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Fråga-svar

Strokevård och äldrevård i Ryssland

Fråga

- Finns det någon vård för strokepatienter i Ryssland? Är det skillnad mellan stad och landsbygd eller i olika regioner i landet?
- Finns det någon äldrevård i Ryssland, typ äldreboenden eller hemtjänst? Är det någon skillnad beroende på var i landet man bor?
- Får äldre någon ekonomisk hjälp av myndigheterna, så de kan betala denna vård? Är vården kostsam?

Svar

Strokevård
Ghandehari (2011) skriver:

> A stroke program has been created in the Russian Federation since 2007, in which each region of Russia will have 1 to 3 comprehensive stroke centers (1 center per 1.2 to 2 million population). Each comprehensive center will be connected to a network of 3 to 6 primary stroke units with telemedicine. The program is financed from federal budget and from budgets of constituent territories of the Russian Federation.

Markin (2011):

> A system for the stepwise rehabilitation of post-stroke patients is currently used in Russia, based on the integration of hospital, polyclinic, and sanatorum stages, corresponding to the three levels of rehabilitation … (s. 911)

Utöver det har ett flertal enskilda sjukhus som erbjuder vård för strokepatienter hittats, men ingen central förteckning för hela landet.

Äldrevård

Tyskland: International Organization for Migration (IOM) (2014):

> At present, more than 240,000 elderly, critically ill and disabled people are residents of 1,400 social institutions of various types in Russia. In addition, social workers support single people in their own homes, mostly in the cities.
> There is a system of special state institutions for elderly people and invalids (adults and children) where they can live and receive medical treatment free of charge. The state social centres and shelters of the Ministry of Labour and Social Protection are run for adults and children. There is also a network of social institutions assisting vulnerable families and children. (s. 23)

UN Committee on the Elimination of Racial Discrimination (CERD) (2012):

> In all, there are some 3,700 social service facilities for the elderly and the disabled, and 3,200 for families and children. They are in operation in all the constituent entities, which are responsible for their organization and funding. (s. 38)

Irländska Refugee Documentation Centre (2009) citerar en rysk studie, som dock är från 2002 så omständigheterna kan ha ändrats något:

> Among the geographical regions in Russia, the European part (Privolozhsky, Central, Southern, and Ural) dominates in the number of public gerontological centres. Furthermore, the waiting lists for nursing homes and health resorts are getting longer, especially in rural areas and eastern regions of the country. It is not surprising then, that the majority of the elderly in Russia prefer to receive public services through other forms such as: home care, day care, and urgent care (Vasilchikov 2002).
> …
> The Centres of Social Services form the backbone of public out-patient care in Russia. Yet, as noted earlier, the development of social gerontological care is extremely unevenly distributed throughout the country. The Central (515), Southern (284), and Privolozhsky (511) regions have the most Centres of Social Services. Moscow, as the most prosperous and financially stable city in Russia, has the most centres (118) (Vasilchikov 2002). The Centres of Social Services, however, only cover about 20% to 60% of the elderly population in need (Karioukhin 2004). (s. 2-3)

World Health Organization (WHO) (2011):

Table 5.1
Long-term medical and social care provided by social protection facilities, 2004–2009

