

# Health Systems In Eastern Europe – Determinants of Health Inequalities

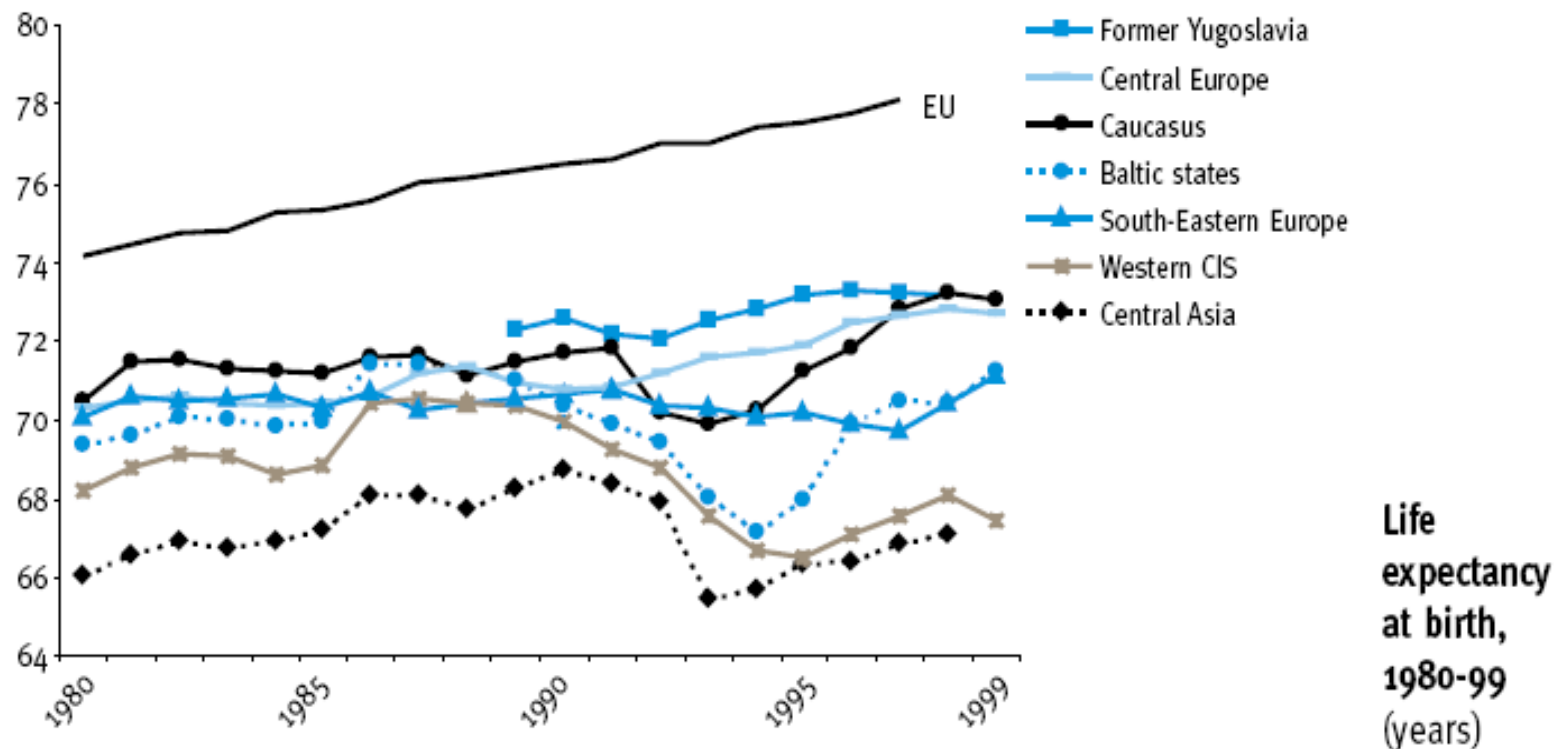
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# Historical context

