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Healthcare in Russia

Challenges and Changes in Care Provision for the HIV Infected Population

The break up of the USSR brought about negative changes in healthcare among other industries, with nepotism in research and corruption from authorities remaining the weak spots of the health system. Although the occupation of a physician has not lost its appeal, more than 50 percent of graduates of Russian medical schools seek jobs elsewhere, and along with other negative influences, this is having a huge impact on care provision and societal standards.

During the times of the USSR, all citizens of the country underwent screening tests for cancer, STDs, diabetes, and so on, while today, patients often end up at clinics at the late stages of a disease, making successful treatment unlikely. A brain-drain scenario and a deficit of specialists is lowering the quality of care delivery and increasing risks.

HIV/AIDS healthcare services are just one example of the recent inefficiency of the Russian healthcare system. Initially, services for HIV/AIDS control were mostly staffed with low-qualified specialists who used to work at epidemiological stations in the 90s. Since then, however, we have witnessed a lot of improvement, both in the structure of the centres, and HIV diagnostics and treatment on the whole.

The Federal Scientific Center for AIDS Prevention and Treatment lists over 700,000 cases of HIV and AIDS patients who are citizens of the Russian Federation. The real numbers are, of course, higher.

160 new HIV cases are registered every day. Yearly growth of HIV positive patients exceeds 30,000. The fact that the average age of the HIV-infected contingency is slightly over 30 years old—the most economically and demographically significant part of the Russian population—is of particular concern. The HIV/AIDS epidemiological situation in Russia is on par with the worst in the world statistically, and compares to that of the Southern African states. In the autumn of 2011, at the Belgrade conference, Russia topped the list of the worst epidemiological statistics for this infection. Russian healthcare management inefficiencies, the low professional level of AIDS services, and constant shortages of antiretroviral medications and diagnostics deepen the anxiety present in the HIV positive community and shift HIV/AIDS detection to later stages of the disease.

Another absurdity is that HIV-infected Russian citizens (as well as citizens with other serious diseases), those who have valid obligatory medical insurance policies and who pay their taxes and comprise the most demographically significant groups of the population, cannot get the care that they are entitled to in their factual residence location. Lack of disease prevention, especially in central Russia, lack of specialised clinics, and understaffed clinics all help little in lowering infection statistics. A blind, routine approach to handling HIV cases increases mortality in the era of highly active antiretroviral therapy (HAART)

Lately, the budgetary allocations for healthcare on the whole have been growing, including HIV/AIDS treatment and prevention, but a poor level of management within Russian healthcare authorities is characteristic of the last decades, while lack of official channels for feedback from the population lowers the overall efficiency of healthcare delivery.

The dominant mode for HIV infection transmission in Russian territory remains parenteral. HIV transmission rates are also growing fast in substance abusing heterosexual population groups. Seeking medical or surgical help is a psychological challenge for HIV-infected individuals; often they prefer to conceal their HIV status for fear of being refused medical care.

Although the Government has lately come up with extra monetary provisions for growing families, help for the HIV-infected population is scarce. For example, there is only one maternity clinic for HIV-infected mothers for the 10-12 million population of Moscow. Hospitalisation at a mainstream maternity clinic will, at the very least, deprive them of the simple prevention of vertical HIV transmission to the child.

Urgent surgical care is provided promptly and free of charge to HIV positive patients in Russia, but mostly in the big cities. Sklifosovsky Emergency Care Institute in Moscow is open 24/7 and admits all patients, irrespective of their diagnosis and social status. The centre's laboratory diagnostic services are also well equipped for urgent care provision, including to those with the HIV infection. In other areas of the country, a lot depends on the authority figure at the HIV centre. Generally, surgeons and maternity nurses find legions of excuses to refuse care to HIV-infected citizens, which evidently stems from their ignorance of the HIV pathogenesis and epidemiology.

Unlike in some other European countries, HIV positive citizens in Russia are often deprived of proper medical care and discriminated against in educational professions. All of these factors negatively affect our society. The abovementioned features of the Russian system of care provision complicate HIV monitoring and oversight, further worsening the situation and stigmatising HIV positive citizens.

I may add that of course a lot of positive changes have taken place in Russian healthcare in recent years. One of them is the ongoing building of

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hospitals and healthcare centres in various regions of the country. Previously, heart surgery took place only in Moscow and patients had to wait a long time to be treated, with their lifestyles consequently greatly affected before surgery could take place. In Beslan, North Ossetia, a modern MultiProfile medical centre opened for the whole of the Northern Caucasus, which now provides very modern equipment and qualified personnel. In addition, a lot of positive changes in paediatric surgery have been made under the direction and control of Prof. Leonid Roshal, among others. Of course, many constructive changes have been made, but still the Russian healthcare system is far from operating effectively and reaching its potential in care provision. President Vladimir Putin has made moves to help the situation, but the lack of control over public funds and linking of the state's Ministry of Health to patient needs makes the entire system still ineffective.

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