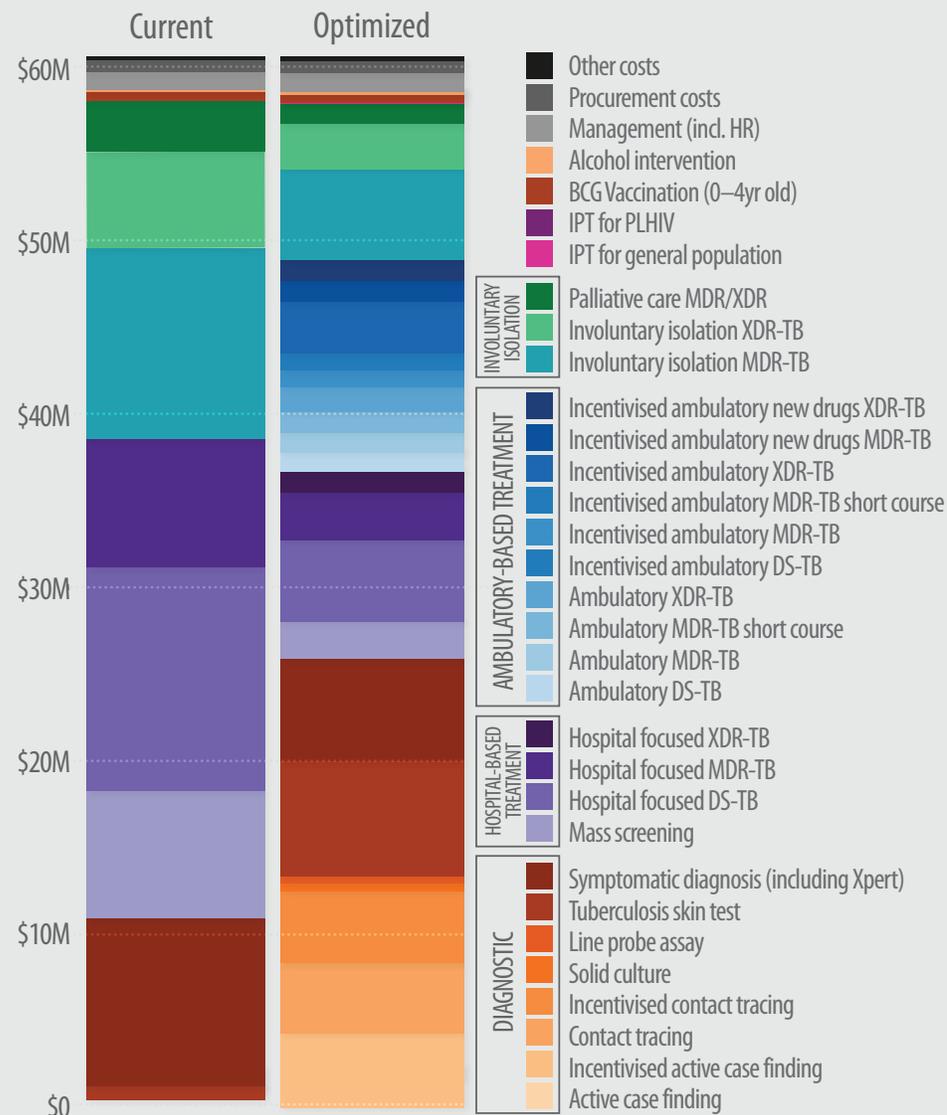


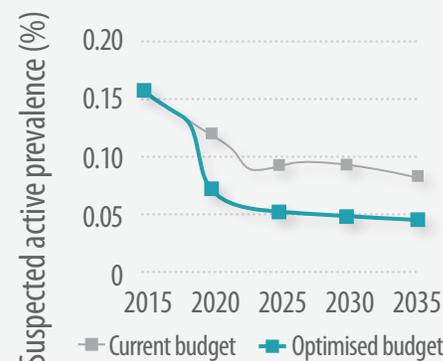
OPTIMIZING INVESTMENT IN BELARUS' TUBERCULOSIS RESPONSE

Despite reductions in TB incidence and mortality between 2000–2015, Belarus' national TB response is faced with the need to address a TB epidemic characterized by high levels of multi-drug resistant (MDR-TB) and extensively drug resistant tuberculosis (XDR-TB). In 2015, investment in the tuberculosis response was US\$62 million. The Government of Belarus and the World Bank collaborated in an allocative efficiency analysis on how to reallocate resources to maximize impact. A mathematical model analysis using Optima-TB was carried out.