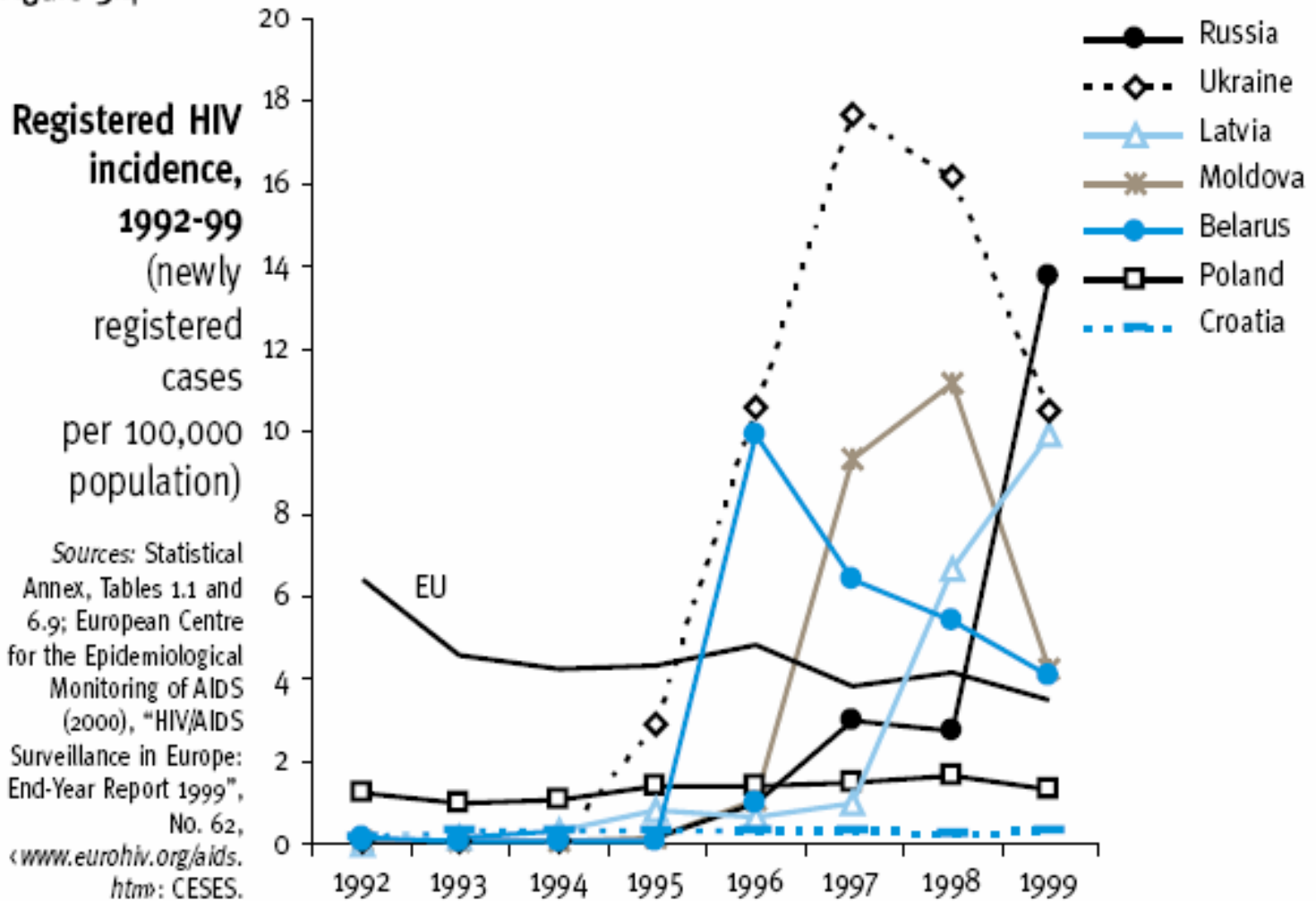


Note: Unweighted regional average rates. Most of the data are from the HFA database; in cases in which WHO data are not available, the unweighted average of male and female life expectancy from Statistical Annex tables has been used. Figures for former Yugoslavia exclude Bosnia-Herzegovina. Data are estimated for FYR Macedonia in 1990 and 1998, Slovakia in 1981 and 1983, Estonia, Belarus, Moldova, Azerbaijan and Kazakhstan in 1983 and 1984, Georgia in 1983, 1984 and 1993, Armenia in 1988, and Tajikistan in 1983, 1984 and 1998.

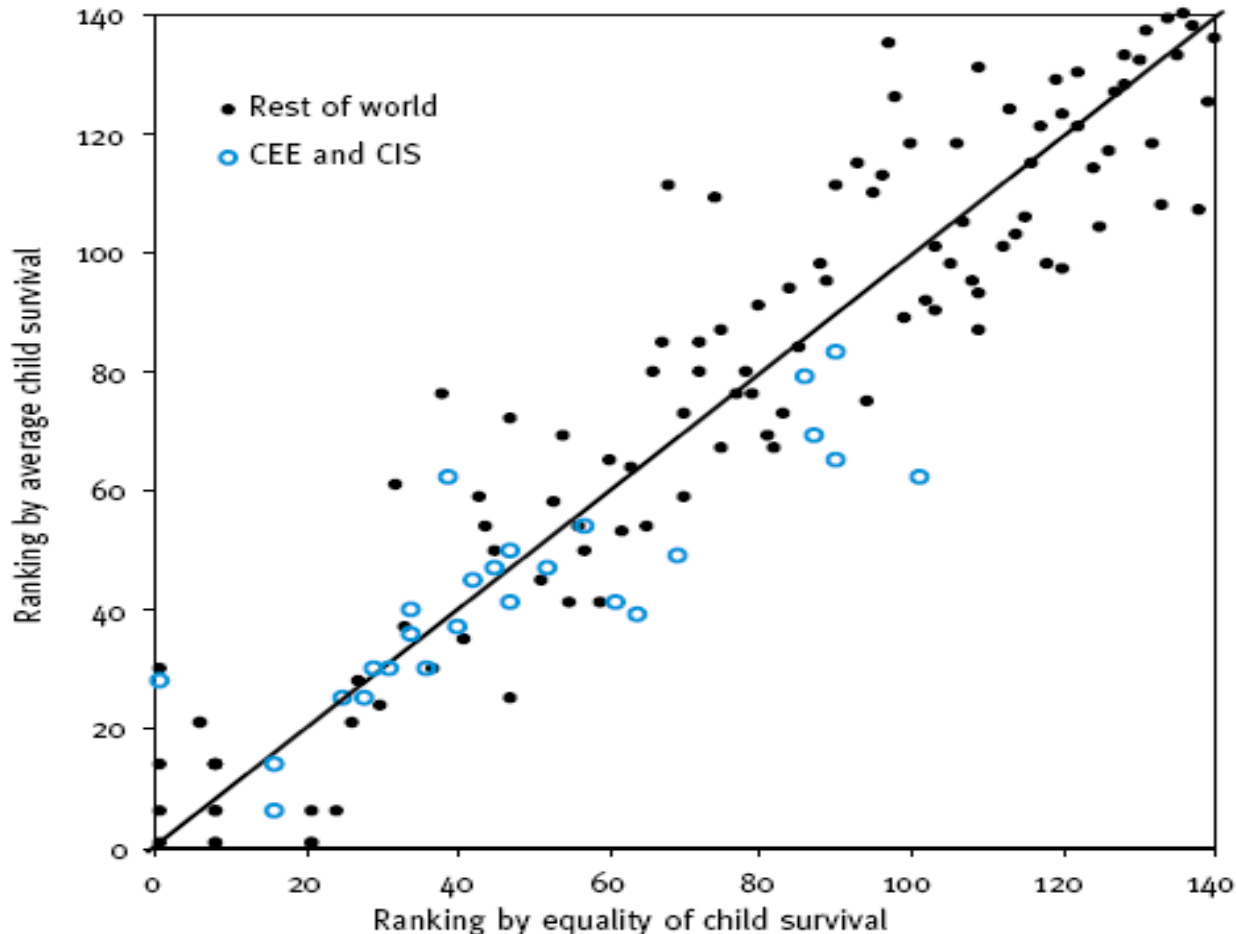
Sources: Statistical Annex, Tables 4.2-4.3; WHO Health for All (HFA) database.

# New challenges

Figure 3.4



# Is the performance on equity as good as the performance on average health?



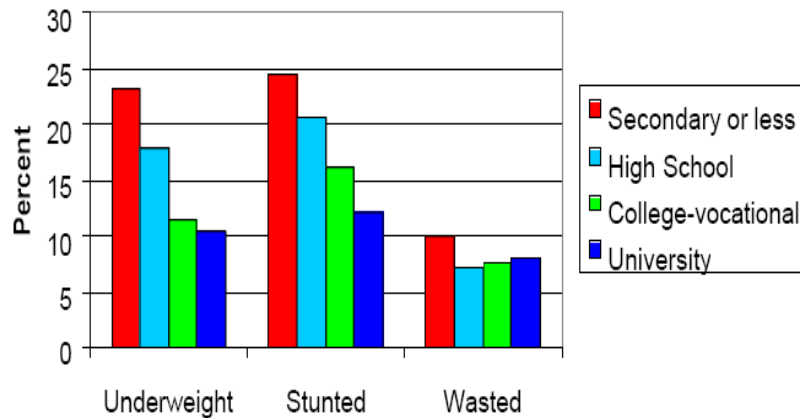
## Child survival in 140 countries: ranks

Sources: WHO (2000), *The World Health Report 2000: Health Systems, Improving Performance*, Geneva: WHO; World Bank (2000), *World Development Indicators 2000*, Washington, DC: World Bank.

