

Global Health: Asia in the 21st Century

Join us Fridays through April 3 for a five-part series as we take you around the world highlighting global health issues. (There will be no series publication on March 20.)

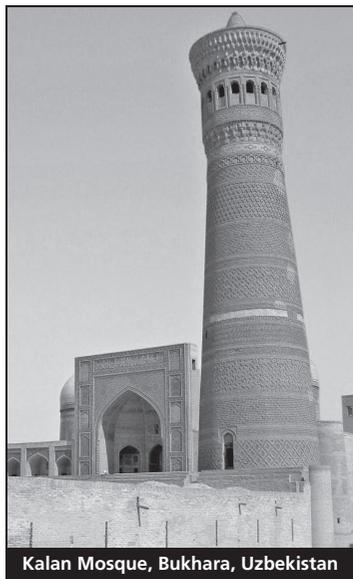
A Region in Transition: Health in the former Soviet Union

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On January 1, 1992, the world awoke to a headline it thought it would never see: the Soviet Union, a major 20th century superpower, no longer existed. In its place, 15 newly independent states emerged: the Baltic republics of Latvia, Lithuania and Estonia; the European nations of Moldova, Belarus, Ukraine and Russia; the Caucasus republics of Georgia, Armenia and Azerbaijan; and the Central Asian states of Kazakhstan, Kyrgyzstan, Uzbekistan, Tajikistan and Turkmenistan. Although the Soviet Union had operated from a single strong central government, its population was extremely diverse. Spanning 8.6 million square miles across Europe and Asia, the region is home to 285 million people representing more than 200 ethnic groups and speaking over 120 languages.¹

Transitioning from a single, strongly centralized government into 15 new nations was by no means a smooth road. Indeed, in the 17 years since dissolution, these nations have undergone civil wars and border conflicts, revolutions, large-scale migration (both within the region and outward to other countries), major economic crashes and huge changes in society and economics.

In no other facet of life is this rocky transition more evident than in health. Paralleling the social, civic and economic transitions were dramatic changes not only in how health care worked, but in several



Kalan Mosque, Bukhara, Uzbekistan

population health indicators, such as life expectancy, birth rates and disease rates.

Drop in life expectancy

Between 1991 and 1995, life expectancy dropped dramatically; in just five years, life expectancies in every single former Soviet republic had gone down by between one and five years from their 1990 levels.² The most substantial contributor to death and disability are non-communicable diseases (such as cancers and cardiovascular disease) and injuries, many of which are potentially preventable. People in these countries are almost three times more likely to die of non-communicable diseases before age 65 than someone in the European Union, and almost five times more likely to die due to injury.³ Why such a dramatic difference? The answers to this question are not completely understood.

One possibility is that preventative care is simply not well promoted. Although

some of the most advanced treatments in the world are potentially available, medicine tends to focus around treating disease as opposed to maintaining health. Countries of the former Soviet Union have some of the highest rates of smoking and alcohol consumption in the world. In addition, occupational and environmental protections are generally poor, and workers and residents are often unduly exposed to physical and chemical risks, which can lead to cancers, chronic diseases and injuries.

Poorly funded health care

Another contributing factor is the stark lack of funding in many of the countries' health systems. Although under the Soviet system health was seen as a right of all citizens, current health spending, particularly in Central Asia, is quite poor, and does not meet the needs of the populations. As of 2003, Tajikistan, Kyrgyzstan, Uzbekistan, Azerbaijan and Moldova had some of the lowest per capita health expenditures in the world — lower than in most African countries. Some of the effects of this lack of funding include: 1) low wages for health care professionals, often insufficient to meet living expenses; 2) clinics unable to afford to purchase and maintain necessary equipment, drugs and facilities; and 3) costs for care pushed onto the patient, who must pay out of their own pockets. In addition, funding tends to be concentrated in urban areas — people out in rural regions often have very limited access to services and medicines.

As of 2008, many of the cited health indicators have begun to improve, and several innovative programs have been developed to help address current health issues. One example is the Nikolai Pirogov, a Russian train retrofitted with medical

equipment and a full medical staff, which uses Russia's extensive rail lines to reach otherwise remote villages. Still, professionals and citizens alike argue these changes are not occurring fast enough, and they are not reaching those who need them most. The next 20 years will be critical for the former Soviet nations in rebuilding stable health systems and developing effective public health responses to existing and emerging health issues.

Next Week:

War and Health: Agent Orange in Vietnam

EXPAND YOUR WORLD

- 1) How did the collapse of the Soviet Union impact health care in the new independent states?
- 2) What factors contributed to the decrease in life expectancy for citizens of the republics of the former Soviet Union between 1991 and 1995?
- 3) What is a non-communicable disease and why might someone from Central Asia be more likely than someone from the EU to die from a non-communicable disease?

Sources

1. UN Statistics Division Common Database: http://unstats.un.org/unsd/cdb/cdb_advanced_data_extract_fm.asp?HSID=13660&HCID=all&HYRID=1990%2C2000%2C2005-2010%2C2020&continue=Continue+%3E%3E
2. World Bank Statistics and WHO EURO Health For All Database
3. The World Bank. Dying Too Young: Addressing Premature Mortality and Ill Health Due to Non-Communicable Diseases and Injuries in the Russian Federation. 2005.

We're pleased to join The Henry M. Jackson School of International Studies in bringing you the five-part series "Global Health: Asia in the 21st Century." Each week we'll highlight an emerging health issue and offer students an opportunity to explore it further through discussion questions. For more information, please visit <http://jsis.washington.edu/earc>.

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