





United Nations Development Assistance Framework (UNDAF) for the Republic of Belarus for 2011-2015





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Joint statement

The United Nations Development Assistance Framework (UNDAF) for the Republic of Belarus for 2011-2015 is the first joint strategy of the UN organizations acting in Belarus. This UNDAF has been prepared by the United Nations Country Team in Belarus in consultation with the Government of the Republic of Belarus and other national and international partners, with the aim of improving the lives of the people of Belarus.

The UNDAF focuses on five strategic areas within the mandate of the UN in order to most effectively respond to key national priorities. These areas will set the direction and scope of action of the UN development assistance to Belarus over the next five years:

- -1. Sustainable social and economic development;
- -2. *National health care system;*
- -3. Environmental sustainability;
- 4. National migration management in line with international standards; and
- -5. National governance system.

The UNDAF supports the achievement of the Millennium Development Goals and it is symbolic that the period covered by the UNDAF coincides with the remaining timeframe for achieving the MDGs. While most of the MDGs have already been achieved in Belarus, more attention should now be given to further enhance the quality of the results and sustainability of the country progress. Both men and women, the rural and urban population should equally benefit from the successful realization of the UNDAF. This will require more intensive dialogue and interaction between the government and all layers of the society.

The Government of the Republic of Belarus and the UN agencies endorse the UNDAF and underscore their joint commitment to the fulfilment of its goals.

On behalf of the Government of the Republic of Belarus:

Nikolai G. Snopkov -

/ Minister of Economy /

On behalf of the United Nations

Antonius Broek

System in Belarus:

/ United Nations Resident Coordinator /

Signature page

The UNDAF is signed in Minsk, Belarus on 21 October 2010 in four original copies (two copies in English and in Russian) by the following participating parties who underscore their joint commitment to the fulfilment of the UNDAF goals.

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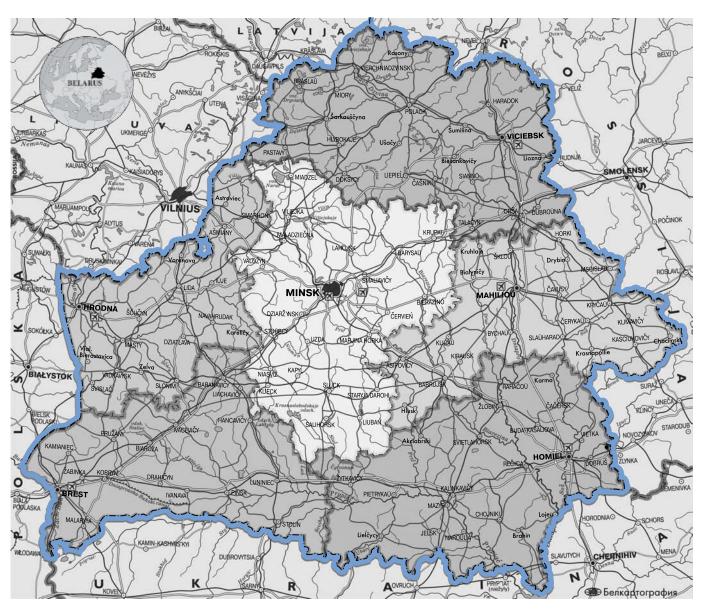
Executive Summary

The United Nations Development Assistance Framework for Belarus for 2011-1015 (UNDAF) is the result of a continuous consultative process intended to analyze how the United Nations can most effectively respond to Belarus's national priorities and needs. It is guided by the goals and targets of the Millennium Declaration and other international commitments entered into by Belarus, and serves as the basis for developing individual country programmes of UN system agencies for 2011-2015.

Based on the mandates and expertise of the different agencies that make up the United Nations system in Belarus, five areas of cooperation between Belarus and the United Nations for 2011-2015 have been formulated to best respond to Government priorities: (1) Assistance for ensuring sustainable social and economic development; (2) Assistance for strengthening the national health care system; (3) Assistance for ensuring environmental sustainability; (4) Assistance for developing na-

tional migration management in line with international standards; and (5) Assistance for improving the national governance system. For each of these five areas, the United Nations will support the Government of Belarus by drawing on its mission mandate, neutrality, global knowledge base, track record in Belarus (including best practices and lessons learned), as well as its ability to facilitate efficient communication and accountability with donors.

Taking into account that the national development plans and sectoral programmes for 2011-2015 will be developed and approved by the Government in 2010 (accounting for the mid- and long-term impact of the global economic crisis), this UNDAF is based on the national development priorities as formulated in the Main Directions of Social and Economic Development of Belarus for 2006-2015 and on some current sectoral programmes. This UNDAF will be reviewed and adjusted annually so that it fully supports Belarus's actual development needs.



Population	9 480 200 (as of 1.01.2010)
Urban population (%)	74,5 (as of 1.01.2010)
Population natural increase (per 100,000 pop.)	2,6 (2009)
Total fertility rate (birth per woman)	1,4 (2008)
Under 5 mortality rate (per 1000 live births)	6,0 (2008)
Life expectancy at birth (years)	70,5 (2008)
HIV prevalence (new cases per 100,000 pop.)	(as of 1.01.2010)
Adult literacy rate (%)	99,6 (2008)

Registered unemployment rate (%)	0,9 (as of December 2009)
GDP per capita (US\$)	4 615 (2007)
GDP per capita (US\$ at PPP)	10 847 (2007)
Private sector share in GDP (%)	30 (2008)
Inflation (%)	13,3 (2008)
Human Development Index (HDI)	0,826 (2009)
HDI Rank	68 (2009)

¹Based on the initial results of the 2009 census.

² Data provided by the Republican Center of Hygiene, Epidemiology and Public Health.

I. Introduction

The Republic of Belarus is strongly on track to achieving almost all Millennium Development Goals (MDG). However, the country is facing a number of development challenges that must be addressed in the coming years.

The Government of Belarus aims to ensure continued and sustainable economic growth that protects the environment, contributes to improved living standards in general, and protects the most vulnerable populations. To achieve these goals, the Government must pursue the difficult tasks of modernizing and liberalizing the national economy and maximizing the Government's ability to respond to the global economic crisis.

The UNDAF for 2011-2015 has been developed to support efforts in the national priority areas of improving the economic and social well-being of the population, increasing public sector effectiveness and efficiency,

strengthening compliance with international human rights standards and enhancing environmental sustainability.

The consultative, strategic priority-setting process of UNDAF development started in 2008 and was followed by technical and high-level consultations with representatives of the Government, Parliament, academia, civil society, the public sector, international organizations and donors. These discussions helped to sharpen the strategic focus on achieving national development priorities. Lessons learned from the joint UN work in 2006-2009 called for greater UN cohesion in selecting strategic priorities and resource allocation. This greater cohesion would amplify limited UN capacity to address priority developmental challenges and strengthen the impact of UN interventions. Therefore, this UNDAF makes the enhancement of national capacity and increased access to social services for the most vulnerable groups in terms of human rights, culture, age, gender and diversity its highest priorities.

II. UNDAF areas of cooperation

The UN strategy is based on widening and strengthening partnerships with state institutions and organizations, as well as with NGOs and international organizations. This enhanced focus on partnerships and strategic alliances will leverage capacities of the national stakeholders and maximise the overall impact of the UNDAF. In addition, the UN will collaborate with bilateral and multilateral donors to mobilise the resources necessary for the attainment of UNDAF goals. Civil society organisations will be involved in the projects and processes of the UN system in order to make use of their potential and experience in attaining UNDAF goals.

The UN in Belarus has limited human and financial resources, a situation that demands their strategic, effective and efficient use. Therefore, UNDAF will address identified vulnerability and capacity gaps by employing a systems-strengthening approach, which provides for a chain of synergistic interventions at the local, regional and national levels. It is expected that this approach will strengthen policy and regulatory frameworks, support civil society development and improve implementation of sectoral-based development programmes.

Capacity development, and especially institutional capacity-building, will be top priorities in this framework, along with strategies focused on programme outcomes, proper management of human resources and development of adequate financial resources and tools. The key element in all these areas will be to support the country's leading role, as recommended in the 2007 Triennial Comprehensive Policy Review, Paris Declaration on Aid Effectiveness (the President of the Republic of Belarus signed an edict on joining Paris Declaration on 3 March 2010). In this period of world economic crisis, the UN will support Government reforms to mitigate its negative impacts and support economic and financial stability. Equally important will be the creation of effective regional (voblasé) governance mechanisms and capacity, since many of development problems in Belarus are most evident — and urgent — at local and regional levels.

Identification of complementary resources, ability to "scale up" initiatives and impact and cost effectiveness will be taken into account of the UN work. Promoting better distribution of development benefits to ensure social inclusion is imperative, given that inequalities in access to quality services are among the root challenges to the country's ability to be competitive in the global arena. Finally, developing the Government's capacity in collecting quality data; analyzing this information through a unified database and in making sound, evidence-based policy decisions will be crucial to making development plans more effective.

These key strategies will be refined during UNDAF implementation through the coordinating mechanisms among participating UN agencies. In order to create transparency in programme implementation, pursuing collaborative programming at the national level among Government and UN agencies will be helpful as well. This coordination will facilitate:

- Better balance between policy development and delivery;
- Creation of additional conditions for sustainable development at the regional (voblasc) level;
- Wider use of the potential and expertise of civil society actors in the decision-making process;
- Increasing commitment to social inclusion, particularly for women, young people and children, the elderly, people with disabilities, refugees and other disadvantaged groups;
- Stronger focus on monitoring and evaluation (M&E) mechanisms of UNDAF and other UN programmes.

The development outcomes to be achieved by the United Nations through the UNDAF for Belarus for 2011-2015 are briefly described below. The complete UNDAF Results Matrix is presented in Annex I.





Assistance for ensuring sustainable social and economic development

UNDAF Area of cooperation 1: Assistance for ensuring sustainable social and economic development

Millennium Declaration: to create a national environment conducive to development and to the elimination of poverty.

National development priorities: ensuring sustainable economic development of the country and improving living standards of the population to bring it closer to the living standards of the economically developed European countries (Main Directions of Social and Economic Development of Belarus for 2006-2015).

Economic development since 1991

In 1991, Belarus started as an independent country with a developed industrial sector. A highly educated and skilled labor force compensated for the shortage of natural resources. Belarus was ranked 38th among 173 countries in the global Human Development Index ranking.3

In the early 1990s, Belarus faced considerable social and economic challenges, mainly caused by the collapse of the USSR and the transition to a new socio-economic system based on market relations. The Chernobyl accident increased the difficulty of Belarus's transition. Mitigation of its consequences demanded considerable material and financial resources from the country's economy. Thus, the first stage of the transition was marked by a period of economic decline lasting from 1991 to 1995.

