

2015-11-30

Fråga-svar

Ryssland. Sjukvårdssystemet och stöd till familjer med funktionshindrat barn

Fråga

Allmän information om det ryska sjukvårdssystemet, kostnader för vård samt möjlighet att få ekonomiskt stöd.

Tillgång till stöd för familjer med ett handikappat barn.

Svar

Allmänt om sjukvårdssystemet, kostnader och ekonomiskt stöd

I en rapport av International Organization for Migration (IOM) och tyska Bundesamt für Migration und Flüchtlinge (BAMF) beskrivs på ett allmänt plan hur det ryska sjukvårdssystemet fungerar. IOM, BAMF (2014):

General Information: health care system

In the Russian Federation medical care is provided both by the state and by private medical institutions. The majority of current medical institutions are run by the state; however the private sector is developing rapidly. Nevertheless, the situation with the health care in Russia is quite difficult: it is insufficiently financed from the state budget - at the half of the amount required, according to the Minister of Health.

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.

Access to medical treatment

The state guarantees all Russian citizens the right to free medical care through a system of obligatory medical insurance (OMS). The programme of obligatory medical insurance is financed from state budgets at all levels, from tax revenues and other sources.

Free medical care covers the following services:

emergency medical care;
ambulatory care including preventative treatments, diagnosis, and treatment of diseases both at home and in polyclinics;
treatment in hospital. (s. 8)

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A system of free pediatric care covers children from 0 until 14 years inclusive, with specialized polyclinics and clinics. This system applies to children who are covered by the system of the obligatory medical insurance (OMS) to which all children of the Russian Federation citizens are entitled. Turning 14, children are assisted by medical institutions for adults. (s. 8)

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Apart from the system of the obligatory medical insurance, both Russian citizens and foreigners can opt for voluntary medical insurance (DMS) on a paid basis, which is developing swiftly in the country. (s. 9)

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In general all Russian citizens – both those covered by OMS and members of other insurance systems - buy medicines at their own expense. However, there are special groups that are provided with free medication. Russian citizens suffering from certain diseases are entitled to benefits financed from the federal budget, such as the social package which includes free medicines, sanitarium treatment and transport (city transport and local trains). Treatment and medicines for some diseases can also be financed from the regional budget. The list of diseases giving patients the right to obtain free medicines is determined by the Ministry of Health. It includes: /.../ children under three years and children under six years from families with many children are also covered. (s. 9)

World Health Organization (WHO) skriver att alla ryska medborgare i teorin har rätt till gratis sjukvård, men att det i praktiken kan se annorlunda ut. WHO, European Observatory on Health Systems and Policies (2011):

Russian citizens have the constitutional right to access medical care provided at state and municipal medical facilities free of charge (Article 41 of the Constitution of the Russian Federation 1991). Residents and visitors who are not Russian citizens are expected to purchase adequate insurance before they travel. Russian citizens are thus guaranteed universal access to services, irrespective of whether they hold MHI policies. /.../ 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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Out-of-pocket payments accounted for 28.3% of total health expenditure in 2008 (see Fig. 3.5). Out-of-pocket payments include direct payments for services and medications as well as informal payments. There is no formal cost-sharing through user charges for services covered in the basic package of guaranteed services. Since the mid 1990s, more and more people have paid for medical services received, mainly in state and municipal facilities.(s. 85)

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... many state and municipal facilities also provide fee-paying services, and this is poorly regulated. For example, chargeable services enable patients to access treatment without queuing, or to stay in a more comfortable room during inpatient treatment. (s. 86)

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Informal payments are reported to be unequally distributed among health services and among health personnel. Informal payments are more prevalent in inpatient rather than outpatient facilities. They are also most widespread in health services that are perceived by patients as being crucial such as surgery and obstetrics. (s. 87)

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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)

Den amerikanska NGO:n The GroundTruth Project konstaterar att det statliga bidraget sällan räcker till. The GroundTruth Project (2013):

Russia's Constitution guarantees free health care for everyone, but many Russians say the reality is not so egalitarian. They say that health care is divided into two camps: those who can afford private clinics or paid state treatment; and those who must queue for crowded and second-rate care if they cannot draw together the necessary funds.

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Alexander Saversky, head of the Patients' Rights Protection League, said the health care system is increasingly focused on paid treatment. He says that state hospitals offer paid services in parallel with free services, which he claims makes it profitable for doctors to pressure patients into paying for treatment.

