

Russian Health Minister Emphasizes Reforms

Russian Minister of Health and Medical Industry Aleksandr Tsaregorodtsev met with U.S. Health and Human Services Secretary Donna Shalala in Washington, D.C. during the Gore-Chernomyrdin Committee meetings in January to discuss collaboration between the two countries in the health care arena. Tsaregorodtsev, who was appointed health minister last December, talked with *CommonHealth* Editor Barbara Ruben during his visit. A pediatrician, Tsaregorodtsev previously served as first deputy minister of health as well as head of the Department of Childhood Diseases with the Ministry of Health. Before that, Tsaregorodtsev was minister of health for the Tatar Autonomous Republic.

CommonHealth: As Minister of Health, what are your priorities for improving both medical care and the structure of the health care system in Russia? What do you consider your biggest challenges?

Tsaregorodtsev: One of the of the main priorities is reform and one of the main thrusts in reform is obligatory health insurance. We've come to the conclusion that we've selected one of the more expensive models of health insurance [in which employers pay 3 percent of their employees salaries into a national fund that pays for insurance]. Therefore our task is to make it cheaper. The new composition of the state Duma is expected to support our proposals.

The second priority is improvement of primary health care. We are looking into introducing the idea of the general practitioner, or family doctor. In the development of this, we are actively cooperating with the Dept. of Health and Human Services of the United States. One project is to begin a dialogue on health reform. Another looks at strengthening of primary health care.

We have selected the path that America has taken, especially stressing outpatient treatment. In the last two years, we have increased the number of outpatient clinics by 17 percent. This is much cheaper than treating a patient in a regular hospital. In addition, we are trying to reduce the number of days a patient spends in the hospital. The average stay in the hospital for a patient in Russia is 17 days. We're trying to reduce that to 10. To do this, we have to improve diagnostic procedures and the process of treatment for the patient. We aim to reduce the amount of time spent on diagnostic procedures from an average of 3 days to 0.8.

CommonHealth: You have placed a great emphasis during your visit to the United States and in your work at home on child and maternal health. What are your priorities for the Russian Federation for working on these issues?

Tsaregorodtsev: We signed an agreement with Secretary Shalala on health education and promotion of health for the people of the two nations. This agreement deals first and foremost with maternal and child health. In Russia there is a special presidential program called Children of Russia. This is the only health program in Russia that has 100 percent financing from the government. The program emphasizes safe pregnancy and childbirth and family planning. Through the program, 843 professionals were trained in the United States in family planning. We've opened six demonstration centers, and we're planning to open three more in 1996.

In addition, with Secretary Shalala, we approved a project on research into sudden infant death syndrome. We think this is very important, both for Russia and for the United States. In relation to that project, there is the question of the psychological rehabilitation of the family. In carrying out the project we have agreed to coordinate our efforts.

CommonHealth: In light of statistics that show life expectancy has dropped in Russia, what are the major factors you feel have contributed to this decline, and what plans does the Ministry of Health have to improve this?

Tsaregorodtsev: This is not purely medical. It is more socially oriented. We should look at health care of a population not purely as the task of people belonging only to medical professions, but as the care that the state shows for the protection of its people. Alongside purely medical approaches, our priority should be social and economic transformations and reforms. Therefore, it's not by chance that that our president and government have declared 1996 a year for the resolution of social issues. That's the improvement of the well-being of our people. This includes nutrition, living conditions and working conditions. By addressing all these factors, we can work to both increase life expectancy and quality of life.