In 1995, Belarus embarked upon a programme of building a "socially-oriented market economy," which would combine the benefits of a well-developed market system with social equity and effective social support. By 2008, the Government had implemented moderate economic reforms within an increasingly benign external environment, and was able to deliver significant economic growth. In this manner, Belarus avoided the sharp drop in per capita incomes experienced by many of its neighbors and achieved one of the highest income levels among CIS countries. GDP growth was driven primarily by improvements in labour productivity and increases in both energy efficiency and capacity utilization. The Government's macroeconomic policies were gradually improving, with a unified exchange rate, stricter monetary policy, considerable fiscal and quasi-fiscal adjustment, and lower inflation. Moderate budget deficits and debt levels were maintained.4

The private sector share of the GDP is about 30% – the lowest among all transition economies. The main targets of the privatization programme that started in 1991 were relatively small companies in trade and public catering (restaurants and food stands), followed by agribusiness and industry. In 2008, the Government launched a new and enlarged privatization programme involving 519 enterprises from the light manufacturing, wood industry, construction, machine building and metal plant sector. 5 Within the context of cooperation with the International Monetary Fund (IMF), Belarus committed to establish a national agency on privatisation and privatise five large companies.

According to the World Bank Country Economic Memorandum of 2006, small private businesses and individual entrepreneurs in Belarus faced one of the most hostile business environments among European transition economies. As a result of measures taken by the Government to improve the business climate since 2007, within a relatively short time Belarus has improved its ranking (from 115th to 58th) and for the third year in a row it is ranked in the top fourth of countries undertaking business reform.

In 2008, Belarus's economy received US\$ 6.5 billion in foreign investment, which is nine times more than it received in 20026. However, Belarus has attracted low levels of foreign direct investment (FDI) compared with most countries in the region. As a result, the impact of FDI on local economic development has been limited, with the exception of sectors where foreign investment has been actively encouraged, such as telecommunications and banking. Belarus has a large untapped potential for attracting FDI, given the quality of its infrastructure and human capital, as well as its privileged location between Western Europe and Russia.5

The share of exported goods in the 2008 GDP was 53.5%. Belarus had trade relations with 183 countries and its foreign trade, in general, showed positive movement. Russia accounted for 32.4% of Belarus's export, other CIS countries for 11.7%, EC countries for 43.5%, and the rest for 12.4%. Imports from Russia comprised 59.7% of all Belarus's imports, while other CIS countries accounted for 6.2%, EC countries for 21.7%, and the rest for 12.4%. Belarus aims to diversify its foreign trade and economic relations geographically and join the World Trade Organization (WTO) under conditions that conform to its national interests, internal and foreign policies, and lower barriers to its exports. At the same time, Belarus's goods face challenges in meeting European quality standards.

In 1990, the knowledge-based GDP of Belarus was 1.47%, while in 2000 it was 0.72%, and in $2008-0.75\%^7$. However, Belarus is one of the leaders among CIS countries in terms of budgetary spending for science.⁸ The State Programme of Innovation Development for 2007-2010 has been implemented.

During recent years, Belarus has made significant efforts to reduce energy intensity and improve energy efficiency. The results are encouraging: energy intensity was about 0.76 tons of oil equivalent per dollar of GDP in the mid-1990s and was reduced to 0.34 in 2007 and to 0.296 in 2009 (down by 8.5% compared to 2008). The Government's energy efficiency programme aims to further reduce energy intensity of the economy by over 31% in 2006-2010.9 Over the past three years, Belarusian industrial enterprises have implemented a large number of energy efficiency measures, including the upgrading of manufacturing equipment. In most cases, companies have financed these investments from their own funds. ¹⁰ However, as compared with a number of industrialized countries, the economy of Belarus remains energy intensive. Belarus's economy uses almost double the energy per unit of GDP than Poland and two and half times more than Germany. Mass social housing complexes of the 1960s-1990s also present a serious problem in terms of energy efficiency. ¹¹

In order to reduce anthropogenic impacts on the environment and amid gradual increase in the price of imported energy products, which has put added pressure on the economy, the Government aims to increase the use of renewable and local energy sources. (Government plans to ensure that by 2012, at least 25% of electrical power and heat energy are generated from local energy supplies and renewable energies). In addition, the Government plans to build a nuclear power plant by 2016.

Living standards achieved by 2009

Benefits from economic growth were broadly shared with the population, and poverty rates declined substantially, while inequality remained rather stable and moderate.⁴ However, despite Belarus's impressive progress in reducing the poverty rate from 46.7% in 1999 to 6.1% in 2008, a number of population groups have remained most vulnerable to poverty, e.g., large families with three or more children, single parent households, workers with a low level of education, and the disabled receiving social pensions. In rural areas and small towns the poverty rate is above the national average. The reason for this inequity is that local economies in these communities are dominated by state-owned enterprises, most of which are overstaffed and dependent on state subsidies. The workers at such enterprises are thus highly vulnerable to poverty.¹²

Belarus belongs to the group of countries with the lowest level of malnutrition (less than 2.5% of population) and is the leader among CIS countries in terms of production and consumption of food per capita.⁶ The consumption of the poorest three deciles of households depends heavily on cheap sources of calories. Approximately 50% of their required nutritional intake is derived from bread, potatoes, sugar and sunflower oil. The relatively low incidence of extreme poverty suggests that the population is able to use cheap calories to satisfy a minimum caloric requirement.¹³

The official unemployment rate is quite low and was 0.9% as of 1 December 2009. However, the international economic crisis has led to an increase in the prevalence of part-time work, which employers justify as a commitment to keeping their employees in the workforce.¹⁴

³ Human Development Report 1993 (UNDP, 1993).

⁴Belarus: Window of Opportunity to Enhance Competitiveness and Enhance Economic Growth. A Country Economic Memorandum for the Republic of Belarus (World Bank, 2005).

⁵ Investment Policy Review. Republic of Belarus. (UNCTAD, 2009).

⁶ Materials provided by the Ministry of Foreign Affairs within UNDAF preparation process.

Vladimir Nedilko, presentation "Financing innovations in Belarus" (UN ECE, 2009).

 $^{^{8}\,\}mbox{State}$ Programme of Innovation Development for 2007-2010.

⁹ Project Appraisal Document on a Proposed Loan in the Amount of US\$ 125 Million to the Republic of Belarus for an Energy Efficiency Project (World Bank, May 2009).

¹⁰ Energy Efficiency: A New Resource for Sustainable Growth. Researching energy efficiency practices among Belarusian companies (IFC, 2009).

¹¹ Housing Sector Review. Republic of Belarus. Draft (UN ECE, 2008).

In Belarus, the MDG concerning universal enrollment in primary education has been achieved. Full primary and general basic enrollment is ensured. According to the 1999 national census, however, the literacy rate among 15 to 24 year olds remains quite high, at 99.8%, compared with the adult literacy rate of 99.6%. ¹⁵

As of 1 January 2004, there were 22.3 square meters of housing floor space per resident. This figure breaks down to 20.0 square meters in cities and 27.8 square meters in rural areas. However, the quality of housing in urban and rural areas is not comparable. Urban residents have much better access to utilities than their rural peers. As of 1 January 2004, there were 32.4 thousand people (0.3% of the total population) living in old and dilapidated buildings, which could theoretically qualify as slums. Of those people, 25.7 thousand live in cities, and 6.7 thousand in villages. The number

of private residences as a share of the total housing supply has increased from 53.5% in 1990 to 81.2% at the beginning of 2004. 15 In general, up to 600,000 families need improved living conditions, according to official data. Although the state is providing housing, the demand is still greater than the supply. 10

Practically the entire population of the country has access to improved sources of drinking water -99.6%, including 99.8% in urban areas and 99.3% in rural areas. All inhabitants of the city of Minsk and in the Brest region are using improved sources of drinking water. On the whole, in the country, 82.1% of the population uses drinking water that is piped into their dwelling, yard or plot (in urban areas 92.7% and in rural areas 61.3%). In rural areas, an important source of drinking water is a protected well (30.7%). In addition, 7.1% of rural residents use public water pumps in the street. ¹⁶

Challenges Belarus faced in 2009

During the economic boom of the 2000s, external vulnerabilities were not addressed and weaknesses in the financial sector built up. In the external sector, international reserves remained low: at the end of 2007, they amounted to 1.5 months of imports and 57% of short-term debt. In 2007, Russia doubled the price of natural gas and applied part of its regular export tax on oil exports to Belarus. Exports to western markets remained concentrated on oil products, while higher value-added exports were mostly to the CIS.¹⁷

In the financial sector, indirect credit risks from unhedged foreign exchange borrowing and funding exposure to the global banking system have recently increased, although they remain much smaller than in other Eastern European countries. However, direct lending also increased, funded by government deposits and recapitalization of government-owned banks. Moreover, administratively-imposed interest rate ceilings reduced incentives to manage risk, while high credit growth and low provisioning by banks against Non-performing loans (NPLs) remain a source of concern. Overall, the 2008 Financial Sector Assessment Program (FSAP) update found that credit and liquidity risk remained high.¹⁷

The global economic crisis has exposed these vulnerabilities. The negative balance of foreign trade in 2009 exceeded US\$ 7 billion. To compensate for the shortage of financial resources, Belarus applied

to the IMF for a Stand-By Arrangement (SBA). The original 15-month SBA was approved on 12 January 2009. Financial support was subsequently increased to SDR 2.27 billion (about US\$ 3.63 billion) on 29 June 2009. According to this arrangement, the Government and the National Bank of Belarus committed to take the following actions: to implement a more robust exchange rate regime; keep with the CPI inflation target of 11.5% for the end of 2009; transfer direct lending programs to the budget; begin the process of privatizing large state-owned banks; aim for a balanced central Government budget in 2009; increase targeted social spending to protect the most vulnerable from adjustment measures; establish an agency that would facilitate leasing equipment for Belarus's exporters; reduce price controls; increase the scope of private sector activity; open the economy to FDI; and improve the business climate.

A system of tripartite relations between governmental bodies, business and trade unions is being developed. The Government and the social partners are cooperating with the International Labour Organisation (ILO) to implement the Plan of Action on application of Conventions No.87 and No.98.

According to the IMF, by October 2009, Belarus had made good progress in adjusting its policies in response to the global crisis. Despite a substantial decline in exports, the economic contraction was mod-

¹² Document of the UNDP project "Development of a regional social policy model for poverty reduction in Belarus."

¹³ Belarus: Poverty Assessment. Can Poverty Reduction and Access to Services be Sustained? (World Bank, 2004).

¹⁴ National Plan of Attaining Gender Equality for 2008-2010.

¹⁵ Status of Achieving the Millennium Development Goals. National Report of Belarus (2005).

¹⁶ Monitoring the Situation of Children and Women. Republic of Belarus. Multiple Indicator Cluster Survey (UNICEF, 2005)

est relative to other crisis-hit countries. Exchange rate adjustment has helped reduce external vulnerabilities, with the present exchange regime providing a buffer against external shocks. The adjustment has been supported by a tight fiscal policy, with revenue shortfalls offset by spending cuts, and by an interest rate policy that has kept market rates high in real terms. Nevertheless, the strategy of expanding credit under various Government programs, while helping to cushion the impact of the crisis on output, put pressure on the country's external position.

