

Ailing Russian health-care system in urgent need of reform

The Russian Federation needs to overhaul its corrupt and inefficient health-care system if it is to provide regular medical assistance and help the country fight an AIDS epidemic, officials have said.

“We just cannot go on like this — slowly dying — any more. We need to keep the best of what has been achieved but finally bring the system in line with market realities,” said Tatyana Yakovleva, Chairwoman of the Health Protection Committee in the State Duma lower house of parliament, a body responsible for the drafting and examination of health-related bills before they are put to vote.

Although communism collapsed in the country thirteen years ago, the Soviet free-for-all health care system has survived virtually intact — a system which the government and the public agree makes bad use of limited budget resources, leaving millions of people without basic services and forcing doctors — many of whom earn under US\$ 100 a month — to accept bribes.

Russians who can afford fees charged by the private sector tend to stay away from state-run facilities where patients are routinely driven to bribing personnel to obtain services which are supposed to be dispensed free of charge. Research carried out by Moscow’s INDEM think-tank shows that Russians spend some US\$ 600 million a year on such under-the-counter payments.

Complaints about the poor quality of medical services, crumbling infrastructure and blatant mismanagement appear almost daily in the Russian media. Many hospitals, especially in remote areas, have no hot water and some have no running water at all; even the most basic medicines are often in short supply.

The quality of medical assistance also varies considerably between Russia’s 88 administrative regions depending on local economic conditions.

“The majority of the population have no access to quality health care,” said Oleg Shchepin, a member of the Russian Academy of Medical Sciences and director of a research institute. “To give you one example, the number of

people suffering from kidney diseases and bronchitis among Russia’s have-nots is six times higher than among our better-off citizens.”

Putting additional strain on the already ailing health-care system are the unhealthy lifestyles of many Russians. Life expectancy among Russian men has fallen to just 58.5 years — the lowest in the developed world — as the chaotic market reforms of the 1990s marginalized millions of people and led to an upsurge in heart disease, alcoholism and drug abuse. The latter is seen as a key cause of the country’s AIDS epidemic.

According to a report by the United Nations Development Fund (UNDP), released on 17 February 2004, growth rates of new HIV infections in the Russian Federation are among the world’s highest. Currently, an estimated one million people in the country are HIV-positive. According to the World Bank, this figure could rise to 5.4 million, in an “optimistic scenario,” and to 14.5 million in a “pessimistic scenario.” The UNDP report warned that, without action, the HIV/AIDS epidemic could cost the Russian Federation 20 million lives and 14% of its GDP by 2045.

Reforms drafted by the Russian Government involve scaling down to a bare minimum the range of free medical assistance guaranteed by the state, closing down a large number of hospitals, putting emphasis on primary care, and increasing doctors’ salaries by paying them for dispensed treatment rather than the amount of hours spent at the desk.

Igor Sheiman, head of a team of experts advising President Vladimir Putin on health-care reform, believes the system is suffering not so much from a lack of finance as from an extremely inefficient allocation of resources, the bulk of which is spent on an absurdly vast network of hospitals at the expense of primary care.

“Not even the richest country in the world can afford that. Our people go straight into hospitals,” Sheiman said. “Experts believe that up to 30% of all hospitalizations are unjustified. That entails enormous losses.”

According to Sheiman, it has been proved that between 80–90% of illnesses can be dealt with at the primary health-care level which would produce

a much cheaper national treatment bill. “The whole world saves on that — beefing up primary care — while we have the highest rate of hospitalizations in the world,” said Sheiman. ■

Andrei Shukshin, *Moscow*

Ireland stubs out smoking in the workplace

Ireland became the first country in the world to prohibit smoking in the workplace on 29 March 2004. The ban amounts to tobacco-free environments in all enclosed public spaces — including restaurants and the country’s famous pubs, where a cigarette and a pint of stout have long been traditional habits.

“It’s an important accomplishment, and it sends a good, strong message to the rest of the world,” said Vera da Costa e Silva, Director of WHO’s Tobacco-Free Initiative.

