

## Belarus

*Belarus is a landlocked country of 207,600 km<sup>2</sup>. It borders Latvia, Lithuania, Poland, Russia, and Ukraine. In 2001 its estimated population was 10.3 million. Life expectancy at birth for men is estimated at 62.06 years and for women at 74.52 years. The country's ethnic groups are: Byelorussian (81.2%), Russian (11.4%), Polish, Ukrainian, and other (7.4%). In 1997 the main religions were: Eastern Orthodox (80%), other - including Roman Catholic, Protestant, Jewish, and Muslim – (20%). After seven decades as a constituent republic of the USSR, Belarus attained its independence in 1991<sup>1</sup>.*



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<sup>1</sup> Eradicate Conflict by Building Cultural Awareness; Website <http://www.countryreports.org/content/belarus.htm> passim.

## 1 Palliative care service provision

### 1.1 Current services (last updated: May 2002)

The following palliative care services are known to exist in Belarus:

		<i>Existing services (2002)</i>
<b>Adult</b>	Inpatient - Freestanding	0
	- Hospital unit	0
	- Hospital mobile team	0
	Nursing home	0
	Home care	0
	Day care	0
	<b>Total</b>	<b>0</b>
<b>Paediatric</b>	Inpatient	0
	Home care	3
	Day care	0
	Unspecified	0
	<b>Total</b>	<b>0</b>
<b>Grand total</b>		<b>3</b>

### *Current projects (last updated: May 2002)*

No palliative care projects, not yet operational services, are known to exist in Belarus.

		<i>Known hospice/ palliative care projects (2002)</i>
<b>Adult</b>	Inpatient - Hospital	0
	- Hospice	0
	Home care	0
	Unspecified	0
	<b>Total</b>	<b>0</b>
<b>Paediatric</b>	Hospital	0
	Hospice	0
	Home care	0
	Unspecified	0
	<b>Total</b>	<b>0</b>
<b>Grand total</b>		<b>0</b>

There are 3 paediatric home care services in Belarus: at the centre is the Belarusian Children's Hospice (BCH) in Minsk; it also has satellite services in Gomel and Brest, opened in September 1999.

The work of the Belarusian Children's Hospice (BCH) in Minsk has been well described in published and unpublished reports. It became operational in October 1994 with a range of services: 'medical, social and psychological aid to fatally ill children and their families at home; a "pilot program" of medical home care for children in villages outside Minsk and in other cities; support program for siblings; clown therapy; a bereavement program; education program in palliative care.'<sup>2</sup> The medical staff of 2 physicians and 4 nurses provide 24-hour cover 7 days per week; they also have access to specialists in neurology, onco-haematology and anaesthesiology and co-operate officially with two hospital paediatric centres in Minsk. Other staff at BCH include a psychologist, 5 social workers, a driver/mechanic, an accountant and an administrator. There are 25 volunteers working within the team. The patients of BCH range in age from new-born babies to 18 years; some 66% of the children have cancer, but among the remainder there is a variety of other non-malignant conditions, such as cerebral palsy, myopathies, immune deficiency, renal and liver pathology. The number of patients cared for ranges from just 4 in the closing months of 1994 to 73 in 1998, and a total over the period of 118. Of these children, 74 died, 96% of them at home.

### *Education*

The creation of an educational centre for palliative care is also under consideration. Since 1998 BCH has provided courses in the palliative care of children for a wide variety of health and social care professionals. It has already made available translations of a number of key palliative care texts and pamphlets.

#### *1.2 Reimbursement and funding for services*

The Belarusian Children's Hospice (BCH) receives no subsidies from the Belarusian government, although the government has provided office accommodation.<sup>3</sup> The BCH has received support from OSI, from Tacis (European Expertise Service) and other sponsors including the German and UK embassies.

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<sup>2</sup> Moroz I, Davydova M, Gorchakova A. 'The development of palliative care in Belarus'. Unpublished paper, nd (probably early 1999).

