

JOINT PROGRAMME DOCUMENT**Country:** BELARUS

Programme Title: Preventing non-communicable diseases, promoting healthy lifestyle and support to modernization of the health system in Belarus

Joint Programme Outcomes (UNDAF 2011-2015): 2. People, especially vulnerable groups, are better protected from the risks detrimental to their health; 2.3. National health system strengthened with the aim of providing quality health care services; 2.4. A larger percentage of the population adopts a healthy lifestyle.

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LIST OF ABBREVIATIONS

EU	--	European Union
AAP	--	Annual Action Programme
IARC	-	International Agency for Research on Cancer
UNDP	--	United Nations Development Programme
WHO	--	World Health Organization
UNICEF	--	Children's Fund, United Nations
UNFPA	--	United Nations Population Fund
MoH	--	Ministry of Health of the Republic of Belarus
MoI	--	Ministry of Internal Affairs of the Republic of Belarus
MoES	--	Ministry of Emergency Situations of the Republic of Belarus
MoE	--	Ministry of Economy of the Republic of Belarus
MoInf	--	Ministry of Information of the Republic of Belarus
Belstat	--	National Statistical Committee of the Republic of Belarus
Centre of Traumatology and Orthopaedics	--	State institution "Republican Scientific and Practical Centre of Traumatology and Orthopaedics" of the Ministry of Health of the Republic of Belarus
Alexandrov Centre	--	"Republican Scientific Practical Center of Oncology and Medical Radiology named after N.N. Alexandrov "
«Mother and Child» Centre	--	State institution "Republican Scientific and Practical Centre "Mother and Child"
BelMAPS	--	Belarusian Medical Academy of Postgraduate Studies
Brest Regional centre "Tonus"	--	State institution 'Brest regional centre for medical rehabilitation for children with psychoneurological diseases "Tonus"
NGO	--	Non-governmental organization
ENPI	--	European Neighborhood and Partnership Instrument
PSC	--	Project Steering Committee
NPC	--	National Project Coordinator
PMU	--	Project Management Unit
PHC	--	Primary health care
NCD	-	Non-communicable diseases
YFC	--	Youth friendly center

SECTION I: BACKGROUND ANALYSIS

NATIONAL CONTEXT

One of the main directions of domestic policy of the Republic of Belarus is protection of public health, creation of conditions for affordable and quality health care for all citizens, including free medical services at the time of their delivery at public health facilities. Demographic Policy in Belarus also aims to increase life expectancy and reduce mortality of population, especially among men of working age.

Within these two priority areas of domestic policy the project aims to both strengthen the health care system and enable cross-sectoral cooperation in order to (1) strengthen primary prevention of non-communicable diseases addressing major risk factors such as harmful use of alcohol, smoking, unhealthy diet and low level of physical activity, (2) strengthen the secondary prevention of cancer (screening programs), (3) reduce child and adolescent injuries, and (4) improve child and maternal health (5) strengthen the health system in Belarus to better address the challenges of non-communicable diseases (NCDs)

Having developed a hospital-based health system, Belarus faces numerous challenges linked to underdevelopment of primary health care as well as protective, promotional, and preventive interventions that showed effective for decreasing the burden of non-communicable diseases. Additionally, there remain territorial disproportions in health workforce supply and lack of incentives for health professionals to deliver high quality care.¹

The health of the Belarusian population continues to be affected by alcohol abuse, tobacco, unhealthy diet and physical inactivity; factors which contribute to premature mortality from non-communicable diseases and injuries. Currently, the public health response to these challenges is rather weak and a systematic strengthening of the public health system is required to enable it to control risk factors adequately including substantial capacity building in the areas of health promotion and education.

In 2012 life expectancy at birth in Belarus was 66.6 years for men and 77.6 years for women. The country still shows considerable difference in life expectancy between men and women, which has been 10-12 years for the last two decades. Besides, the difference in life expectancy between men and women in the countryside is higher than in the city. One of the main causes of these inequalities, as well as lagging behind the European average life expectancy are behavioral risk factors, such as the hazardous abuse of alcohol and tobacco. In addition, unhealthy diet and physical inactivity as well negatively affect the duration and quality of life of Belarusians. Complex effect of the above 4 main factors increases the risk of non-communicable diseases, including cardiovascular diseases (such as heart attack and stroke), cancer, chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma) and diabetes. Premature mortality caused by NCDs in Belarus is 26%. About 90% of all deaths in the country are related to the NCDs (63% - cardiovascular diseases and 14% - oncological diseases). Non-communicable diseases thus entail serious macroeconomic burden for the country.

According to the national data tobacco consumption is widely spread in Belarus: currently 50.4% of men and 10.2% of women are regular smokers. While the share of smokers in the male population has been slowly decreasing since 2005, there is a reverse trend among women, especially of young age. Excessive alcohol consumption is also a serious public health problem for the Republic of Belarus: according to the WHO report on alcohol and health in the world (2014), consumption of registered alcohol in Belarus is one of the highest.

Breast cancer is one of the most common types of cancer among women in the Republic of Belarus. The level of mortality due to this form of cancer remains high, largely due to the large number of patients seeking medical help rather late. However, early detection of breast cancer significantly increases the chances of successful treatment. The system of preventive examinations of the female population currently in place in Belarus is based on opportunistic screening for breast cancer. Practice suggests that this form of screening does not yield the desired result, and the level of detection of this cancer in course of preventive check-ups remains very low. At the same time, the experience of countries having an organized (population) screening for breast cancer at the national or regional levels evidently showed a reduced morbidity and mortality as well as improved quality of life with the implementation of such programs.

Understanding of the importance of these issues as factors significantly affecting the health of the nation is reflected in the policies of the Government of Belarus aimed at addressing such issues.

Currently developed is a national program to combat non-communicable diseases for 2015-2020, which would reflect the issues of primary and secondary prevention of NCDs. Also under development is the concept of the national strategy for sustainable socio-economic development of the Republic of Belarus until 2030, which includes the direction of the health system development and promotion of a healthy lifestyle, with its strategic goal being "an increase in healthy life expectancy of the population."

The Decree of the Council of Ministers of the Republic of Belarus # 27 approved the State program of national actions to prevent and combat alcohol abuse and alcoholism for 2011-2015. Fundamentally, new aspect of the State program is a shift of focus towards identification, prevention and mitigation of the range of causes and conditions conducive to alcohol consumption and negative consequences thereof. The program provides for measures to prevent engagement of the population in alcohol consumption, especially among children and youth, and termination of consumption by those suffering from alcoholism.

¹Richardson E, Malakhova I, Novik I, Famenka A. Belarus: health system review. *Health Systems in Transition*, 2013; 15(5):1-118.

Belarus ratified the WHO Framework Convention on Tobacco Control, being one of the first post-Soviet countries to do so, and strives to fully implement the outlined measures. The Ministry of Health decree of April 15, 2011, # 385 approved the Concept of implementation of the state policy on combating tobacco consumption for 2011 - 2015 and the Comprehensive action plan to combat tobacco use for 2011 - 2015. Within the framework of implementation of the activities stipulated by these documents the draft law of the Republic of Belarus "On protection of public health from the effects of tobacco consumption and exposure to environmental tobacco smoke" was prepared and is currently being discussed.

The level of infant mortality rate is decreasing. In 2012 the infant mortality rate was 3.4 deaths per 1000 live births against 4 in 2010. According to the UNICEF report "The situation with children in the world", Belarus has the lowest rate in the CIS in terms of infant mortality (children under the age of 1 year), being equal to high-income countries in this respect. Maternal mortality is one of the lowest in the European region, and was 0.9 per 100 000 live births in 2009. Despite advances in the provision of health care for children, reduction in mortality and increased survival of premature infants with low birth weight, high level of immunization coverage and stabilization of the number of children with chronic diseases, a number of negative trends remain in the health of the child population of the country. It preconditions the priority nature of programs aimed at the prevention of diseases in children, early detection and treatment, motivating children and their parents towards a healthy lifestyle².

Besides, the problem of child injuries still remains a topical issue in the country. Unintentional injuries and trauma are the leading cause of death, disability and reduced quality of life of the people of Belarus at the age of 0-19. According to the WHO report on child injury prevention in the European Region (2008) Belarus is among the five countries with the highest burden of child injuries in the European WHO Region (19 deaths per 100,000).

The high prevalence of NCDs in the Republic of Belarus, the seriousness of their consequences and multifactorial nature of their causes necessitate immediate action to prevent and reduce the burden of these diseases at the regional and national levels. International experience and the results of large-scale scientific studies have shown that in order to reduce the impact of NCDs on people and society at large a comprehensive approach is needed, which requires collaboration of all sectors, including health, finances, taxes, food industry, education, economic planning, media and civil society, in order to reduce the risks associated with non-communicable diseases, as well as for prevention and control. This also applies to the issues of reducing child injury, and maternal and child health.

In May and July 2014, 2 missions visited Belarus: (1) the WHO mission on strengthening the health systems and on the NCDs, and (2) a joint mission of the United Nations for the prevention and control of NCDs. The main recommendations for Belarus were as follows:

- Strengthen key interventions to control NCDs at the population level (control of tobacco and alcohol).
- Introduce surveillance of NCD risk factors (STEPS).
- Strengthen inter-sectoral collaboration to control NCDs.
- Establish a national coordination mechanism on NCDs with the participation of public sector, NGOs and international organizations.
- Gain evidence of the negative impact of the current burden of NCDs on the economy in general and the possibility of effective control of that influence.
- Optimize individual services in the field of NCDs, including prevention, early detection and effective treatment at the primary health system.
- Reorient the healthcare system towards the patient.

In 2011 the UN General Assembly, after the high-level meeting, adopted the Political Declaration on the Prevention and Control of Non-communicable Diseases. Being a world leader in the fight against NCDs, the WHO believes that one of the most important ways to reduce the burden of non-communicable diseases is to focus the efforts on reducing the risk factors associated with these diseases (Global action plan for the prevention and control of NCDs 2013-2020; Action plan for implementation of the European Strategy for the Prevention and Control of Non-communicable Diseases 2012-2016). Effective and inexpensive ways to reduce common modifiable risk factors (such as tobacco use and the harmful effects of alcohol) have now been developed and successfully tested. Additional ways to reduce the burden of NCDs are the measures to strengthen early detection and timely treatment of diseases that can be carried out within the framework of the primary health care. Evidence suggests that such activities, given their timely conduct, may reduce the need for more expensive treatment.

This program is built on the principles of the UN system and the possibilities of specialized agencies (UNDP, WHO, UNICEF and UNFPA) in terms of strategic measures to combat non-communicable diseases, child and adolescent injuries, and to strengthen the health of mothers and children. It will be implemented through the project which is in detail described below and will contribute to the effectiveness of government programs and actions of the Government and local authorities in the area of reducing the burden of non-communicable diseases, both at the national and regional levels, as well as increased activity of the population in the development and promotion of local initiatives that contribute to better health. Thus, the project priority will be the involvement of the population into the project by providing a tool for joint activities of local authorities, the public and other stakeholders in strengthening public health and improving the quality of health services.

Framework

Project activities are provided for by the EU Annual Action Programme 2013 for Belarus (AAP-2013), which stipulates rendering assistance to improve the health system and the welfare of the Belarusian people, including the following components:

1. International accreditation of Belarusian laboratories for testing medical products.
2. Prevention of NCDs and promotion of healthy lifestyles.
3. Support to modernization of the health system.

The project is a set of measures corresponding to the goals and objectives of Components 2 and 3, implemented in conjunction with the activities of Component 1 and complementing them, contributing to local capacity-building of the areas and regions in terms of development.

Coordination

In order to establish and maintain close working relationships and interaction of project activities and activities designed and implemented under Components 2 and 3, the project staff and representatives of UNDP, WHO, UNICEF and UNFPA will participate in coordination meetings and activities of the respective components of the AAP-2013.

Representatives of organizations that will ensure implementation of Components 2 and 3 will be invited to serve on the Project Steering Committee in a consultative capacity. Guidelines, reports, plans and other relevant documents developed by the project and coordinated with the implementing agency will be immediately transferred to the EU Delegation in Belarus and other stakeholders to ensure maximum synergy and coordination between program components.

If necessary, the EU Delegation in collaboration with the Ministry of Health can implement additional coordination mechanisms through the appropriate decision of the project Steering council.

Taking into account that international technical assistance to the Republic of Belarus in the field of health care has been provided to date through specialized UN agencies: UNDP, WHO, UNAIDS, UNFPA, and UNICEF, the project will be based on years of experience of implementation of such projects by UN agencies. Regular meetings between the EU Delegation and UNDP, acting as coordinating agency for implementation of the current project, UN agencies both in Belarus and at the global level, will promote common approaches and coordinate activities to be consistent with the principles of the Paris Declaration on Aid Effectiveness.

Relationship with other relevant initiatives and national priorities

Belarus actively cooperates with international donors in the health sector. Key partners for Belarus in terms of the volume of aid and the number of projects in this sphere are the European Union cooperating with the Government of the Republic of Belarus under the cross-border cooperation programs and the Global Fund to Fight AIDS, Tuberculosis and Malaria, which provides substantial funding for the country in the fight against these diseases. UNDP, WHO, UNICEF and UNFPA are the main implementing agencies for the EU, the Global Fund and other donors in implementation of projects in Belarus.

