Belarus Human Rights Index

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Right to health

Score:
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The State guarantees the right to health in Article 45 of the Constitution of the Republic of Belarus, according to which ‘citizens of the Republic of Belarus are guaranteed the right to health protection, including free treatment in state healthcare institutions. The State creates conditions for medical care accessible to all citizens. The right of citizens of the Republic of Belarus to health protection is also ensured through the development of physical culture and sport, measures to improve the environment, access to health resorts, and the improvement of occupational safety”. The Republic of Belarus has been a party to the International Covenant on Economic, Social and Cultural Rights since 1973[1].

At the national level, legislation in the field of healthcare is represented by the following key laws and/or decrees of the Ministry of Health of the Republic of Belarus: Law “On Healthcare” of 18 June 1993 No. 2435-XII; Law “On the Provision of Psychiatric Care” of 7 January 2012 No. 349-Z; Law “On the Sanitary and Epidemiological Well-being of the Population” No. 340-Z of 7 January 2012; Law “On the Donation of Blood and its Components” No. 197-Z of 30 November 2010; Law “On the Provision of Psychological Assistance” No. 153-Z of 1 July 2010; Decree of the Ministry of Health “On the Approval of Sanitary Standards and Rules” No. 217 of 29 December 2012.

The provision of medical care is regulated by the following documents: Decree of the Ministry of Health ‘On Certain Issues Concerning the Organisation of the Provision of Medical and Social Care and Palliative Care’ No. 107 of 24 December 2014; Decree of the Ministry of Health “On the Procedure for Informing the Public about the Provision of Medical Care in Healthcare Organisations and on the Procedure for Referrals for Medical Care” dated 2 November 2005 No. 44.

[1] Ratification of the International Covenant on Economic, Social and Cultural Rights, https://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-3&chapter=4&clang=_en

The provision of medicines is regulated by: Law No. 408-Z of 13 July 2012 "On Narcotic Drugs, Psychotropic Substances, Their Precursors and Analogues"; Law No. 161-Z of 20 July 2006 "On the Circulation of Medicines"; Resolution of the Council of Ministers "On Issues of Free and Subsidised Provision of Medicines and Dressing Materials" of 30 November 2007 No. 1650; Decree of the Ministry of Health "On the Establishment of Criteria" No. 104 of 19 November 2019; Decree of the Ministry of Health "On the Establishment of a List of Medicinal Products Sold Without a Doctor's Prescription" No. 27 of 10 April 2019; Decree of the Ministry of Health "On the Establishment of the National List of Narcotic Drugs, Psychotropic Substances and their Precursors Subject to State Control in the Republic of Belarus" No. 19 of 11 February 2015.

Medical check-ups, rehabilitation and sanatorium-resort treatment are regulated by the following regulatory acts: Presidential Decree "On sanatorium-resort treatment and the health improvement of the population" dated 28 August 2006 No. 542; Presidential Decree No. 98 of 18 February 2004 "On the Organisation of Children's Health Improvement Abroad, Carried Out on the Basis of Foreign Grant Aid"; Law "On the Prevention of Disability and the Rehabilitation of Persons with Disabilities" No. 422-Z of 23 July 2008; Resolution of the Council of Ministers "On Certain Issues Concerning the Organisation of Health Improvement for Children" No. 662 of 2 June 2004; Resolution of the Council of Ministers "On Certain Issues Concerning the Health Improvement and Sanatorium-Resort Treatment of the Population" No. 1155 of 26 August 2002; Resolution of the Ministry of Health "On the Approval of the Instructions on the Procedure for Conducting Medical Check-ups" No. 96 of 12 August 2016.

Belarus's Human Development Index for 2019 stood at 0.823. The country ranks 53rd out of 189 countries worldwide and has dropped three places compared to 2018 (50th). These figures are cited in the 30th anniversary UNDP Human Development Report 2020. Belarus remains in the group of countries with very high human development, which comprises 66 states[2]. The report includes country-specific statistics on three key human development indicators – life expectancy, expected and actual years of schooling, and gross national income per capita at purchasing power parity.