The key reforms implemented by the Government in response to the crisis are focused on (i) addressing the consequences of the economic downturn and implementing reforms through strengthening the social security system, and (ii) setting the fundamentals for the recovery of sustainable economic growth by supporting private sector development and enhancing competitiveness through economic liberalization and tightened financial discipline.

The Government is committed to gradual economic liberalization, aiming to enhance its efficiency and competitiveness and create a reliable basis for post-crisis recovery and growth. In the mid-term, the Government will pursue and intensify its efforts in regard to:

Maintaining external and internal balance using a combination of sustainable economic policy measures;

Improving targeted government aid in order to bring it in line with the standards of the Organisation for Economic Co-operation and Develop-

ment (OECD) countries accompanied by increased budget funding of the programme;

Reducing administrative barriers and regulatory and administrative costs of doing business. These interventions will be implemented through increased transparency in the monitoring process and the application of advanced verification methods, including audits, reduction of business activities subject to licensing, establishing a register of all administrative procedures relating to legal entities and individual entrepreneurs, and establishing strict and clear rules for the implementation of new administrative procedures;

Increasing the efficiency and predictability of the fiscal system and reducing the tax burden;

Expanding price liberalisation by decreasing the range of goods and services the pricing of which is subject to administrative regulation;

Accelerating and enhancing privatisation while ensuring the transparency, predictability and efficiency of the process by developing a proper regulatory and institutional privatization framework;

Increasing the level of cost recovery through energy tariffs for all categories of consumers by the gradual abolition of cross subsidies and budgetary subsidies;

Enhancing the transparency and efficiency of the system of state support by improving the submission procedure, contents and regular publication of the summary report on state support, and by bringing it in line with the requirements of the World Trade Organisation.

AREAS FOR UN ASSISTANCE TO BELARUS IN 2011-2015

- 1.1. Assistance for improving innovation for development, investment and business climate;
- 1.2. Assistance for increasing integration of the national economy into the international trading system;
- 1.3. Assistance for increasing effectiveness of social policies.

¹⁷ Republic of Belarus: Request for Stand-By Arrangement – Staff Report; Staff Supplement and Statement (IMF, April 2009)





Assistance for strengthening national health care system

UNDAF Area of cooperation 2: Assistance for strengthening national health care system

Millennium Declaration: reduce child mortality; improve maternal health; combat HIV/AIDS, malaria and other diseases;

National development priorities: to promote self-preservation behavioral patterns and healthy lifestyles by decreasing morbidity, trauma, and disability (Main Directions of Social and Economic Development of Belarus for 2006-2015).

Life expectancy, mortality and morbidity

Average life expectancy in Belarus is low relative to other developed countries - 64.7 for men and 76.5 for women (2008). In 2008, the leading causes of mortality in Belarus were diseases of the circulatory system (53%), cancers (14%) and external causes such as accidents, poisoning, injury, homicide and suicide (11%). Overall healthy life expectancy (HALE) fell after 1999 and in 2002 was 60.7 (56.6 for men and 64.9 for women), which compares favourably with the 2002 CIS average of 58.6, but is considerably lower than the 2002 EU average of 70.3 years. $^{\rm 18}$

In 2008, 32.0 thousand people died in able-bodied age, which comprised almost every fourth out of all mortality cases. Male mortality in this age group is 4.5 times higher than female mortality. The leading causes of premature mortality - 32% of cases - are external causes, including accidents, poisoning and injury (murders and suicides). Many of the deaths from external causes are alcohol related, and according to official figures in 2008, 1994 people of able-bodied age died of accidental alcohol poisoning alone. However, a considerable proportion of deaths attributed to external causes are the result of suicides, and Belarus has one of the highest suicide rates in the WHO European Region, with men aged 65 and under appearing to be most at risk. 18

In Belarus, 99.9% of all births are attended by skilled medical personnel. Over the past years, the maternal mortality ratio has declined substantially to three cases per 100,000 live births in 2008. This is the lowest maternal mortality ratio in the CIS, and equal to Europe's average.

The declining health status of women, two thirds of whom had various health disorders, and one third of whom suffered from anemia, along with a rising proportion of women who have given birth two or more times, affected the age distribution of maternal mortality cases.

The Ministry of Health lacks a national programme on reproductive health (RH). Thus approaches and interventions in RH are not organised as a separate document but are defined within various legal acts and regulations: "Law of the Republic of Belarus On Health Care" (№ 2435-XII, 18 June 1993), the Programme of the Public Health Development and various other internal ministerial decrees and regulations. RH issues are given priority in the country mainly in the context of the new National Programme on Demographic Security for 2007-2010.

¹⁸ Belarus Health System Review (WHO 2008).

Children's health

Ongoing reorganisation of the obstetric service in the country, especially the introduction of a three-level system of perinatal centers from 1996 onwards, has contributed to decline of infant mortality (IMR). In 2008, IMR was 4.5 deaths per 1,000 live births versus 9.3 per 1,000 live births in 2000.

The leading causes in infant mortality are certain conditions originating in the perinatal period (40.6% in 2008), followed by congenital anomalies (congenital malformations), deformations and chromosomal abnormalities (25.1%), external causes (8.5%), diseases of the respiratory system (2.9%) and infectious and parasitic diseases (3.1%). Nevertheless, special attention should be paid to decreasing preventable infant mortality from external causes.

Belarus with the support of UNICEF has done considerable organisational and educational work to promote the WHO/UNICEF Baby Friendly Hospital (BFH) Initiative. At present 35% of deliveries are at BFHs and 27% of children are served in BF policlinics. The prevalence of breast-feeding, including exclusive breast-feeding during the first six months of infants' lives has increased. However, special attention should be given to changing the practices of maternity and child care facilities.

Over the last decade there has been a significant decline in the number of deaths among children under five years of age (U5MR). In 2008, U5MR was six deaths per 1,000 live births, down reduced from 12.3 deaths per 1,000 live births in 2000. The decrease in child mortality has been achieved mainly through the decline in respiratory, infectious and parasitic diseases. The major causes of mortality in children aged 1-4 in 2008 were congenital anomalies (congenital malformations), deformations and chromosomal abnormalities (16.8%) and external causes (41.6%).

Mortality in this age group caused by accidents, injuries and poisoning is a matter of serious concern. Parents are not always able to provide first aid in case of injuries and poisoning. The current challenges include development, introduction and evaluation of the new methods of treatment and diagnosis, with a major emphasis on training parents, care-givers in preschool institutions and mid-level health professionals in techniques of basic first aid during critical phases.

The national childhood immunization programme is free of charge for all and consists of immunization against diphtheria, poliomyelitis, tetanus, whooping cough, tuberculosis, Hepatitis B, measles, rubella, epidemic parotitis as well as rabies, influenza, tick-borne encephalitis etc. The high percentage of population coverage (children receiving inoculations account for about 92%) of citizens receiving vaccinations; has remained consistent during recent decades. Thus, collective protection against infectious diseases can be considered to be under control.

The public immunization programme is carried out within the framework of the National Calendar of Preventive Vaccination and is fully financed by the state. In addition, the state pays for supplementary immunization activities to protect against conditions such as Hib infection, Hepatitis A and rubella under the National Programme on Demographic Security for 2007-2010 and the State Programme on Sanitary-Epidemiological Welfare of the Republic of Belarus for 2007-2010. As a result of these very effective programmes, there has been a considerable reduction in the morbidity rate of many infectious vaccine-preventable diseases. By 2002, poliomyelitis had been completely eliminated. Measles, rubella and congenital rubella syndrome, which pose serious public health problems in many other countries besides Belarus, are the next targets for complete elimination.

Early sexual life remains among the major threats to adolescent health and development. Even though data show a significant decrease in abortions from 46.1 per 1,000 women age 15-49 years in 2000 to 16.3 in 2008, abortions among young women age 15-19 years remain at 9-10% of the total number of abortions. Contraceptive use is low. The number of adolescent girls suffering from gynecological diseases steadily increased in the past few years. The number of reproductive health problems among adolescent boys is also growing. Thus, the high incidence of sexually transmitted infections (STI) continues to be a serious public health concern.

Smoking, alcohol consumption and drug use have become serious health risk factors, as well, fuelled by behavior models emulated by young people. Behavioral problems also may be a symptom of depression or other mental health disorders. Thus more emphasis should be put on prevention strategies, such as youth-friendly approaches and services, which should be gradually introduced into the primary health care system.

According to data, 99.5% of children in the Republic of Belarus receive regular prophylactic examinations. Based on examinations conducted in 2008, school children in the first and second health groups made up 86.8% of the total, 13.2% of these children had chronic diseases and 1.4% of them suffered from physical disabilities. Among adolescents, those with chronic diseases and disabilities constituted 21.7%. Senior school children were shown to have more physical and mental problems than pre-school children.

Despite a decreased level of primary child disability from 17.5 in 2000 to 16.3 in 2008 per 10,000 children, the high prevalence of primary child disability is a matter of concern. Congenital malformations are the biggest cause of child disability (accounting for 30.6% of all newly recognized cases in 2008).

The key priorities of the Government's policy on disabled children include minimization of the causes of disability; development of a mechanism for identification of such children at early stage (before the age of 3); elimination of obstacles impeding social integration of disabled children and creation of enabling livelihoods and supportive environments. In recent years there has been a tendency to shift away from placing these children in special education boarding schools towards integrated education. New approaches for children with disabilities have been implemented, including day-care centres, centres of correction, development training and rehabilitation for disabled children that also

provide correctional, recuperative, psychological and methodological services to the families with these children, and professional/vocational training programmes to promote social integration.

Future strategies should be oriented toward substantial improvements in the monitoring system for persons with disabilities, as well as a paradigm shift from a welfare approach to an approach that focuses on development of the fullest potential children with special needs by identifying and building on their inherent skills and assets.

Health system

Belarus has basically preserved the Soviet model of medical care, with some modifications. The primary advantage of this model is that basic health care is available free of charge to the entire population. The main shortcomings of the existing system are low responsiveness and efficiency.

In Belarus the primary health care network has two forms of service provision: traditional polyclinics in the cities and outpatient clinics and feldsher-midwife (akusher) points (FAPs) in rural areas. In some outpatient clinics general practice is emerging. Urban adult and pediatric polyclinics offer primary care, including prevention, diagnostic, consultation and referral services.

Secondary care is provided through district and regional hospitals. While district hospitals provide general secondary care services, regional hospitals deal with more complex and acute cases and offer a wider choice of care. At the same time, each district and region has an outpatient polyclinic, which delivers specialized secondary care for the patients in the community. In Belarus, the use of hospital beds for social and long-term care has been formalised and is partially covered by deductions from patients' pensions and welfare benefits.

The delivery of the bulk of public health services is provided through the sanitary-epidemiological network established in the Soviet period. Each region has a sanitary-epidemiological centre that supervises a network of outposts and reports to the Ministry of Health. There are more than 150 centres in the country.