Joint contribution from the UN agencies for the implementation of the project will be equivalent to the sum of 300,000 euro.

As UNDP has good experience of mobilizing non-governmental organizations to address problems at the local level, this experience will be used when working with non-governmental partners at the regional and local level. The project envisages involvement of non-governmental organizations, local communities and local authorities.

At the local level the EU is implementing a number of directly related projects of Belarus: "Development of modern system of early detection, awareness, prevention and interventions for breast cancer in the border regions of Latvia, Lithuania and Belarus» (<http://www.mammology.grodno.by/about>, the volume of funding 1 653 191.75 euro), "Development of cooperation for improving the histopathological diagnosis of breast tumors and colon tumors in the border areas of Poland and the Republic of Belarus» (<http://oncology.grodno.by/about>, European Union funds: 1 329 519.67 euro) and "Development of cooperation with a view to organizing health care in Belarusian-Polish border region» (<http://prostata.grodno.by/content.php?id=3>). The projects are implemented by "Grodno Regional Clinical Hospital" within the cross-border cooperation programs "Poland -Belarus-Ukraine" and "Latvia-Lithuania-Belarus". The project will try to learn from the experience of this implementation.

Project partners and participants

The Ministry of Health is the national executing agency of the project on behalf of the Government of the Republic of Belarus. The main roles and functions of the national executing organization are set forth in Part V "Project Management". Project activities cover the whole country. All indicative activities are targeted to be implemented primarily on the local level with wide involvement of civil society organisations, local initiatives, and local authorities. Other key project partners include regional and district executive committees represented by corresponding territorial health authorities and health care

institutions. In addition, the project will involve the Ministry of Education, Ministry of Internal Affairs and local interior agencies, as well as the Ministry of Emergency Situations and its territorial bodies.

International organizations:

Planned project implementation by UN agencies brings additional benefits, taking into account the vast experience and extensive knowledge of UNDP, UNICEF, UNFPA and WHO for working with stakeholders at national and local level. The main center of expertise in the field of screening programs will be the International Agency for Research on Cancer (IARC).

In accordance with the UN 'Delivery as One' initiative, UNDP is coordinating the technical assistance of other UN agencies in accordance with their respective mandates. Within the current project UNDP will be coordinating implementation of the project by the UN Agencies - WHO, UNFPA, UNICEF.

The following entities will act as project partners for the implementation of the project objectives:

- State institution "Republican Scientific Practical Center of Oncology and Medical Radiology named after Alexandrov";
- State institution "Republican Scientific and Practical Centre "Mother and Child";
- Health Committee of Minsk City Executive Committee;
- State institution "Republican Scientific and Practical Centre of Traumatology and Orthopaedics";
- BelMAPS
- Brest Regional centre 'Tonus';
- Resource Centre for Early Intervention, 19th Minsk City Polyclinic;
- Grodno and Mogilev Region Executive Committees;
- District administrations of Lida and Gorki

Implementation of local initiatives component (Objective 2) will be done in partnership with non-government and non-commercial organizations, as well as local authorities. Specifically, the partners will be identified as a result of the competitive processes under Objective 2 of the project. Each partner will have a cooperation agreement signed for implementation of the specific project activities within the component. The selected local initiatives will become a part of the annual work plans of the project.

The project target groups include:

- National authorities, executive authorities of the regions, districts, and towns, village councils;
- Public and non-governmental organizations;
- Population of the Republic of Belarus.

SECTION II: STRATEGY

Project strategy is based on the approaches to its implementation set forth in the EU AAP 2013. AAP 2013 has the following components:

Component 1. International accreditation of Belarusian laboratories for testing medical products

This component will contribute to the introduction of international standard of quality management ISO/IEC 17025 into Belarusian testing laboratories in the health sector. At the same time assistance will be delivered to ensure the integration of the Pharmaceutical Inspection of the Ministry of Health of Belarus into the Pharmaceutical Inspection Co-operation Scheme (PIC/S). The action will be completed by introducing the participating Belarusian testing laboratories into the network of official medicines control laboratories (OMCLs) of the European Directorate for the Quality of Medicines and Healthcare (EDQM).

Component 2. Prevention of non-communicable diseases and promotion of healthy lifestyles:

This component will deliver technical assistance to the Ministry of Health as well as implement several pilot projects. All indicative activities listed below are targeted to be implemented primarily on the local level with wide involvement of civil society organizations, local initiatives, and local authorities.

This Project covers Component 2 and Component 3 of the program.

GEOGRAPHICAL COVERAGE

Implementation of the project Component 2 will cover the entire territory of the Republic of Belarus. Given the tasks of AAP-2013, the project activities are of regional nature and will contribute to the prevention and control of diseases and promotion of healthy lifestyles at the local level.

PROJECT GOALS, TASKS AND ACTIVITIES

Primary goal: Promoting effective prevention of NCDs and strengthening national health system to effectively address the challenges of NCDs in the Republic of Belarus

The goal shall be achieved via performance of the following *tasks*:

- 1) promotion of healthy lifestyles and prevention of non-communicable diseases aimed at reducing the impact of the most significant risk factors for non-communicable diseases (smoking, alcohol abuse, smoking, unhealthy diet and low levels of physical activity);
- 2) development of mechanisms to promote healthy lifestyles at the local level;
- 3) creation of mechanisms to ensure the quality of medical services and capacity building of primary health care system for detection of breast cancer;
- 4) improvement of child disease and child injuries prevention system;
- 5) improvement of health system in the field of maternal and child health care;
- 6) providing policy guidance aimed at strengthening health system with focus in primary health care in Belarus;
- 7) improving coordination of providers and continuity of care;
- 8) improving clinical competencies of practitioners and standardization of practice related to prevention, control and treatment of NCDs;
- 9) developing incentive schemes for health providers that are aligned to the achievement of better NCDs outcomes.

ACTIVITIES

The project will be implemented in accordance with the activities arising from the need to address Tasks 1-9. In addition to these activities, the project will also implement activities related to the initial stage of the project, as well as on effective project management. Participation of UN agencies in the implementation of specific project activities will be based on the experience and expertise of UNDP, UNICEF, UNFPA and WHO in specific areas. Organizational aspects of the project will be coordinated by UNDP, WHO will coordinate the technical aspects.

Initial stage:

At the initial stage of the project the following administrative activities will be performed as necessary for project implementation:

- i. Recruitment of project staff as well as key experts for project implementation. Equipping of the premises provided by the Ministry of Health for the project implementation with the office equipment and means of communication.
- ii. Kick-off round table with the audience of at least 40 stakeholders' representatives will be held in Minsk. Participants will be informed about the launch of the project, its goals, tasks and activities.

- iii. Dissemination of information about the launch of the project through national, regional and local media, publishing on the web-sites of UNDP, WHO, UNICEF, UNFPA, Ministry of Health, as well as regional and local executive committees and relevant NGOs.

The initial phase will be completed within three months from the date of registration of the project. Activities of the initial phase of the project will make part of the activities related to the Task "Effective Project Management".

Objective1: Promoting healthy lifestyles and prevention of non-communicable diseases, aimed at reducing the impact of the most significant risk factors for non-communicable diseases - excessive alcohol consumption, smoking, unhealthy diet and low levels of physical activity.

The leading UN organization for project activities aimed at addressing Objective 1 will be WHO as the one with the necessary competence and mandate in the relevant field of activity. UNICEF will be responsible for the development of information and education strategy and its implementation in close collaboration with WHO, UNDP, and UNFPA. National Centre for Hygiene, Epidemiology and Public Health, National Scientific and Practical Centre of the Psychological Health, National Scientific and Practical Centre for Medical Technologies, Scientific and Practical Centre for Hygiene, BelMAPS and NGOs will act as partners within the Objective.

The following activities will be carried out within Objective 1:

Activity 1.1. Develop a national strategy for a healthy lifestyle promotion and NCD prevention, aimed at reducing the impact of the most significant risk factors for NCDs – smoking, alcohol consumption, unhealthy diet and low levels of physical activity, with participation of NGOs and international agencies.

International experience in dealing with NCDs shows that the activities carried out only within the individual services in health system do not produce desirable impact on reducing the incidence and relieving the burden of these diseases. As the causes and risk factors for NCDs for the most part are found outside the scope of personal health care, reducing the impact of NCDs on the quality of life of people and society at large requires a whole-government and whole-society approach, meaning interaction of many public institutions and civil society. Based on international experience and the results of extensive research, WHO considers the best way to be in developing a national strategy for the prevention of NCDs with involvement of a broad range of participants from the public and private sector in activities to reduce the impact of risk factors for these diseases, as well as all stakeholders, including from health care, finance, international relations, education, planning, media, civil society organizations and others.

In accordance with the WHO recommendations, the national strategy for the prevention of NCDs should include evidence-based interventions with proven efficacy, which should be adapted to the national context and should take into account both the needs of the target groups and the capacities of the immediate implementing agencies for the planned activities (Global action plan for the prevention and control of NCDs 2013-2020; Action plan for implementation of the European Strategy for the Prevention and Control of NCDs 2012-2016). This project is built on a systematic approach of WHO to prevention of NCDs and provides for the involvement of all stakeholders at all stages of the project cycle, from design to implementation, as well as at all levels of the project, from its leadership and coordination to development of technical solutions. As part of the task of developing a national strategy for the prevention of NCDs the logic of a systematic approach is realized in the establishment of the Coordinating Council with broad representation of all stakeholders, the development of evidence-based interventions via specialized thematic groups with the participation of international and national experts, as well as in discussion of the ways for adaptation and implementation mechanisms of the evidence-based interventions at the round table with the participation of the heads of state authorities and high-level representatives of international organizations.

Harmonization of the above activities under Task 1 with the national planning processes will take place on the basis of the actual situation in the field of prevention of NCDs, initiated before the start of the project at the national level. In particular, in 2015 the Republic of Belarus will have completed the implementation of sectoral action plan to promote healthy lifestyles, preserve and strengthen the public health of the Republic of Belarus for the period up to 2015, the Concept of the implementation of state policy on combating tobacco consumption in 2011 - 2015 and a comprehensive action plan against smoking for 2011 - 2015, as well as the state program for national action to prevent and combat alcohol abuse and alcoholism in the years 2011-2015; the Ministry of Health will need assistance in the analysis of the results of implementation of these programs and the preparation of new strategies for the next program cycle, which will be developed in accordance with The Global Plan of Action for the Prevention and Control of Non-communicable Diseases for 2013-2020.

The project will assist in this analysis and the development of corresponding proposals for the preparation of key policy documents of the Republic of Belarus to promote healthy lifestyles and prevent non-communicable diseases, aimed at reducing the impact of major risk factors (smoking, excessive alcohol consumption, unhealthy diet and lack of physical activity) for next five-year cycle of the state planning.

Activity 1.1 is a complex one and consists of several components:

1.1.1 Creating a cross-sectoral Coordination Council on the prevention of NCDs.

Cross-sectoral Coordination Council for NCDs prevention will be established by the Ministry of Health and will be made of the representatives from key government agencies, health care institutions, as well as international and non-governmental organizations with the aim of developing informed decisions on national policies for the prevention of NCDs. Members of the Council will be the middle-level managers (heads and deputy heads of departments, divisions of government agencies) of the Ministry of Health, Ministry of Interior, Ministry of Emergency Situations, Ministry of Information, Ministry of Economy and Ministry of Finance, as well as heads or deputies of research and clinical institutions of the Ministry of Health. Formation of cross-sectoral Coordination Council on the prevention of non-communicable diseases will create the necessary multisectoral partnerships to promote cooperation at all levels between the public authorities, non-governmental organizations and the private sector to scale up prevention of non-communicable diseases and their control. The tasks of the Council will include review of the draft documents produced under Objective 1 of the project, as well as monitoring the implementation of the project activities and the activities included in key policy documents of the Republic of Belarus to promote healthy lifestyles and prevent non-communicable diseases, aimed at reducing the impact of major risk factors.

1.1.2 Creation of thematic working groups on development of recommendations on the policy of public healthcare in relation to the key risk factors, with attraction of WHO experts.

International and national experts will analyze the current situation in the field of NCDs in the Republic of Belarus, the prevalence of risk factors for these diseases, and identified barriers to the effective promotion of an integrated strategy for the prevention of NCDs. The main focus of activities in this section of the project will be on the collection, discussion and provision of information for the development of the national strategy, which combine bring together efforts across all sectors and stakeholders involved in the project. Involvement of international experts and the use of global databases (in particular, the WHO Global Database) provide an opportunity to compare the available country-level data with the international data and provide a comparative assessment of the major risk factors for chronic diseases.

Harmonization with the national context will be done through the procedures of implementation of the sectoral action plan to promote healthy lifestyles, preserve and strengthen the public health of the Republic of Belarus for the period up to 2015, the Concept of the implementation of state policy on combating tobacco consumption in 2011 - 2015, a comprehensive action plan against smoking for 2011 - 2015, and the state program of national action to prevent and combat alcohol abuse and alcoholism for 2011-2015.