This review focuses primarily on the arguments that demonstrate why, in the experts' view, the situation regarding the right to health in Belarus is not at a high level.

- **General principles**

  There is a sufficient number of functioning institutions, goods and services in the field of healthcare and medical care, as well as relevant programmes. According to experts, the state interprets the right to health broadly, without focusing on the specific needs of vulnerable groups or providing targeted assistance.

  The healthcare system is very conservative. There is a lag in the material and technical infrastructure. The choice of medicines is limited. Doctors are encouraged to use Belarusian generics, despite their low efficacy. The entire range of chemotherapeutic drugs is produced in Belarus; it is virtually impossible to find foreign medicines. There is an almost complete lack of

[2] https://www.by.undp.org/content/belarus/ru/home/presscenter/pressreleases/belarus_hdi_2020_ranks_53.html

expensive, effective medicines for immunotherapy and cancer treatment. Cost-cutting measures are being implemented in the maintenance of medical equipment. Much of the equipment in state institutions is outdated and does not meet modern standards. Statistics are falsified in virtually all areas of medicine. In 2019, the European Games were held, and significant resources were invested in sports medicine; however, at the same time, insufficient resources are being invested in the refurbishment of district healthcare facilities.

Whilst there are a sufficient number of functioning facilities in large cities, the situation is much worse in the regions, particularly in rural areas. To see a doctor, one sometimes has to travel to a larger town. The same applies to the range and quality of goods and services, as well as the number and quality of doctors: in large cities, standards are above average, whilst in smaller towns there is a shortage of qualified staff. To illustrate this, one expert gave the following example: in one town, there is a single paediatrician at the hospital who is also a neurologist, who is also the head of the department, who also sees patients in the A&E department, and who also works at the local clinic.

HIV-positive people in the regions still need dedicated AIDS centres where they can receive their treatment without the risk of confidential information being disclosed by an infectious diseases specialist and the resulting social stigma. This happens very frequently in small towns. This initiative was discussed at the Ministry of Health but was never implemented.

In rural areas, physical accessibility is a major problem. Not every settlement has a hospital, so people have to travel to the nearest town, which is usually the district centre. Transport links are not always reliable. Some vulnerable groups, such as people with disabilities and the elderly, do not always have physical access to healthcare facilities. In such cases, it is possible to call a doctor to the home or an ambulance, but the availability of specialist doctors and services is limited.

Healthcare in the country is free, which is undoubtedly a positive aspect. However, people often resort to paid services if they need urgent medical assistance. When it comes to medicines, however, financial inequality becomes apparent. Many vulnerable groups, such as people with disabilities, the elderly, people living in rural areas, the homeless, the unemployed, etc., cannot afford many medicines. There is also a disparity in access to free medicines: the closer one is to the capital, the greater the likelihood that a person will be issued with all the necessary medicines; the further away, the less likely it is that such medicines are available and/or that they will be issued in full.

There is an information gap regarding access to health-related information, particularly in the regions. This is linked to the general disparity between small and large towns. It is also linked to financial inequality; many people in small towns do not have a computer or internet access, meaning they have no access to health information or the ability to book a doctor's appointment online. When it comes to polyclinic websites and the information on them, again, in the capital every institution has a website with the necessary information, whereas in the regions access is sporadic. In rural areas, such opportunities do not exist.

In practice, healthcare institutions, goods and services do not always comply with the principles of medical ethics and cultural criteria – that is, the culture of individuals, minorities, peoples and communities – nor do they take into account requirements regarding gender issues and lifestyles, nor are they aimed at preserving confidentiality and improving the health of the individuals concerned. The state focuses on the 'healthy' majority and turns a blind eye to the specific needs of minorities and vulnerable groups. At the local level, there is a problem in the doctor-patient relationship, where patients are perceived as objects rather than subjects. According to experts, medical confidentiality is regularly breached by doctors.