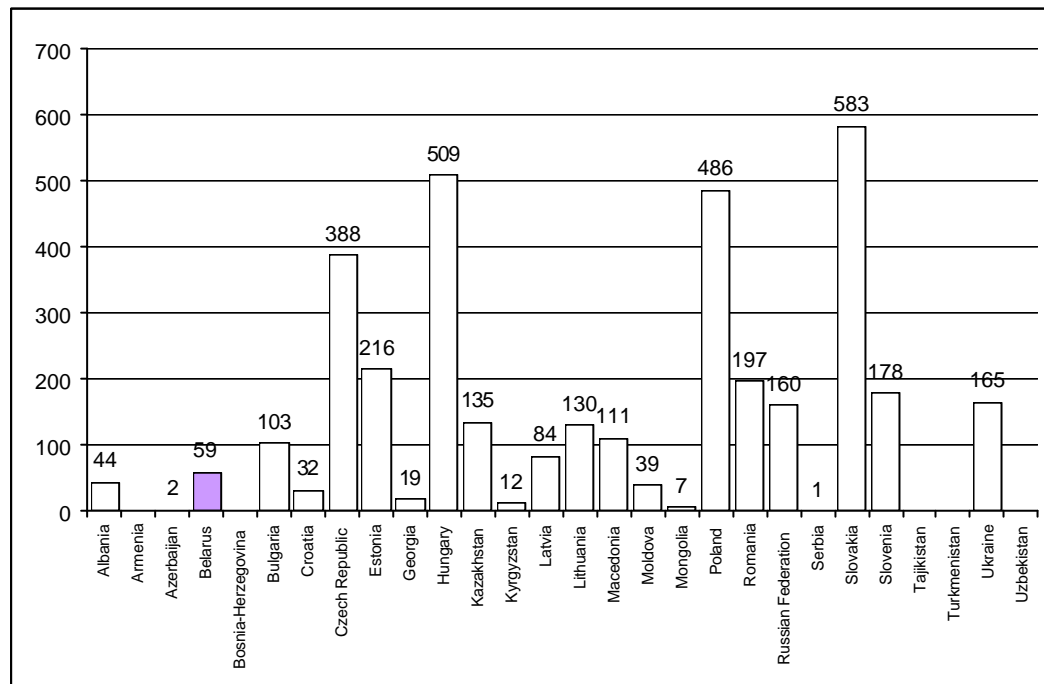
<sup>3</sup> Dangel T, (1999) 'The Belarus children's hospice'. *European Journal of Palliative Care* 6(1): 28-30.

### 1.3 Opioid availability and consumption

In 1999 the following drugs were said **not** to be available in Belarus: codeine (tablets); tramadol (drops); morphine (oral preparations); midazolam (ampoules, tablets); clonazepam (ampoules); baclofen (tablets); lactulose (syrup); docusate sodium (tablets); X-prep (solution).<sup>4</sup> Nevertheless, under the current rules, physicians can prescribe a patient with up to 70mg of morphine weekly.<sup>5</sup>

INCB data on opioid consumption in Belarus in 1998 report figures only for codeine (1 kg) and morphine (9 kg). The average daily consumption of defined daily doses of these drugs per million inhabitants between 1994-98 was codeine (1) and morphine (59).<sup>6</sup>

*Average defined daily doses of morphine, Central and Eastern Europe (1994-1998)*



Source: Clark D, Wright M (2002) *Transitions in End of Life Care: Hospice and Related Developments in Eastern Europe and Central Asia*. Buckingham: Open University Press

<sup>4</sup> Dangel T, (1999) 'The Belarus children's hospice'. *European Journal of Palliative Care* 6(1): 29.

<sup>5</sup> Questionnaire data (ECEPT)

<sup>6</sup> International Narcotics Control Board (2000) *Narcotic Drugs: Estimated World Requirements for 2000. Statistics for 1998*. New York: United Nations.