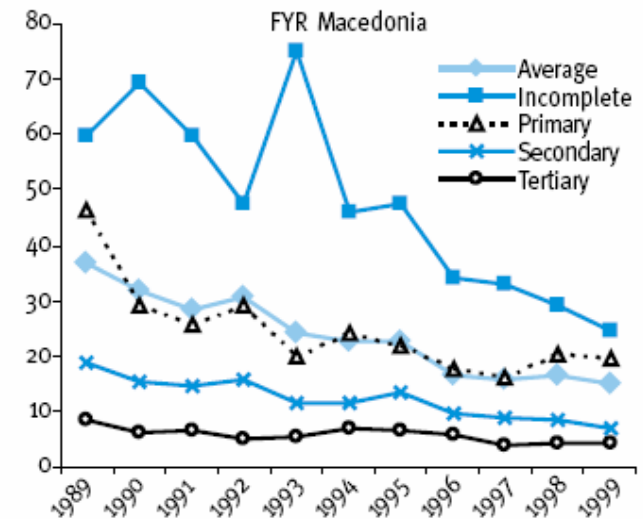
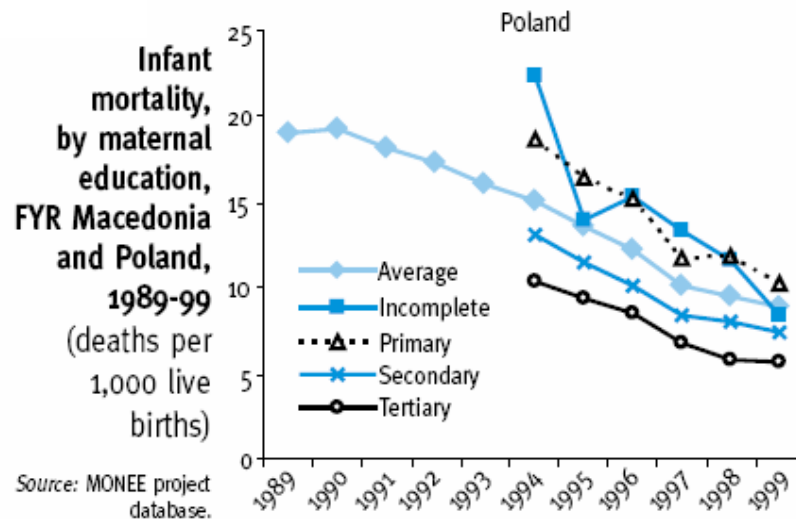
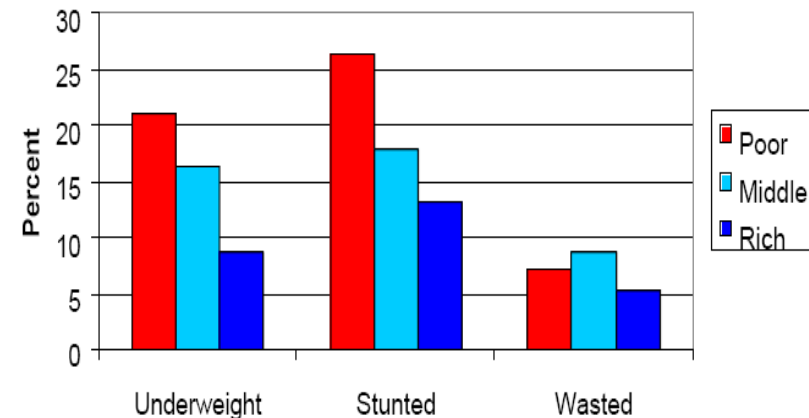
Note: Average child survival is measured by the national under-5 mortality rate for 1998. Equality of child survival is measured by a WHO index of within-country differences in under-5 mortality. Countries are ranked from "lowest average mortality" (equal to "1") to "highest average mortality" (equal to "140") and from "most equal" ("1") to "most unequal" ("140").

# Equity of child health

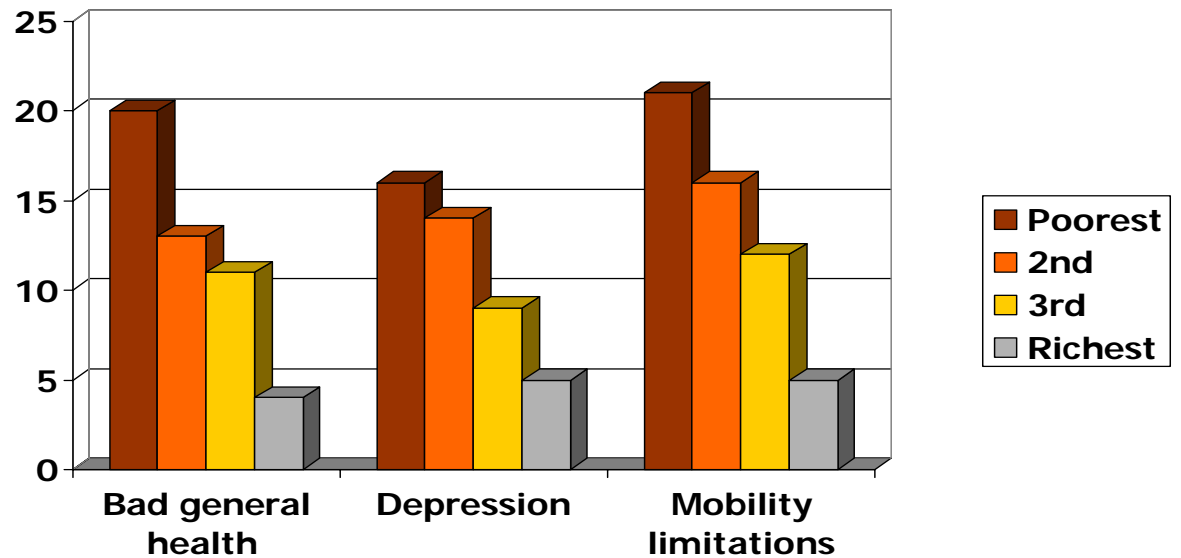
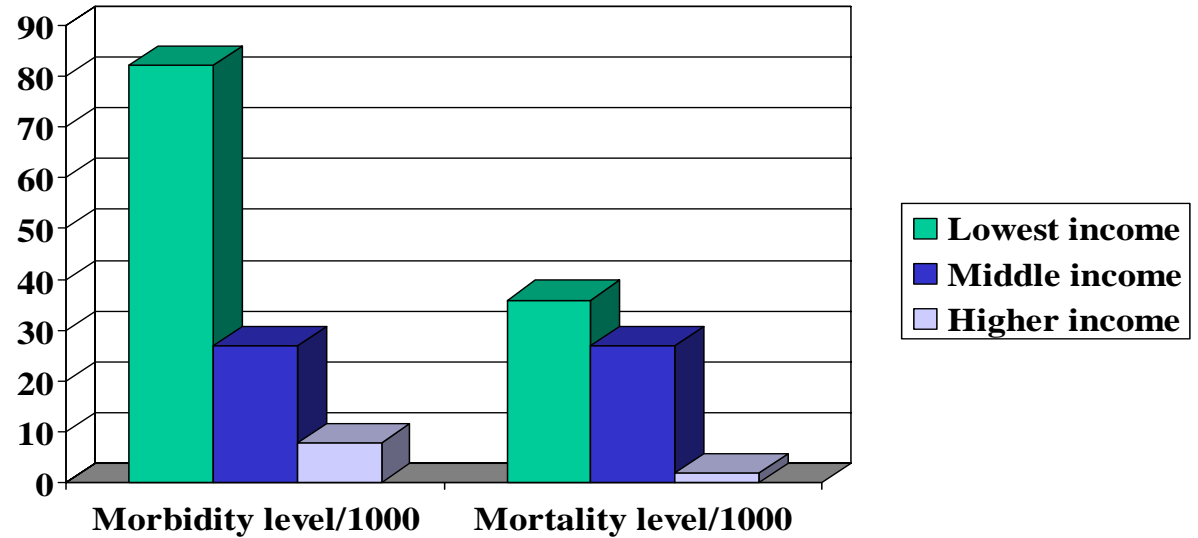
Child nutrition by mothers education  
Azerbaijan 2000



