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
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 stumbling 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 Vneshekonombank. 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-
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.