Belarus's health care system is mainly funded through general taxation and some out-of-pocket payments. The majority of revenue is raised at the local level, with most taxes being collected from publicly owned enterprises rather than payroll contributions. Since there are no formal user charges in Belarus, out-of-pocket payments are usually made in order to purchase pharmaceuticals and for limited private services (e.g., diagnostic centres, dentists, etc.).

Although pooling of funds is the responsibility of local authorities, the public health system is still a single-payer system. Local authorities and the national Government act as third-party payers for health care services and personnel. There has been a slow shift in purchasing health services from input-based to population-based financing, which should improve resource allocation and efficiency in the long term.

Capital investments favour the hospital sector and specialised care and more resources have been devoted to the refurbishment of existing facilities rather than building new health facilities.

Belarus has an extreme over-supply of doctors and nurses for inpatient and specialist care, which over the time has been increasing. However despite the large overall numbers of health professionals, they are very unevenly distributed across the country and across health specialties. The broadening of alternative career opportunities and low wages for health workers means that the country is now facing recruitment problems for key health workers in rural areas and in primary health care, contrasted with over-capacity in the cities and hospitals.

The Ministry of Health plays a key regulatory role at all levels of the highly centralised health system, issuing norms for care and standards for service provision. Although regional and district health authorities are deemed to be important stakeholders due to their responsibility for local health care financing, their decision-making capacity is still limited. In Belarus, purchaser and provider functions are integrated and different levels of the Government purchase various kinds of care and cover the costs of public health facilities. Approaches to planning are still based on setting norms and imposing penalties for not meeting them. This top-down policy development and implementation process leaves little room for stakeholder participation. There is also a need to improve information systems so that data and analysis can better inform policy and planning. ¹⁸

HIV and AIDS

As of 1 January 2010, 10,690 cases of HIV infection have been registered. According to the national experts' estimates (2007), the actual number of HIV-positive people equals 25,000. The average HIV prevalence is 0.2-0.4%. Data show that 51.7% of the total number of HIV-positive people live in the Homiel region.

Belarus is a country with a concentrated epidemic among injection drug users (IDUs) – (10.7% in 2009) and slightly growing HIV prevalence among commercial sex workers (CSW) (2.9%) and men who have sex with men (MSM) (2.1%). Infections contracted during intravenous injection of drugs are prevalent and growing in number (52.7% of all cases in 2009).

The ratio of people infected through heterosexual transmission has been growing from 57.3% in 2005 to 77.6% in 2009. Mainly young people aged 15-29 are involved in spreading the disease. According to cumulative data, their ratio in the total number of reported cases equals 66.8%. The ratio of women in the total number of HIV-positive people is 37.4%, men account for 62.6%. The cumulative number of AIDS cases up to 1 January 2010 was 1,821. The number of deaths from AIDS is 937 persons, or 51.5% of the total infected population.

The governmental policy on HIV and AIDS is based on the principles of full and equal access to information, prevention, treatment, care and support and respect for human rights. It is implemented in cooperation with governmental institutions, international and non-governmental organizations and people living with HIV (PLHIV). Prevention is recognized as a high priority of the HIV and AIDS strategy.

Prevention programmes for the most at-risk populations were scaled up by 2009 (IDUs - 58.7%, MSM- 24.1%, CSW - 44.7%, prisoners - 86.7%)¹⁹ within the third State HIV Prevention Programme for 2006-2010 co-funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). HIV prevention programmes need to be further sustained and increased for these and other vulnerable groups to achieve the national Universal Access and MDG 6 targets for prevention. Workplace HIV programmes as well as information programmes targeting the whole population which threatens to become a growing share of sexual transmission, are inadequate to address the new challenges of the epidemic.

Between 1987 to 1 January 2010, 1,521 children were born to HIV-positive mothers. HIV diagnosis was confirmed for 153 of these children; eight have died.²⁰ The Universal Access target on Preventing mother-to-child transmission of HIV (PMTCT) was achieved and almost 90% of HIV-infected women and children received prophylactic care through the health care system. Sustaining this result is a target of the State HIV Prevention Programme. This will require enhancing the evidence base and regulatory frameworks as well as ensuring adequate levels of PMTCT programme coordination.

Between 2004-2009, Belarus made considerable progress in providing combined anti-retroviral therapy (ART) to PLHIV in need of treatment. While in 2004, 68 patients (6%) received ART, at the end of 2009, 1,565 patients (all registered patients in need) were in treatment. The sustainability of treatment in terms of national funding and adherence to treatment remains a challenge. The dynamic of HIV infection in Belarus and the ongoing AIDS death rate point to an increasing need for palliative care during the next 3-5 years. By 2012 the number of overt forms of AIDS is expected to increase by 25-30%; accordingly, there will be an increased need for home-based palliative care modalities.

HIV and AIDS programmes that will be beneficial to strengthening the whole health system have been the focus of the mid-State HIV Prevention Programme Review and the GFATM Applications Development (Eighth Round). Health system strengthening remains an element of the comprehensive HIV response to be addressed through WHO's Health System Performance Framework by elimination of the following weaknesses: assistance delivery to PLHIV is not patient-responsive and lacks a comprehensive package of services; an inefficient system of medical staff incentives results in a deficit of doctors; unsystematic documentation of practical experience in patient care results in potential loss of skills and knowledge by doctors and reduces educational effectiveness; efficient anti-retroviral (ARV) programmes (diagnosis, treatment, care, forecasting, procurement) are undermined by the lack of an integrated coordinating medical centre; patient monitoring suffers from inadequate internal and external quality control of laboratories.²¹

HIV prevention challenges, treatment and care sustainability, coordination and institutional gaps will be addressed by the Fourth State HIV Prevention Programme 2011-2015, co-funded by GFATM (Eighth Round grant 23.8 mln. Euro and RCC grant 13.5 mln. USD) and UN agencies.

¹⁹ "Service Delivery Areas, Indicators and Targets" in "Progress Update and Disbursement Report" of the "Prevention and Treatment of HIV/AIDS Project Report in the Republic of Belarus" to the Global Fund to Fight AIDS, Tuberculosis and Malaria, 2009.

²⁰ National Report on Implementation of the Declaration of Commitment to Fight HIV/AIDS 2008-2009.

²¹ Belarus proposal "Ensure Universal Access of the Key Affected Populations in Belarus to Prevention, Treatment and Care" to the Round 8 GFATM.

Tuberculosis

In the last two decades, tuberculosis has remained a widespread disease and continues to pose a serious threat to the public health and economy of Belarus. From 1991 to 2008, primary TB incidence increased by 55% (from 30.9 to 47.9 per 100,000 population), and mortality increased twofold (from 4.3 to 8.6 deaths per 100,000 population).

Between 2005-2008, morbidity and mortality indicators began to decline. The number of cases per 100,000 population decreased by 11.8%, from 54.3 to 47.9, and mortality dropped by 28.9% (from 12.1 to 8.6 deaths per 100,000 population). The annual morbidity rate is 4,600, the mortality rate is 1,000 deaths per year.

Tuberculosis is a significant economic drain on society. Long periods of treatment generate substantial expenses for the health care system. Tuberculosis also results in long-term, and sometimes permanent disability, creating an additional burden on social safety nets.

Tuberculosis is major threat to global public health. In 1993, tuberculosis was declared a global emergency by WHO. Directly Observed Treatment, Short-course (DOTS), a global effort to combat tuberculosis, was launched in 1995, and the "Stop-TB" strategy in 2006. The goal is to stop the spread of tuberculosis by 2015, and achieve at least a 70% diagnosis rate and an 85% recovery rate.

In recent years, several new threats have emerged, calling for immediate interventions and additional funding.

One such threat is continuous yearly increases in HIV/TB comorbidity, from 222 cases in January 2005 to 998 cases by 1 January 2009. Multidrug resistant forms of tuberculosis are also a concern. Of all new pa-

tients diagnosed in 2008, 15.8% had multi-drug resistant tuberculosis, up from 9.9% in 2005.

Exposure of medical workers to tuberculosis is also a challenge that remains to be addressed. In 2005, 96 medical workers were diagnosed with TB, of whom 13 were employed in tuberculosis clinics and dispensaries. By 2008, 103 tuberculosis cases were diagnosed among health case workers, including 18 among the staff of tuberculosis clinics.

High tuberculosis prevalence in the prison population is a particular cause for concern. In the prison system, tuberculosis is over 6.7 times more common than in the general population. As a result of preventive interventions, the number of tuberculosis cases decreased from 1,658 per 100,000 prisoners in 1998 to 303.6 per 100,000 prisoners in 2008. Strengthening prevention and improving diagnostic and treatment facilities in the prison system are important priorities, as released prisoners with untreated tuberculosis contribute significantly to the spread of the disease in the general population.

The State Tuberculosis Programme, developed for 2010-2014 by the Government of Belarus and the Ministry of Health, and enacted by the Council of Ministers, calls for the acquisition of sensitive modern equipment enabling rapid bacteriological diagnosis of tuberculosis and identification of drug-resistant strains. If successful, the programme will result in meeting the country's needs for anti-TB drugs, including drugs for multi-drug resistant tuberculosis; reduce the number of multi-drug resistant cases; stop the spread of tuberculosis; and reduce the TB rate at least by 2% per annum.

By adopting the State Programme, Belarus has met the eligibility requirement for access to grant money from the Global Fund to Fight AIDS, Tuberculosis, and Malaria. Such funding can be utilized to cofinance national preventive interventions.

Non-communicable diseases

The leading causes of death are cardiovascular diseases and cancer, followed by accidents and poisoning.

Unlike most other CIS, mortality from these causes has risen steadily since the end of the 1980s.

In Belarus the rate of premature $(0-64\,\text{years})$ mortality due to both ischemic heart disease and malignant neoplasm is one of the highest in Europe.

The situation with regard to mortality from external causes of injury and poisoning is developing in an extremely unfavourable way in Belarus.

Lifestyle is a matter of concern in Belarus. Tobacco use is high and has increased among adolescents. It is estimated that about 15,500 people die each year from tobacco use, (15,000 men, and 500 women). This represents about 14% of all deaths (28% for men, 1% for females). Moreover, tobacco is estimated to cause about 40% of all male deaths in middle age (35-69), and about one-half (40%) of all cancer deaths.

Alcohol abuse is a huge problem among males. There is also an increase in illicit drug consumption. With regard to illicit drugs, there is limited cultivation of the opium poppy and cannabis in Belarus, and this is mostly for the domestic market. The country remains a transshipment point for illicit drugs to and from Russia, and to the Baltics and Western Europe.

After a sharp rise between 1991-1996, mortality due to suicides and self-inflicted injuries has stabilized at one of the highest levels in the WHO European region. According to the Hyogo Framework for Action 2005-2015 (HFA)²² data, since the 1980's suicide rates have increased from the 1980's (25.93 per 100,000 population in 1981 and 33.34 in 2003),

currently rate is double than the European Region average (16.64 per 100,000 population in 2003), and starting from 1995 it is also much higher than CIS average (26.05 per 100,000 population in 2003).