Child nutrition by household economic status Azerbaijan 2000



# Poverty and health status in CEE/CIS



# Who lives healthier?

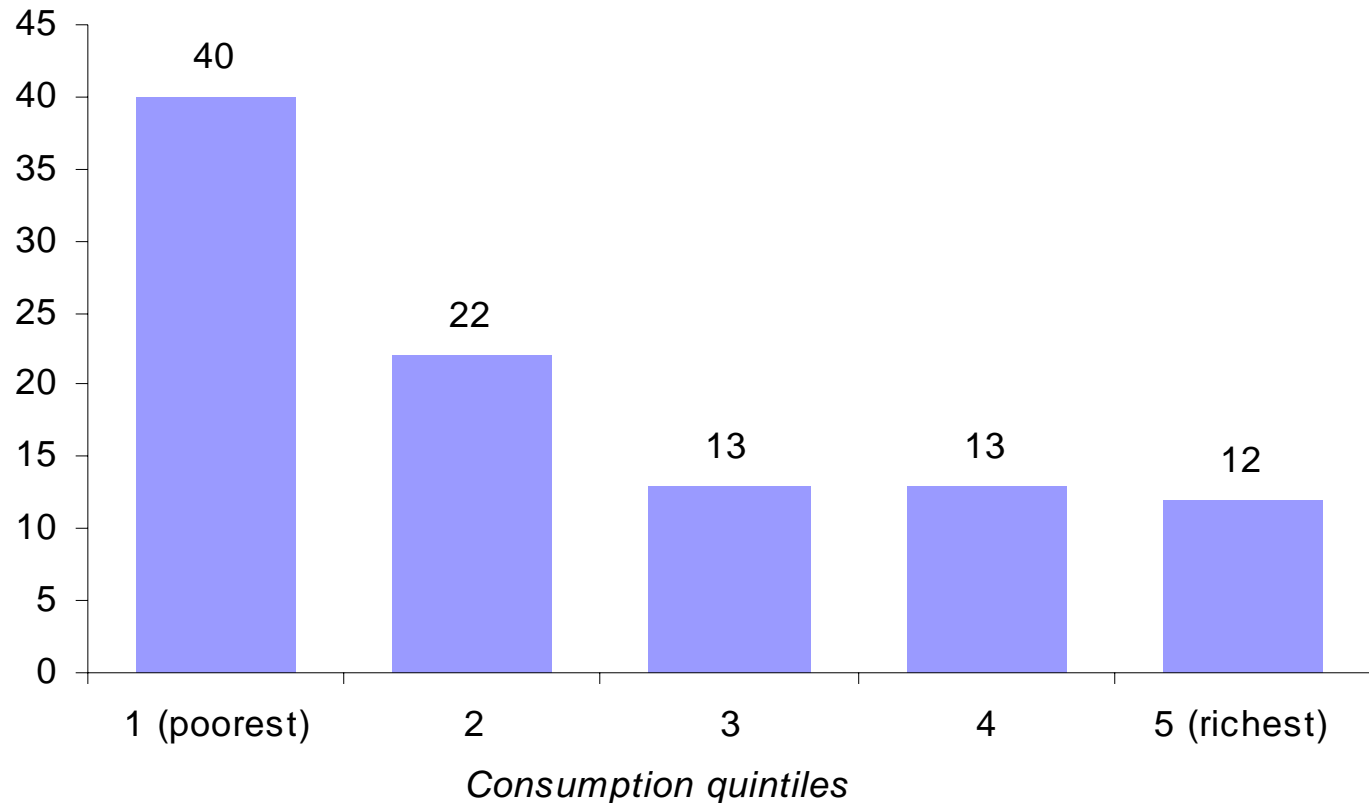
## Odd ratios for smoking in Belarus, Georgia, Kazakhstan, Moldova, Russia, and Ukraine

Education level	BEL P<0.0001	GEO P<0.002	KAZ P<0.0001	MDV P<0.003	RUS P<0.0001	UKR P<0.0001
Secondary or less	1.00	1.00	1.00	1.00	1.00	1.00
Sec. vocational/some higher education	0.73	0.56	0.74	0.57	0.70	0.54
Complete higher education	0.37	0.60	0.30	0.64	0.31	0.41

Source: Joecline Pomerleau, Anna Gilmore, Martin McKee, Richard Rose, Dina Balabanova. "Comparative analysis of the impact of tobacco and alcohol consumption in eight countries of the former Soviet Union". Working paper No.16. Living Conditions, Lifestyles and Health, 2003

# Who lives healthier?

Percentage of respondents who consume spirits "practically every day" in Russia (2003)