To perform the above activities three thematic working groups will be created with the participation of international experts, whose task will be to formulate recommendations for the public health on the main areas of the comprehensive strategy on non-communicable diseases. Each group will focus on the major risk factors for NCDs (groups on Smoking and Excessive alcohol consumption, as well as joint group on unhealthy diet and lack of physical activity) and develop proposals to reduce the impact of these factors on the prevalence of these diseases. Participation of international experts at this stage of the project will ensure adaptation of the proposed evidence-based interventions with proven efficacy to the national context. Based on the analysis by the working groups policy papers for the next five-year program cycle of state planning will be prepared. Prior to submission for approval these documents will need to be reviewed (assessed) by the cross-sectoral Coordination Council for NCD prevention.

1.1.3 Organization of the thematic intersectoral high-level workshop on the development and implementation of an integrated strategy for the prevention of NCDs in the Republic of Belarus.

Workshop will be organized by WHO with the participation of leading international experts on the development and implementation of measures to prevent non-communicable diseases, reducing the impact of major risk factors. At this stage of the project specific proposals for the individual components of a national strategy developed by the thematic groups will be discussed. The outcome of the workshop will be a decision on the adoption of strategies to prevent NCDs or on amendment of its individual components. Workshops will be held with the participation of representatives of the Ministry of Health and the relevant institutions of the Ministry of Health at the national level, as well as other stakeholders.

1.1.4 Development of the draft National strategy on healthy lifestyles' promotion and NCDs prevention, targeted at decreasing the impact of the key risk factors.

Draft National strategy on healthy lifestyles promotion and NCD prevention will be developed by national specialists in cooperation with international experts and will be discussed at the high level intersectoral workshop (Activity 1.1.3). It will be reviewed by the special session of Coordinating Committee on NCD prevention, and after that submitted to the Council of Ministers for consideration.

Activity 1.2. Development and implementation the National information strategy on healthy lifestyle.

According to WHO recommendations in the area of NCDs, one of the most important components of the national strategy for the prevention of these diseases is an informational support of measures to reduce the burden of NCDs (Global action plan for the prevention and control of NCDs 2013-2020; Action plan for implementation of the European Strategy for the Prevention and Control of Non-communicable Diseases 2012-2016). The main objective of the communication strategy is to promote healthy lifestyles and raise awareness of the issues of non-communicable diseases; strike the balance between the accumulated knowledge and the measures taken for the prevention of non-communicable diseases; support the implementation of the integrated model of non-communicable diseases management based on evidence-based and proven interventions. The objective of the common information and education strategy for the prevention of NCDs is to justify the large-scale activities on non-communicable diseases, which can be achieved by demonstrating the growing burden of chronic diseases and the need to respond quickly to it. The core content of the campaign will be to deliver the latest and most accurate information and knowledge about the risk factors for non-communicable diseases and the ways to reduce them to those at the forefront of health care and to the general public.

To avoid duplication of efforts and resources of project and the national funds allocated at various levels for the promotion of healthy lifestyles and the prevention of non-communicable diseases, the project will conduct an information campaign aimed at supporting the activities of the project to develop a national strategy for the prevention of non-communicable diseases. Thus, information campaign and project resources will make parts of the national strategy components.

The national information campaign will be focused on local (rayon) level supported by local health-care and social inclusion NGOs. This will allow for the synergy of the combined use of national and international resources, for identifying the most pressing issues of concern requiring intervention on the part of the project, and ultimately avoiding spreading the resources too thinly. Development of the strategy will involve national specialists in cooperation with international experts and will be discussed at the high level intersectoral workshop (Activity 1.1.3). The framework of the information and educational activities will include the development and updating of the existing web sites, development of TV commercials and their airing on national television, press conferences, preparation of TV projects, development of information booklets, work via social media, development of billboards, development of information stands for pilot primary care facilities, and organization of telephone hotlines. While defining activities to be supported within the current project the priority will be given to the local (district) level initiatives, implemented with the involvement of the local NGOs. The detailed plan for supporting the initiatives within the information strategy by current project will be further discussed by the Ministry of Health, EU, WHO and UNICEF.

At the beginning and at the end of the information and education campaign implementation case studies will be conducted to assess the level of knowledge and attitudes of the target audiences to NCD risk factors and determinants of behavior change. This will evaluate the effectiveness of information support of the project.

Activity 1.3. Monitoring and evaluation of the situation, creation of the evidence base for informed decision-making in the field of prevention of non-communicable diseases.

This activity will include complex survey in the field of tobacco use, alcohol consumption, diet and physical activity. Methodology of the survey will be based on the phased approach elaborated by the WHO (STEPS) for the surveillance of risk factors for non-communicable diseases. This technique provides a starting point for commencing the surveillance of NCDs. In addition, STEPS is designed to assist countries in developing and strengthening their capacity to conduct surveillance. STEPS phased approach is focused on obtaining on every step the basic data on established risk factors that determine what will be the main burden of the disease. This approach is flexible enough to allow each country to collect data on key variables and risk factors, as well as to use additional modules based on local or regional interests.

This project has envisaged the study consisting of three phases; in each of them risk assessment is divided into basic, advanced and optional modules. The core or the "minimum set of" parameters will be the ones found in the reports of the people themselves. Questionnaires used for the core set of criteria are simple in form and few in number. In addition to information of socio-economic nature, the data on the use of alcohol and tobacco will be used as markers of the present and future state of public health, as well as some parameters of the state preconditioned by the diet and lack of physical activity. Results of the study will provide insights into the distribution of risks within the population and will be used for monitoring risk factors and tracking their trends at the country level. In addition, STEPS studies data can be used for benchmarking against other countries.

The study will be carried out by local experts after taking part in training seminars and with the technical support from WHO experts. The results of the research will be used for monitoring the implementation of the project activities and the activities included in key policy documents of the Republic of Belarus to promote healthy lifestyles and prevent non-communicable diseases.

Objective 2: Development of initiatives for promotion of healthy lifestyles at the local level

Leading UN organization for project activities under Objective 2 will be UNDP. The project will support the activities aimed at creating effective partnerships and joint actions of NGOs and local government; initiatives contest aimed at promoting a healthy lifestyle at the local level will be organized.

Activity 2.1. Organization of the call for proposals for civil society organizations, local initiatives and local authorities aimed at promoting a healthy lifestyles and implementation of the selected initiatives.

2.1.1 Preparation for the call for proposals for the socially important initiatives.

The project staff shall, within the 6-month period from the start of the project, compile the Regulations on the initiatives contest and the Plan of conduct regulating the following activities:

- organization of information support of the call for proposals among the NGOs, including information seminars, invitations to participate and so on. (information support should be linked to project activities performed under Objective 1);
- National consultants will be attracted at the local level to jointly work with the project staff for a day-to-day facilitation of the process of launch of the call for proposals;
- terms and procedure of the contest, including setting limits for the participation of representatives of each type of organization in each contest, collection and processing of applications from the initiators, organization and keeping of records of the Steering committee (PSC);
- the terms and procedure for collecting the necessary documents and information from the winners of the contest for the purpose of signing partnership agreements with UNDP to implement the initiatives;
- signing partnership agreements and terms of financial transfers to the winners of the contest;
- monitoring initiatives' implementation.

Regulations on the initiatives contest should meet the following requirements:

- a. applications within the call for proposals will be accepted from the NGOs, local authorities and local initiatives. The contest will also accept applications from the initiative groups consisting of several NGOs and/or local authorities who are residents of Belarus, united for the period of the contest and implementation of the initiatives under the agreements on cooperation. At the same time, in case of the initiative group winning the contest, the cooperation agreement with UNDP to implement the initiative as a part of the project activities will be concluded with the NGOs or the local administration and local government (including legal entities formed by them) acting as the principal applicant under the initiative. Funding for the implementation of the initiative will be transferred to the account of the principal applicant.
- b. the funds requested for one initiative shall be up to 50 000 euro.
- c. one applicant may submit an unlimited number of applications, but may not more than one initiative shall be funded, out of those submitted individually or in partnership.
- d. the minimum amount of co-financing from various sources shall be not less than 10% of the requested funding.
- e. the initiatives should be aimed at promoting healthy lifestyles, NCD prevention, prevention of alcohol and tobacco consumption, child's injuries prevention and improvement of quality of maternal and child health at the local level.
- f. the maximum amount of funds allocated for the administration of the initiative should not exceed 10% of the total resources requested from the project budget.
- g. the term of the initiative implementation should not exceed 24 months.

The drafted Regulation on the initiatives contest and the Plan of conduct will be submitted for the approval of the PSC within the agreed timeframe.

The preparatory period will include events to inform the general public on the expected timeframe and conditions of the initiatives contest aimed at promoting healthy lifestyles, NCD prevention, prevention of alcohol and tobacco consumption, child's injuries prevention and improvement of quality of maternal and child health at the local level.

To secure wide participation of local NGOs at least 50% of the call's budget shall be allocated to financing initiatives where the main applicant is an NGO.

2.1.2 Organizing the call for proposals.

The Contest should be carried out within a 3-month period following the approval by the PSC of the Regulations and the Plan. National consultants will be attracted at the local level to jointly work with the project staff for a day-to-day facilitation of the process of conducting the Contest.

Initiators of applications filed for consideration under the Contest of initiatives aimed at promoting a healthy lifestyle, NCD prevention, prevention of alcohol and tobacco consumption, child's injuries prevention and improvement of quality of maternal and child health at the local level will need to demonstrate involvement of key stakeholders, citizens, and the intended beneficiaries in the development process, justify the need for the initiative and the structure of its components. All applicants are required to demonstrate support for their initiatives from a wide range of partners, as well as the sustainability of the results of the initiative implementation.

Evaluation of applications will be conducted under unified criteria by the PSC. These criteria will take into account the priority nature of the themes of specific initiatives, the effectiveness of the proposed measures and the associated costs to achieve the goals, the proportion of co-financing allocated for the implementation of the initiative, as well as the potential contribution of specific initiatives to improving the situation in the priority areas.

The PSC will seek to select the winners based on the parity of the allocation of financial resources in accordance with the priorities.

Based on the results of the Contest at least 20 applications will be selected, offering a set of measures (initiatives) in the following priority areas:

- 1) Improving the quality and conditions of the provision of PHC;
 - 2) Joint activities of NGOs and local government and self-government to promote a healthy lifestyle;
 - 3) Prevention of disease and promotion of healthy lifestyles at the local level;
 - 4) NCD prevention at the local level;
 - 5) Prevention of alcohol and tobacco consumption at the local level;
- The list of priority areas can be modified or expanded by the PSC decision.

The total amount of funding for the activities within the programme of support for local initiatives will be not less than 990,000 euro.

Should the total amount of funding for the winning initiatives after the evaluation of the applications be less than allocated in the budget, the PSC will use the results of the evaluation meeting to inform one of the following decisions: i) to distribute the available financial resources for the implementation of other objectives of the project, ii) to hold the second stage of the initiatives Contest.

2.1.3. Implementation of the local initiatives.

Selected applicants will act as partners in the project and will ensure management of the provided project resources. Corresponding agreements on cooperation under the project will be signed with the winners of the initiatives contest. Under the agreements they will be fully responsible for the implementation of initiatives and activities included in the work plan of the project under the auspices of the initiative. Project staff, together with UNDP and other stakeholders will monitor and control their performance. The staff of the project will provide intensive technical and consulting support to winners of the contest.

Prior to the implementation of the initiatives UNDP will perform the procedure to assess the potential of the winning organizations to carry out project activities. The results of the evaluation and corresponding findings will be presented to the EU Delegation and the Ministry of Health within the first month after completion of the Contest. In case of unsatisfactory performance evaluation, UNDP shall put up to the PSC the issue of dropping the initiative from the project plan and redistributing the resources.

Initiatives and implementing organizations will have their cooperation agreements signed by UNDP within one month from the date of coordination of their implementation plans by the PSC, the agreements shall stipulate implementation of the project in terms of implementation of the activities included in the annual work plans of the project. Targeted funding of the organizations to implement initiatives shall be done in accordance with the agreements. During this period these organizations will appoint persons responsible for the implementation of the initiative - the manager of the initiative.

A training workshop on procedural matters of the initiatives and the implementation of agreements on cooperation with the UNDP for the project will be held for managers and chief accountants of the organizations as well as for the managers of the initiatives at the time of signing of the agreements.

Implementation of the initiatives will be monitored by the project staff with the assistance of authorized employees of the UN, the EU and the Ministry of Health. Frequency, volume and other requirements for the interim (financial and other) reporting will be established by UNDP and the implementing organizations when the signing the corresponding agreements.

Upon completion of each initiative coverage of the results in the media will be organized with the obligatory recognition of the contribution of the European Union/UNDP/WHO/UNICEF/UNFPA. In addition, completion of the initiatives will be accompanied by informational actions. Their conduct is the subject to discussion and agreement between the implementing organization and the project staff.

The implementing organizations shall present to the required final reports within the 2-month period after the completion of the initiatives.

Objective 3: Preparation and implementation of pilot screening programs for breast cancer at the regional level in order to implement population-based screening of the disease throughout the Republic of Belarus

Leading UN organization for the project activities under Task 3 will be WHO in close collaboration with International Agency for Research in Cancer (IARC), UNDP will be involved in the development of screening register, UNFPA will work in close collaboration with WHO and IARC on the development of information materials. Project activities will be interrelated and will complement the action plan for the fight against cancer in the Republic of Belarus, as well as other activities of the Ministry of Health on early diagnosis and screening of the population for early detection and management of breast cancer. The key National partner for implementation of the Objective 3 is Alexandrov Centre.