	2004	2005	2006	2007	2008	2009
Inpatient medical and social services						
No. facilities for elderly people and disabled people	1308	1390	1507	1542	1530	1512
General facilities	708	804	928	1004	984	965
Psychoneurological homes	442	446	455	457	474	485
Rehabilitation centres for young disabled people	28	34	13	18	11	10
Nursing homes	103	78	79	29	29	23
Gerontological centres	27	28	32	34	32	29
No. living in these facilities (thousands)	230	235	239	241	245	244
General	88	91	95	96	95	96
Psychoneurological homes	128	129	129	131	137	136
Rehabilitation centres for young disabled people	4	4	4	3	3	2
Nursing homes	3	3	3	2	2	2
Gerontological centres	7	8	8	9	8	8
No. facilities for disabled children	152	153	157	151	146	148
No. places in facilities for disabled children (thousands)	32	31	30	29	29	28
No. on waiting list for admission to facilities (thousands)						
For adults	21.2	20.9	23.2	22.0	18.3	20.8
For children	0.7	0.9	0.7	0.8	0.8	0.5
Outpatient medical and social services						
Total No. centres of social services	2082	2238	2223	2266	2264	2219
Centres for temporary residence	710	716	603	576	572	523
Centres for day stay	1185	1154	1099	1099	1066	1026
No. places in centres						
Temporary residence	14 981	15 384	13 405	12 564	13 089	10 922
Day stay	32 084	31 141	29 844	28 300	26 806	25 529
No. people served per year						
Temporary residence	58 671	53 902	56 090	43 798	49 228	47 197
Day stay	861 410	881 255	655 634	681 615	615 138	651 788
No. home care departments	12 465	12 479	11 938	11 988	11 949	11 456
No. social workers in such departments	194 450	194 543	178 579	181 726	184 147	176 363
No. elderly or disabled people served at home	1 138 977	1 147 846	1 100 881	1 107 651	1 108 200	1 100 828
Percentage of registered who have the right to such assistance	90.1	90.6	90.6	93.2	93.7	96.0

Source: Federal State Statistics Service, 2010a.

Allmänt om skillnader i sjukvård på landsbygd och i städer
Jamestown Foundation (2014):

> Russia's relatively high level of mortality has several causes, but the main one behind the recent rise has to do with declining access to free medical care and needed medicines, Russian experts say. Today, 40 percent of the basic medical facilities in the Russian Federation have fewer doctors than they are supposed to have, and many are meeting demand for their services only by working multiple shifts. The total number of doctors has declined by 8 percent over the last two years, and the future is bleak: two-thirds of all doctors are above pension age and may soon take retirement, further undermining access to medical care (dal.by, September 30).
>
> In Moscow, which is relatively better supplied with doctors than the rest of the country, there are so few therapists and pediatricians that the average waiting time for a visit by a patient is four to five days for the former and three days for the latter. …
>
> Moreover, Russian doctors say, the number of hospital beds in the country is declining at a precipitous rate. Over the last two years, their total has fallen by 6 percent for the country as a whole and 20 percent in the city of Moscow.

IOM (2014):

> About 80 percent of state medical institutions are financed from the regional and/or municipal budgets which do not have enough financial resources for it and cannot secure a high-level medical care. Medical equipment is usually obsolete; basic medical institutions are understaffed, as only 60 percent of the required staff is employed. As a result, the quality of free of charge medical service decreases. (s. 8)

WHO (2011):

> The replacement of public expenditure on health by out-of-pocket payments since the dissolution of the Soviet Union reflects, on the whole, a trend towards the less equitable distribution of health care resources and creates conditions for the growing inequality in financial access to medical services for various groups in the population. Some of this inequity is geographical as the Russian Federation is characterized by a very uneven distribution of health financing across regions. Despite the efforts of the federal centre, regional inequality has only been growing. The accessibility of medical assistance for rural populations is much lower than it is for the urban populations, and wealthier people consume medical services more frequently than the poorer sections of the population even though the poorer people have worse health. Public opinion surveys generally show a lack of client satisfaction with the Russian health system. (s. xx-xxi)
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> Depending on place of residence (both region and municipality within the region), employer, personal networks and wealth, coverage can be extremely unequal, varying from the availability of several, overlapping health care options to just access to the local public network. (s. 75)
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> The distribution of health workers and facilities across the territory of the Russian Federation is very uneven. … The distribution of hospital beds among the regions is even more uneven than it is for health workers ... The accessibility of medical assistance for rural populations is much lower than it is for the urban populations. (s. 167)
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> In 2009, the availability of hospital beds for rural inhabitants was 2.6 times lower than for the urban population. … Moreover, the distribution of beds in rural areas across the country was very uneven. (s. 168)

Allmänt om kostnader för sjukvård och mediciner
WHO (2011):