Healthcare facilities, goods and services are acceptable from a scientific and medical point of view, but are not always of high quality. The problem of poorly qualified medical staff is widespread. According to experts, having a higher medical education does not guarantee a professional 'at the end of the process'. Medicines are available, but access to foreign medicines is limited. Belarusian equivalents, according to experts, are not always effective. Some equipment is new, but a significant amount is outdated.

- **Maternal, child and reproductive health**

The state is, on the whole, taking measures to reduce infant mortality; however, as experts note, the primary objective is not to actually reduce such mortality, but to improve statistical figures on paper. There are known cases where, for the sake of statistics, doctors, without the woman's knowledge, artificially induce a miscarriage, justifying this on medical and statistical grounds. For decades, the state has been falsifying infant mortality statistics by underreporting them: in the event of a miscarriage, doctors record an abortion rather than a miscarriage in the records. Doctors also frequently use labour induction without the woman's consent to improve the figures.

The obstetrics and gynaecology system is accessible, but it is not adequate enough, as many banned methods are used which have proven ineffective, and doctors treat patients in a rude manner that often violates human dignity. Access to many procedures and diagnostic tests is restricted.

At the same time, when comparing Belarus's indicators with those of other countries, the field of obstetrics and gynaecology, alongside transplantology, is a priority for the state; significant resources are invested in it, and there is widespread availability of free medical services for pregnant women. As for the regions, in 2019 a series of training sessions was held in regional hospitals (Soligorsk, Svetlogorsk, Zhlobin, Pinsk and many others) with the aim of improving doctors' professional standards.

Also, at the end of 2019, a project for HIV-positive women launched by the Association of UNESCO Clubs began, under which doctors carried out extensive work with HIV-positive patients.

According to experts, a woman's rights as a subject and rights-holder are restricted; many decisions are made without her knowledge or consent, often against her will. In the field of obstetrics and gynaecology, a woman is treated as an object rather than a subject. Consequently, overprotection by the state has a negative impact on women and their rights.

Often, doctors insistently 'advise' women to terminate their pregnancies based on their personal social status; for example, such suggestions are made to women who use drugs, alcohol, HIV-positive women, women with hepatitis, etc., which constitutes a stereotypical and discriminatory attitude towards the patient.

In the regions, the practice of persuading HIV-positive women to terminate their pregnancies remains widespread. In Minsk and major regional cities, this practice is also common, though to a lesser extent.

As for family planning programmes, experts note that since 2018 there has been a growing trend of religious organisations interfering in the healthcare system, with family planning being turned into a campaign against abortion and its gradual prohibition. There is a practice whereby a representative of a religious organisation approaches women under the guise of a psychologist and conducts a 'discussion' about abortion and its harms, essentially employing psychological coercion in the process.

The state has not developed a comprehensive national strategy to promote women's right to health throughout their lives. In the state's view, reproduction is about women and women's health, which is why all resources are channelled into the field of obstetrics and gynaecology. Consequently, men, as a group, find themselves in a vulnerable position, as their reproductive health is not given due attention, leading to infertility, cancer and other diseases, which in turn affects the birth rate, since two people are involved in the process of creating life: a woman and a man.

The state's attitude towards women depends on their reproductive age. According to experts, an instrumental approach to women's health prevails: if a woman is of childbearing age, the state will focus on her and her ability to give birth to a Belarusian citizen; if a woman is past childbearing age, the state does not pay due attention to such women. The same applies to women from vulnerable groups. If a woman has a disability, access to healthcare is significantly reduced due to physical inaccessibility, ranging from a gynaecologist's surgery on the second floor to a special gynaecological examination chair for women with disabilities (of which there are only two in Belarus). The first chair was installed at the Minsk Regional Maternity Hospital in May 2019, thanks to funding from businesses that are signatories to the Global Compact in Belarus. In December 2019, a second gynaecological chair meeting the needs of women with disabilities was installed at the Brest Regional Maternity Hospital thanks to the UNFPA project in Belarus, 'Biazmezhnaya'.[3] Both chairs were purchased thanks to civil society and international initiatives, not the state. This example illustrates the state's attitude towards women with disabilities, where the state does not recognise the ability of women with disabilities to give birth, and therefore sees no need to create conditions for their examination and health monitoring. The same applies to other groups of women with special needs. Thus, access to medical services varies depending

[3] https://select.by/news/v-belarusi-poyavilos-vtoroe-17715

on social status, age, the presence or absence of illnesses, and the presence or absence of particular vulnerabilities.