Breast cancer has a high share in the structure of cancer incidence of the female population of the Republic of Belarus (is ranked the second - 18%, after skin cancer - 20%) and according to the forecasts, in the next decade the proportion of the disease in the general structure of oncology will grow (Current Status and Future Directions of Breast and Cervical Cancer Prevention and Early Detection in Belarus. WHO/IARC 2012). In Belarus, the greatest concern is the significant increase in the number of new cases of breast cancer. From 2000 to 2010, the number rose from 2,756 in 2000 to 3,737 in 2010, i.e. by 35%. In addition, due to the projected increase in the following years of the female population in older age groups, this trend is going to be even more pronounced. During the period 2000-2010 the diagnosis of "breast cancer" was given to 30,018 women, and in the last 5 years - to 17,711 women. In recent years the death rate from breast cancer in Belarus is consistently ranked first among causes of death from cancer among women, accounting for 17% of all deaths from cancer among women.

From a public health perspective, a problematic issue in Belarus is a high proportion of advanced cases of breast cancer due to late recourse of patients for medical help. As a consequence, the health system cannot adequately provide early diagnosis and effective treatment. A problematic issue for breast cancer screening is the lack of capacity of health care organizations for its promotion. In addition, international experts point out the lack of awareness on the diagnosis and prevention of breast cancer (Current Status and Future Directions of Breast and Cervical Cancer Prevention and Early Detection in Belarus. WHO/IARC 2012).

International experience shows that secondary prevention plays a major role in the early diagnosis of breast cancer, i.e. preventive detection of breast tumors at the early stages, when the tumor process can be cured. The practice of health systems of Western Europe and the United States has included mammography screening for breast cancer for decades, which reduced mortality from this disease by 25-30% (Current Status and Future Directions of Breast and Cervical Cancer Prevention and Early Detection in Belarus WHO/IARC 2012).

The scientific validity of screening based on several criteria, the most important of which are the prevalence and severity of the disease, as well as good prognosis for the treatment at early stage. Breast cancer belongs to such diseases, but the choice of screening methods should not be arbitrary and must be based on the best possible indicators of sensitivity and specificity. Mammography serves the most appropriate method of screening in the case of breast cancer based on these indicators.

International Agency for Research on Cancer (IARC) provides the following recommendations on screening for breast cancer, based on 25 years of screening in Europe and the United States:

- 1) use one test screening - mammography;
- 2) women are examined repeatedly every 2 years and for many years;
- 3) all women aged 50 - 69 years (regardless of belonging to risk groups) are examined and invited for screening;
- 4) all women invited to participate in the screening should be informed that no other screening test, except for mammography, leads to reduction in mortality from breast cancer;
- 5) countries that do not practice the national mammography screening and standard treatment demonstrate no reduction in mortality from breast cancer.

Currently there are no large-scale screening programs for breast cancer in the Republic of Belarus. Under this project component is proposed to fill this gap and to introduce screening programs for breast cancer that would meet international standards. The main purpose of this component of the project is to increase the effectiveness of the fight against breast cancer in the Republic of Belarus, the achievement of which will provide a solution to problems of the introduction of advanced and scientifically-based methods of breast cancer early detection.

Under this project component a series of activities are envisaged for the achievement of the following results:

1) Creation of the Programme Management Team (PMT), as well as the technical and organizational infrastructure to enhance the capacity to detect breast cancer in Belarus, which will coordinate all work at the planning and test research stage, pilot phase and the stage of introduction of activities under the breast cancer screening program. The main elements of such extended technical and organizational infrastructure are modified protocols of cancer registries, the register of breast cancer and IT systems to manage the service for breast cancer detection, monitoring, evaluation and other aspects of professional and technical quality assurance.

2) Part of this outcome will be the development, implementation and adaptation of the breast screening register. This would entail procurement of software and hardware, setting up Internet connection for prompt transfer of information, maintenance and training.

3) The program staff and stakeholders involved in the planning stage of research and test and pilot phase will be trained in the coordination and delivery of breast cancer screening.

4) Test research will be conducted and the results will be used to identify problems in the organization and provision of services for breast cancer detection prior to the large-scale pilot phase of the project.

5) Extensive detailed descriptions of the screening procedures and quality plans, taking into account the results of the test research.

6) A plan and corresponding information materials will be developed for the test stage and the pilot project (raising awareness, the invitation of the target group, improvement of communication and etc. for achieving high participation in the screening program)

7) A pilot program for breast cancer screening will be implemented based on the results of the test research and other procedures for the planning of the program with improved screening protocol. If necessary, the results of the pilot program will be used to change the introduction of activities of the breast cancer screening program in the entire country. They will also be used by national authorities to make the final decision about commencement of the gradual introduction of activities to achieve full coverage of the target population at the national level.

Activity 3.1. Establishment of an autonomous programme management team (PMT) to ensure coordination, development and implementation of the breast cancer screening programme

The main task of the **programme management team (PMT)** is to control the process of introducing population-based screening for breast cancer in Belarus.

PMT will work closely with the responsible authorities, including the Ministry of Health, medical and technical managers and the organization performing the evaluation of programs. PMT will coordinate all activities at the planning stage and when testing the feasibility of programs, as well as at the stage of subsequent introduction of the programs.

The immediate challenges for the PMT will be:

- Training program staff and key stakeholders involved in all phases of the preparation and implementation of programs.
- Analysis of the results of feasibility studies to determine the problems in the organization and provision of screening services prior to large-scale pilot studies.
- Preparation of screening process descriptions and quality assurance plans based on the results of feasibility studies and subsequent large-scale pilot studies.
- Development and practical testing of the necessary quality assurance system at the stage of feasibility studies and the pilot stage, including monitoring and evaluation of programs performance and impact.

The following sub-activities/tasks are envisaged in frames of activity 3.1:

- Activity 3.1.1 Specification of responsibilities and mandate of the PMT
- Activity 3.1.2 Specification of required staff and external consultants for the PMT
- Activity 3.1.3 Establishment of PMT (contracts) and provision of institutional infrastructure (disposable resources, staff and facilities)
- Activity 3.1.4 Development and implementation of a plan for the organizational development with support from the programme units of the programme (cancer register, screening register, IT, clinical, technical and other aspects of quality assurance, quality assurance)

Activity 3.2. Training for PMT members and medical personnel.

3.2.1 Intensive training in quality-assured implementation of a breast cancer screening programme for the PMT and key stakeholders (courses and workshops (minimum 2); location: Belarus and/or abroad; with involvement of European experts) for planning, feasibility, and piloting of the programme; IARC coordinates the European Cancer Screening Network from which experts participating in the training will be recruited. It has also conducted and coordinated similar

trainings over the past 10 years. IARC will tailor the intensive training course programme, divided into two modules for the duration of 7 days each including travel. The faculty of about 10 international experts will be nominated by IARC. IARC will organize the logistics of the course. The number of course participants is between 20 and 30.

3.2.2. Clinical and technical training of key staff who will participate in feasibility testing (internships/secondments abroad (minimum 3); location: European screening centres; duration: 1-4 weeks); IARC coordinates the European Cancer Screening Network from which experts participating in the training will be recruited. It has also conducted and coordinated similar on-the-job training over the past 10 years. IARC will identify and coordinate between European screening centres intensive on the job training for at least 3 Belarusian radiologists (possibly pathologists) for a duration of 1-4 weeks. The costs cover travel and stipend.

3.2.3. Clinical and technical training of key staff who will participate in pilot project (courses and on-site training in Belarus (minimum 3), involving European experts) and initiation of training for rollout; IARC coordinates the European Cancer Screening Network from which experts participating in the training will be recruited. It has also conducted and coordinated similar hands-on training over the past 10 years. IARC will develop and coordinate the training programme and selection of international experts (at least 2) who will conduct the hands-on training in Belarus, supplemented by courses (at least 3), duration at last 5 days.

3.2.4. Site visits (minimum 3) of the PMT and key stakeholders to established European screening programmes (duration: a few days); IARC coordinates the European Cancer Screening Network from which centers participating in the training will be recruited. It has also conducted and coordinated similar visitations over the past 10 years. IARC will identify and coordinate the visitation of at least 3 internationally recognized European breast screening centres to be visited by the program management team. Visit duration 5 days.

3.2.5. Building up collaboration with European screening programs, participation in network meetings (minimum 4). IARC coordinates and organises the meetings of the European Cancer Screening Network. It has also invited key members of the coordination teams of screening programmes outside the EU to participate in the network meetings. IARC will prepare and coordinate the participation of at least 2 Belarusian members of the program management team in European screening network meetings, one meeting (duration 3 days) per year.

PMT members, other medical and technical staff conducting the screening, as well as other professionals involved in the project will attend special training adapted to the requirements of the test stage of screening and deployment of the breast cancer screening program across the country. Education will be performed in close cooperation with international experts and will include training visits for examining the best practices of the current European screening programs; responsibility will be gradually transferred to the National Training Reference Centre for breast cancer screening. The training activities will be closely linked with accreditation procedures, audits and development of national guidelines.

The training programs will include the issues of coordination and management of breast cancer screening, evaluation, supervision and clinical protocols for all clinicians involved in a clinical examination of patients with pathologies uncovered in course of breast cancer screening, as well as holding interdisciplinary conferences.

Training will include training courses prepared by international experts. The first two courses will be held respectively in the second quarter of the first year and in the fourth quarter of the first year of the project. Additional courses or seminars will be prepared by the PMT on the basis of needs of the test research phase.

Some specialists (managers, radiologists, lab assistants, pathologists and physicists) will receive intensive hands-on training at specialized European scientific and learning centers in Baltic States, France (Lyon), etc. Initial training visits will be organized by international experts by the end of the third quarter of the first year. After this, the PMT will organize additional training visits.

For in-depth study of the practice of effective organization and implementation of population-based screening PMT key staff and key employees of partner organizations of Belarus dealing with population-based screening programs for breast cancer will take fact-finding trips, each lasting a few days, to European countries (Baltic States, France, etc.), where implemented population-based breast cancer screening programs have received international recognition. Initial visits to programs' sites will be organized by external experts by the third quarter of the first year. If in the future additional visits are needed, they will be organized by the PMT.

To organize and improve the transfer of knowledge from the European population-based screening programs for detection of breast cancer and to share experiences with these programs, some PMT staff and employees involved in the screening and will participate in the meetings of the European Network for Screening. Belarusian screening program will be presented at the annual meeting of the European Network for Screening.

Based on the conclusion of audits of the programmes and confirmation of their effectiveness the information/communication campaign will be developed and implemented. The campaign will be developed under UNFPA

coordination in close collaboration with WHO. The company will aimed to increase access of women to up-to-date reliable information on breast cancer and increase demand on services of piloted programmes on breast cancer.

Activity 3.3. Development of the comprehensive plan and respective informational materials for the pilot programs

To conduct test of the screening process, a comprehensive plan will be developed and corresponding information materials prepared. At the initial stage a detailed description of the clinical methods and systems for verification/assessment of the status/diagnosis and multidisciplinary management of pathological changes identified via screening that are expected to be used in program.

As part of planning of the test research stage the available demographic information will be analyzed, as well as its suitability for further use for invitation of the target audience to screening program.

A plan to attract primary care providers to distribution of information about screening programs among the target audience will be developed and adopted. Information materials and communication for screening (letters, brochures, e-communication) to the target population will be developed.

By the third quarter of the first year the PMT shall develop a scheme for test stage research. Additional studies will be scheduled, if necessary, taking into account the results of research during the test stage. Before checking for suitability of the information and communication materials to be used in the screening program, such materials will be developed and approved for widespread use. By the fourth quarter of the first year the PMT shall develop such informational materials in consultation with international experts.

The project will develop a computer-based information system that would allow for recording the results of screening, monitoring and evaluating its effectiveness, as well as providing the possibility of consultations and joint planning. To test the potential of computer information system, as well as of the pilot programs in general, clinical features of the services involved in the feasibility testing and in the pilot program of the project will be audited. By the fourth quarter of the first year audits of the services involved in the feasibility testing will be carried out (including a specialized center for breast health for multidisciplinary management and diagnostics). During the second year more audits will be held (optional), if required by the findings of the initial research during the feasibility testing. Audits for the program of pilot studies and deployment will be conducted in the fourth quarter of the third year and the third quarter of the fifth year of the project.

In frames of activity 3.1 several sub-activities are planned:

- 3.3.1. Development and description of methods and systems for confirmation/assessment/diagnosis and multidisciplinary management of screening-detected lesions for their testing during the feasibility study
- 3.3.2. Conducting analysis of the available population information and feasibility of its use for invitation of target population to attend screening, confirmation/assessment/diagnosis and multidisciplinary management, according to the screening protocol
- 3.3.3. Involvement of primary health care professionals
- 3.3.4. Design of feasibility studies on information and invitation process for reaching high uptake in the breast cancer screening programme
- 3.3.5. Development of plans for the pilot studies (screening process: information, invitation, imaging for screening, imaging and invasive assessment, multidisciplinary diagnosis and management of screen-detected lesions), including monitoring, quality assurance and evaluation
- 3.3.6. Performing audits of technical capacity for ensuring high-quality screening process (screening and assessment imaging, multidisciplinary diagnosis and management), including pathology, multidisciplinary meetings, IT systems and registers, monitoring, quality assurance and evaluation
- 3.3.7. Development of information materials and improvement of communication for screening (letters, brochures, e-communication) to the target population

Activity 3.4. Conducting the feasibility research and publication of results

Studies during the feasibility testing, carried out to check the feasibility, will be coordinated by the PMT in close cooperation with national and international experts and the Ministry of Health. In order to promote transparency and to ensure a high quality of clinical processes the research results will be regularly reported to the public and the scientific community.