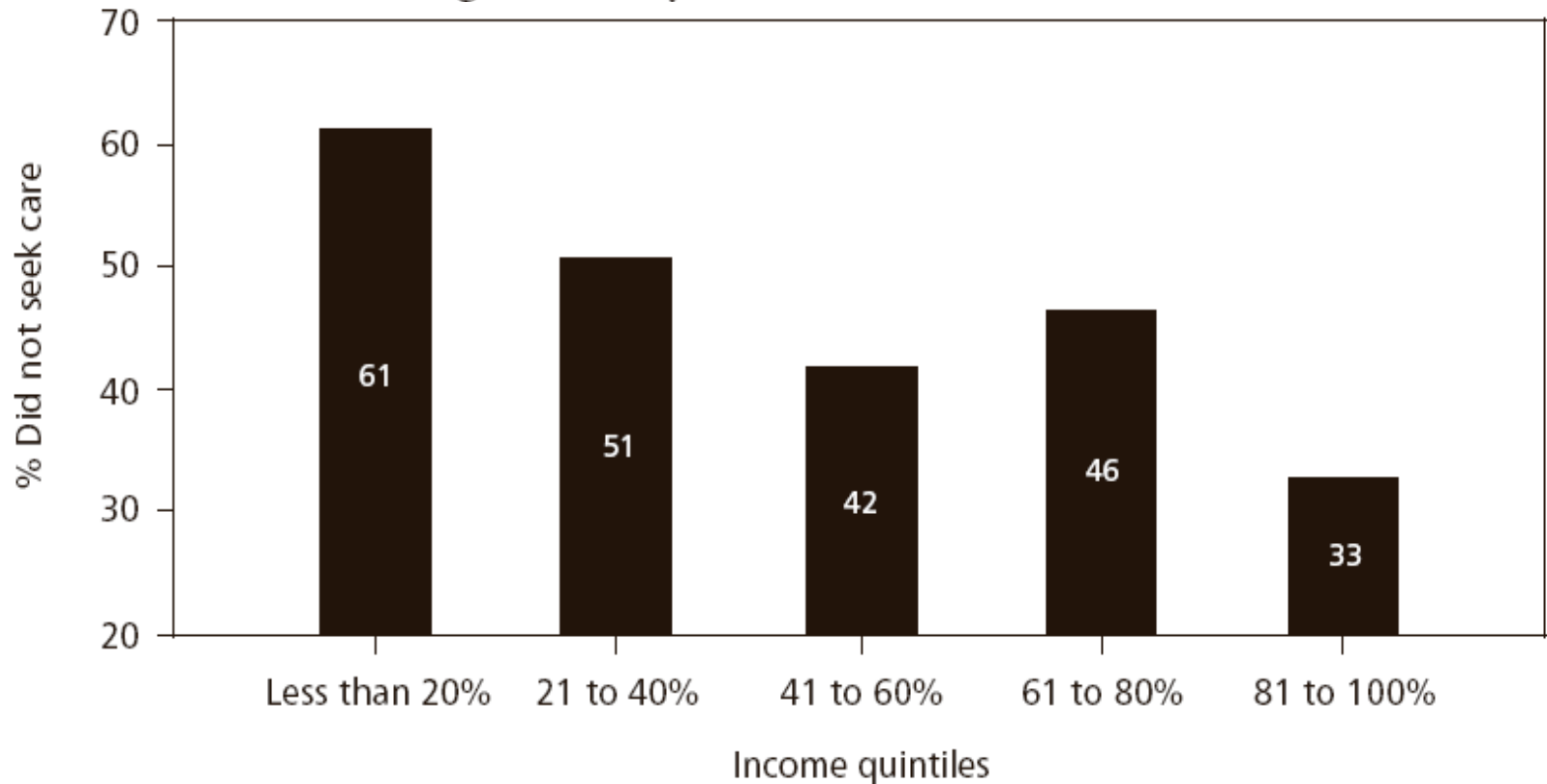


Source: World Bank Russia Poverty Assessment 2004

Note: Spirits are defined as "vodka, cognac, liqueurs, and other spirits".

# Can everyone receive care when needed?

Care-seeking Habits by Income in CEE/CIS



Source: WHO Health Responsiveness Survey Data (2000).



# Who does not seek care?

	<i>Armenia</i>		<i>Belarus</i>		<i>Georgia</i>		<i>Kazakhstan</i>		<i>Kyrgyzstan</i>		<i>Moldova</i>		<i>Russia</i>		<i>Ukraine</i>	
	<i>%</i>	<i>Total N</i>	<i>%</i>	<i>Total N</i>	<i>%</i>	<i>Total N</i>	<i>%</i>	<i>Total N</i>	<i>%</i>	<i>Total N</i>	<i>%</i>	<i>Total N</i>	<i>%</i>	<i>Total N</i>	<i>%</i>	<i>Total N</i>
<b>Possession of assets</b>																
5 assets	19.8	101	6.5	387	20.5	83	12.8	219	10.5	114	9.4	128	8.6	765	10.8	268
4 assets	27.5	153	5.8	326	35.6	101	17.3	226	3.5	113	8.7	184	9.2	588	11.9	268
3 assets	40.0	235	11.4	352	44.0	150	22.4	339	15.3	216	13.0	284	13.5	680	16.4	428
2 assets	48.8	248	10.3	214	49.2	197	23.0	296	16.6	223	17.4	276	14.6	561	21.1	383
1 assets	44.8	221	15.5	84	53.7	257	30.6	111	19.5	231	21.6	190	18.6	258	29.7	283
No assets	61.4	153	21.4	56	66.9	166	36.0	50	17.6	182	31.3	252	30.4	112	47.2	53
<b>Material living conditions</b>																
Money enough for durables/luxuries	3.6	28	6.4	313	24.6	69	12.8	274	7.2	181	11.6	138	6.6	693	9.9	181
Money enough for nutrition/basic items	31.9	486	9.7	969	42.5	433	18.8	780	15.1	642	15.4	805	12.9	1867	15.9	1002
Money not enough even for nutrition	53.4	581	11.1	126	59.6	441	44.4	180	21.2	245	25.9	367	22.1	403	28.8	541
<b>Self-assessed financial status</b>																
Very good/good	11.1	27	9.7	134	15.0	20	12.4	186	7.4	204	7.6	92	5.9	239	9.7	72
Average	31.0	393	7.1	900	37.8	299	18.5	736	14.3	588	14.3	615	10.8	1682	14.9	685
Bad	49.4	419	12.8	328	55.1	432	30.2	291	20.3	236	21.6	449	16.3	876	20.0	654
Very bad	51.5	266	18.6	59	57.9	195	48.6	35	28.6	49	26.2	168	21.6	185	30.5	328

Source: Balabanova, D. et al. Health service utilization in the Former Soviet Union: Evidence from Eight Countries. HSR, 39:6 (Part II, December 2004)

# Health system determinants of inequity in CEE and CIS

- Limited and inequitable financial risk protection and coverage
- Hospital focused care and insufficient attention to health promotion and prevention
- Human resource disbalance
- Unequal infrastructure
- Inequitable decentralization
- Poor governance and corruption
- Lack of capacities for intersectoral collaboration