Although access to healthcare services is widespread, the quality of such services is not always guaranteed. For example, according to experts, cervical screening is poorly carried out, and access to the cervical cancer vaccine is virtually non-existent. Hospital and clinic staff have a very weak material and technical base when it comes to modern, effective and appropriate treatment methods. In gynaecological oncology, not all medicines are accessible.

Generally speaking, there is access to information on sexual and reproductive health, but the information provided by doctors or distributed in leaflets at clinics is not always scientifically sound or reliable. For example, there are known cases where religious organisations, with or without (it is unclear) the consent of clinic management, distributed leaflets on the harms of abortion containing fabricated, alarming pseudoscientific facts.

Despite the state's prioritisation of motherhood and childhood, Belarus has a fragmented state policy on child health protection; however, it is not of high quality, effective or comprehensive.

There is no proper system of comprehensive early intervention. Attempts are often made to delay diagnosis, the presence of which affects the provision of care. Delaying diagnosis means delaying payments from the state budget. The health system's leadership tacitly seeks to reduce payments by issuing relevant instructions to doctors. According to experts, there is effectively no early intervention system. For example, in international practice, children with autism are identified between the ages of 8 months and 3 years. At the same time, in Belarus, as experts have noted, a doctor will delay making a diagnosis until the very last moment to avoid problems with management. According to experts, a diagnosis of autism is usually made after the age of 3; there are only isolated cases of diagnosis before the age of 3, meaning that a great deal of time is lost for timely intervention. There is a lack of modern approaches, techniques and tools. The best option for families with such children is to seek help abroad. Some medicines are no longer available in Belarus, forcing parents to switch their children to Belarusian medicines, which often have side effects. To address this issue, some parents take their children to another country to undergo treatment with medicines that are not available in Belarus. The same applies to essential vaccines that are not available on the Belarusian market; people are forced to travel to other countries to receive a particular vaccine.

Adolescents have virtually no opportunity to participate in decision-making regarding their own health; this is because the state views children, and subsequently adolescents, as individuals who require the protection of their parents and the state. Consequently, adolescents are regarded not as holders of their own rights, but as objects for whom others decide what is best.

According to experts, the state's understanding of health care focuses on ensuring that adolescents do not consume alcohol or drugs and do not smoke, whilst sexual and reproductive health and information about it are largely overlooked. Furthermore, whilst there is minimal concern for the reproductive health of teenage girls, as they are 'future mothers', the reproductive

health of teenage boys falls outside the state's focus, a trend that continues into adulthood, when men and their health are, in essence, ignored by the state.

Since 2018, the state has been attempting to identify sexual offences committed against young women using information provided by gynaecologists following annual routine check-ups. Under this practice, doctors are obliged to report to the police whether a girl is sexually active or not; if so, the relevant authorities launch an investigation to determine who took the minor girl's virginity. Thus, the state equates any sexual activity by a teenage girl with rape; the disclosure of such information by a doctor violates the right to privacy; the entire process causes psychological trauma to the teenage girl.

Teenagers' access to high-quality and reliable health information is also restricted. As experts have noted, doctors wishing to give a lecture on the subject are rarely allowed into schools. School authorities usually advise doctors to be selective in their choice of lecture material and to avoid using certain words they deem 'inappropriate'. Due to a lack of access to information, vulnerable groups of teenagers, such as those living with HIV, become even more vulnerable. As for information on sexual and reproductive health, the state ignores this area and does not consider it necessary to introduce a dedicated school subject, arguing that children acquire the relevant knowledge on the subject in biology lessons. This state attitude towards sexual and reproductive health and the ban on any education on the subject leads to rising rates of sexually transmitted infections among adolescents, early pregnancies and a deepening of ignorance. In January 2019, the Ministry of Education approved an optional course for pupils in Years 9–11 on the basics of family life, which, according to experts, is moralising and fails to cover many key issues regarding sexual and reproductive health. The course itself is not compulsory[4].