Many premature deaths can be attributed to the consumption of alcohol and tobacco. Thus in 2001, the standardized mortality rate for selected alcohol-related causes was 188 per 100,000 population, for smoking-related causes it was 731 per 100,000 population. The 2004 average rates for the WHO European Region amounted to 100 per 100,000 population for alcohol-related and 396 per 100,000 population for smoking-related causes.²³ High levels of alcohol consumption and smoking are therefore key public health challenges in Belarus.¹⁸

AREAS FOR UN ASSISTANCE IN 2011-2015:

- 2.1. Assistance for strengthening national health care system;
- 2.2. Assistance for combating HIV/AIDS;
- − 2.3. Assistance for combating TB;
- *− 2.4. Assistance for promoting healthy lifestyles.*

Hyogo Framework for Action 2005-2015: Building the resilience of nations and communities to disasters (HFA)
 WHO Regional Office for Europe 2007 data.





UNDAF Area of cooperation $N^{o}3$:

Assistance for ensuring environmental sustainability

UNDAF Area of cooperation 3: Assistance for ensuring environmental sustainability

Millennium Declaration: ensure environmental sustainability;

National development priorities: improve the quality of the environment, ensure sustainable economic growth within biosphere capacity and develop new management strategies in the use of natural resources and environment protection (Concept of the National Strategy of Sustainable Social and Economic Development for 2011-2015).

Environmental concerns in the decision-making process

The Government attaches high priority to environmental management and protection. About 2.1% of Belarus's annual GDP is allocated for the environment, including heightened energy efficiency, better use of local resources, acquisition and installation of pollution abatement equipment, and raising the public level of environmental education.

Goals and principles of environmental sustainability in Belarus are described in the National Strategy of Sustainable Social and Economic Development of the Republic of Belarus for the period up to 2020. In June 2009, a Concept of the National Strategy of Sustainable Social and Economic Development for 2011-2025 was approved.

The 1998 law "On Forecasting and Socioeconomic Development Planning" mandates inclusion of environmental priorities in socioeconomic development forecasts and programming. The following laws have been enacted: "On Environmental Protection," "On the State Assessment of Environmental Impact," "On Fauna Species," "On the Protection of Atmosphere," "On the Radiation Security of the Population," "On the Protection of the Population and Territories from Natural and Man-made Emergencies," "On the Sanitary and Epidemiological Welfare of the Population," "On Specially Protected Natural Areas and Objects," "On Ozone Layer Protection," "On the Drinking Water Supply," "On Waste Disposal," and "On Flora Species," as well as Codes of the Republic of Belarus on mineral resources, on land, forests, water Code, etc.

Climate change mitigation

Belarus is a full-fledged Party under the United Nations Framework Convention on Climate Change (UNFCCC). It develops and implements a number of national and local programmes to help address mitigation of climate change and facilitate adequate adaptation, including the National Programme of Provisions for Climate Change Mitigation recently adopted by the Government. The country performs and promptly reports National Communications and greenhouse gas (GHG) inventories, promotes and cooperates in the diffusion of appropriate technologies; promotes sustainable management in the conservation and enhancement of GHG absorbents; and provides research, education, training and public awareness. Belarus has established all necessary UNFCCC components, including a Designated Focal Point and National GHG Inventory System.

Under its Kyoto commitments, Belarus has adopted and implements the National Kyoto Action Plan and National GHG Emission Abatement Strategy. Complying with methodological and reporting requirements, the country prepared and submitted The Republic of Belarus's Report on Progress, Initial Report, the First Annual Report under Article 7.1, and national communications and other annual reports on GHG Cadastre. Striving for being eligible for Kyoto flexibility mechanisms, the country has established all necessary components, i.e., the designated authority to approve Joint Implementation (JI) projects, National Registry of Carbon Units, JI Guidance and Procedures, and all other components for implementing projects on the reduction of GHG emissions, (Green investment scheme (GIS), and Verified Emission Reduction (VER) provisions). Although Belarus is a constituent and effective party to the

Kyoto Protocol, its quantified emission reduction commitment, which is 92% of the 1990 emission level as per decision 10/CMP.2, has not been included in Annex B yet due to the complexity of the ratification process of the Belarusian Amendment to the Kyoto protocol. Therefore,

the Kyoto flexibility mechanisms are still unavailable for the country. This circumstance impedes possible allocation of additional resources for further GHG emission reduction and puts Belarus into unfair conditions in comparison with other Annex I countries of the Kyoto Protocol.

Biodiversity protection

Biological and landscape diversity in the country is maintained through a system of specially protected nature territories, which covers 7.7% of national territory. The conservation of biodiversity also depends on fragmented habitats outside protected areas (PAs). In addition, man-made landscapes are characterized by rich floral and faunal diversity. Today, about 30% of species included in the Red Data Book of the Republic of Belarus is present in man-made landscapes. More than half of them in fact prefer such habitats or can be found only in these territories.

Among the most important types of man-made territories that play a significant role in conserving biodiversity are fish ponds and water reservoirs that are analogous to natural water reservoirs, wetlands, unique mature artificial forest stands, old landscape parks with diverse composition and design of the vegetation cover and agro-ecological zones using traditional land cultivation technologies.

The National Strategy on the Development and Management of Protected Natural Territories approved by the Government stipulates optimization of specially protected natural territories (SPNT) and minor expansion of its territory up to 8.3% by 1 January 2015. This confirms the importance of protection of wild flora and fauna habitats outside SPNT. The structure of SPNT areas by prevalence of eco-systems will change, allowing for the increase in bogs and grasslands. Its functioning will result in the optimal balance of state interests in environmental and economic areas, preservation of natural eco-systems, and biological and landscape diversity.

Waste management

Waste management in Belarus focuses on the collection of mixed waste and direct disposal into landfills after pre-compacting, without further processing. Overall, there is a total of 3.1 million tons solid communal waste generated in Belarus each year; about 30% of the solid waste landfills have reached their full capacity and another 20% have been in operation for more than 30 years. The National Action Plan on Rational Use of Natural Resources and Environmental Protection for 2006-2010

includes waste management. It recommends measures on ensuring environmentally safe waste handling, placement, disposal and recycling to achieve an effective level of service and improved environmental management throughout the country. These measures are supported by current waste management legislation, which provides the regulatory basis for the implementation of improved collection and disposal as well as for the development of waste processing facilities.

AREAS FOR UN ASSISTANCE IN 2011-2015:

- -3.1. Assistance for enhancing national capacity to mitigate and adapt to climate change;
- -3.2. Assistance for enhancing national capacity to protect and use the country's biological diversity in a sustainable way;
- 3.3. Assistance for integrating environmental concerns into national decision making;
- 3.4. Assistance for strengthening the national waste management system;
- 3.5. Assistance for strengthening national capacities for sustainable forest management;
- 3.6. Assistance for strengthening national capacities for disaster risk management;
- 3.7. Assistance for raising population awareness of climate change and sustainable use of natural resources.





Assistance for developing national migration management in line with international standards

UNDAF Area of cooperation 4: Assistance for developing national migration management in line with international standards

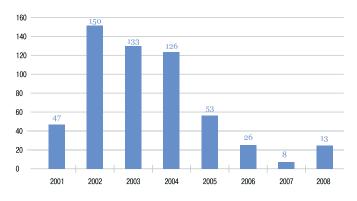
National development priorities: Management of migration processes and creation of conditions for safeguarding rights of migrants (State Migration Programme for 2006-2010); effective prevention and persecution of human trafficking, illegal migration and related crime and elimination of their causes (State Programme to Counteract Human Trafficking, Illegal Migration and Unlawful Deeds Related Therewith for 2008-2010).

Migration management

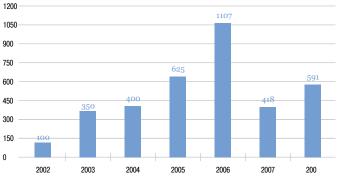
Belarus is an immediate European Union (EU) neighbour, bordering Latvia, Lithuania and Poland. Measuring some 1,050 kilometres, the common border between the EU and Belarus represents a significant segment of the external EU border. On the other hand, Belarus has an essentially open frontier with Russia. Due to this location between CIS and EU, Belarus has been extensively used as a transit route for irregular migrants moving westward from Afghanistan, Bangladesh, China, Pakistan, Sri Lanka, Vietnam and other countries. The westward migration flows are running up against strengthened borders with Poland, Lithuania and Latvia, leaving Belarus with a growing number of irregular migrants.

Although Belarusian law enforcement agencies have made significant efforts to manage regular migration flows and address irregular migration, statistics show that the number of those who are travelling westward through the territory of Belarus remains considerable. The general increase in irregular migration worldwide, along with migratory flows towards the new EU borders, has had a pronounced impact on Belarus, creating new migration challenges for an already strained system in the areas of restraint, reception or detention, care and services, registration and return.

Number of groups of illegal migrants detained on the territory of Belarus



Number of victims of trafficking



Much progress has been made in the area of protection/border monitoring, inter alia, with participation of non-governmental organizations. However, the system of referral of asylum-seekers to migration authorities by border guards (one person in 2005, 13 persons in 2006, 10

persons in 2007, 13 persons in 2008) and by interior authorities (10 potential asylum-seekers in 2004, five persons in 2005, nine persons in 2006, six persons in 2007, and one person in 2008) needs to be improved. The low number of referrals does not seem realistic given the

open border with Russia and official reports on the number of detained and expelled foreigners by border service and interior authorities. Many of those staying illegally in Belarus and detained by the authorities, who do not want to seek and do not qualify for asylum, would like to return voluntarily to their countries of origin. Thus a sustainable national system, including legislative provisions and resources, for voluntary return of migrants is needed.

Over the past 10–15 years, most migration exchange in Belarus took place with Russia, Ukraine and Kazakhstan. Belarus benefited from these (regular) migration flows, since the majority of immigrants were young and well-educated people. The emigration of Belarusian minorities, mainly to USA, Israel and Germany, decreased in recent years. But regular labour emigration of Belarusian citizens has been increasing over recent years. The main countries of employment for Belarusian nationals abroad are: USA, the Russian Federation, United Kingdom, Germany and the Czech Republic.

In 2008, 17,413 migrants (compared to 14,155 in 2007) entered Belarus for permanent residence. These were mostly migrants from CIS and Baltic States. At the same time, 9,268 persons left the country (compared to 9,479 in 2007). Net migration influx constituted 8,145 persons (4,676 in 2007). Labour migration in the country, both in and out, is systematically rising. In 2008, 2,463 persons arrived in Belarus to work under contracts — compared to 1,496 in 2007. At present, this trend encompasses all regions of the country.

Compared to other CIS states, besides Ukraine, from where 555 persons arrived, Belarus is a popular destination among labour migrants from Russia (134), Armenia (77), and Moldova (75). As for non-CIS countries, statistics show the following: Turkey (327), Lithuania (188), Vietnam (178), and China (145). Foreigners gain access to the national labour market upon signing contracts with Belarusian employers, licensed by the Ministry of Interior to attract foreign workforce. As of 1 October 2009, the Ministry of Interior had issued over 1,143 such licenses. Foreigners are mostly engaged in agriculture, construction in the provinces, managers, sports instructors, coaches, cooks and other nonprofessional occupations.