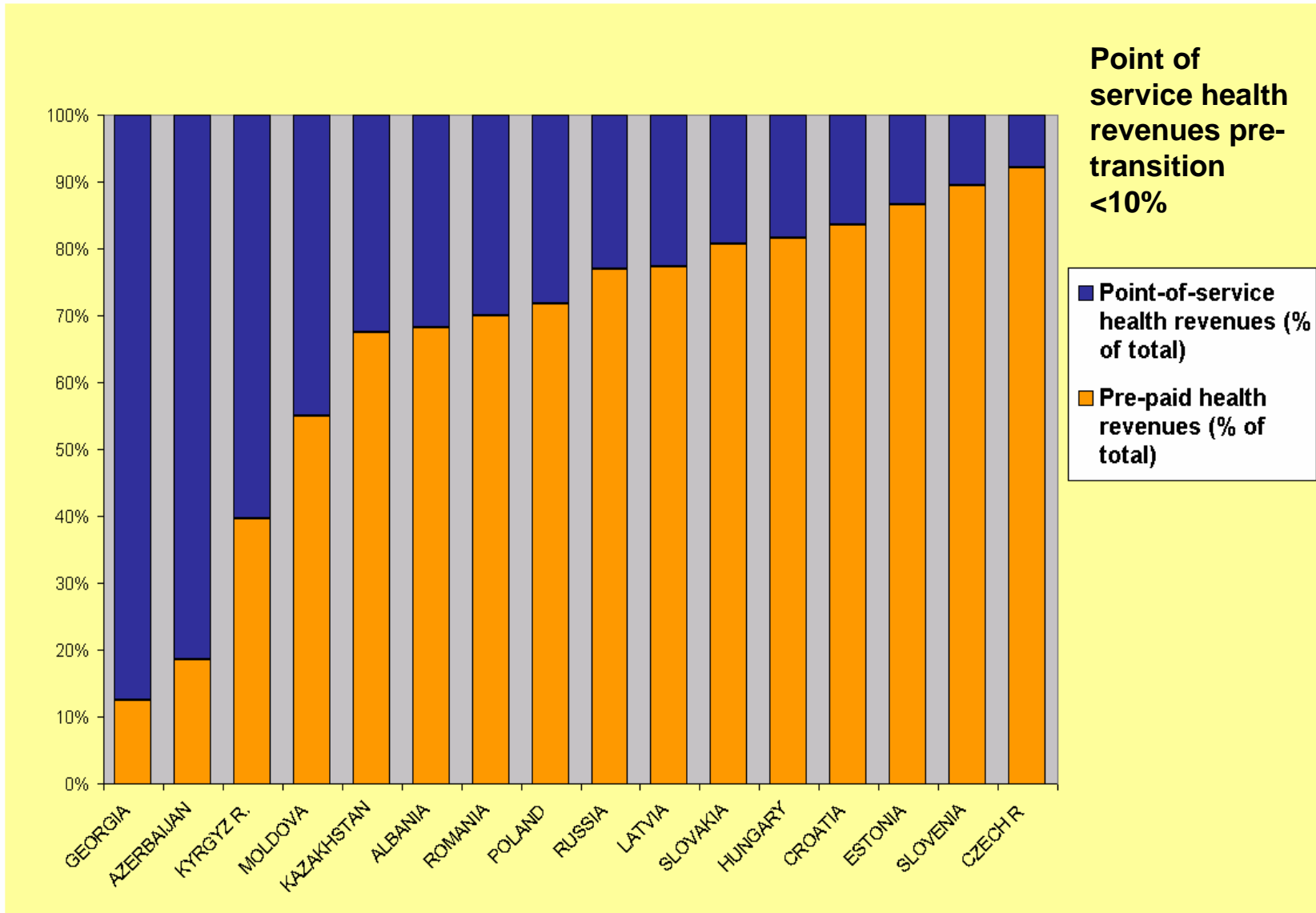
# Policy objectives in health care financing

- Financial protection of individual and family
- Equitable distribution of funding burden
- Access to effective care when needed
- Efficiency and quality
- Transparency

# Challenges in health care finance reforms affecting equity

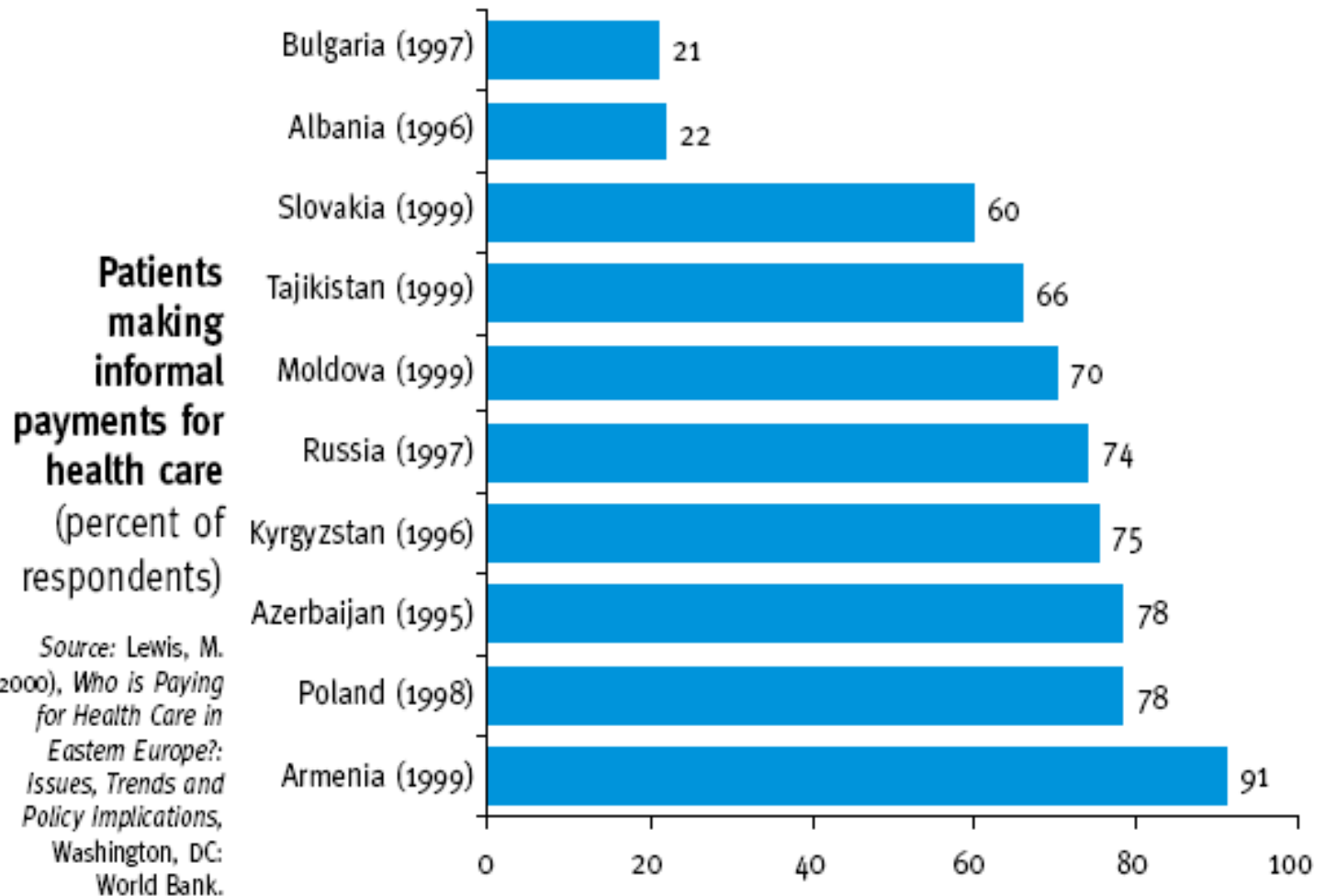
- Implementation of effective health insurance systems in some macroeconomic and fiscal environments proved to be problematic – limited population coverage;
- Not always adequate and realistic benefit package – inability to provide promised content of services;
- Out-of-pocket payments are high and informal payments frequent – increasing the risk of catastrophic health care costs;
- Low priority given to health in the profile of government spending – insufficient public resources to provide care for the vulnerable groups;