Initial research for the purpose of clinical validation of the screening process (technical quality of the equipment, obtaining and reading screening mammograms, evaluation of revealed changes and multidisciplinary management of pathological changes identified via screening) will be conducted by the second quarter of the second year. PMT will report on the results, which will be reviewed by national and international experts and the Ministry of Health; later PMT will use these results for planning of the pilot program, taking into account the advice of reviewers.

Feasibility testing of studies concerning multidisciplinary management of breast pathology identified via screening will be held by the third quarter of the second year. Feasibility testing studies concerning procedures of invitation to participate and participation rates will be carried out by the fourth quarter of the second year. PMT will report on the results of studies, which will be reviewed by national and international experts and the Ministry of Health; later PMT will use these results for planning of the pilot program, taking into account the advice of reviewers.

The results and conclusions of studies conducted during the feasibility testing of the relevant reporting period will be included in the annual reports of the PMT. These reports will be reviewed by national and international experts; findings of the reviewers will be reported to PMT and the Ministry of Health. In addition, the research results will be published by the scientists who carried out the feasibility testing study. An article will be submitted to an international peer-reviewed journal by the first quarter of the third year.

In frames of activity 3.4 several sub-activities are planned:

- **3.4.1.** Clinical and technical validation of screening procedures and evaluation as described in 03.06 (screening and image evaluation, multidisciplinary diagnosis), including pathology, multidisciplinary meetings, IT-systems and registers, monitoring, quality assurance and evaluation
- **3.4.2.** Conducting studies on the feasibility of clinical management of lesions diagnosed in breast cancer screening
- **3.4.3.** Conducting studies on the feasibility of invitational procedures and attendance
- **3.4.4.** Producing of annual reports by the PMT
- **3.4.5.** Publication of reported activities and results of feasibility studies in a peer-reviewed journal

Activity 3.5 Improvement of the process of breast cancer screening

To effectively manage the process of screening and ensure the quality of the process a detailed description of all activities is required, from information and invitation of the target population, including conduct of a screening test, evaluation of abnormalities detected via screening, the necessary arrangements for the purpose of diagnosis and treatment of abnormalities detected via screening as well as follow-up care.

In the first quarter of the second year the PMT will prepare a detailed description of the entire initial screening process, which will be constantly updated based on the results of planning and carrying out feasibility studies. Descriptions prepared at an intermediate stage of the project will be included in the annual reports of the PMT. Each detailed description will be reviewed by national and international experts; the results of the review will be reported to the PMT and the Ministry of Health.

In frames of activity 3.5 two sub-activities are planned:

- **3.5.1.** Providing detailed description of the breast screening process (information, invitation, imaging for screening, imaging and invasive assessment, multidisciplinary diagnosis and management of screen-detected lesions) including pathology, monitoring, quality assurance and evaluation.
- **3.5.2.** Providing detailed descriptions of the quality assurance system including documentation, monitoring, evaluation and technical quality assurance (equipment).

Activity 3.6 Implementation of the pilot breast screening program

Implementation of the pilot program will be coordinated by the PMT, which in this case would consult with national and international experts and the Ministry of Health. The pilot program will be implemented in Minsk.

To implement the pilot program and to make decisions to introduce the program PMT shall, in collaboration with international experts, develop reference standards and quality indicators in accordance with the recommendations contained in the European manual on quality assurance coordination of the implementation of screening programs for cancer (European guidelines for quality assurance in breast cancer screening and diagnosis. Fourth edition, European Commission, Office for Official Publications of the EU, Luxembourg, 2013). Achievement of established performance indicators and reference standards for target coverage and the inclusion of the population, as well as clinical quality indicators is a prerequisite for the start of the implementation of the pilot program. In order to promote transparency and quality the results of these studies will be presented to the general public and the scientific community on a regular basis (in the form of reports for the year and half a year).

In frames of activity 3.6 several sub-activities are planned:

- **3.6.1.** Implementation of pilot studies (facilities and equipment, quality assurance and technical quality control, information, invitation, imaging for screening and assessment, invasive assessment, multidisciplinary diagnosis and management of screen-detected lesions), including pathology, monitoring, quality assurance

and evaluation) and external verification of readiness of the pilot breast screening programme to begin invitation prior to start.

- **3.6.2.** Monitoring of the performance of the pilot breast screening programme by the PMT
- **3.6.3.** Producing of quarterly reports on the performance of the pilot breast screening programme by the PMT
- **3.6.4.** Publication of reported activities and results of the pilot breast screening programme in a peer-reviewed journal

Activity 3.7. Development, introduction and adapting the register for breast cancer screening.

The to be developed computer-based information system will allow to enter the data on the results of screening, track and assess its effectiveness, and would open a possibility for integrated consultations and planning. The Terms of Reference for the development and introduction of the Register will be formulated by the national specialists with the support of the international experts. The key requirements and functions of the system will be as follows:

1. Identification of the target group. For the effective screening the local and regional data bases of the target group are to be combined;
2. Individual approach in identification of the representatives of the target group - differentiate on the basis of being screened and not screened, identification of the specific target groups;
3. Information on the information letter sent to the representatives of the target groups. a) informing on being a part of the target group and on essentiality of screening, reminders on necessity of further screenings; b) information on unscheduled/early screening if this is the case;
4. Recording the results of screening and identification of women in need of further diagnostic or treatment procedures;
5. Observation of further actions when atypical cells identified. Collection of data on further diagnostics and treatment;
6. Tracking the long-term observations after treatment;
7. Registering the cases of cancer and mortality;
8. Establishment of feedback exchange between laboratories and treatment facilities.

In accordance with the ToR to ensure functioning of the register in 6 regional health care facilities and in Minsk, procurement and installation of server and software for the register will be performed, other necessary equipment will be procured (computers, printers, multifunctioning systems).

After equipment and software are installed the medical personnel will receive training on working with the register. For the period of project implementation special personnel will be hired for coordination of the use of the register, data collection, support and maintenance of the register. After the project is finalized, these functions will be handed over to the personnel of the medical institutions identified by the Ministry of Health.

3.7.1.1 Development of technical specifications for the establishment of a register

3.7.1.2 Development of specifications for the establishment of a register.

3.7.2 Purchase and installation of software for the register

3.7.3 Procurement server for software installation

3.7.4 Procurement of equipment (computers, printers and multifunction devices) for the register in 6 regional health care facilities and in Minsk.

3.7.5 Conduct training sessions for medical staff on the use of the register

3.7.6 Service and maintenance of the register

3.7.7 Coordination of the work at the registry and data collection

Objective 4: Improvement of the system of child disease and injuries prevention

UNICEF and WHO will be the leading United Nations agencies for the project activities under Objective 4. The Centre of Traumatology and Orthopedics, and 'Mother and Child' Centre will be the main partners at the national level.

The tasks implemented within the Objective will be as follows:

1. Introduction of a comprehensive system of child injuries prevention, minimization of consequences and prevention of complications.
2. Strengthening of the capacity of the national medical rehabilitation system with a view to minimizing the damage to health and development, and minimizing disability among young children.
3. Ensuring the quality of health services for adolescents and young people, including adolescents at-risk.

Despite advances in the provision of health care to children and adolescents, a number of negative trends in children's health persist in the Belarus.

In 2012 the general disease incidence among children increased by 9.8% as compared to 2005.² Over the past 10 years the structure of child diseases prevalence has changed. In the structure of primary diseases among child injuries, poisoning and other consequences of external causes are ranked second after respiratory diseases and account for 4.9%. For those aged 10-14 the share makes up 9.2%, for children aged 15-17 - 7.5%, and for adolescents of 15-17 years - more than 10%³.

Along with the incidence of diseases, the structure of child mortality has also undergone changes. Among the causes of infant mortality the first place is taken by accidents, injuries and poisoning are ranked as follows: infants - 6.5%, among children aged 1 to 4 years - 39.7%, adolescents aged 15-17 years - 67.4%, of which 63.2% were the deaths of young men.⁴ According to the MICS4, during the week preceding the survey 3.6% of children under 5 stayed at home in the care of another child under 10, and 0.7% were left alone, which certainly increases the likelihood of an injury, and often the death of a child⁵.

When analyzing the child mortality from external causes extreme concern is caused by the suicidal behavior of adolescents, which is often related to substance use. In 2012 24 children committed suicide and 331 suicide attempts were registered.⁶ Most of the children were aged 15-17.

Suicides are most often committed by young men, while the level of para suicides is 2 times higher among girls. Thus, the issues of early diagnosis and prevention of suicidal behavior are highly relevant.⁷

Burning are the problems of smoking, alcohol and drug abuse among adolescents and young people. At the end of 2012 27055 children and adolescents with mental and behavioral disorders due to psychoactive substance use were registered by psychiatrists-narcologists (1,553 cases per 100,000 child population)⁸. According to MICS4, 15.4% of women and 12.5% of men reported the first use of alcohol before the age of 15. MICS4 data point to the increase in smoking among the youth: 46.5% of boys and 36.2% of girls aged 15-19 have used some type of tobacco products.⁹

Most of the problems in the area of adolescent health are associated with the lifestyle and chosen behaviors, which can and should be influenced through educational outreach prevention activities, self-preserving behavior and the development of youth-friendly gender-sensitive health and social services.

The purpose of this project component is to reduce infant mortality and childhood disability as a result of injuries and other consequences of external causes.

Activities of this project component will complement the measures implemented within the framework of the project "Prevention of Child Injuries", registered by the Ministry of Economy in the database of programs and projects of international technical assistance under № 2/13/000589 on May 2, 2013.

Activity 4.1 Strengthening national capacity on child injuries prevention, including monitoring and analysis of the efficiency and effectiveness of preventive measures

The following sub-activities will be implemented:

4.1.1 Provision of expert and methodological support to the Interagency Council on Child Injuries Prevention at the national and regional levels.

In order to improve the system of inter-agency cooperation and to ensure sustainability and continuity of the activities on child injuries prevention interagency councils on child injuries prevention will be established at the national and regional levels. The councils will include representatives from health, education, internal affairs, emergencies, small businesses, NGOs and international organizations. The councils will coordinate actions among all relevant authorities on child injury prevention, monitoring of child injuries, analysis of the causes leading to disability and mortality from external causes, as well as be responsible for the development and implementation of an adequate response to prevent child injuries. Experts from WHO and UNICEF will provide advice and methodological assistance to specialists in the national and regional councils.

²Children and young people of the Republic of Belarus. Statistical compilation, Minsk, 2012 p.131-132

³<http://minzdrav.gov.by/ru/static/numbers/zabolevaemost>

⁴Children and young people of the Republic of Belarus. Statistical compilation, Minsk, 2012 p.90-93

⁵ Multiple Indicator Cluster Survey to assess the situation of children and women in the Republic of Belarus, 2012. Final Report. Mn., 2013, p. 115

⁶ Report by the chief off-staff child psychiatrist of the MoH of Belarus

⁷ Analysis of the causes of crisis conditions of adolescents and organization of specialized care for them (UNICEF, 2013)

⁸ Report by the chief off-staff child psychiatrist of the MoH of Belarus, 2013

⁹ Multiple Indicator Cluster Survey to assess the situation of children and women in the Republic of Belarus, 2012. Final Report. Mn., 2013, p.207-211

4.1.2 Preparation of a report "Children's Morbidity, Disability and Mortality from External Causes in the Republic of Belarus"

Based on the results of the monitoring the specialists of the Centre of Traumatology and Orthopedics in cooperation with WHO and UNICEF experts will perform analysis of the data, including the underlying causes and factors that lead to injury, illness, disability and death from external causes among children and adolescents, with account for age specificity, gender differences, and the place of residence. Based on the collected data and analysis the report on "Children's Morbidity, Disability and Mortality from External Causes in the Republic of Belarus" will be prepared and submitted to the WHO.

4.1.3 Development of a computerized program on child injuries database management and training in the ICD-10 use for the monitoring of the state of an injury

Software will be installed in the regional health care facilities to manage automated database of child injuries in order to improve the system of monitoring. This software was originally developed and tested at the Centre of Traumatology and Orthopaedics." The database is intended for orthopaedic trauma specialists, pediatricians and public health officials and is aimed at the monitoring and prevention of childhood injuries. Training of health workers in ICD-10 use, populating the database and data processing will be conducted with the participation of WHO experts.

4.1.4 Training of a national group of experts (trainers) in child injuries prevention with TEACH-VIP WHO experts will conduct 3 advanced level workshops for at least 16 national trainers to introduce best practices, summarize the experience, analyze, and discuss the strengths and weaknesses of national experts in the preparation multidisciplinary team of specialists, as well as to improve the academic knowledge and skills.

4.1.5 Improving the knowledge and skills of a multidisciplinary team of specialists in the field of child injuries prevention with TEACH-VIP the trained national trainers will conduct 12 workshops for at least 216 national specialists on TEACH-VIP methodology (2 workshops in each region) on the team work in the implementation of the set of measures of primary, secondary and tertiary prevention to reduce disability and mortality from external causes.