The flow of emigrating labour from Belarus is directed both to the CIS and non-CIS countries, with a majority of Belarusian migrants leaving for Russia (4,192). In 2008, Belarusian nationals emigrated to the USA (1,512), Poland (233) and the Czech Republic (86) and other countries.

Belarus's main objectives in regulating the migration processes are stated in the current country's State Migration Programme:

- Improve relevant legislation in order to use a consistent and systematic approach to managing migration flows;
- Develop international cooperation on forced, illegal and other types of migration;
- Ensure national security and strengthen border protection for the Republic of Belarus;
- Regulate immigration flows in order to limit depopulation;
- Contribute to integration and adaptation of migrants into Belarusian society and to cultivating tolerance towards migrants, in order to compensate for the natural decrease in the country's population through migration;
- Create conditions for reducing the emigration of scientific, technical and creative workers, as well as young professionals and area experts.

In December 2007, the Head of State approved the Concept of a national system for production, issuance and control of biometric documents. This concept stipulates gradual transition to biometric travel documents. From 2007 to 2009, the International Organisation on Migration (IOM), in cooperation with the Government, successfully implemented the project MIGRABEL. This project will enhance the capacity of the country to manage migration flow, receive expert assistance, undertake necessary research, study the experience of other EC countries pertinent to the introduction of biometric technologies into passport and other personal identity documents, and supply equipment for modernizing current personalization processes. Preparatory work conducted in the framework of the project will allow for an easier process of transition of the Republic of Belarus to biometric documents, if approved by the Head of State.

Belarus is a country that has rather progressive and advanced legislation in the sphere of migration, asylum and counter-trafficking. The Government has demonstrated its commitment and made visible efforts to counteract illegal migration, trafficking and related crimes. However, the country's capacity to respond to existing migration challenges is limited, and additional efforts and support to address these issues must be undertaken.

The International Training Centre on Migration and Combating Trafficking in Human Beings (ITC) was established in Belarus in 2007. State cooperation with the ITC will continue.

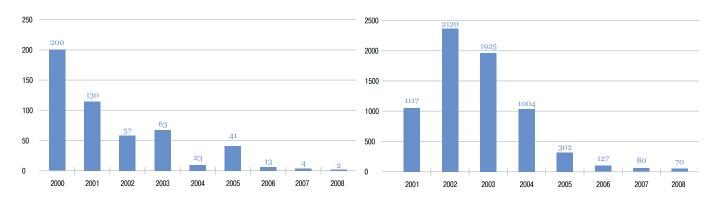
Trafficking in humans

Belarus is considered to be a country of origin and, in some cases, a country of transit for victims of trafficking. Persons from the Republic of Belarus are trafficked to nearly 30 different countries. The most

common destinations are Western Europe, the Middle East and the Russian Federation. Moreover, Belarus has recently become a country of destination.

Number of persons who were granted refugee status

Number of illegal migrants detained on the territory of Belarus



Belarus is a party to the main international treaties related to the protection of trafficked victims, including the UN Convention Against Transnational Organised Crime and the Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children, supplementing the Convention against Transnational Organised Crime.

The "State Programme on Combating Trafficking in Human Beings, Illegal Migration and Unlawful Deeds Related Therewith for 2008–2010" specifies priority measures for prevention of child prostitution and pornography, and for enhancing protection and rehabilitation of victims.

At the national level, counter-trafficking is one of the priority areas of state policy in the country's fight against crime. Belarus is, for instance, the first post-Soviet state to have passed a number of legislative acts that regulate and govern the solution of human trafficking-related issues.

Criminal liability for trafficking is outlined in the Penal Code. Recently, a number of important legal documents have been adopted, which modify and supplement existing legislation on fighting human trafficking, including:

In accordance with Decree No. 3 of the President of 9 March 2005 "On Certain Measures Aimed to Combat Trafficking in Human Beings" and the "State Programme on Combating Trafficking in Human Beings, Illegal Migration, Unlawful Deeds Related Therewith for 2008–2010," the Ministry of Interior has been designated as the main coordinating body in Belarus for anti-trafficking in human beings.

 President's Decree No. 3 "On Certain Measures Aimed to Combat Trafficking in Persons," dated 09.03.2005;

Belarus is implementing the National Action Plan through a number of specialised state programmes. In 2007, the 5-year state programme on complex measures to counteract human trafficking and the spread of prostitution was completed. This programme ensured coordination of more than 15 state institutions and civil society organisations.

- Law No. 15-3 "On amendments in, and additions to, some codes of the Republic of Belarus to award stricter punishments for trafficking in persons and committing other related offences," dated 4.05,2005:
- President's Edict No. 352 "On Measures to Protect Victims of Trafficking," dated 08.08.2005;
- President's Edict No. 15 "On amendments in, and additions to, some decrees of the President of the Republic of Belarus in the field of prevention of human trafficking," dated 22.11.2005.

Belarus has established a functioning national asylum system and provides protection to asylum-seekers and refugees. The country implements legislation on forced migration and has set up national and regional administrative structures to work with refugees and asylum-seekers.

The First Law of the Republic of Belarus on Refugees was enacted in February 1995. Belarus acceded to the 1951 Refugee Convention and the 1967 Protocol in 2001. The country provides protection to refugees and asylum-seekers according to this Convention and its national legislation.

A new "Law on Provision of the Refugee Status and Complementary and Temporary Protection of Foreigners and Stateless Persons in the Republic of Belarus" No. 354-3 (hereinafter the Law) was adopted on 23 June 2008 and came into force on 3 July 2009. Accordingly, foreigners can be given not only refugee status, but also complementary and temporary protection. In addition, the Law specified the categories of foreigners who may not be expelled from Belarus as stipulated by its international commitments (ban on return to conditions of torture), as well as their legal status. Family reunification and personal identification procedures were made more detailed; and provisions against abuse by foreigners of their refugee status were included.

However, according to the UNHCR, the national legislation should be developed further. In particular, it lacks the provision on the issuance of travel documents to refugees, as specified by the 1951 Convention; the criteria for denial of refugee status are stricter compared to the criteria envisaged by the Convention; the definition of the "third safe country" is too broad; and the period for appeal is too short.

The Refugee Status Determination (RSD) procedure became operational countrywide in 1997. As of 1 November 2009, about 3,313 for-eigners from 48 countries applied to competent authorities for asylum: 2,220 foreigners in 1997-2000, 649 in 2001-2004, 354 in 2005-2008, and 90 foreigners over nine months of 2009.

The number of persons applying for asylum, which decreased in 2004—2007, began to increase again in 2008. For instance, 93 foreigners applied for protection in 2008, which was 72.2% more than in 2007; over nine months of 2009, 90 people applied, i.e., 47.6% more than in the same period of 2008. According to predictions, the number of foreigners applying for protection will be about 150 in 2009, thus reaching the same number as in 2004.

It is anticipated that the number of people applying for protection will grow in 2010, which is primarily related to the adoption of new legisla-

tion and the continued intention of migrants to use Belarus as a transit country on their way to EU countries.

Despite the considerable progress that has been achieved, the refugee protection system in Belarus needs further development so as to bring it in up to the new standards and international legislation based on best practices of foreign states. This is also required by the growing rates of cross-border, sub-regional and international cooperation.

The areas for improvement, inter alia, include the following: widened access to the RSD procedure and improvement of this procedure; improved conditions for reception of asylum-seekers; issuance of travel documents to foreigners who have refugee status in the Republic of Belarus, as stipulated by the 1951 Convention; improvement of identification procedures of persons applying for asylum, inter alia, through linguistic expertise; medical expertise for establishing facts of torture; better use of information on the countries of origin; training and retraining of staff for services that are part of asylum procedures in the European Asylum Curriculum as requested by the Government.

The distinction between asylum-seekers and irregular migrants is still not as clear as it should be in the public's eye. Increasing cross-border and sub-regional cooperation needs to be developed.

Due to the specific relations with the Russian Federation and agreements on equal rights of nationals between the Republic of Belarus and the Russian Federation, until now Belarus has refused to accept applications for protection from Russian nationals. This practice has been modified for the better. Whereas in 2008 only one national of the Russian Federation applied for protection, over the first 11 months of 2009, nine people applied. However, none of the Russian Federation nationals has been granted refugee status or complementary protection during the application-for-asylum process. Thus, many Russian Federation nationals seeking asylum do not consider Belarus as a country of asylum.

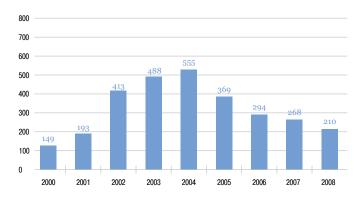
Categories of foreigners provided protection in the Republic of Belarus include:

- Foreigners granted refugee status in the Republic of Belarus (according to the criteria of the 1951 Convention);
- Foreigners given complementary protection in the Republic of Belarus;
- Foreigners given temporary protection in the Republic of Belarus (in situations of mass influx; however, such situations did not occur);

- Foreigners who cannot be expelled according to international commitments of the Republic of Belarus (ban on return to conditions of torture) and who have been granted the status of foreigners living temporarily in the Republic of Belarus; and
- Foreigners recognized as refugees by UNHCR Belarus according to the UNHCR Mandate.

As of 1 December 2009, refugee status in the Republic of Belarus was given to 817 foreigners from 13 countries, including: 469 foreigners in 1997–2000, 273 foreigners in 2001-2004, 60 foreigners in 2005-2008, and 15 foreigners during 11 months of 2009. The greatest number of

Registered crimes related to trafficking in humans (stipulated by the Palermo Protocol)

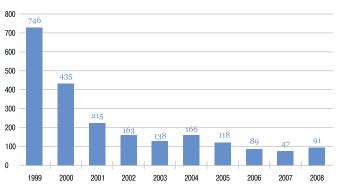


The Government in cooperation with UNHCR continued to consider the best and most durable solutions on an individual basis. UNHCR assists refugees in voluntary repatriation and assesses situations of the most vulnerable for resettlement. However, integration is considered to be the most viable solution for the majority of refugees. In general, foreigners granted refugee status have equal access to social and economic rights as citizens of the Republic of Belarus. There is a continued demand for capacity-building support for the Government and NGOs involved in delivering services to refugees. The Government makes issues of refugee integration a priority task. However, due to the lack of resources, the country has no separate programme for refugee integration that would take into account their living circumstances. Thus, international funding is required to implement measures for refugee integration.

foreigners given refugee status in the Republic of Belarus was from Afghanistan – 577 persons (70.6 %). Nationals from Georgia made up 16.3 % of the total number of refugees, from Tajikistan 3.9 %, Azerbaijan 3.5 %, Ethiopia 3%, Palestine 1%, persons from seven other countries (Armenia, India, Iraq, Iran, Cameroon, Liberia and Rwanda) made up 2% of the total number of foreigners given refugee status. Two foreigners were given complementary protection.

