff members will be hired on the competition basis according to the UNDP procedures. The representative of the Ministry of Health appointed as the National Project Coordinator will take part in the contest commission to select the project staff. The main functions of the PMG are:

- Project implementation according to the Work Plan;
- Interacting with the Republic of Belarus Ministry of Health and the UNDP for the Project implementation;
- Drafting and approving Project implementation plans by the CCM;
- Organizing the development of the Project documents (procurement plan, training programme, information and educational materials, etc.), their review and expertise by the Ministry of Health and other departments, when needed;
- Ensuring procurement according to the Procurement Plan according to the procurement procedures specified by the UNDP Procurement Guide, to deliver drugs, diagnosis test kits and equipment, other goods and products;
- Organizing the transfer of procured goods (drugs, equipment, etc.) to the project subrecipients according to the procedure, specified by the legislation of the Republic of Belarus;
- Drafting and submitting to the Global Fund and the Ministry of Health reports on the project according to approved forms of reporting;
- Organizing project efficiency monitoring and evaluation
- Taking part in the CCM sittings and implementing its decisions;
- Drafting contracts with subrecipients to be signed by the UNDP according to the UNDP procedures; and

## CHAPTER III. PROJECT MANAGEMENT

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- Preparing contracts to implement specified project activities according to the UNDP contract requirements and procedures, and paying for work and services at the rates established by the UNDP for specific work and services.

### *3. Supporting programmes and developing capacities*

Development of capacities of governmental and nongovernmental organizations on prevention, diagnosis and treatment is the main goal of the UNDP and one of the features of country ownership principles. The capacities of respective national partner organizations will be enhanced through the Project Management Group. Support by the UNDP is to be diminished as the capacities of governmental and nongovernmental organizations are enhanced. Gradual reduction of such support through capacity development efforts shall be an integral part of the Project implementation process.

### *4. Management system based on efficient work*

The staff for the Project Management Group shall be selected through open competition according to the UNDP rules and procedures. Staff efficiency shall be evaluated by the UNDP every year and its results shall be used to take decisions on extension of the contract for the next year, after coordination of this issue with the National Project Coordinator.

### *5. Main project participants*

- Ministry of Health of the Republic of Belarus, the RUE “BelMedTekhnika” and the RUE “BelPharmacia”;
- SI “Scientific Research Institute of Pulmonology and Phthiology”;
- Civil association “Belarusian Red Cross”; and
- Department of Execution of Punishment, Ministry of Internal Affairs, Republic of Belarus

To implement project activities, the UNDP will involve the civil association “Belarusian Red Cross”, including its departments specified in Annex 4. The UNDP rules and procedures will be used to evaluate the capacity of the BSRC in terms of its financial sustainability, managerial experience, possibilities for procurement operations, hiring skilled staff, and other parameters. By the evaluation results, the UNDP and the BSRC will make a contract on project cooperation. Advance payment transfers to the BSRC by the UNDP for the Project implementation will be made on regular basis according to the Work Plan. The BSRC will provide, every three months a report on the use of the received funds to the UNDP using the specified reporting forms.

## CHAPTER IV. LEGAL CONTEXT

This project document is an instrument which is referred to in Article I of the Standard Basic Assistance Agreement (SBAA), signed between the Government of the Republic of Belarus and the United Nations Development Programme on 24 September 1992. For the fulfilment of the SBAA, the project implementing organization in the country shall coordinate its actions with the governmental coordinating authority (Ministry of Economy), indicated in the above Agreement.

Consistent with the Article III of the Standard Basic Assistance Agreement, the responsibility for the safety and security of the executing agency and its personnel and

property, and of UNDP's property in the executing agency's custody, rests with the implementing partner.

The executing agency shall:

- a) put in place an appropriate security plan and maintain the security plan, taking into account the security situation in the country where the project is being carried;
- b) assume all risks and liabilities related to the executing agency's security, and the full implementation of the security plan.

UNDP reserves the right to verify whether such a plan is in place, and to suggest modifications to the plan when necessary. Failure to maintain and implement an appropriate security plan as required hereunder shall be deemed a breach of this agreement.

The executing agency agrees to undertake all reasonable efforts to ensure that none of the UNDP funds received pursuant to the Project Document are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by UNDP hereunder do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999). The list can be accessed via <http://www.un.org/Docs/sc/committees/1267/1267ListEng.htm>. This provision must be included in all sub-contracts or sub-agreements entered into under this Project Document.

This document may include the following amendments signed by the UN/UNDP Representative, provided all signatories agree thereto:

- Corrections in the document or additions to it that do not make substantial changes in the immediate objectives and expected outcomes as indicated in it, but are due to re-distribution of budgetary project funds which have already been agreed within the total budget;
- Corrections made by the results of revelation of implemented activities, as regards changes in the specified project outcomes when the planned costs are reasonably increased.

The project shall be implemented using the country ownership principle. According to the instruction UNDP/ADM/93/46, the UNDP Representative has the right to make procurement of equipment, make contracts with local specialists, advisers and technical specialists and make other expenses specified by the project budget.

All annexes to this project document shall be its integral part, having equal legal force with this document. All changes in this document can be made by mutual consent between the UN Development Programme and the Ministry of Health of the Republic of Belarus.

## CHAPTER V. MONITORING AND EVALUATION

The goal of the project monitoring and evaluation is to provide timely information about project progress, achieved outcomes and project targets to all stakeholders. The developed indicators will

help identify the scale of achievement of the expected project outcomes by measuring what has been achieved and comparing it with what has been planned through tracking quality, quantity and time aspects. The project monitoring and evaluation plan is one of the fundamental documents for cooperation with the Global Fund. According to the Grant Agreement, the national party agrees to provide to the Global Fund the evaluation questionnaire on enhancement of the tuberculosis-related activities monitoring and evaluation, as well as a detailed plan of monitoring and evaluation by 15 May 2008.

Mechanisms used for the project efficiency monitoring and evaluation will include:

- Half-year and yearly programme and financial reports on the project, prepared by the Project Management Group in close cooperation with national partners;
- Travels to the sites of the monitoring and evaluation specialist, specialists of the Ministry of Health, the National Project Coordinator, the UNDP programme officer and other project specialists to verify the Project progress;
- Participation of the monitoring and evaluation specialist in regular meetings together with theme coordinators of the project components;
- Sitzings of the CCM whose participants will consider reports prepared by the Project Management Group and track the compliance of the achieved outcomes with the planned outcomes;
- Involvement, when required, of independent experts to perform project monitoring and evaluation; and
- Regular missions and reports of the local Global Fund agent representing the interests of the Fund in the grant implementation country.

On agreement with the Global Fund, the UNDP and the Ministry of Health, the basic Project implementation indicators can be revised for saving of financial resources, based on the progress reports or variation of the needs.

