often a great disappointment to us. They come over here and start out as if in deepest Africa, spending a great deal of time and money arriving at conclusions we ourselves reached long ago." Indeed, the consensus of opinion in Poland is that too much loan and grant money from the European Community, the World Health Organisation, the World Bank, and other

smaller agencies such as the British Know-How Fund, is being misused or wasted, often squandered on unnecessarily elaborate studies carried out by Western consultants. "Too many advisers, not enough aid," was a comment I heard all too frequently. In the words of Dr Karski: "We already have the 'know' it's the 'how' we need help with."

Health Care in Russia

Helping Russia

Tony Delamothe

When Professor Bella Denisenko, first deputy Russian minister of health, visited Britain recently she brought a shopping list with her. On it were pharmaceuticals, hospital equipment, general practice, insurance funding, managing secondary care, and medical education. While here she was wined and dined mainly by people with something to sell. One of the organisers of Professor Denisenko's visit was embarrassed by the lavishness of the entertainment laid on for her. It seemed incongruous given the shortages that Russia is facing.

Visits by representatives of the Russian health ministry to Britain are rare: most of the traffic is in the other direction, and recently it has become a flood. Hardly a plane touches down in Moscow or St Petersburg these days without at least one passenger claiming a special interest in the Russian health system. Most arrive hoping to take more from Russia than they bring.

Consider the opportunities: a population of 145m and a health system in tatters. There has never been anything like it before; perhaps the scramble to carve up the Wild West comes closest. Certainly tales of carpetbaggers, shyster lawyers, snake oil merchants, and missionaries are rife. The testimonies of participants at a recent workshop on health care management in Russia did nothing to contradict this analogy. The aim of the workshop, held at the King's Fund College

in conjunction with the British Council and the Association for the Promotion of Healthcare in the Former Soviet Union, was "to promote a feeling that the British suppliers of health care development can actively work together to produce a collaborative and coordinated response to the needs of the Russian health care system."

Taking up too much time

Not all the visitors to Russia are out to make a fast buck: many resemble bystanders at an accident who would like, in no clearly thought out way, "to help." But blanket assumptions of altruism are wrong. Ask an academic why he is on his fifteenth trip to eastern Europe this year (and is planning to annex Russia) and he will tell you that it is for money (from lucrative projects for aid agencies), foreign students, and opportunities for research in what for Westerners is virgin territory. For academics Russia probably more closely resembles the Third World than the Wild West. "The problem," one of them said, "is that there are a lot of people getting into Russia who never got into Africa. They don't realise the difficulties."

Whoever is to blame, there is general agreement that too many people have been going to Russia to catch up on what's been happening. Their main contribution has been to take up Russians' valuable time. The

Russia: the greatest carve up since the Wild West?

Association for the Promotion of Healthcare in the Former Soviet Union

Missions and fellowships planned for 1992

The main trust will be WHO type missions, usually lasting a week. Each team will generally consist of two senior specialists in selected health care fields and one expert on the area to be visited. They will look with Russian and other republican colleagues at needs, particularly in further education and in planning of services. Where needed, wanted, and feasible and where funding is available, missions will be developed into short term, medium term, and long term projects on a partnership basis. Where funding is provided for this purpose, trainers from the former Soviet Union will be selected (on grounds of merit alone) for periods of about six months of study and in-service training in Britain.

The programme aims to focus its activities chiefly on:

- Contraception in the Kiev region;
- Central sterile supply for control of hospital infection in the St Petersburg region.

The following are, however, already planned and funded:

- Training of two oncology nursing trainers at the Royal Marsden Hospital from February to August 1992, funded chiefly by the hospital;
- A mission and fellowship for development of primary health care in St Petersburg, funded by Glaxo Eastern Europe and organised in conjunction with the Royal College of General Practitioners.

The following proposals from the former Soviet Union will be responded to with missions:

- From the Ministry of Health of the Ukraine for development of primary health care, with professional development by the Royal College of General Practitioners;
- From the department of clinical psychology of Moscow State University and the Association of Practical Psychologists for further training for psychologists in family therapy and psychotherapeutic intervention (first mission already completed);
- From the head child psychiatrist of St Petersburg to discuss questions of diagnosis and "social protection of mentally handicapped children."