Experts highlighted as a positive point the fact that almost all modern teenagers have access to the internet and, consequently, access to the necessary information, which makes it possible to prevent the aforementioned consequences of banning and/or ignoring sex education for teenagers. However, when it comes to the regions, particularly rural areas, access to information—especially high-quality information—is much lower, both in schools and via the internet. This is because the professional standards of teachers and doctors in rural areas are lower than in major cities, and there is also an information gap, as not everyone has a computer or internet access.

In some clinics across the country, despite the difficulties, there are youth-friendly clinics. However, the topic of sexual and reproductive health is mainly addressed by community initiatives. Overall, sex education is moralised, shrouded in shame and is not considered part of a teenager's private sphere.

- **Disease prevention**

[4] https://pravo.by/novosti/novosti-pravo-by/2019/january/32231/

According to experts, equal and timely access to basic preventive, curative and rehabilitative healthcare services and to health information is generally ensured. However, depending on whether a person belongs to one or more vulnerable groups, access to such services is not always guaranteed in practice.

Rehabilitation services are virtually non-existent; there is no understanding within the state of what rehabilitation is, why it is necessary for individuals, and, most importantly, why it should be funded from the state budget.

A national policy on the prevention of alcohol abuse and the use of tobacco, drugs and other harmful substances has been adopted and is being implemented, including measures to ensure the availability of information on healthy lifestyles and nutrition; however, the question of the quality and effectiveness of such a policy remains open. According to experts, there is a problem with the reliability of the statistics. In practice, a repressive approach is in place, whereby, in essence, criminal liability for the sale, trafficking, distribution and possession of drugs serves as the primary means of preventing drug abuse. Drug legislation is particularly repressive towards minors who use, possess or distribute drugs. Belarus ranked first in the world for per capita alcohol consumption in the WHO rankings from 2007 to 2014[5]; in subsequent years, alcohol consumption declined according to statistics, and in 2018 Belarus was in 27th place[6].

According to experts, the main method of 'combating' the consumption of alcohol and tobacco products is essentially to reduce wages and regularly increase the prices of these products. Overall, the state's priority is to fill the state budget through the sale of alcohol and tobacco, rather than the health of the population. The state's short-term revenue from the sale of alcohol and tobacco subsequently turns into a loss for the state budget, as the treatment and rehabilitation of people who consume alcohol and tobacco incur greater costs than the revenue generated. According to experts, access to effective treatment for alcoholism is limited in the country.

Tobacco kiosks ('Tabakerki') have become widespread and are now being set up everywhere, including near educational institutions.

At the same time, access to special dietary foods, for example for those with diabetes, is limited, as almost all products available in shops contain sugar. The situation is even worse for people with gluten allergies.

Among the positive aspects noted by experts is that tobacco products can be purchased in shops from a separate counter or at the till, but in both cases such products are kept in locked display cases; there is a ban on the sale of alcohol on school bell days and graduation nights; public

[5] https://mediabrest.by/news/obschestvo/belarus-samaya-pyuschaya-strana-po-versii-reytinga-world-population-review

[6] https://gtmarket.ru/ratings/global-alcohol-consumption

transport broadcasts public service announcements about the dangers of alcohol, tobacco and drugs; every packet of cigarettes features a graphic image showing the consequences of long-term smoking.

Information and prevention programmes are run on health issues linked to certain behaviours, such as sexually transmitted infections, particularly HIV/AIDS, and conditions that harm sexual and reproductive health. At the same time, according to experts, the content of such programmes is limited due to the strong recommendation from school administrations not to discuss certain 'sensitive' topics. According to experts, there is virtually no sexual and reproductive health education as such in the country (with the exception of civil society initiatives and those of UNFPA or USAID); consequently, there is no effective prevention of sexually transmitted infections.