#### 1.4 National and professional associations

Belarus was a signatory of the Poznan Declaration (1998) and is a member of the Eastern and Central European Palliative Care Task Force (ECEPT). Its palliative care leaders subscribe, therefore, to the call for national policies, palliative care education, increased drug availability, a growth in palliative care services and an increase in public awareness.

There do not appear, however, to be any national palliative care associations in Belarus.

#### 1.5 Palliative care ‘coverage’

There is a service providing palliative care for every 3.67 million people in Belarus.

*Ratio of hospice/palliative care services per million population,  
Commonwealth of Independent states (2002)*

<b>CIS</b>	<b>Ratio 1:</b>
Armenia	1: 1.23m
Moldova	1: 1.40m
Russia	1: 2.08m
Kyrgyzstan	1: 2.45m
Belarus	1: 3.67m
Ukraine	1: 7.07m
Azerbaijan	1: 8.00m

*Source: Clark D, Wright M (2002) Transitions in End of Life Care: Hospice and Related Developments in Eastern Europe and Central Asia. Buckingham: Open University Press*

#### 1.5 Palliative care workforce capacity

No information currently available.

## 2 History and development of palliative care in Belarus

### 2.1 Narrative history of palliative care in Belarus

The major innovation in palliative care in Belarus has been in paediatric services; there are no adult palliative care services.

In 1986 the Chernobyl nuclear explosion in the Ukraine affected approximately 70% of Belarus. In 1999, according to data presented by the Belarusian Foreign Affairs Ministry, almost 20% of the population suffered from radiation exposure, including 1,000,000 children and young people. Interest in the hospice concept began as paediatricians became aware that an increasing number of children and young people were presenting with serious oncological/haematological diseases.<sup>7</sup>

The Belarusian Children's Hospice (BCH) was founded by the child psychologist, Dr Anna Gorchakova, in Minsk in 1993-4. It has received support from OSI, from Tacis (European Expertise Service) and other sponsors including the German and UK embassies; the Belarusian government has provided office accommodation. BCH's annual income rose from US\$22,000 to US\$88,000 in 1997, though it receives no subsidies from the government.<sup>8</sup> The BCH has benefited from close links with the Warsaw Children's Hospice and the expertise and support of Dr Tomasz Dangel, particularly in relation to the education and training of staff and also the evaluation of the service provided, as reported by bereaved parents. BCH staff have also had access to training and conference attendance in other countries.

### 2.2 Hospice/beacon case studies

No information currently available.

### 2.3 Life/oral histories

No information currently available.

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<sup>7</sup> Hare A (2001) 'Belarus – the need for a children's hospice'. *Hospice Bulletin*, May, p10.

<sup>8</sup> Dangel T (1999) 'The Belarus children's hospice'. *European Journal of Palliative Care* 6(1): 28-30.

### 3 Public Health Context

#### 3.1 Population

In 2001 the estimated population of Belarus was 10.3 million. The country's ethnic groups are: Byelorussian (81.2%), Russian (11.4%), Polish, Ukrainian, and other (7.4%).

#### 3.2 Epidemiology

Poor socio-economic conditions in Belarus have led to worsened public health and mortality statistics. Between 1990-94, recorded incidents of tuberculosis grew from 29.8 per 100,000 population to 42.2. Cancer morbidity is also rising, especially in Minsk and Vitbesk, as well as Grodno and Minsk oblasts. Cancer incidence per 100,000 in Belarus in 1997 was as follows, by age range: 0-14 (72.6); 15-17 (123.5); 18+ (2064.2).<sup>9</sup>

*Population and life expectancy, Commonwealth of Independent States & Mongolia (2000)*