Much of the media coverage of the ban has focused on disgruntled pub proprietors and patrons. Although 30% of the Irish population currently smoke, few have formally objected to or violated the ban since it was enacted, said Valerie Coghlan, administrator of the Irish branch of Action on Smoking and Health, a London-based advocacy group whose mission is to eliminate smoking in society.

The ban was announced just four days after Ecuador and The Republic of Congo signed the WHO Framework Convention on Tobacco Control, bringing the total number of participating countries to 100 and the total number of signatories to 101, including the European Community. Negotiated worldwide under the auspices of WHO, this convention is the first legal instrument designed to reduce tobacco-related deaths and disease around the world. It obliges signatories to meet minimum standards on tobacco-related issues such as cigarette advertising, protection from second-hand smoke, tax and price measures, as well as packaging and labeling.

The convention is the centrepiece of an overall effort by WHO to shift views on smoking, according to da Costa e Silva. “We now have clear evidence that nicotine addiction is a disease. Therefore, smoking should be treated as a preventable and treatable epidemic,” she said.



A woman smokes a cigarette outside a pub in County Louth, Ireland, 29 March 2004, as the country becomes the first in Europe to ban smoking in the workplace, including pubs and restaurants.

It is an epidemic that is expanding rapidly. Barring more effective intervention, the total number of tobacco users is expected to rise from the current 1.3 billion to 1.7 billion by 2025. Tobacco use now kills 4.9 million people each year, with the heaviest toll in developing countries, where 7 out of 10 smoking-related deaths occur.

Experience suggests the measure taken by Ireland could turn out to be the simplest and most effective way to discourage smoking and encourage cessation. "In enacting a workplace ban, you send a message: 'We want you to live in a healthy environment.' That message creates a supportive atmosphere for smokers to quit, especially if you offer them help," da Costa e Silva said.

Ireland's Government prepared for the ban by concurrently bolstering smoking cessation programmes, Coghlan said. "We now have a national hotline for smokers wanting to quit, and many of our pharmacists have completed a training program to become special advisors. There are big posters everywhere alerting people about how to get help, and they are responding."

A workplace ban is a major step toward protecting the public against passive smoking, which puts adults at risk of lung cancer and children at risk

of respiratory infections and asthma, according to the US Environmental Protection Agency.

Research also has shown that reduced exposure to passive smoking decreases acute cardiac events. In one striking study, presented at an American College of Cardiology conference in March, researchers reported a 60% drop in heart attack admissions at local hospitals during a six-month temporary smoking ban in public buildings in Helena, Montana, a city with a population of 65 000 in western US.

Ireland's choice of a workplace ban was inspired, said Haik Nicogolian, Regional Advisor for Europe at WHO, because it shifts the public's focus away from the right of people to do as they please in restaurants and bars, which has been at the centre of the debate. "Now the focus is on the rights of workers, and not the rights of customers, to be in a smoke-free environment. It is a more winning approach," he said.

To date only a few countries have experimented seriously with smoking bans. The US has piecemeal local regulations on indoor smoking, in New York City — a pioneer in anti-smoking legislation — and Boston, for example. A number of countries — including Egypt, the Republic of Korea, the United

Republic of Tanzania, Thailand and Uganda — forbid smoking in specific locations such as educational institutions and hospitals.

The question now is whether Ireland's move will set off a wave of comprehensive anti-smoking legislation. "Norway has already passed laws that will go into effect in July, and Sweden and Malta have plans to institute similar bans. In addition, the UK has indicated its intention to enact a ban of its own," said Nicogolian.

In the developing world, total smoking bans are unlikely to appear any time soon, said Carmen Audera, a technical officer at WHO's Tobacco-Free Initiative. "There is a simple reason. Smoking arrived in developing countries relatively recently, and they have not yet begun to experience the mortality that starts three decades after the onset of an epidemic. That is why they are moving more slowly," she said. ■

Judith Mandelbaum-Schmid, *Zurich*

Monkey malaria could represent a new human strain

Monkey malaria may be more widespread among humans than previously