As of 1 January 2009, the number of refugees residing in Belarus was 610; of them, 170 were children, or 27.9 % of the total number of refugees. The overwhelming majority of refugees, i.e., 85%, live in the city of Minsk and the Minsk and Homiel regions.

Number of asylum seekers



Over 76% of refugees arrive from Asian and African countries. They differ from local communities in their ethnic, social and cultural features and mentality. Moreover, their social integration is difficult due to different levels of education, professional training and economic experience, and household management. Lack of employment and housing opportunities represent the most stringent problems faced by refugees living in Belarus. Refugees have higher expenditures when compared to the local population, especially due to high rents, since most of them rent housing and cannot afford to buy their own flats/houses. A great majority of refugees has a good command of spoken Russian, but the level of their knowledge is not sufficient for professional activities. If necessary, the Government of Belarus will be provided with assistance in organizing language courses for refugees.

Statelessness and citizenship

Since 2001, there has been a decrease in the number of stateless persons. According to the Ministry of Internal Affairs, there were 7,818 stateless persons residing in Belarus at the end of 2008, which represented a 2.5% decrease in comparison with 2007. The number of stateless persons who received Belarusian citizenship in 2008 was 2,006.

According to the "Law on Citizenship of the Republic of Belarus" No. 129-3, dated 1 August 2002, citizenship may be granted to a person, if, among other conditions, he/she has resided permanently in the territory of Belarus for seven years. However, the Law contains a require-

ment for mandatory renunciation of former citizenship by application for Belarusian citizenship. This requirement can lead to statelessness if a person renounces previous citizenship but does not acquire a new one. Besides that, no particular consideration is given to the specific circumstances of refugees who are, as a rule, not in a position to approach the authorities of their country of origin. As of 1 October 2009, Belarus granted citizenship to 106 recognized refugees.

UNHCR will continue organising trainings on refugees and statelessness, uncluding in cooperation with the International Training Centre.

AREAS FOR UN ASSISTANCE IN 2011-2015:

- 4.1. Assistance in compliance with international standards on protection of migrants (refugees, asylum-seekers, persons granted subsidiary protection, stateless persons, victims of trafficking, labour and other legal migrants);
- 4.2. Assistance in providing new opportunities for integration of migrants (refugees, asylum-seekers, persons granted subsidiary protection, stateless persons, victims of trafficking, labour and other legal migrants).





UNDAF Area of cooperation $\mathcal{N}^{\underline{o}}5$:

Assistance for improving the national governance system

UNDAF Area of cooperation 5: Assistance for improving the national governance system

Millennium Declaration: to spare no effort to strengthen the rule of law, as well as respect for all internationally recognized human rights and fundamental freedoms;

National development priorities: Safeguarding the rights and liberties of citizens of the Republic of Belarus will be the supreme goal of the state. The state will guarantee the rights and liberties of the citizens of Belarus that are enshrined in the Constitution and the laws, and specified in the state's international obligations (Article 21 of the Constitution).

Structural reforms

The Republic of Belarus is a middle-income country with a good record of service delivery; however, the country ranks low in terms of governance efficiency and accountability. The Government pays serious attention to income redistribution and demonstrates good human development results that are measured by international indices²⁴. Belarus is in the leading position among the countries of the region as far as the indicators of improving energy-efficiency and fighting HIV/AIDS are concerned. According to the data of the Business Environment and Enterprise Performance Survey²⁵, the incidence of administrative corruption in the country is lower than in the other CIS states, but is higher than in other emerging markets.

From the mid-1990s until 2007, the implementation of structural reforms proceeded slowly in Belarus. The country is lagging behind most

transition economies in a number of structural reform areas. At the same time, over the past years, the Government has demonstrated its commitment to more robust structural reforms.

The Government of Belarus does not withdraw from dialogue with opposition parties, and welcomes in every possible way constructive approaches to problematic issues. This dialogue is conducted through the Public Advisory Council, established in early 2009 under the Administration of the President of the Republic of Belarus. Its members include representatives of civil society as well as political parties. The main objective of the Council is to discuss topical issues pertaining to the development of the state and society, develop proposals for faster engagement of Belarus in global processes, and improve the country's socio-economic and political development.

²⁴According to the Human Development Index compiled by the UN in 2008, Belarus falls into the high human development category

²⁵ The Business Environment and Enterprise Performance Survey from the series entitled Anticorruption in Transition, 1-3

Universal Periodic Review of Belarus

The Universal Periodic Review (UPR) is a unique mechanism set up by the UN General Assembly resolution 60/251 in March 2006 under the auspices of the Human Rights Council, established at the same time. The UPR provides the opportunity for each State to declare what actions it has taken to improve the human rights situation in its territory.

The UPR of the Republic of Belarus took place in May 2010 during the eighth session of the Working Group overseeing the UPR for the Human Rights Council.

In preparation for the UPR, the Government of Belarus intensified contact with the UN OHCHR. In May 2009, the UN Special Rapporteur on trafficking in persons, especially women and children, visited Belarus to obtain first-hand knowledge of the situation in Belarus. Following that visit, in November 2009, representatives from the OHCHR visited Be-

larus to discuss how it could cooperate with the Government of Belarus within the guidelines of the UPR.

During the UPR a number of states made recommendations to Belarus to continue governmental policies in the following areas: encouragement of social, economic and cultural rights of citizens; ensuring the rights of children; eradication of domestic violence; and strengthening cooperation between the state and non-governmental organisations in promoting human rights in education, health, gender equality, etc.

The Republic of Belarus supported the majority of the recommendations formulated during the UPR. Belarus declared its readiness to further systematic work in the area of protection and promotion of all kinds of human rights, to continue cooperation with the OHCHR and other interested international organizations to implement supported recommendations and to strengthen national capacity in human rights sphere.

Rights of the child

The protection of rights and interests of children is one of the priority areas for state activities.

In order to improve the efficiency of the system of children's rights protection, Decree No. 675 of the President of the Republic of Belarus dated 16 November 2006 significantly expanded the composition, authority and functions of the National Commission on the Rights of the Child. In order to organise responses to the direct complaints of children and adults in the sphere of the child's rights protection, permanent public reception offices of the National Commission on the Rights of the Child were opened in the regions (voblasós) and in the city of Minsk.

The adoption of Decree No.18 of the President of the Republic of Belarus dated 24 November 2006, "On Additional Measures of State Protection of Children in Underprivileged Families," was a serious step towards creating a system of protection of children's rights and legal interests, and stepping up the responsibility of parents for their upbringing.

Currently, there are more than 12,000 families in which their children's situation is assessed by the authorities as socially dangerous. Deprivation of parental rights remains the main reason why children turn into so-called "social orphans" and is increasingly associated with parental neglect and alcoholism.

Due to expedient state policies, a steady growth in the number of children placed into family-based care has been observed. As of January 2009, there were 27,738 orphans and children deprived of parental care in the country. Of them, 9,589 children (34.6%) resided in 85 child care institutions and 18,149 children (65.4%) were in substitute family care (guardianship, foster families, and family-type children's homes).

Recently Belarus has adopted an entire array of legislative acts on the protection of children who have come into conflict with law, based on international best practices. Increasingly, courts decide to send these children to diversion-from-incarceration programs rather than sending them to juvenile detention facilities. The system of juvenile justice, which is currently in the formation stage, will receive new impetus for development if the concept of juvenile justice in the Republic of Belarus that was developed on an interdepartmental basis is approved.

The objectives to protect children from violence, trafficking and all types of exploitation have been included in the Law "On the Rights of the Child," the National Plan of Action for 2004-2010 on the Improvement of Children's Status and the Protection of Their Rights, the Presidential Programme for 2006-2010: "The Children of Belarus," and other documents. Article 14, entitled "The Main Preventive Arrangements Aimed at Preventing Domestic Vio-

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lence," was included in the Law of the Republic of Belarus, "On Basic Activities Aimed at Preventing Violations of Law," adopted in November 2008.

ones — on counteracting violence against children, including trafficking in children and child pornography, which will foster the non-acceptance of violent behavior and upbringing in society.

The Government should pay close attention to strengthening institutional frameworks and developing programmes -- including educational

UN agencies are ready to provide further assistance to the Government to address this problem.

Domestic violence

Domestic violence is the most widespread type of gender-based violence in Belarus. The national sociological survey conducted with UN support within the implementation of the National Action Plan on Gender Equality showed that 80% of women became a subject of psychological violence; 20% of woman of physical violence, 22.4% of economic violence, and 13.1% of sexual violence within the household. There is a strong correlation between domestic violence and the socioeconomic level of the household: 33% of women from low income households were beaten at least once compared to 5% among those from well-off households.

The year 2008 was a turning point in acknowledgement of the problem of domestic violence at the governmental level: a separate section, "Violence in Society," aimed at ensuring protection of victims of domestic violence, as well as broad prevention of domestic violence, is included in the National Action Plan on Gender Equality. The law of the Republic of Belarus "On foundations of crime prevention," introducing the definition of domestic violence and provisions for its prevention, was adopted and came into force in February 2009, just as a national

survey on domestic violence and gender legislative analysis provided more evidence for the need for such legislation. The existing national capacity to address the issue is inadequate: professionals – social and medical service providers and police – lack the knowledge and skills to effectively prevent domestic violence and support its victims. The institutional system of protecting women and children against domestic violence is fragmented. According to the results of the national survey on domestic violence, only 46.8% of victims of sexual or physical violence sought assistance, out of which only 57.6% reported the incident to police and only 10% asked for psychological support. Around 40% of respondents considered ineffectiveness of law enforcement bodies in addressing domestic violence among the main reasons for low reporting levels by victims.

New prevention law implementation and new comprehensive monitoring and evaluation (M&E) systems must be developed. Access to the existing data on domestic violence, which is reflected in the statistics of the Ministry of Interior, is limited.

Chernobyl

The Chernobyl accident has key significance in Belarus, with environmental as well as economic and human consequences. After the explosion at the Chernobyl nuclear power plant in 1986, about 35% of the main dose forming radionuclide Caesium-137 landed on Belarusian soil, contaminating, although to different degrees, almost 23% of its territory, which was occupied by 20% of its population. Approximately 3,600 settlements were affected in the contamination zone. Radioactive contamination of the environment led to elevated radioactive levels in local agricultural and forest products and to radiation exposure in the general population.²⁶

About 2,560 km² of agricultural land was removed from use and another 1,720 km² of forests were affected. The most affected voblasć were Homiel and Mahilou. The most contaminated area, about 1,700 km², in the Brahin, Chojniki and Naroulia districts of

the Homiel voblasc, was declared an exclusion zone from which all persons were evacuated and all land taken out of economic activity. Another 4,500 km² were declared a resettlement zone whose inhabitants were allowed to resettle in less contaminated territories. This resulted in the resettlement of 138,000 people out of a population of 2.5 million then living in the contaminated territories. As of 1 January 2009, 1.3 million people in Belarus lived in areas where levels of radioactive contamination were above natural pre-accident background levels. In addition to the impact of the accident and the consequences of the collapse of the Soviet Union on the economy, the regions affected by the Chernobyl accident continued to suffer a negative image due to fear of importing products from that region. This fear affected its economy. In this situation, it has become increasingly important to help local people reduce their exposure and revitalize their economy and well-being.²⁶

Innovative ways to involve the local population in the improvement of living conditions in Chernobyl-affected territories must be found. Economic development aimed at restoring community self-sufficiency is key to building sustainable livelihoods and should be at the centre of strategies to address the effects of Chernobyl. This aim should be pur-

sued in a way that gives individuals and communities control over their own futures, as this approach is both efficient in terms of resources and crucial in overcoming the psychological and social effects of the accident. In addition, health-related and awareness-raising initiatives must be continued at the community level.