> Health financing in the Russian Federation is a relatively even mix of financing from compulsory sources (general taxation and payroll contributions for MHI) and out-of-pocket payments. The coverage of the population is nominally universal, free and guaranteed as a constitutional right. However, the responsibility for enforcing this constitutional right is, in practice, shared between the central, regional and local authorities. The scope of the constitutional right to medical care free of charge is determined by the state medical benefit package – the Programme of State Guarantees for Medical Care Provision Free of Charge (PGG). The state guarantees are determined by government decrees issued each year. The PGG has two parts: the basic MHI package and the package of care to be financed by budgetary funds. The basic MHI package covers the everyday health needs of the population, while the budget package covers specialized and high-technology medical care, outpatient pharmaceutical costs for certain groups as well as emergency care. Despite a clear theoretical delimitation between the coverage provided by the budget system and the coverage provided by the MHI, in practice this delimitation is less strict. Local and regional authorities are still generally responsible for maintaining the network of polyclinics and hospitals, including covering the costs of general repairs, equipment, wages, drugs, and so on.
> The range of benefits covered is comprehensive. There is no volume limitation for care included in the MHI/state package and only a negative list of care provided for a fee, which is beyond the scope of the guaranteed “basic” package of care. Notable exceptions are outpatient prescription drugs, which must be purchased out of pocket by all apart from a small number of “vulnerable” groups. The comprehensiveness of the benefit package is, however, undermined by the persisting scarcity of resources and reported generalized informal payments. (s. xvii)

Private expenditure on health has been growing since the 1990s and accounted for 35.6% of total health expenditure in 2009, most of which (28.8%) was paid directly out of pocket ... Although the significance of private health insurance has grown, it remains a relatively small feature of the system, particularly outside Moscow and other big cities ... (s. 72)

Officially, just a few health services provided in state and municipal medical facilities should be subject to direct full payment … All medical care provided in private facilities are paid for in full by patients or through VHI. However, in reality, many state and municipal facilities also provide fee-paying services, and this is poorly regulated. (s. 86)

According to the current legislation, pharmaceutical coverage is free for inpatients, and medicines for outpatient treatment are paid for in full out of pocket. Some groups who are eligible for benefits get prescription medications for outpatient care either free or with a discount. Which groups of citizens are eligible for such benefits is determined by the federal authorities, although regional authorities can, in addition, provide benefits for other groups. The population categories entitled to free or discounted (50% off) medicines have remained the same since the mid-1990s, as per Government Order No. 890 (30 July 1994). The groups entitled to free or discounted medicines are veterans of the Civil War and the Second World War; Heroes of the Soviet Union; Heroes of the Russian Federation; parents and wives of deceased military servicemen; children in the first three years of life as well as children under 6 years of age from large families; disabled individuals; disabled children under 18 years of age; citizens affected by radiation in the Chernobyl disaster; retired individuals with the minimum pension; and others. (s. 124-5)

Most patients, however, pay full costs out of pocket for pharmaceuticals prescribed in outpatient care. In theory, pharmaceuticals prescribed in hospitals are free of charge for patients, but shortages and patient concerns about the quality of pharmaceuticals provided in hospitals mean that many of these pharmaceuticals are also purchased at full cost price by patients. Some estimates are that 80% of inpatients still have to pay part of the costs of their medicines (Marquez & Bonch-Osmolovskiy, 2010), and approximately 70% of total pharmaceutical costs are paid for out of pocket by end users or their households (Sukhanova, 2008). As a consequence pharmaceutical costs account for a large proportion of out-of-pocket spending on health, and the costs can act as a barrier to seeking treatment (WHO Regional Office for Europe, 2009; Marquez & Bonch-Osmolovskiy, 2010). (s. 126)

The MHI package currently covers outpatient and inpatient care (except tertiary or high-technology care) provided to patients with … neurological diseases
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> Social protection facilities provide inpatient and outpatient long-term care and nursing. Since 2005, the network of social protection facilities providing medical and social care has been slowly increasing (Table 5.1). However, despite this upward trend, there are quite a lot of people in need of such services who cannot access long-term care: about 10% among adults and about 2% among children. Consequently, long-term care is often provided within the family. There are also some volunteer initiatives in this area. … There are many private companies offering paid nursing care, but they are all concentrated in big cities and they are expensive. (s. 131)

