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International Development Assistance and Eurasian Health Care Systems

To set the context, I am working in the international assistance arena. From that enormous platform I see the benefits of channeling funds to health providers who need medicine and equipment and benefit from contacts with their western counterparts. I also witness waste, misdirected funding, and miscommunication. My current work in Ukraine, Russia, Azerbaijan and Georgia is to manage health care projects that focus on primary care and HIV/AIDS. The development industry has become just that—an industry which claims to aim for sustainability, but must also survive by perpetuating itself. The need to support the development industry can lead to projects that have no exit strategy or that lack efficiency. Not that the donor agencies and NGOs should pull out of the countries they are working in, but we should be aware that there are a few key principles that have been abandoned in order for development to survive as an industry.

The main donors in Eurasia include the World Bank, USAID, WHO, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the British Department for International Development (DFID), the European Union, the European Bank for Reconstruction and Development (EBRD), Soros (OSI), UNAIDS, and other UN Agencies. Coordination of these large bi- and multilaterals in itself is problematic and this list does not include all the local and international NGOs which are working specifically in the health field.

While most organizations do work through the Ministries of Health, the bureaucratic layers imposed both by national governments and international organizations can hold up concrete action for years. In countries like Ukraine and Georgia which have both undergone “color” revolutions in the last few years, the momentum for change is further delayed by the frequent changes in government positions and policies. In Georgia all the personnel from the health ministry of the previous government were ousted and a completely new group came in who were much younger, had little knowledge of the agreements that had been reached over the last decade, and were eager to start from scratch.

The first tenet which receives a lot of lip service, but is rarely adhered to, is that all projects should be demand driven. Health care policies and priorities are often set by international donors and this process has a profound impact on the health care systems of the countries where the donors operate. In the current health policy environment in Eurasia the main areas of concern are the dismal mortality and morbidity rates of many of the countries in the region. Despite a recent report from WHO on the severity of chronic diseases, the donor focus continues to be on HIV/AIDS, Tuberculosis, and a single disease approach.

In the 1990s the donor community focused on developing primary health care (PHC) in Eurasia. This systemic approach yielded improvements on many levels, from the main focus on prevention and reducing long hospital stays to the impact on the medical education system in many countries. By creating a specialty in family medicine or primary care, the system has been able to move away from the over-specialization of the Soviet period and many solo-practitioners (doctors, nurses and feldshers) are better equipped and trained to deal with the types of patients they see most often. Unfortunately, the focus on PHC has been waning, and the funding is shrinking, even though the job is far from complete.

When Communism collapsed in 1991, the American health care establishment responded to the critical needs of the decaying health care systems of the entire region by establishing the American International Health Alliance (AIHA). In 1992, with financing from USAID, leading US health organizations came together and formed health care consortiums to work in partnership with their counterparts in the former Soviet Union and Central and Eastern Europe.

The basis of the AIHA partnerships is voluntary efforts on the part of doctors and medical personnel in the US who donate their time and experience to train their former Soviet counterparts, and the Eurasian physicians, nurses, and medical personnel who take time to learn about how to improve their systems. This voluntary effort reveals the amazing wellspring of goodwill and desire to share and converse that exists between these former Cold War enemies. Through a rigorous selection process that AIHA conducts, medical consortiums from US cities are paired with similar Eurasian cities and together the partners hammer out a plan to improve

the health care system in the given location. The success of the program rests on the voluntary efforts of hundreds of individuals, donations from numerous institutions in the US, and the truly collaborative nature of the partnerships.

The direct result of all of these efforts is shorter hospital stays, more outpatient services being delivered, and in turn, more patients being treated. In addition, Eurasian doctors are working with new improved equipment; they have exposure, access, and training to utilize new technologies and treatments. They have developed close bonds with the Americans with whom they have worked with over the last fifteen years.

In addition to the improvement in health care services and the professional enhancement that has occurred, there is a far more fundamental shift in mindsets that has taken place through these collaborations. Through the democratic process of partnering, radical new concepts such as patient's rights, patient centered care, and a far more significant role for nurses have all become normal concepts in the partnership settings. Critical thinking and taking initiative to change the system are also the incalculable benefits of the partnership process. Like all segments of the post-Soviet economy, health care suffers from a lack of management and a lack of legitimate financing mechanisms to sustain the system. The Soviet health care system was completely socialized and officially free so that all payments to doctors occurred "under the table." The AIHA partnerships have brought the concepts of health care management and financial sustainability out into the open. Although all the partnerships are in public health care institutions where services are officially free, the concepts of fee-for-service and sliding scales are being introduced.

Of the 58 million deaths globally in 2005, approximately 35 million (60%) were a result of chronic diseases (also sometimes referred to as non-communicable diseases –NCDs) such as cardiovascular diseases (CVD), cancer, respiratory disorders, digestive disorders and neuropsychiatric disorders. This is double the number of deaths from infectious diseases (including HIV/AIDS, TB, and malaria). This toll is projected to increase 17% in the next 10 years. Eighty percent of chronic disease deaths occur in low and middle income countries. These

statistics are from the recent WHO report, *Preventing Chronic Diseases; A Vital Investment*. The report notes that these diseases that used to be prevalent primarily in highly industrialized advanced economies, are now the biggest killers in low and middle income countries as well. The pandemic is spreading and can no longer be considered exclusive to wealthier countries.

In 2002, **86%** of all deaths in the Eurasia region were from NCDs, and they made up **77%** of the disease burden. Cancer was the cause of approximately **20%** of all deaths in the region in 2002. The primary risk factors were tobacco use (30% of adults in the region smoke), alcohol (alcohol consumption is the highest in the world) and the prevalence of high blood pressure, high cholesterol, obesity and unhealthy diets.

These chronic diseases absorb enormous resources from the health care system (for example, diabetes is projected to account for 11-19% of total health expenditures for Tajikistan by 2025). The health care systems are designed primarily for episodic acute care, not long term, lifelong, patient-centered care. Indirect costs such as lost productivity can exceed the direct costs, and the poor are disproportionately affected. NCDs are the primary reason why people die at dramatically younger ages. The poor health status of adults in the region has an impact on human capital, thwarting both economic and social development. Mortality rates for NCDs and injuries in Russia are 3 and 5 times respectively, those in the European Union (EU). Cardiovascular disease, cancer, traffic injuries, suicide, alcohol poisoning, and violence are leading to a rapidly declining population in Russia (149 million in 1992 - 143 million in 2003).

What can be done? There are no simple solutions and all the health care interventions do not have rapid results. However, prevention through smoking cessation, improved diets, health promotion, and regular screening have all proven effective over time. While primary prevention as a long-term strategy can help, short term gains can be made through targeted programs at the primary care level that focus on managing chronic diseases. Due to the nature of the AIHA partnership model, they have been able to address the growing problem of chronic disease in the region. By implementing screening programs and introducing programs to manage high blood pressure, diabetes, and bronchial asthma, the morbidity rate in partner communities has

improved dramatically. Primary care partnerships can target the most serious chronic diseases in a community to help the ill manage their illnesses and create awareness about prevention. Public health campaigns and educating the public about programs in their communities have proven effective. Emergency care for epidemics is a short term response to this pandemic. We need health care systems that engage local community caregivers and educate populations for both infectious and chronic disease prevention. We all agree that the most successful kind of aid is helping people to help themselves. The challenge facing the development industry is to return to the core principles that are supposed to be the basis of all aid: transparency, sustainability, and demand-driven assistance.