Country	Population <i>Millions</i>	Life expectancy	
		<i>Male</i>	<i>Female</i>
Armenia	3.7	64.4	71.2
Azerbaijan	8.0	61.7	68.9
<b>Belarus</b>	<b>10.1</b>	<b>62.0</b>	<b>74.0</b>
Georgia	5.2	65.7	71.8
Kazakhstan	16.1	58.0	68.4
Kyrgyzstan	4.9	60.0	68.8
Moldova	4.2	63.1	70.5
Russia	145.4	59.4	72.0
Tajikistan	6.0	60.4	64.7
Turkmenistan	4.7	60.0	64.9
Ukraine	49.5	62.6	73.3
Uzbekistan	24.8	62.1	68.0
[ Mongolia ]	2.5	61.2	66.9

*Source: World Health Report 2001*

*WHO age standardised death rates per 100,000 population,*

<sup>9</sup> Moroz I, Davydova M, Gorchakova A. 'The development of palliative care in Belarus'. Unpublished paper, nd (probably early 1999).

*Commonwealth of Independent States & Mongolia (1995-1998)*

Country	Year	All causes	Cancer
Armenia	1997	696.7	97.7
Azerbaijan	1997	814.4	84.5
Belarus	1998	1015	141.8
Georgia			
Kazakhstan	1997	1196.7	152.9
Kyrgyzstan	1998	1033.2	91.9
Moldova	1996	1202.5	125.5
Russia	1997	1084.4	151.
Tajikistan			
Turkmenistan			
Ukraine	1998	1010.7	135.9
Uzbekistan			
[ Mongolia ]			

Source: World Health Organisation: World Health Statistics 1997-1999

### 3.3 Health care system

The organisation of medical services in Belarus is governed by the 1993 law, ‘On Health Care’, which requires that spending on health care should be no less than 10% of national income.

In common with other parts of the former Soviet Union, Belarus has a large number of doctors (41,700 physicians – including dentists – in 1994 and 110,900 junior medical staff). The country has 834 hospitals with 121,200 beds. There are 511 outpatient clinics, including 372 rural polyclinics and 732 outpatient departments in hospitals, 422 in rural hospitals. The situation has been summarised thus:

The conditions of treatment in some clinics are desperately poor. Patients are asked to bring their own dishes and food, buy their own medicines. Sometimes they have to bear with negligence and rudeness of staff. All these factors are increasing the public dissatisfaction with the level of health care.<sup>10</sup>

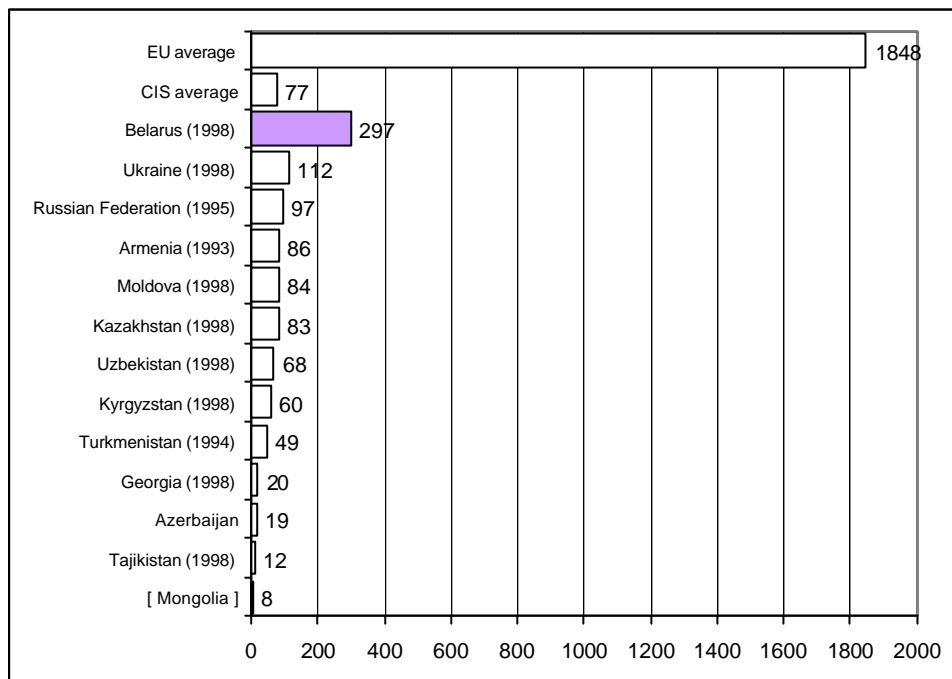
Reform to the health care system is being carried out in two phases (1998-2002; 2003-2007). In the first phase attempts have been made to increase health care expenditure to 7.5% of GDP over a five-year period; in the second phase, greater attention will be