Because of offers of professional input from Britain, need in the former Soviet Union for missions in the following fields is being appraised:

- Neonatal infection by a team of a neonatologist and a microbiologist;
- To determine the need for collaboration in public health care with the Baltic republics;
- To establish wishes of patients with neurological disorders such as epilepsy and multiple sclerosis, and their families, in St Petersburg for guidance in setting up voluntary societies for mutual support.

The association may be contacted at 9d Stanhope Road, London N6 5NE (tel 081 347 8852, fax 081 348 0857).

question that these visitors rarely ask themselves is: What do the Russians want from this invasion?

Undoubtedly Russia has its problems. According to speakers at the workshop, changing the previous system of health care is made very difficult by isolation, poor infrastructure, and the collapse of management. The Russians don't know what works: all they know is what they are told by their visitors, who come encumbered by their own ideological baggage. (A few examples: decentralisation, privatisation, and health insurance.) They are jaded by the amount of help on offer and confused by people from the same country offering different solutions. But it's not true that they are still flailing around, trying to decide on a health system. They have opted for employment based health insurance, which they hope will be fully operational by next January. (How a safety net will operate to catch the millions expected to become unemployed by then is unclear.)

Missionary positions

British "missionaries" have been telling them that what they need is primary health care, but the Russian experience of policlinics—their version of primary care—was not a success. The clinics lacked continuity and pushed too many people into secondary care. Russian doctors are proud of their intellectual base and look longingly at the big teaching hospitals of the West.

They want medical equipment from the top of the range. Russia is now a graveyard of Western medical equipment, which could be due as much to the after sales service policies of Western manufacturers as to the Russian love affair with medical hardware. The British commitment, it was emphasised, was to help—"not just to do a quick and dirty job, to take the money and run."

Taking the money and running has become more difficult since January, when central funding stopped. A representative of a company selling medical equipment has been stumping around the former Soviet Union "trying to find the people with money." Udmurtskaya was OK: it had oil and Kalashnikovs, two of the dwindling sources of "real money." Banking has been in disarray since the collapse of the Vnesheconombank. There was the uncertainty of not knowing how long any of the players that you talked to would remain in office.

According to one of the world's largest drug manufacturers, the former Soviet Union was the most difficult market in the world, taking a smaller proportion of its products than North Yemen. Communications were difficult, and the expense of working there was second only to Japan. All income was taxed at 60%; for employees the former Soviet Union was classed as a hardship post, further increasing the costs. On paper the opportunities looked wonderful: 70% of Russia's drugs had come from east European manufacturers—most of them now in liquidation. But Russia is now geared to getting the cheapest medicines in the largest quantities, hardly endearing itself to foreign pharmaceutical manufacturers. The man selling medical technology said that the Russians wanted companies to come in and build factories in Russia. The Russians then wanted to export the products to compete in the companies' traditional markets.

Take your partners

"What was going on," said one speaker, "was a sort of elaborate quadrille, with neither side knowing the other's steps." Or desires, he might have added, for there was much discussion of Russia's needs and wants and whether they coincided. To hear that "What the Russians need may not be what the Russians want" had the authentic ring of Third World patronage to it. So did the assertion that "While they have a right to ask for what they want, we don't have to provide it." One of the working groups at the workshop identified the threat of Russians "coming up with ideas that don't fit in."

Not everyone thought that they knew better than the Russians what the Russians needed. "In a command economy people have forgotten how to ask for what they want," suggested one speaker. "We need to develop their abilities to assess what they need and ask for it." Better still, "We should wait for Russia to evolve its own strategy, not develop a strategy and impose it." Best of all: "We should help if they want our help."

The World Bank and the European Community will head the international league of helpers when they get around to lending money and funding projects—which should be later this year. The first World Bank loans will be for technical help—mainly for health management and finance.

The British government is renegotiating a health cooperation agreement with Russia, previously signed with the Soviet Union in 1975, which should allow the exchange of skills between the two countries. The agreement is also continuing evidence that the British government has "a natural interest in helping other countries with their health care systems—for moral-

Nations in partnership programme

Partnerships should be developed primarily to improve health care, including individual patient care. This can be done by offering information, medication, supplies, and technology. The willingness of the health care providers and others to receive such information is, however, essential. Thus development of educational programmes of various types, including scientific research, would be an integral part of partnerships. These would be mutual exchanges—for example, physicians and others from republics would spend time in the partnership institution abroad.