4.1.6 Review of clinical guidelines for the diagnosis, treatment and rehabilitation of children with disorders of the musculoskeletal system in accordance with WHO protocols

Clinical protocols for diagnosis, treatment and rehabilitation of children with disorders of the musculoskeletal system will be revised in accordance with WHO protocols. For this purpose a working group will be created to include national and WHO experts.

4.1.7 Study of international experience of inter-agency cooperation in the field of child injuries prevention

A study visits will be organized for the multidisciplinary team of specialists to the training centers of European countries in accordance with the recommendations of WHO and UNICEF with a view to learning the best practices for reducing child injuries

Activity 4.2 Improvement of knowledge and skills of teenagers on safe behavior, of young parents and the public on child injury prevention

The following tasks will be implemented.

4.2.1 Provision of informational and methodological support to the expert group to develop and implement an information strategy for child injury prevention

The information strategy developed by national experts will be reviewed for compliance with international standards; the relevance of the main directions of action to the goals and objectives, as well as the adequacy of the planned interventions re the needs of the key target groups. Review will be conducted by international experts, taking into account the recommendations of the WHO and UNICEF.

4.2.2 Implementation of information and education campaigns in accordance with the developed information strategy, giving priority to the promotion and use of child car seats, fire detectors and compliance with the rules of safe behavior by the water

In line with the communication, strategy for child injury prevention an action plan will be prepared to raise awareness and promote mandatory transportation of children in special car seats, installation of smoke detectors, especially among households with many children in rural areas. Depending on the time of the year, the plan will include measures to prevent seasonal injuries, in the summer it will focus on observance by teenagers and young people the safety rules by the water.

4.2.3 Establishment on the basis of medical institutions of training centers for parents to train on safe living conditions (in towns with population over 100 000)

In order to improve the knowledge and skills of parents on the creation and maintenance of safe living conditions for children and adolescents and for prevention of domestic violence training centers will be open at the perinatal centers in 6

regions of the country. Modeling equipment is to be used to demonstrate how to create a safe environment for children at home. Training of specialists will be carried out taking into account the European experience.

4.2.4. Awareness raising among parents on prevention of child injury and domestic violence

To increase the level of skills and knowledge of parents on creation and provision of safe living conditions for children and adolescence, prevention of domestic violence the training centers will be established on the basis of perinatal institutions in 6 regions. Model equipment will be used for trainings in order to illustrate creation of the safe environment for children. The specialists will be trained in accordance to the European experience.

4.2.5. Training of 240 nurses to become the resource group on consultative support for young parents on safe environment

Special programme will be developed for parents to be trained for creation and provision safe environment for their children. 240 nurses of all the regions will increase the level of their knowledge and skills on advisory support for parents during ambulatory consultations at children's' polyclinic or during in-home visit. The nurses will be supplied with the special module materials, that will enable to train medical personnel of healthcare institutions. This will expand the range of specialists with the knowledge and skills for providing consultations for parents. In addition, special information materials will be developed. They will be distributed among parents in order to provide specific information on creation of the safe environment for children.

Activity 4.3 Expansion of access of adolescents to friendly services for prevention of risky behavior and injuries

The following sub-activities will be implemented:

4.3.1 Discussion of the issues of access expansion to adolescent friendly services within interagency round tables in regions

Interdepartmental round tables will be organized in Minsk and in 6 regions in order to expand adolescent friendly services for prevention of violence, injuries, drug abuse, smoking, alcohol consumption, STIs, unwanted pregnancy, critical state of health; and for forming healthy lifestyle and self-saving behavior.

4.3.2 Strengthening of the methodological framework to assist medical professionals in the issues of prevention of deviant behavior, trauma and injuries among adolescents

The team of national specialists in cooperation with international experts will develop 3 kinds of guidance recommendations for doctors, psychologists, social educators and paramedical personnel. They will be trained on prevention of violence, injuries, drug abuse, smoking, alcohol consumption, HIV/STIs, unwanted pregnancy, critical state of health. The guidance recommendations will be promoting improvement and increase of quality of inter agency cooperation for socio-medical support to adolescents at adolescent friendly health centers.

4.3.3 Opening of 6 adolescent friendly centers in the regions, including those affected by the Chernobyl disaster

In accordance to the standards of services provided to adolescents, at children's' polyclinics in Minsk and in 6 cities identified by the Ministry of Health (Grodno, Mogilev, Lida, Gomel, Orsha, Kobrin), adolescent friendly centers will be established, thus expanding the network of these centers. Medical and office equipment for functioning of these centers will be procured in order to provide medico-prevention services, as well as informational and educational support for adolescent.

4.3.4 Study of international best practices (training abroad for Belarusian specialists) on the issues of rendering adolescent friendly services

Representatives of the healthcare system management and specialists of 6 new adolescent friendly centers will receive training at clinics for youth in Sweden and Netherlands and will study modern approaches in organizing medical and advisory services for adolescents and youth: prevention drug abuse, alcohol consumption, STIs, unwanted pregnancy, reproductive health, HIV testing and counseling. They will also study the team methods based in inter sectorial and inter agency cooperation.

4.3.5 Improving the knowledge and skills of the teachers of medical higher educational establishments on the rendering of services to adolescents at adolescent friendly centers, with emphasis on the issues of prevention of deviant behavior, violence and injuries among adolescents

16 teachers of medical universities will study modern forms and methods of teaching. That will improve the quality of skills and knowledge of the medical specialists in prevention of deviant behavior, violence and injuries among adolescence. Remote training will be provided, model training centers will be involved, trainings at the workplace provided. Received

knowledge and skills will provide for continuity of work and increase effectiveness of the training process. International experts will be attracted for trainings.

4.3.6 Improving the knowledge and skills of 300 doctors, nurses and psychologists on the counselling of adolescents at risk, on the issues of a healthy life style, cessation of smoking, drugs, alcohol and other forms of risky behavior leading to injuries

Trained specialists will develop the training programme and train 300 doctors, nurses and psychologists of all the regions on the methods of counseling of adolescents on cessation of smoking, drugs, alcohol and other forms of risky behavior leading to injuries.

4.3.7 Training of 60 doctors and 60 nurses on teamwork with specialists from the system of education, social servicing, non-governmental organizations and other concerned parties while rendering medical, psychological, pedagogic and social assistance to adolescents

120 Belarusian specialists will be trained on effective use of the developed algorithms when providing medical, psychological, and educational and social services to adolescents with risky behavior, with a view to increase the quality and improve coordination among specialists.

4.3.8 Development of algorithms and sharing the best practices of interagency cooperation while rendering medical, psychological, pedagogic and social assistance to adolescents with risky behavior

The team of the Belarusian specialists will develop an algorithm for interagency cooperation, including re-referral tools and support when providing socio-medical services to adolescents.

Objective 5: Strengthening of the system of mother and child medical care

Leading UN organizations for the project activities under Objective 5 will be UNICEF and UNFPA. At the national level the partners will be:

Republican Scientific and Practical Centre "Mother and Child";
Resource Centre for Early Intervention on the basis of 19th Children Polyclinic;
Department of ambulatory pediatrics of Belarusian Medical Academy of Post diploma Education;
Brest center of medical rehabilitation of children 'Tonus'.

UNICEF and UNFPA will be the leading UN agencies for the project activities under Objective 5. The national partners involved in implementation are the Republican scientific practical center 'Mother and Child', the Resource Centre for Early Intervention at Children's Polyclinics №19, Belarusian Medical Academy of Post diploma Studies and Medical rehabilitation center for children 'Tonus'.

The Mother & Child Health is one of the strategic national priorities of the Republic of Belarus. Government has taken measures to create necessary conditions for the healthy development of every child from birth until adulthood. This includes providing universal access to quality health services, treatment and medical rehabilitation. The early illness prevention and health-preserving systems are universal in all areas of children's life.

UNICEF "Baby friendly hospital" initiative is introduced and implemented practices that protect, promote and support breastfeeding. The initiative has measurable and proven impact, increasing the likelihood of babies being exclusively breastfed for the first six months. Medical assistance to adolescents also strengthened, and aims at improving the needs of children and young people for a healthy lifestyle and mental health.

The children with special needs and children with disabilities as the most vulnerable group of children requiring high quality integrated medical assistance. Big steps taken by the government, civil society and international organizations to ensure that the rights of such children to quality health care implemented. Solution to the problems of children with developmental disabilities is relevant to any society from the standpoint of social policy and the prospects for the health of the adult population in the foreseeable future. In Belarus, the number of children under the age of 18 with new cases of disability increased from 17.6 per 10 thousand of population in 2005 as compared to 19.0 per 10 thousand of population in 2013. At the same time the leading positions in the structure of childhood disability are taken by congenital malformations, deformations and chromosomal abnormalities (5.3 per 10 thousand of population), nervous system disorders (3.2 per 10 000 of population), mental and behavioral disorders (2.2 per 10 thousand of population). Many congenital diseases and diseases among children in the first years of life are the cause of disorders in the structure and functions of the body and related developmental disorders in motor, sensory, cognitive and speech areas that occur in early childhood. Such children need long-term and coordinated assistance from various health professionals, education and government support.

New technologies used in perinatal centers of the Republic of Belarus and improvements in the quality of diagnosis, prognosis and treatment of pathological conditions of the fetus and the newborn allow nursing infants with very low and extremely low birth weight (500-1500 g). At the same time, children born prematurely are at a high risk of various

complications that deteriorate the quality of their life in the neonatal and subsequent periods, most of which are preventable or cut short.

The development of integrated assistance to young children (under 3 years old) with special needs and disabilities or at risk of developing them. This goes in contrast with the concept of correctional work with the child at the moment ("pulling up" a child with developmental disorders to the so-called "normal" level) and views development of a young child in the context of relationship with the family. Stipulates the main objective of providing early intervention services in the first year of a child's life and/or at least until it turns 3 years in order to maximize potential for physical, emotional, social and intellectual development.

Development and restoration of damaged structures and functions is highly dependent on the following factors: the timing of the rehabilitation (habilitation) activities; complex nature of these activities; integration of the child with a disability in the micro- and macro-society, and ability to communicate with others. In global practice, these tasks successfully addressed by interdisciplinary family-centered patient-centered early intervention services (EIS). Early intervention services aimed at identifying children with disabilities and children with high risk of their occurrence, as well as at organization of comprehensive care and support of children and their families.

In the Republic of Belarus families raising children with special development needs are provided with early intervention services, day care, correctional training and rehabilitation, including medical and professional education. However, in order to ensure equal opportunities for children with special needs work on the prevention of childhood disability, early detection of health problems of a child, complex rehabilitation of children with disabilities, parent involvement in the rehabilitation process, provision of comprehensive care for families with children with special needs, as well as the promotion of a tolerant attitude towards them needs to be continued. Ratification of the Convention on the Rights of Persons with Disabilities would contribute to better addressing the issues of equal opportunities for disabled persons, including children. Assessment of the quality of the organization and provision of PHC, conducted by WHO in 2008-2009 in Minsk and Vitebsk regions, showed that there are some shortcomings in the area of maternal health. These shortcomings included the existing clinical protocols for maternal health. The Ministry of Health has introduced a wide range of protocols for implementation at the primary and secondary level. Nevertheless, many of the current standards require a large number of diagnostic procedures and consultations with numerous specialists, but do not provide a critical review of diagnosis and treatment in terms of cost-effectiveness and evidence-based medicine. The assessment showed that "available clinical guidelines are developed by gynecologists and do not always coincide with the needs of health care providers at the level of primary health care."

International experts note that in recent years the health system activities for family planning have improved, which contributed to the reduction of maternal mortality and abortions. The number of abortions per 1,000 live births decreased from 1301 in 2000 to 293 in 2011. However, rural areas and vulnerable groups, such as families with low-income, require special attention.

The Ministry of Health is developing and reviewing a wide range of protocols to ensure consistency of care received by patients. In this regard, it is necessary to support the ministry in this work, as well as to increase the level of experts to use evidence in the development of clinical protocols of care for mothers and children.

Monitoring and evaluation of the quality of medical services in the field of maternal and child health, especially at the regional level needs to be improved.

Analysis of the situation requires additional efforts in the field of education to inform all groups, based on modern valid data. Particular focus should be placed on the development and implementation of communication strategies to promote safe motherhood, breastfeeding, etc. in rural areas, where people have limited access to this information.

Activity 5.1 Improvement of monitoring and evaluation of the quality of medical services in the field of maternal and child health

Under this project component, activities will be implemented aimed at the organization of the system of monitoring, evaluation and sharing of efficient modern models of the organization of work in order to achieve results for children.

5.1.1. Establishment of an information and methodical center at the Republican Scientific and Practical Center "Mother and Child"

Information and methodical monitoring center will be established on the basis of the Republican Scientific and Practical Centre "Mother and Child". Creation of a single information-methodical monitoring center will allow for a systematic framework to enhance the quality of services and to monitor progress in the field of maternal and child health. Coordination of monitoring and evaluation, training, including training workshops, as well as the development of guidelines, standards and revision of protocols for further qualitative development of youth friendly health services, home visiting services, and early intervention services will be among the main functions of the center.