<sup>10</sup> Human Development Report 1996, [www.un.minsk.by/hdr/hdr96/Chapter5/ch5\\_4.html](http://www.un.minsk.by/hdr/hdr96/Chapter5/ch5_4.html)

given to the development of both primary care and also specialized centres of provision. A preferential tax regime for non-profit making organizations is planned.<sup>11</sup>

The Belarusian Children's Hospice has had an effect on governmental thinking in the area of palliative care, leading to the establishment of the post of co-ordinator of palliative care within the Ministry of Health. However, BCH remains possibly the only NGO officially licensed to provide medical home care in Belarus.

### Health care expenditure (US\$) per capita, CIS



Source: WHO Regional Office for European Health for All database and HiTs

### 3.4 Political economy

Belarus has retained closer political and economic ties to Russia than any of the other former Soviet republics and espouses a policy of "market socialism". In addition to the burdens imposed by extremely high inflation, further economic problems have arisen from two consecutive bad harvests in 1998-99, and persistent trade deficits.

<sup>11</sup> *Highlights on Health in Belarus*. Copenhagen: World Health Organisation European Region, October 2000:21-2.

Belarus is perceived to be self-isolated from the West and its open-market economies. In 2000 per capita GDP in the country was estimated at US\$7,500.<sup>12</sup>

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<sup>12</sup> Eradicate Conflict by Building Cultural Awareness; Website <http://www.countryreports.org/content/belarus.htm> passim.

## **4 Ethics and ethnography**

### *4.1 Ethical issues*

No information currently available.

### *4.2 Ethnographic studies*

No information currently available.

## 5 References and further reading

### 5.1 References

- 1: Eradicate Conflict by Building Cultural Awareness; Website <http://www.countryreports.org/content/belarus.htm>: passim.
- 2: Moroz I, Davydova M, Gorchakova A. 'The development of palliative care in Belarus'. Unpublished paper, nd (probably early 1999).
- 3: Dangel T, (1999) 'The Belarus children's hospice'. *European Journal of Palliative Care* 6(1): 28-30.
- 4: Dangel T, (1999) 'The Belarus children's hospice'. *European Journal of Palliative Care* 6(1): 29.
- 5: Questionnaire data (ECEPT)
- 6: International Narcotics Control Board (2000) *Narcotic Drugs: Estimated World Requirements for 2000. Statistics for 1998*. New York: United Nations.
- 7: Hare A (2001) 'Belarus – the need for a children's hospice'. *Hospice Bulletin*, May, p10.
- 8: Dangel T (1999) 'The Belarus children's hospice'. *European Journal of Palliative Care* 6(1): 28-30.
- 9: Moroz I, Davydova M, Gorchakova A. 'The development of palliative care in Belarus'. Unpublished paper, nd (probably early 1999).
- 10: *Human Development Report 1996*, [www.un.minsk.by/hdr/hdr96/Chapter5/ch5\\_4.html](http://www.un.minsk.by/hdr/hdr96/Chapter5/ch5_4.html)
- 11: *Highlights on Health in Belarus*. Copenhagen: World Health Organisation European Region, October 2000:21-2.
- 12: Eradicate Conflict by Building Cultural Awareness; Website <http://www.countryreports.org/content/belarus.htm>: passim.