²⁶ Post-Chernobyl Recovery Project. Report No.: AB1569 (World Bank, 2005)

HIV and AIDS

Good governance in the field of HIV is the basis for sustainability of the HIV response. The mid-HIV Programme Review and gaps analysis for development of the GFATM national proposal Rd8 and RCC revealed a need for strengthening governance systems in the field of HIV response, including policy, leadership, partnership and quality of the decision-making process with involvement of the target populations. The National AIDS authorities and the local AIDS Intersectoral Councils need capacity building in HIV evidence-based programming, partnership with NGOs and PLHIV within the social contracting system, resource planning and monitoring of the response. The national monitoring and evaluation system and data analysis for programmatic decisions and coordination of national response lacks a national and sub-national net-

work and requires improvement of the normative basis for data quality. This need was addressed in the national applications to the GFATM.

The gaps in the normative basis, including the one for social contracting mechanism, fail to provide for sustainability of some specific HIV activities, such as «low-threshold» preventive programmes among vulnerable groups (harm reduction, prevention among MSM and CSW, social support, rehabilitation). Specifically unsustainable are prevention programmes run by the NGOs. The legislative changes are to be addressed by the Ministry of Labour and Social Welfare while UN agencies will support the use of normative bases in the field of social contracting.

Safeguarding of cultural heritage

Due to numerous wars and political upheavals much of Belarus's documentary heritage and book collections have been destroyed or taken to other countries. Efforts are being made to gain access to them through communication and information technologies.

UNESCO will support the Republic of Belarus in the preservation of tangible and intangible cultural heritage through fostering of the

implementation of the 1972 and 2005 Conventions; promotion of cultural tourism; support and popularization of traditional arts and crafts; development of arts education system and mobilizing museum educational resources for intercultural dialogue and development. Within this framework a special emphasis will be put on assistance for the creation of the national inventory of intangible heritage of Belarus and improvement of national legislation on safeguarding of tangible and intangible cultural heritage.

Science in decision-making

UNESCO provides assistance to the Republic of Belarus in the field of natural, social and human sciences to improve the legal and regulatory framework and to build the capacity to develop policies enabling the introduction of scientific achievements into

the national economy. Assistance in the field of natural sciences will be provided through the development of research projects to strengthen the role of science in decision-making and ensure good science-informed participatory and collaborative manage-

ment; establishment of a network of leading scientists from different scientific and educational centres focused on renewable energy and initiation of a sub-regional clearing-house mechanism; catalyzing of establishment and strengthening of management of biosphere reserves.

In the field of social and human sciences, assistance will be provided in the sustainable development for media training institutions; in the identification and settlement of issues on ethics of science and technology, sustainable socio-economic development and environmental education for children and youth.

Drug trafficking

Drug trafficking in the Belarusian territory is mainly caused by external factors. The main quantity of drugs and psychotropic substances enters Belarus through the "northern route" from Afghanistan and Central Asian countries through Russia, and transits to Lithuania and further West (heroin, methadone, 3-methylfentanyl, rogypnol). Poppy straw and opium enter from Ukraine. Amphetamine, marijuana, hashish and cocaine enter from Europe.

The current local drug market is still dominated by plant-based drugs (opium, cannabis), which are mainly produced from locally-grown raw base and partly smuggled from Ukraine and Russia. At the same time, demand for synthetic drugs (methadone, heroin) remains consistent. These drugs are mainly smuggled from Russia. Psychotropic substances (MDMA and amphetamine) are illegally produced and smuggled mainly from Poland and Lithuania.²⁷

AREAS FOR UN ASSISTANCE, 2011-2015:

- -5.1. Assistance for strengthening the capacity of the state bodies to promote and protect rights of citizens;
- 5.2. Assistance in enhancing partnerships between state, local authorities and civil society organizations in solving acute social issues.

²⁷UN ODC Country Programme for Belarus for 2009-2013.

III. Estimated resource requirements

The estimated financial resources needed by the United Nations system for its support for each UNDAF Outcome are presented in the UNDAF Action Plan. The total grant resources to be mobilized in support of UNDAF implementation amount to over US\$ 490 million (including World Bank loans) for the period 2011-2015.

These figures are estimated as accurately as possible at the time of the UNDAF drafting. Resource commitments will be made more specific in UN agency programmes and project documents, in accordance with the procedures and approval mechanisms of each UN agency. The UNDAF budget will be reviewed and updated annually to reflect the different cycles of specialized and non-resident UN agencies.

As the economy of Belarus is expected to grow, the direct resources that the UN agencies can allocate to a mid-income country like Belarus will increasingly be limited by their existing resource allocation formula. As a result, the UN will rely more heavily on its comparative advantages, including using its direct resources as seed funding, to leverage additional resources to support the implementation of the UNDAF. In this regard, a broad-based partnership with donors will be critically important. Thus, UN agencies will make every effort to mobilize resources from third party costsharing, global trust funds, foundations, private sector companies and, increasingly significant cost-sharing by the host government as an equal partner in development.

IV. Implementation

Throughout the implementation of the UNDAF, the United Nations will focus on the most vulnerable groups in Belarusian society, with explicit provisions for ensuring their active and effective participation in decision-making and implementation. To reduce the disparities that underlie some of the development issues in Belarus, the United Nations will specifically target disadvantaged and vulnerable groups. Particular importance will be given to effective links and partnership between the State and civil society.

The UNDAF will be implemented through the country cooperation frameworks and programmes of individual UN agencies, as agreed upon with the Government. Individual Country Programmes and project documents will specify how they contribute to UNDAF objectives and cooperation strategies. Selection and definition of individual agencies' goals, outcomes, indicators and strategies will be consistent with the UNDAF.

In the context of local capacity building to undertake reforms and development strategies and the importance for the UN to provide value-add-

ed services to the Government, the UN agencies will seek every opportunity to maximize the synergies between agencies by undertaking joint programmes. The UN country team (UNCT) will discuss and determine which outputs can be implemented within joint programmes.

The UNCT and the Resident Coordinator will be responsible for the effectiveness of the UNDAF implementation. Based on lessons learned from joint UNCT work in 2006-2009, a joint interagency working group will be established to facilitate the implementation and monitoring of the cooperation within the UNDAF, and to support implementation of the international commitments of Belarus.

As part of the overall United Nations commitment to encourage national programme management and implementation, the relevant United Nations agencies will apply a Harmonized Approach to Cash Transfers (HACT) to gradually increase the use of Government systems in disbursing and reporting of funds through Implementing Partners, as well as to reduce administration costs.

V. Monitoring and Evaluation

A set of objectively verifiable and recurring key performance indicators is essential for monitoring, evaluating and reporting on achievement. Key indicators, accompanied by baselines and targets, have been formulated for each Agency Outcome under each of the five priority areas of cooperation in Belarus. At the same time, because development is a process, the UNDAF may have to be adapted to respond to changes in Belarus's economic, political or social situation and priorities. To provide continuous monitoring and evaluation mechanisms for the five UNDAF Outcomes, and relying on a results-based management approach, the UN Technical Working Group will meet regularly and produce brief reports on progress in implementation as well as opportunities and constraints faced. A key instrument to ensure effective UNDAF implementation is made up of the Annual Review Meetings, to be conducted jointly by the UNCT and the Government of Belarus. A joint mid-term evaluation by the Government, the United

Nations and other partners will be conducted at the midpoint of the UNDAF cycle, coordinated with respective agencies' mid-term Country Programme reviews. This will be done with the objective of obtaining substantive feedback on progress toward stated UNDAF Outcomes in each priority area. It will focus on (1) whether the UNDAF has made the best use of the United Nations' comparative advantages in Belarus; (2) the coherence of the Agencies' contribution toward achieving national priorities; (3) whether the UNDAF has helped achieve progress in the selected priority areas; and (4) impact of capacity development initiatives. These periodic reviews will provide the opportunity for any mid-course adjustments to ensure that the UN efforts during 2011-2015 remain focused on Belarus's national development priorities and the MDGs. In addition, achievements, lessons learned and best practices will be disseminated, as will constraints encountered, to inform the design of the next UNDAF.

Acronyms and Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ART	Anti-retroviral Therapy
ARV	Anti-retroviral
BFH	Baby friendly hospital
CEE	Central and Eastern Europe
CIS	Commonwealth of Independent States
CPI	Consumer Price Index
DOTS	Directly Observed Treatment, Short-course
EC	European Commission
FAO / Nations	Food and Agriculture Organization of the United
FDI	Foreign direct investment
FSAP	Financial Sector Assessment Program
GDP	Gross Domestic Product
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GHG	Greenhouse Gas
GIS	Green investment scheme
HACT	Harmonised Approach to Cash Transfers
HALE	Overall healthy life expectancy
HIV	Human Immunodeficiency Viru
IDU	Intravenous Drug Use
ILO	International Labour Organization
IMF	International Monetary Fund
IMR	Infant mortality rate
IOM	International Organization for Migration
ITC	International Trade Centre
ITC	International Training Centre on Migration and Combating Trafficking in Human Beings
M&E	Monitoring and Evaluation
MDG	Millennium Development Goals
NGO	Non-Governmental Organization
NPL	Non-performing loans
	Office for the Coordination of Humanitarian Affairs
OCHA	Cities for the decrementation of Harmanian Finance

Acronyms and Abbreviations

OHCHR	Office of the United Nations High Commissioner for Human Rights
PLHIV	People living with HIV
PMTCT	Preventing mother-to-child transmission of HIV
RH	Reproductive health
SBA	Stand-By Arrangement
SDR	Special Drawing Right
SPNT	Specially protected natural territories
ТВ	Tuberculosis
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNCTAD	United Nations Conference on Trade and Development
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNDPI	United Nations Department of Public Information
UNECE	United Nations Economic Commission for Europe
UNEP	United Nations Environment Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFCCC	United Nations Framework Convention on Climate Change
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIDO	United Nations Industrial Development Organisation
UNODC	United Nations Office on Drugs and C rime
USA	United States of America
USAID	United States Agency for International Development
USSR	Union of Soviet Socialist Republics
U5MR	Deaths among children under five years of age
VER	Verified Emission Reduction
WHO	World Health Organization
WTO	World Trade Organization

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