5.1.2 Development of a National Strategy on Improving the Health of Children and Adolescents Based on the WHO strategy

Traditional threats to the health and well-being of children and young people in Belarus are now supplemented by new risks: obesity, injury, illness, sexually transmitted diseases, psychosocial disabilities and mental health problems. This raises the need to develop a common approach by the government of the Republic of Belarus, local authorities, civil society organizations and citizens to the definition of the goals, objectives, activities and priority measures to address the most pressing problems for the preservation and promotion of health and well-being of children and adolescents. The strategy to improve the health of children and adolescents on the basis of the WHO strategy will be based on the analysis of a wide range of data about the way of life of children and adolescents in terms of health, reflecting the behavioral, cultural and socio-economic factors. For the purpose of developing the strategy a working group will be set up, featuring of national and international, UNICEF, WHO and UNFPA. Development of the strategy will be based on the following principles: attention to all stages of life, with taken measures aimed at solving the problems associated with health at every stage of a child's development - from the prenatal period to adolescence; the needs of the most vulnerable children in the planning of service activities; cross-sectorial approach to addressing public health problems, taking into account the main factors determining the health of children; involvement of the general public and young people in the discussion of the draft strategy.

5.1.3 Development and introduction of a system for the monitoring of health of children with the birth weight of less than 1500 gr

The project envisage the conduct of a comprehensive study which is aimed to assess the incidence of disability and survival rates of neonates weighing less than 1500g and development of a monitoring tool for regular assessment and tracking such children in the future.

5.1.4 Development of guidance recommendations for the monitoring and evaluation of initiatives in the area of mother and child health protection, such as "Baby Friendly Hospital", "Youth Friendly Health Centers" and "System of Early Intervention Services"

The group of experts will prepare guidelines for regular the monitoring of the effectiveness of the initiatives. The methodical recommendations will describe the key monitoring indicators, timelines, stages, as well as the recommended composition of the team of specialists in key areas of the initiatives in the field of maternal and child health. One of the main components of the monitoring mechanism will be engaging the general public to the activities of monitoring and assessing the quality of medical services.

5.1.5 Development of a plan and monitoring of implementation of initiatives in the field of mother and child health protection, such as "Baby Friendly Hospital", "Youth Friendly Health Centers" and "System of Early Intervention Services"

Monitoring and evaluation of existing initiatives such as "Baby Friendly Hospital", "Youth Friendly Health Centers" and "System of Early Intervention Services" will be conducted in order to capture the experience, analyze the results, lessons learned and for the evidence-based future planning. The monitoring of the implementation of the UNICEF "Baby Friendly Hospital Initiative" will contribute to: improving the access for pregnant women, nursing mothers and newborns to quality child-friendly health services; improving the health of infants; enhancing the knowledge of health professionals in the field of health care institutions evaluation criteria for the title of a "Child-friendly Hospital"; further promotion and support of breastfeeding practices, implementation of the "International Code of Marketing of Breast-milk Substitutes," adopted by resolution of the World Health Assembly in 1981.

5.1.6 Certification of 47 Youth-friendly health centers (YFHC)

A group of national experts will draft the Regulation on Certification of YFHC in accordance with the developed and approved standards for the provision of services friendly to adolescents. Certification of centers will allow assessing the existing capacity of the health system for the organization and delivery of youth-friendly services, checking the various models of the YFHCs for their compliance with the approved standards, and making recommendations for the development of the youth-friendly health services in Belarus until 2020.

The standards for youth friendly health services have been already developed in 2008 and will be reviewed and updated by a group of national experts and approved by the Ministry of Health (MoH) In accordance with the approved standards the regulation on certification of YFHCs will be developed. The composition of the expert group, timetable and certification process will be regulated by the Order of the MoH. The findings and results of the certification process will be reported and discussed at the national round table (RT) with the participation of health care managers, local authorities, health care providers, academicians, researchers, NGOs and young people. The Regulation on the YFHCs certification will be finalized in accordance with the RT recommendations, approved by the MoH and recommended for use for YFHCs network widening in all Belarusian regions.

Certification activities are under strict governmental control in Belarus. Please explain what standards will be used, how the certification scheme will be introduced and officially acknowledged in Belarus.

5.1.7 Development and implementation of the system of M&E and analysis of the medical support for mothers and children in rural areas

The system will be based on the 2013 recommendations of the WHO Regional Office for Europe provided in the 'Guidelines on the quality assessment of the in-patient treatment of women and newborns in antenatal and puerperal period'. The system of quality evaluation of care for mothers and children in rural areas will be developed and tested. The results of piloting will be documented, analyzed and quality assessment system will be proposed to the Ministry of Health for use in all regions of the country.

Activity 5.2 Improvement of quality of health services in the area of reproductive health and mother and child health

5.2.1. Training of experts on use of the conclusive base for development of clinical protocols on medical assistance to mothers and children

European specialists will be engaged within the project for the evaluation of the existing system of development of clinical protocols on protection of mother and child health in Belarus. A team of national experts representing all 7 regions, 50 participants in total will be created and trained at a European centre for the development of the evidence based treatment protocols.

5.2.2. Revision of the clinical protocols of care for mothers and children on the basis of WHO/UNICEF/UNFPA recommendations and guidelines

On the basis of this assessment at least two clinical protocols in the field of maternal health will be reviewed. Study tours to European centers for the evidence-based development of clinical protocols will be organized with a view to more efficient preparation of proposals for updating protocols. In the second and third years of the project proposals for the revision of up to two additional protocols per year will be prepared. Protocols will be chosen in consultation with the Ministry of Health.

5.2.3 Training of the medical specialists (doctors, nurses, obstetricians) on reproductive health, safe maternity and responsible paternity

Following the adoption of updated protocols, the project will train at least 75 physicians and other health professionals in effective use of the updated protocols. WHO/UNFPA experts will be involved into the trainings.

5.2.4. Capacity building of the healthcare specialists and managers at the local level on the issues of implementation of the key strategies of development of mother and child medical services

2 seminars for at least 40 healthcare specialists and managers on based on new strategic directions of development healthcare in Belarus and based on WHO health policy "Health 2020" will be conducted. The seminars will be organized with the involvement of national and international WHO/UNFPA consultants.

5.2.5 Training of nurses and obstetricians on provision of medical services to mother and child

Four trainings for 80 midwives and nurses will be conducted to increase their qualifications in provision of services to mothers and children. Exact topics will be defined together with the MoH at the stage of annual working plans drafting and based on latest WHO and UNFPA guidelines.

5.2.6. Development and introduction of a communication strategy on promoting healthy maternity, breastfeeding, adolescents' friendly services and early interventions at the local level

Project staff with the assistance of international experts will develop a common strategy for informing the public on healthy motherhood. This strategy will include areas of awareness raising, education and communication based on the IEC\ARIA methodology. As part of the strategy the project will develop information and educational materials for the general public on safe motherhood. Given the focus of the project on resolution of regional problems of healthy motherhood, special attention will be paid to raising awareness of the rural population on modern contraception. A communication strategy to promote safe motherhood, breastfeeding-friendly services to adolescents, and early intervention services in rural areas will be developed and implemented.

Activity 5.3. Capacity of primary health care in the provision of services to families with children under 3 years old is strengthened

Implementation of activities under this component will enhance the quality and availability of early intervention services and home visits; improve the skills of professionals working with this category of children; create a resource center

to provide methodological and information materials to healthcare professionals and conduct their training; ensure active involvement of parents in the process of rehabilitation of children with special needs.

5.3.1 Evaluation of the level of knowledge and skills of medical professionals in the rendering of early intervention services and home visiting

The project aims at substantially improve the capacities of medical personnel in terms of early interventions and home visiting practices. The project will improve the interagency coordination for early detection of the risks in development and rehabilitation. The baseline assessment of the level of knowledge and skills of medical professionals in the rendering of early intervention services and home visiting to address the identified bottlenecks and capacity gaps, and the progress will be evaluated during the 4th year of the project implementation. The results, findings and best practices will be documented, presented and discussed within the national round table. The conclusions and recommendations of the round table participants will be reflected in the resolution and disseminated nationwide.

5.3.2 Development of uniform guidelines on early intervention (the structure, staffing, list of equipment and information transfer schemes, etc.) and guidance materials on the rendering of early intervention services and home visiting

Development of practical guidelines on early intervention for various medical specialists will improve effectiveness of support of children with risk factors in development and the quality of their lives. The standards for early interventions will be developed and the status of centers for early interventions revised. Practical guidelines will be developed within the project to improve medical home visits. That will raise awareness and improve practical skills of parents in providing care and support to their children. The project will allow introducing new approaches towards medical home visits, which will assist with early detection of risks in the development of children under 1. Currently the system involves only physical development of children. The guidelines will also work towards prevention of violence towards children under 3 and improve competence of parents in providing care.

5.3.3. Training of an expert group of specialists in counseling at home and early intervention

The group of national experts will be trained in main principles and techniques of delivering quality early intervention and home visiting services to families with young children (7 oblasts x 2 seminars x 2years; 2 experts will run seminars)

5.3.4. Evaluation of the economic damage to the health protection system as a result of child population disability, and evaluation of the cost effectiveness of preventive and curative interventions in early intervention system (use of international and national expertise)

The evaluation will show how the low quality of services or lack of access not only prevents children with disabilities from participating fully in the society but also has economic implications for societies and, for the health system, in particular. The main objective of the evaluation is to help place a price tag on the lack of access, quality and exclusion of children with developmental delays from the timely and quality early detection, intervention and rehabilitation.

The cost effectiveness analyses will be carried out in which all costs will be related to a single, common effect of early intervention measures. Results will be stated as additional cost expended per additional health outcome achieved.

5.3.5. Introduction of a comprehensive computerized system for the identification and registration of young children with the risk of development of disabling conditions and developmental delays

A computerized interagency system of early detection of at-risk groups for development of neurological diseases in young children will be introduced within the framework of the project. At the same time, the health and education systems will be offered a unified inter-agency algorithm for registration and rendering assistance to families with children with disabilities or at risk of developing neurological diseases. This system will allow professionals to take tailored approach to each family and take into account all the stages of child development from birth to school age.

5.3.6. Development of methodological manuals on early identification of children at the risk of development of disabling conditions and developmental delays, and on home visiting for the medical professionals trained in the institutions of higher and postgraduate education

2 electronic methodological manuals on early intervention services and home visiting will be developed, distributed among health care professionals on disks and available also on the website of the National Research Center "Mother and Child".

5.3.7. Elaboration of early intervention standards and criteria of evaluation of children at risk

Practical guidance for local health departments on conducting regular monitoring of the quality of early intervention services and home visits will be developed. The representatives of health care departments will receive the standards and the tool for effective monitoring and evaluation and improve their knowledge in assessing the quality of these services. The

health care professionals will be trained on the use of the monitoring and evaluation tool. The training programme on the assessment of the quality of home visits for health professionals offering such services will also be developed and adapted.

5.3.8. Adaptation of modern international diagnostic, habilitation and rehabilitation methods used with children at the risk of development of disabling conditions and developmental delays

The staff of primary health care institutions, as well as neurologists and psychologists will improve their knowledge and skills in the field of early childhood development and enhance their understanding of the best ideas and design principles of early intervention practice. To this end, the project envisages adaptation and introduction of modern methods of diagnosis, habilitation and rehabilitation of children with various developmental disorders; development of a package of training materials for the early detection of children at risk of developmental delays via home visits.

5.3.9. Equipment of early intervention centers with rehabilitation and diagnostic equipment, and didactic materials

The project envisages furnishing the existing centers and offices of early intervention and rehabilitation with the minimum set of equipment and teaching materials that will improve the quality of diagnostic and rehabilitation services.

5.3.10 Study of the European best practices in arranging the second level of rehabilitation for children with the risk of development of disabling conditions and developmental delays (10 psychologists and medical rehabilitation specialists)

The project envisages studying of foreign experience in the organization of the rehabilitation of children with neurological disorders of the second level, which will also include hands-on training in techniques of early detection of abnormalities in the development of young children, development of standardized approaches to their development and correction, improvement of mechanisms to provide integrated support to such children. 10 medical professionals will benefit from the study tour to Germany and share gained knowledge and skills with their colleagues at the working places and ensure the improvement of the quality of the early intervention services.

5.3.11 A communication campaign on raising parents' awareness on early intervention services.

The communication campaign will target parents with children under 3 years old across the country with the purpose of promoting the welfare of children and self-sufficiency of families to reduce the risk of developmental delays, early identification of needs and timely intervention. Campaign will raise the awareness of families and allow making informed decisions about the treatment and management of developmental delays in children.

Objective 6. Support to modernization of the health system with particular focus on primary health care in Belarus.

This objective relates to strengthening of the health system in Belarus with focus on primary health care (PHC) including its interaction with secondary level and with public health interventions. Additionally, under this objective, the Project seeks to identify areas for future modernization and strengthening of the health system in Belarus, in pursue of its sustainability and responsiveness to the needs of the population.

The following activities will be carried out within Objective 6:

Activity 6.1. Providing policy guidance aimed at strengthening health system with particular focus on primary health care in Belarus.

Following the official registration of the Project, a coordination/governing committee with representation of the Ministry of Health, WHO, EU, local health authorities, civil society and other stakeholders will be established to provide overall guidance to the reform process. Detailed TORs for the project's staff (1 technical - task- coordinator + 1 administrative assistant), SC, consultants and working groups will be developed. Staff and consultants will be recruited.

