Belarus

NCD Joint programming mission, 14-18 July 2014
Investment case mission, 26-30 September 2016

Key mission findings

1. Ministries appear to understand their roles and responsibilities in tackling NCDs, and the contours of a whole-of-government response to the ongoing NCD crisis are being drawn up.

2. The government, with the support of the UN Country Team, is addressing the social determinants of ill-health by implementing programmes such as: (a) a comprehensive youth policy that addresses health and social needs from age 0 to 31 years; (b) employment schemes to limit the impact of unemployment and reduce poverty; (c) providing financial protection from catastrophic costs of health care; and (d) support to the unemployed in finding new jobs.

3. The lack of a more forceful approach to the implementation of policies to control prices, marketing and social norms around smoking, along with socially unfavourable choices made between business and public health interests are contributing to high levels of premature deaths. Moreover, there are only a limited number of independent NGOs addressing NCDs.

4. Alcohol consumption and unhealthy diets are a significant public health problem. Although there has been improvement, addressing unhealthy components of food (e.g., trans fats, saturated fats) through reformulation and raising awareness is a further area for improvement.

“The recommendations of the Joint UN Task Force are very useful for Ministry of Health as they greatly help us to build arguments in our communications with other sectors.”

Dr. Dmitrii Pinevich
First Deputy Minister of Health of Belarus

Key adult NCD mortality and risk factors*: NCDs are responsible for almost 90% of deaths in Belarus

- Probability of premature mortality from NCDs: 24% (2016)
- 13% of adult men and 14% of adult women are insufficiently physically active (2017)
- 9% of men and 10% of women have raised fasting blood glucose (2014)
- 65% of adult men and 43% of adult women have raised blood pressure (2017)
- 47% of men and 9% of women (aged >=15 years) smoke tobacco (2016)
- 65% of adult men and 61% of adult women are overweight (2016)
- Pure alcohol per capita consumption: 11.2 litres per year (population 15+, 2015)
- 78% of adults consume insufficient amounts of fruit and vegetables (2017)
Key recommendations

1. Inclusion of NCDs into the United Nations Development Assistance Framework (UNDAF).

2. Undertake a WHO FCTC country needs assessment.

3. Establish an inter-ministerial NCD group and national NCD coordination mechanism between the government, the UNCT, and the development partners, including civil society.

4. Belarus to consider taking a leadership role in the Eurasian Economic Union to facilitate the introduction of progressive fiscal and legislative instruments for tackling the NCD risk factors.

5. Belarus should consider World Bank support for NCD action.

6. An economic case for investing in NCDs needs to be done.

Adding value: actions taken following the mission

1. NCDs included in UNDAF in 2015.

2. NCDs now part of the UNCT Thematic Group on Health.

3. The Joint UN Task Force mission stimulated discussion between different stakeholders, including the Ministries of Economics and Finance, which continues.

4. A WHO FCTC needs assessment was carried out in 2015.

5. A draft Presidential Decree on the State Regulation of Production, Circulation and Consumption of Tobacco Raw Materials and Tobacco Products, and the Production, Circulation and Use of Electronic Smoking Systems was developed in 2016.


7. In 2016, an Intersectoral Coordination Council on NCDs, under the chairmanship of the Deputy Prime Minister, was established to oversee implementation of the State program.

8. A Government-WHO-UNDP report “Prevention and control of NCDs in Belarus: the case for investment” was finalized in 2018 and was presented at a high level multisectoral forum.

Next steps

1. The Presidential Decree on the State Regulation of Production, Circulation and Consumption of Tobacco Raw Materials and Tobacco Products, and the Production, Circulation and Use of Electronic Smoking Systems will be adopted.

Case study

Following the initial UNIATF programming mission conducted in July 2014, a follow-up mission was undertaken in 2016 led by UNIATF, WHO and UNDP to conduct an investment case in Belarus to determine the economic impact of NCDs on the country as well as the cost of intervention. On 23 April 2018, the investment case report was presented at a multistakeholder meeting in Minsk, Belarus which was attended by the Government, Minister of Health, associated ministries, civil society representatives, academia and other development partners.

The report quantified the costs of packages of policy interventions in the area of control of tobacco use, harmful use of alcohol, unhealthy diets and physical inactivity. Additionally, the case defined the rates of the return on investment (ROI) that the Government of Belarus will get from scaling up the implementation of a national NCD programme. Intervention in the area of the reduction of salt consumption provided the highest return of 94 dollars on each dollar invested during the 15 years’ time. Tobacco control measures, physical activity and harmful use of alcohol control measures and CVD and diabetes clinical interventions also prove to be cost-effective leading to significant positive economic effects.

This report will support the Government to make informed decisions on evidence-based, high-impact policies and interventions for the prevention and control of NCDs that are relatively cheap and provide huge benefits for the national economy.

*All data are rounded WHO crude country comparable estimates taken from the WHO Global Health Observatory, who.int/gho/ncd/en, accessed 18/6/2018, except for data for raised blood pressure, amounts of fruit and vegetables consumed and physical inactivity, which are from Belarus STEPS Survey (2017), accessed 18/6/2018.

Additional information on the status of NCDs in Belarus can be found on the WHO NCD DataFinder app.