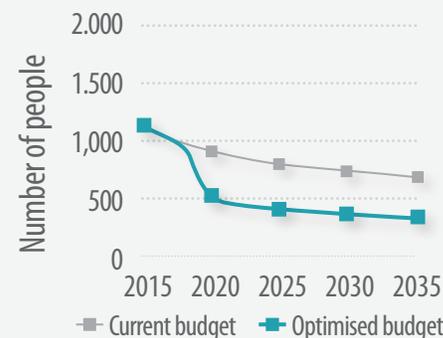
CURRENT VS OPTIMISED ALLOCATIONS



IMPROVED OUTCOMES WITH OPTIMISED ALLOCATIONS FOR 15–64 YEAR OLDS



Optimised allocation of resources would **reduce adult TB prevalence by 45% by 2035** in comparison to current allocations.



Optimized allocation would also **reduce TB related deaths by 60% in comparison to current funding**, and by 70% of 2015 levels, by 2035.



In partnership with:



ACTIONS FOR OPTIMIZING INVESTMENTS AND MAXIMIZE IMPACT ON TB

1. **Transitioning from hospital-focused to ambulatory treatment modalities** could reduce the cost of TB treatment by up to 40% and free up resources for reallocation to high-impact interventions.
2. **Strengthening ambulatory care through incentives** for health worker outreach support and for patients' adherence through a mix of delivery solutions is likely to improve treatment outcomes.
3. Enhanced ambulatory care requires a **reform of tuberculosis care financing** to replace bed-based payment modalities by results-based modalities based on patient-centred care.
4. Since **involuntary isolation department treatment is the most expensive modality** for delivering treatment, reducing and over time phasing out this delivery modality, would free up resources for other high-impact interventions.
5. **Mass screening and screening of obligatory groups are the testing modalities with the lowest testing yield** and reducing their coverage in favor of more targeted screening approaches could increase diagnostic yield.
6. The **contribution of contact tracing and active case finding among key populations** to the total number of TB cases identified could be increased by introducing service delivery modalities using provider incentives.
7. **The scale up of rapid molecular diagnostics** will be an important step towards reducing time from screening to treatment initiation and thereby reduce the infectious period.
8. Reallocating savings from palliative care and involuntary isolation department treatment to **new drug regimens** including bedaquiline, linezolid and clofazimine is projected to improve treatment outcomes, in particular for XDR-TB.
9. Introducing **alcohol screening for all adult TB patients and provision of a brief alcohol intervention** for TB patients with problematic alcohol use, are low-cost interventions with the potential to improve treatment adherence and outcomes.
10. The number of TB notifications in prisons has declined substantially, but **enhanced TB care and screening for prisoners post-release** remains a priority.
11. Considering the country's growing HIV epidemic, there is need for **strengthened linkages between HIV and TB services**.
12. Reaching the 2035 target of a reduction in TB incidence to less than 10/100,000 would require addressing **latent TB**, a major source of new cases, post 2020.
13. **Closing strategic information gaps through operational research**, will be essential in informing Belarus' TB care reform.

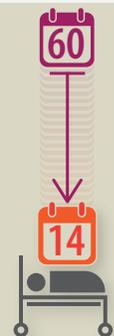
Reduce mass screening >

enhance contact tracing and active case finding



Reduce hospitalization for drug-susceptible-TB from **60** to **14** days and phase out involuntary isolation treatment (which absorbed **35%** of all treatment cost while **covering only 6%** of patients) >

strengthen patient-centered ambulatory care (thereby **reduce treatment cost by 40%**)




Save on palliative care (>**500 patients** hospitalized for >**200 days/yr** in 2016) >

invest in **new drug regimens** for MDR- & XDR-TB




Phase out bed-based financing >

introduce results-based financing