Most programmes focus on HIV/AIDS; other sexually transmitted infections (STIs) remain in a grey area, as they are a taboo subject in society. According to experts, the state does not take the gender aspect of STI incidence into account: despite the fact that men contract STIs far more frequently, the state does not develop separate targeted programmes for men to prevent an increase in such cases. This is linked to a general tendency within the state to overlook the health needs and requirements of men as a social group.

Many programmes are emerging to destigmatise HIV-positive people. However, almost all HIV/AIDS volunteer clubs in secondary schools have ceased to operate (previously, almost every school had such a club; now there are only 2–3 clubs left in the whole country), due to the cessation of funding.

There are reports of falsified statistics regarding vaccinated people, for example, for the flu. In practice, according to the records, a person is vaccinated, but in reality, they are not. There is no effective government campaign promoting vaccination and its benefits; access to information about vaccines is limited or unreliable, and consequently, the number of people opposed to vaccination against any disease is growing. Cervical screening for girls is not included in the immunisation programme.

Screening programmes are carried out, but not regularly. In the reproductive health sector, the state focuses on screening fertile women; if a woman is no longer of childbearing age, her health is overlooked.

There is a problem with the early diagnosis of cancer. Experts cited the following example to illustrate this. Colorectal cancer ranks among the leading causes of cancer-related deaths, yet in Belarus there is no screening for this cancer, nor even early diagnosis; as a result, more than half of tumours are detected at stage 3 or 4, despite the fact that this type of cancer is preventable. In the field of gynaecology, on the other hand, cervical screening, genetic analysis of foetal chromosomal abnormalities, and mammography are carried out every year. Such examinations are not always of high quality and are sometimes merely a formality, but they do exist. However, many women simply do not attend these screenings, which points to a lack of public awareness

and, on the part of individuals, a lack of interest in their own health – a consequence of the state's failure to provide adequate education.

Screening for tuberculosis is provided for HIV-positive people, as well as for people who use drugs.

- **Medical assistance and care in the event of illness**

A national policy on the protection of physical and mental health, including for people with disabilities, has been adopted and is being implemented; however, this policy is of poor quality and ineffective. According to experts, people with disabilities find themselves in a grey area. There is no inclusive approach for people with disabilities; they are not integrated into society and are viewed as objects rather than subjects of their own rights. Assistance is, in essence, limited to disability benefits.

Mental health is a taboo and stigmatised subject; the state also prefers to turn a blind eye to people with mental illnesses, in the worst-case scenario cutting them off from society and a life of human dignity.

According to experts, the emergency medical care system for accidents, epidemics and similar health-related incidents exists and functions, and is more or less effective. However, due to the large number of unqualified staff, particularly young professionals, who are assigned to work in emergency care, in situations such as serious road traffic accidents or stab wounds, these professionals are unable to cope with the task at hand, and the patient, while dying, is forced to wait for another doctor to arrive from another town or hospital to provide proper assistance. Such situations are more common in the regions than in the capital.

According to experts, the problem is that the system is not prepared for mass incidents.

There are outdated guidelines for the treatment of common diseases, disorders and injuries. Not all specialities have protocols with algorithms on how to write reports or make a diagnosis; as a result, doctors write as they see fit or as they understand it. Treatment guidelines are updated slowly; consequently, doctors treat patients using outdated methods or at their own discretion. The standard of care and the use of specific treatment methods vary between the capital and the regions. On a positive note, experts highlighted that HIV/AIDS protocols are updated regularly.

Essential medicines are available in the country, and people are provided with them. However, Belarusian equivalents are not always of high quality or effective. The situation is much better when it comes to treatment for HIV-positive people: treatment is available, provided free of charge, and effective. The state funds 90 per cent of this sector, although funding previously came from international organisations.