# OOPs as share of health revenues

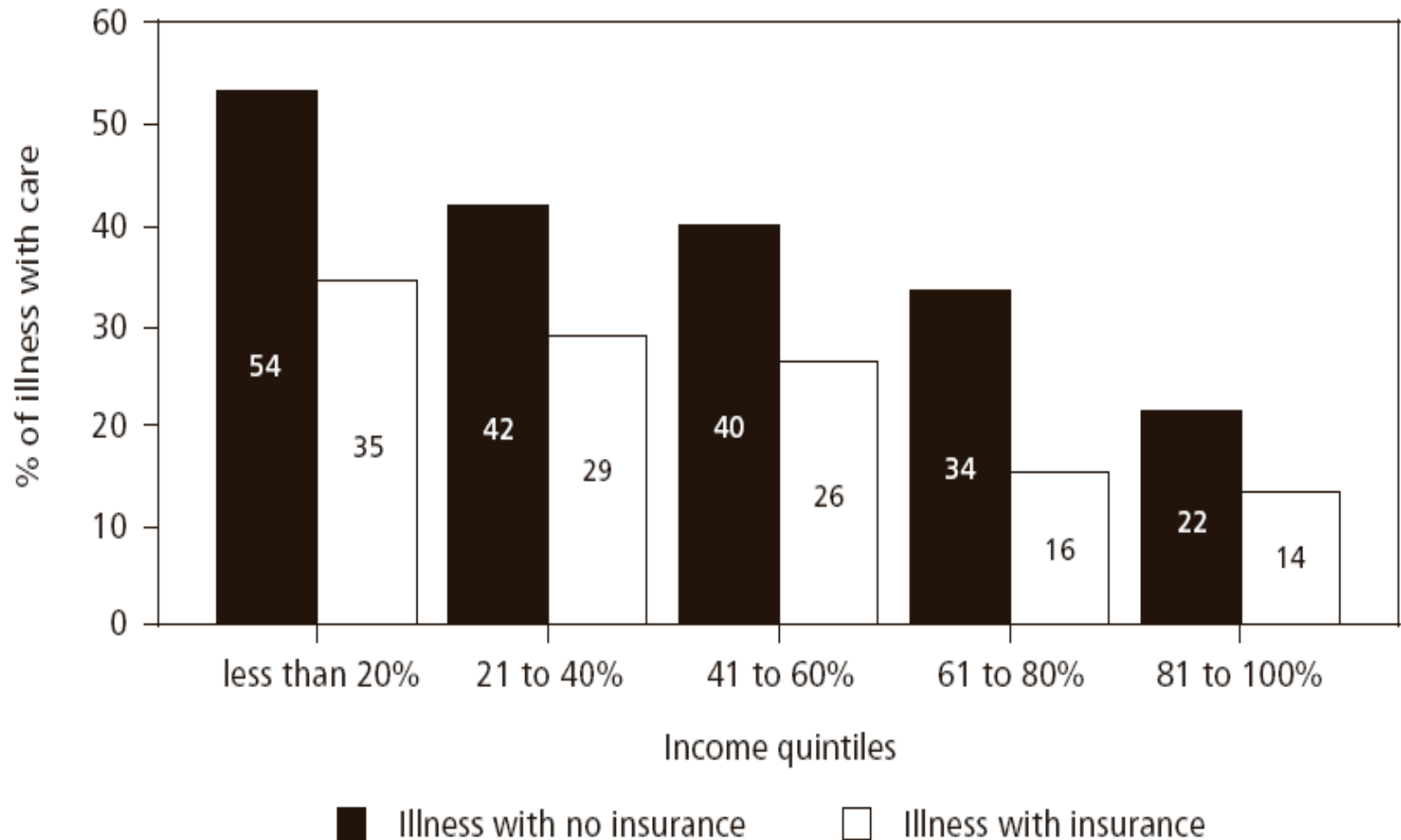


Source: M. Jakob, WHO/WB flagship course on equity, Bishkek, Kyrgyzstan, 2003

# Frequency of informal payments



# How does health insurance help in CEE and CIS?



Source: WHO Health Responsiveness Survey Data (2000).