Ireland: Refugee Documentation Centre (2009):

> The first, and probably the most significant obstacle, is the poverty of the elderly in Russia. As the number of free prescriptions in Centres of Social Services is limited, many pensioners can not afford to buy the medication they require (Karioukhin 2004). … Secondly, specialized in-patient and out-patient services are exceedingly difficult to obtain. Bed space is limited and many times older individuals are turned away because of the common perception that old people "block" hospital beds; yet, the truth of the matter is that they have no where else to go for in-patient care (Karioukhin 2002). (s. 2)

United Kingdom: Home Office (2008):

> The system is free at the point of use for a basic package of services. Excluded items include dentistry, and pharmaceuticals are only partly covered in certain circumstances. Most people are insured under compulsory medical insurance agreements. Private healthcare provision is growing, but remains small. Under funding of the state system has pushed those who can afford it to turn to the private sector and has also encouraged unofficial payments within the state system.
> …
> Although health care is free in principle, it was reported in 2006 that, in practice, adequate treatment increasingly depended on wealth, and private health care was increasingly sought. Doctors were reportedly generally poorly trained and inadequately paid; most hospitals were in poor condition, many lacking running water and sewerage, and waiting lists were long. There was a persistent shortage of nurses, specialised personnel, and medical supplies and equipment. Facilities and medical personnel were higher in urban areas, especially politically influential cities. (s. 21)

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Sammanställningen gör inte anspråk på att vara uttömmande och bör inte tillmätas exklusivt bevisvärde i samband med avgörandet av ett enskilt ärende.
Informationen i sammanställningen återspeglar inte nödvändigtvis Migrationsverkets officiella ståndpunkt i en viss fråga och det finns ingen avsikt att genom sammanställningen göra politiska ställningstaganden.
Refererade dokument bör läsas i sitt sammanhang.

Källförteckning

(alla källor hämtade 2015-01-09)

Ghandehari, Kavian, *Barriers of Thrombolysis Therapy in Developing Countries*, Stroke Research and Treatment Volume 2011, 2011, http://www.hindawi.com/journals/srt/2011/686797/

Ireland: Refugee Documentation Centre, *Russian Federation: Information on the availability and quality of healthcare for people with dementia and the elderly in Russia*, 2009, http://www.refworld.org/docid/4b029f9513.html

Jamestown Foundation, *Putin's Cutbacks in Health Care Send Russian Mortality Rates Back Up*, Eurasia Daily Monitor Volume: 11 Issue: 177, 2014, https://www.ecoi.net/local_link/287748/407337_en.html

Markin, S.P., *Rehabilitation of Patients with Acute Stroke*, Neuroscience and Behavioral Physiology November 2011, Volume 41, Issue 9, 2011, http://link.springer.com/article/10.1007%2Fs11055-011-9508-4#

Tyskland: International Organization for Migration (IOM). Bundesamt für Migration und Flüchtlinge (BAMF), *Country Fact Sheet. Russian Federation*, 2014, http://lifosintern.migrationsverket.se/dokument?documentSummaryId=32935

UN Committee on the Elimination of Racial Discrimination (CERD), *Reports submitted by States parties under article 9 of the Convention; Twentieth to twenty-second periodic reports of States parties due in 2012; Russian Federation*, 2012, http://www.ecoi.net/file_upload/1930_1364485336_cerd-c-rus-20-22.pdf
United Kingdom: Home Office, *Operational Guidance Note: Russian Federation*, 2008, http://www.refworld.org/docid/492167952.html

World Health Organization (WHO), European Observatory on Health Systems and Policies, *Health Systems in Transition. Russian Federation: Health System Review 2011*, 2011, http://lifosintern.migrationsverket.se/dokument?documentSummaryId=27906