It would be expected that such new knowledge (and journals and technical skills) would be transmitted by the partner institutions to others in the republics. In this regard, involvement of professional societies and other organisations and institutions could be of benefit.

Partnerships could vary greatly in size and scope, from only small numbers of people imparting knowledge to extensive institutional exchanges, including in some cases transfer of technology. In addition, there must be an evaluation process to assess results—from recommendations made by the medical working group at the instigation of the Washington coordinating conference on assistance to the new independent states.

humanitarian reasons but also for politicostrategic ones, too." Money may soon be available for health service management from the "Know-How Fund" of the joint assistance unit of the Overseas Development Administration and the Foreign Office. The unit was set up to assist eastern Europe and the former Soviet Union in their transition to a market economy.

On the ground

Most practical help has so far come from the Association for the Promotion of Healthcare in the Former Soviet Union, which aims at enhancing health care by professional exchanges, postgraduate education, and management consultancy. Founded in 1984 as the UK-USSR Medical Exchange Programme, it has organised more than 20 study tours and conferences in the former Soviet Union and Britain. Its main activity now is sending small teams of senior specialists to the former Soviet Union on missions similar to those undertaken by the World Health Organisation (see box on previous page). The association stores information on exchanges between the former Soviet Union and Britain and other Western nations and is currently developing a database for holding this and other information on health care. According to its honorary secretary, Dr Stewart Britten, "We need a shopfront where we can display exactly what we have to offer."

The association bridges the gap between the large and small scale, and there is much scope for small scale help. Twinning institutions and arranging swaps with colleagues don't have to wait for special funding (which may never come). Many of these are already happening: President Bush's medical working group, which visited 10 republics earlier this year, found that the concept of partnerships had preceded them "at every stop along the way" (see box above).

There are many possibilities for cooperation "on the ground." Russian doctors could gain 6-12 months' experience here working on the overseas doctors' training scheme. Schemes like Tim ffytche's, currently restricted to eastern Europe (see final box), could be used as models for schemes involving other specialties

in countries of the former Soviet Union. Locally organised schemes were thought to have a better chance of long term success than those organised through "the centre," given the increasing decentralisation of decision making and the instability the centre is likely to experience in the coming months.

Participants at the workshop were reminded that Russia extends beyond Moscow and St Petersburg: it is made up of regions with very different health problems—for example, life expectancy for men in parts of Siberia is 48 years. There is also the risk of duplication, which implies a need for coordination. In this the Association for the Promotion of Healthcare in the Former Soviet Union leads the way.

Future tense

Russia has bigger problems than will be solved by these initiatives. Two comprehensive needs assessments have now been carried out: one jointly by WHO and Unicef and one by the medical working group set up at America's instigation in January. As we went to press junior foreign ministers were debating in Lisbon the report of the medical working group and what steps should be taken at the meeting of the group of seven leading industrial nations in July to respond to the problems in health care in the former Soviet Union. It was thought that they might take fright at the sums of money that will be required. But what are the alternatives? The world can't afford the collapse of health care in these countries.

The ffytche plan

Travelling around eastern Europe, Mr Timothy ffytche, a consultant ophthalmic surgeon at St Thomas's Hospital, London, found that doctors there had a high level of knowledge but were hampered by their lack of equipment and contacts with the outside world.

He responded by setting up Ophthalmic Aid to Eastern Europe, which sends journals, equipment, and medical teachers to Eastern Europe.

Journals

Many countries have been starved of Western journals, for either political or financial reasons. (An annual subscription to most specialist journals would cost more than a year's salary.) Mr ffytche has therefore encouraged British eye surgeons to pass on their specialist journals once they have read them and is compiling the addresses of all postgraduate eye centres in eastern Europe.

Specialist equipment

Eye equipment donated by British hospitals and manufacturers has already been delivered to Romania, Hungary, Albania, and Bulgaria. This year's destination is Tallinn, the capital of Estonia. "Operation Tallinn," in which medical students from St Thomas's Hospital will participate, will also deliver books and equipment to hospitals in Czechoslovakia, Poland, and other Baltic states.

Postgraduate education

Groups of three doctors spend a long weekend each giving four one hour lectures to postgraduates. Ophthalmic Aid to Eastern Europe pays the airfares, and the host country arranges accommodation. The total budget for a weekend course is about £1000.

For Operation Tallinn contact Naffis Anjarwalla, St Thomas's House, St Thomas's Hospital, London SE1 7EH.