As a first step of the Project, a kick-off conference (high profile policy dialogue) will be organized at the national level with the aim of discussing policy options as well as informing all the relevant stakeholders, policy-makers and officials of the Ministry of Health and other local, regional and district authorities and the public, of the goals and objectives of the Project as well as its main modalities of work, conditions under which pilots' interventions will be conducted, and requirements for participation.

In order to better understanding the needs of the target groups, rapid needs assessment will be conducted. Questionnaires will be developed and surveys performed with the aim to identify needs of the patients and population as well as those of the health practitioners working at primary care level and expectations of the local authorities, with regard to effectiveness and efficiency of health care interventions and functioning of health care system in the pilot regions. Assessment findings will constitute the bases of a plan of interventions in the two pilot regions.

A series of workshops at the district level will be organized focusing on the preparation of the pilots' interventions, their scope and contents, their compliance with current regulations and legislation, the availability of resources among other relevant issues related to pilots' feasibility.

Thematic working groups will be established for coordination of health providers, improvement of clinical competencies and developing incentive schemes in each of the pilots' sites (Lida and Gorki regions). The thematic groups will include representatives of local health authorities and health practitioners interested in the formulation of the pilots' interventions and involved in their implementation. These thematic working groups will gather regularly during the entire period of project implementation.

The thematic working groups operating at the local level will be provided with advisory support regarding best practices to prevent and treat NCDs, the formulation of priorities and the elaboration of initiatives by assigned both international experts and official of the Ministry of Health supervisors. Thematic working groups will be also established at the Ministerial level. These groups will support the work of local thematic working groups operating at the pilot sites.

The capacity of local working groups will be strengthened through participating of their members in study visits to European countries with largely primary health care based health system. Participants of such study visits will familiarize with different approaches to NCDs prevention, early detection and management and how the health systems address those challenges. The study visits seek to raise awareness of the participants on availability of evidence-based interventions which can be used in the pilots to improve NCDs related outcomes.

After study tours, a second round of workshops at the district level will be conducted to discuss outcomes of the study visit and applicability of other country experiences in the pilots. The workshops will focused on the preparation of detailed plan for pilots' interventions, including a monitoring and evaluation framework that allows to assessing the achievements of the pilot interventions at primary care level regarding NCDs prevention, early detection and management.

The experience of the pilots will be discussed in a final conference (policy dialogue) and final recommendations will provide policy options for addressing the challenges of NCDs at primary care level including preventive public health interventions.

Activity 6.2. Enhancing better coordination of health providers and continuity of care.

In Belarus, like in many other countries in the region, access to secondary health care level without a referral from district internist and/or general practitioner obstacles the development of a primary care level. International evidence show that effective health provider-patient communication at first contact level is a determining factor for improved primary health care outcomes, such as fewer complications, better control of blood pressure and blood sugar level, improved emotional status of the patients and overall higher satisfaction. In Belarus, there is limited detection of arterial hypertension (registered prevalence is 8-10 percent, i.e. fewer than 30% of estimated cases) and diabetes type II (less than 25% of estimated cases) at primary care level. Proportion of primary health care providers is low paired with an increasing hospitalisation rate (from 28,39 in 2006, up to 30,98 hospitalisation cases per 100 inhabitants in 2011). This component of the Project seeks to pilot changes for improving of continuity of care and ensuring optimization of patients' pathways for more efficiency and better quality of care in the pilot regions.

Evaluation of current pathways of care for core clinical conditions will be performed in the pilots. Barriers and enabling factors for optimization of care pathways and improvement will be identified. Initial proposals for improvement of coordination between PHC and SHC, between PHC and social care for patients with NCDs will be developed.

Agreement will be sought with key stakeholders at national, regional and local level on changes needed for improving of coordination and ensuring optimization of patients' pathways.

Identified interventions will be tested in pilot areas and comprehensive evaluation of the pilots' interventions will be performed. Discussions about the pilots' results will be facilitated among key stakeholders. Policy recommendations derived from the pilot's interventions will be discussed vis-à-vis a possible rollout of similar initiatives country-wise.

Activity 6.3. Developing incentive schemes for health practitioners.

Existing financing incentives' schemes for primary health care practitioners will be reviewed in light of NCDs outcomes (prevention, early detection and management). Barriers and enabling factors with regard to introduction of financing incentives' schemes for health practitioners aimed at improving NCDs' prevention, early detection and management will be identified.

Based on the above, a proposal for adjustment of existing financing incentives' schemes for PHC practitioners related to NCDs prevention, early detection and management will be proposed and discussed in a policy dialogue.

Activity 6.4. Strengthening clinical competencies of primary health care practitioners and standardization of practice related to prevention, control and treatment of NCDs.

There is evidence that primary health care practitioners can apply effective tools for prevention, early detection and management of NCDs. The Global action plan for the prevention and control of NCDs 2013-2020 has defined a set of core services and interventions to reduce NCDs both at population and individual services level. WHO recommends use of the Package of Essential Non-communicable (PEN) disease interventions for primary health care. A competent and well-organized primary health care practitioner could identify risk factors and chronic conditions at early stage of development and could apply cost-effective interventions to modify risk behaviours, ensure that patients comply with treatments and care plans.

Assessments of training needs for PHC practitioners to provide people-centered care to patients with NCDs conditions and to apply essential NCD interventions at primary care level performed.

Existing guidelines related to NCDs prevention, early detection and management at primary care level will be reviewed. A draft proposal for adjustment of existing guidelines related to NCDs prevention, early detection and management with EU and WHO standards will be developed.

Guidelines will be implemented in pilot areas and evaluation of the pilots' interventions will be performed. Discussions about the pilots' results will be facilitated and policy recommendations will be derived vis-à-vis a possible rollout of similar initiatives country-wise.

Objective 7: Effective project management.

Activity 7.1. The initial stage.

The project will be registered in the prescribed manner. Date of registration of the project shall be the official date of the beginning of its implementation, after which staff will be hired and project premises provided by the Ministry of Health supplied with means of communications and office equipment. If necessary, the project will support renovation of the project premises. The expenses for maintenance of the premises and means of communication will be reimbursed from the project budget. This phase will be completed within three months from the date of registration of the project.

Activity 7.2. Monitoring and evaluation of the project.

Project monitoring and evaluation will be carried out regularly in the course of the project by the project staff in accordance with the annual work plans and project monitoring and evaluation plan (see Section "Monitoring and Evaluation")

Activity 7.3. Project management and project management group activities.

All planned activities will be implemented and the project resources allocated in full in accordance with an annual detailed work plan.

Procurement of goods (works and services) for the implementation of initiatives (project activities under Task 2) will be performed in accordance with national legislation.

Procurement of goods (works and services) within the framework of the tasks 1, 3-5 will be performed in accordance with rules and procedures of UN agencies responsible for implementation of the respective Objective.

Visualization of the project will be carried out in accordance with the requirements of the visual design, set forth in the General Conditions of the agreement on cooperation between the EU and UNDP, and in relation to WHO, UNFPA and UNICEF – in accordance with the Joint guidance on the visual design for the EU and the UN projects. The project will develop a communication strategy and a visual design plan.

Sustainability

Sustainability of the results is ensured through the counterparts' high level of interest in introducing innovative approaches to managing regional development based on "bottom-up" initiatives.

The Project's extensive communication activities will help to shape a pro-active attitude in the community concerning local development issues and promote community participation in the tackling of area-specific social and economic challenges. Establishment of mechanisms for interaction of the public and local governments in the promotion of a healthy lifestyle at the local level within the initiatives will provide additional sustainability to the results of the project. Successful

implementation of the initiatives will give additional sustainability to the NGOs and will allow for expanding their public activities in future.

The guidelines and manuals developed under the Project will serve to guide government authorities, public organizations and local residents in the development and implementation of initiatives targeting local problems within the country.

Gender

Throughout the period of the project implementation a strategy to achieve gender equality in all activities will be applied in accordance with the following provisions:

* Participants of seminars, workshops and study visits will be selected accordingly to the actual gender composition of the target audience.

* When carrying out an extensive information campaign strategic communications with target audiences will be implemented with respect to gender composition of the latter.

* When building partnerships at the local level special attention will be paid to the involvement of non-governmental associations and other organizations representing the rights and interests of women.

Section III: Project management

3.1. Governance

For a Joint Programme using pass-through modality, the Steering Committee provides strategic direction and oversight and has decision-making authority, the Convening Agency is responsible for coordinating the programmatic aspects, and the Administrative Agent is responsible for financial management, while each participating UN organization has programmatic and financial responsibility for the funds disbursed to it. The Administrative Agent and Convening Agency may or may not be the same agency. The national government is part of the governance mechanism at central and local levels, e.g., through co-leading the Steering Committee¹⁰. Existing structures should be utilized to the extent possible rather than creating new ones.

Steering Committee	
- Decision-making authority; highest body for strategic guidance, fiduciary and management oversight and coordination - Facilitates collaboration between participating UN organizations and host government for the implementation of the Joint Programme - Made up of: - representative of the Delegation of the European Union to Belarus, - representatives of all signatories of the Joint Programme Document (UNDP, UNFPA, UNICEF, WHO); - representatives of the beneficiary country; - may also include other members in observer capacity, such as civil society organizations - Reviews and approves Joint Programme Document and annual work plans, provides strategic direction and oversight, sets allocation criteria, allocates resources, reviews implementation progress and addresses problems, reviews and approves progress reports budget revisions/reallocations, and evaluation reports, notes audit reports (published in accordance with each PUNOs' disclosure policy), and initiates investigations (if needed). It may be supported by a Secretariat/Support Office - Meets at least semi-annually	
⇕	
Administrative Agent (AA) /MTPF Office	Convening Agency (CA)
- Accountable for effective and impartial fiduciary management and financial reporting - Selected jointly based on merit in a comparative review by all participating UN organizations - May be a Participating UN Organization or any other qualified UN organization; only one AA needed for global programme - Responsible for financial/administrative management: Receives donor contributions, disburses funds to Participating UN Organizations based on Steering Committee instructions, consolidates periodic financial reports and final financial report.	- Accountable for coordination of programmatic activities and narrative reporting - Selected jointly based on merit in a comparative review by all participating UN organizations - Needs to be a Participating UN Organization with in-country presence - Responsible for operational and programmatic coordination: Coordinates all the Joint Programme partners, coordinates and compiles annual work plans and narrative reports, coordinates monitoring of annual targets, calls and reports on Steering Committee meetings, facilitates audits and evaluation, and reports

¹⁰In line with the Delivering as One SOPs guidance, the UNCT should reach an agreement on the Government's role in the Steering Committee with regard to strategic direction as well as in the resource allocation processes.

Involved in day-to-day administration	- back to the Steering Committee; may be involved in resource mobilization. - Involved in day-to-day coordination, but does not hold any financial or programmatic accountability
⇕	
Participating UN Organizations (PUNOs)	(Sub-)National Governmental Partners
- UN organizations that participate in the Joint Programme, which may include UN funds, programmes, specialized agencies, including non-resident agencies, at national, regional or global level - Operate in accordance with their own regulations, rules, directives and procedures - Assume full programmatic and financial accountability for funds disbursed by the AA/MPTF Office	- Governmental agencies at national or sub-national level that coordinate with UN organizations and implementing partners - Own the national programme to which the UN provides support
⇕	
Implementing Partners	
National, regional or international governmental or non-governmental organisations, civil society organizations and/or private sector partners (as permitted by the rules and regulations of participating UN organizations) that may be working with Participating UN Organizations and/or (Sub-)National governmental Partners to implement the Joint Programme	

3.2. Executing Ministry

The Ministry of Health will supervise management of the project progress, effective use of project resources and achievement of the planned results of the project. UN Agencies involved into the project implementation will ensure that the resources entrusted to it by the donor for project implementation shall be used in accordance with the terms of the European Union's financial contribution to the project, and that the implementation of the project activities leads to achievement of the planned results of the project and contributes to the results of the UNDAF for 2011 – 2015 and 2016 – 2020.

A Project Steering Committee (PSC) will be established within the framework of the project. The PSC will monitor and analyze the implementation process and provide advice on the most effective implementation strategy to ensure achievement of project results and coordination of relevant activities. It will also approve the annual work plans and, as necessary, key project documents (see Annex II, PSC Responsibilities). PSC will convene for meeting as deemed necessary, but no less than twice a year.

The representative of the Ministry of Health will chair the PSC. PSC will include representatives of the Delegation of the European Union, UNDP, WHO, UNICEF and UNFPA and other stakeholders.

For the effective and timely implementation of the project, a project team will be established and headed by a project manager. At the same time, to reduce risks related to the project management, appointment of a project manager and project management team will be subject to consultations between UN Agencies, the EU and the Ministry of Health.

The project manager will be responsible for the daily management of the project and project staff in accordance with rules and procedures of the Joint Programming, the national legislation of the Republic of Belarus.

In cooperation with the representatives of the donors, implementing partners and government bodies the project manager will develop a detailed annual work plan for the first year of the project. Subsequent detailed annual work plans will be developed by the project manager in accordance with the UN procedures and standards. Detailed annual work plans will be approved by the PSC and signed by the representatives of PUNOs and the Ministry of Health.