# Who benefits?

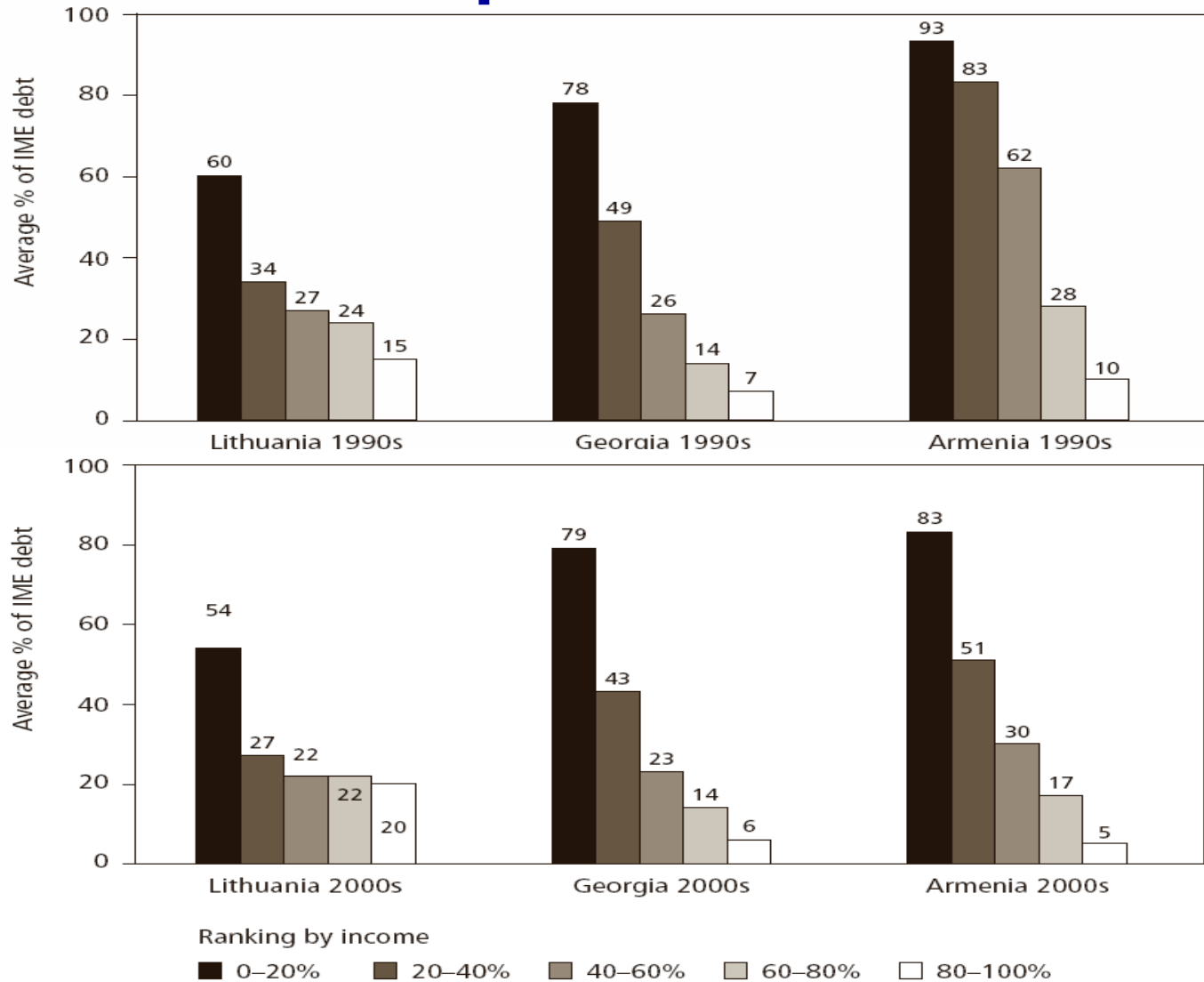
Fig. 3.6 Per capita spending on health care by type of facility and income decile, Romania, 1994



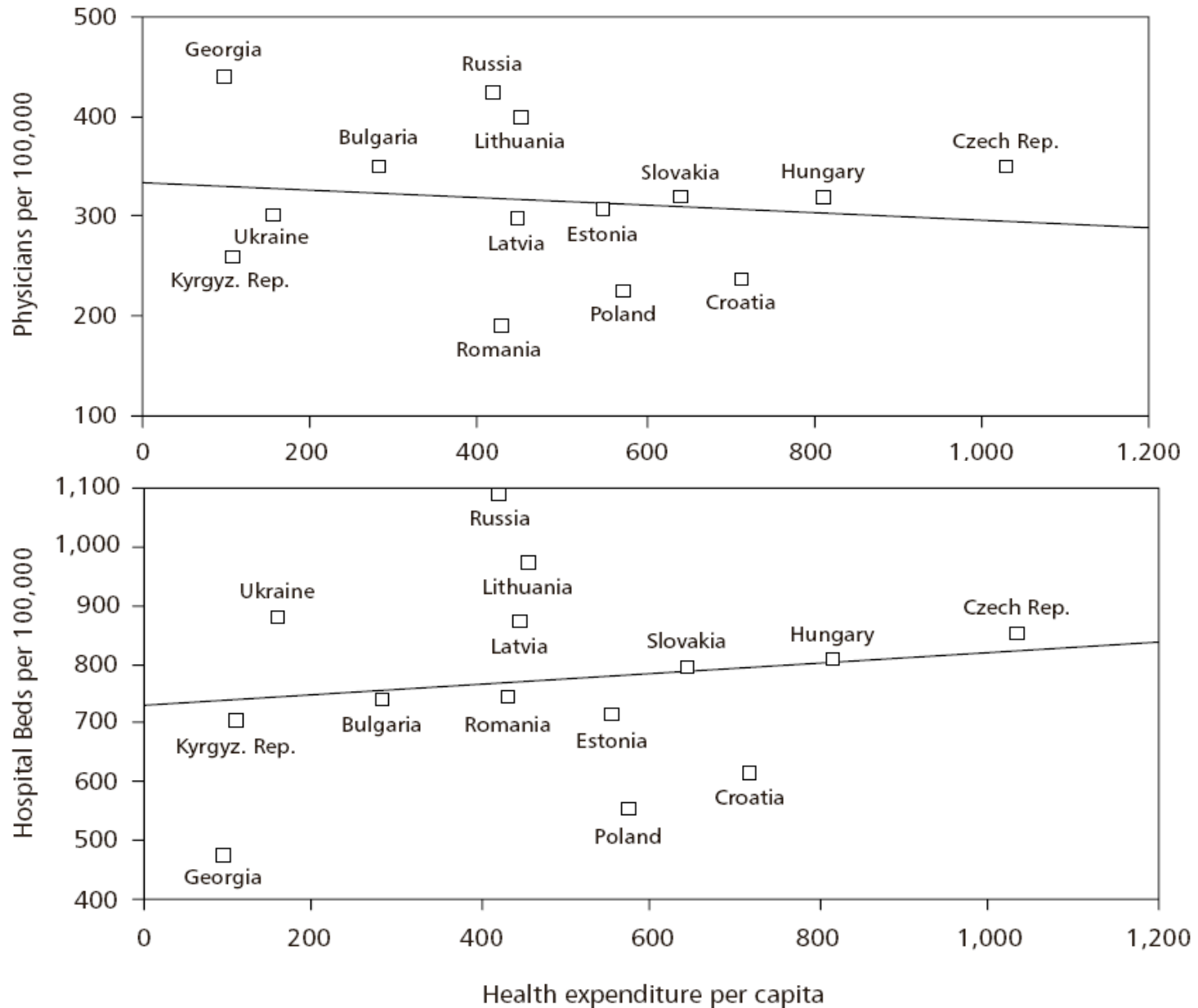
Note: 1 = lowest, 10 = highest income decile.

Source: World Bank, 1997.

# Impoverishing medical expenditures



# How efficient are investment decisions?



## Reform agenda

- Strengthening mechanisms of solidarity in health care finance system and reduce out-of-pocket payments;
- Establish equitable balance between contributions and entitlements and identify sources to fill the financial gaps;
- Maintain and increase the priority on health in the spending pattern of governments;
- Shift resources to close to client services;
- Reduce imbalance in resource distribution;
- Target the vulnerable groups more explicitly.

# Conclusions

- Inequities in health in CEE and CIS countries are much greater and severe than in the Western Europe
- A lot of potential of the health sector to tackle health inequities is still to be effectively used
- Other structural and intermediate social determinants shall be tackled in parallel with health system determinants
- The EU can provide significant assistance in strengthening health systems in new EU countries, candidate and the neighbouring countries.