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The Sisters of Mercy /.../ helps poor families raise funds for expensive medical care.

Without such charity financing, there is every chance wheelchair-bound 12-year old Dasha Smirnova would not have survived 2012. She was born with cerebral palsy and her mother Polina was told that she would die unless she received risky corrective surgery on her spinal cord.

But Russia's top state institute for this surgery declined to perform the operation, leaving what looked like only one option — to use inexperienced surgeons in Moscow.

“I asked them whether they had ever done the operation and they openly admitted that they had only done it twice over a matter of years. Dasha is my only child – I decided to try different options.”

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But, she says, the operation, wheelchair, medicine and rehabilitation for her daughter far surpass her insurance coverage.

Smirnova applied to various charity support schemes and raised 1.6 million rubles through the Sisters of Mercy, which allowed her to fly Dasha to Germany for the operation. It also afforded her a German-made wheelchair.

Polina knows how lucky she has been to find charity help. Every year thousands of children are handed over to orphanages as parents see health complications such as cerebral palsy as an insurmountable challenge.

“The state does not pay for medicine for disabled children. So I have to buy medicine,” said Polina, adding that up to \$200 a month goes to stocking up on a pages-long shopping list of medicines. She says she feels abandoned by the state.

I en artikel i Bloomberg Business framgår det att samtidigt som statens kostnader för sjukvården ökat under årens lopp, så har även patienternas omkostnader ökat. Bloomberg Business (2015):

After the Soviet era of universal care, Russia today has a mix of public hospitals and clinics, where most treatment is technically free, and much pricier private facilities with better care. The public system improved rapidly over the past decade as health spending rose from \$96 per person in 2000 to \$957 in 2013, according to the World Health Organization.

This year, though, Russian health spending is 9 percent lower than two years ago after adjusting for inflation, according to Guzel Ulumbekova, a public health expert who advises Russia's Chamber of Commerce and Industry.

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At the same time, Russians are paying more out of pocket. Last year they paid \$8.7 billion for private care or for superior care at state facilities, a quarter more than in 2013, the Audit Chamber says.

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Cancer treatment has become particularly problematic, according to Podari Zhizn (Give Life), a charity that helps fund care for children with severe illnesses. Health authorities this year said the state will no longer pay for many procedures such as radiation therapy for transplant patients, Podari Zhizn says. And the situation for people needing bone marrow transplants is "catastrophic," said Elena Gratcheva, head of Advita, another charity fund.

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Even if patients can schedule a bone marrow transplant in Russia, which is free, they almost always are asked to pay for various costs - typically more than \$20,000 ...

En svag rubel och ekonomiska sanktioner mot landet har medfört att priser på mediciner ökat kraftigt det senaste året, något som personer The Moscow Times intervjuat säger har påverkat det statliga stödet. The Moscow Times (2015-05-12):

The cost of treatment for seriously ill patients has nearly doubled since the beginning of last year, according to the heads of charities contacted by The Moscow Times. Much of this is due to the ruble's fall, which has made foreign medical equipment, medicines and treatment more expensive, according to Lida Moniava, a manager for the hospice charity fund Vera ("Faith").

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Government aid paid to the parents of sick children has fallen dramatically, with financial support for families with sick children falling by a factor of 10 in the Moscow region, according to Moniava.

"The state can't pay even for those medicines it is obliged to pay by law," [Dmitry Aleshkovsky, the founder and director of Moscow's charity organization Nuzhno Pomoch ("Need Help")] said. State hospitals particularly struggle to pay for treatment for rare genetic diseases, which often require expensive treatments over a period of many years, according to Aleshkovsky.

Tillgång till stöd för familjen

I en rapport som handlar om institutionaliserade barn skriver HRW att en bidragande orsak till att nästan 30 % av alla barn med funktionsnedsättning institutionaliseras är påtryckningar från vårdpersonal. HRW (2014):

Nearly 30 percent of all Russian children with disabilities live separately from their families and communities in closed institutions. (s. 3)

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In addition, many parents face pressure from healthcare workers to relinquish children with disabilities to state care, including at birth. Human Rights Watch documented a number of cases in which medical staff claimed, falsely, that children with certain types of

disabilities had no potential to develop intellectually or emotionally and would pose a burden with which parents will be unable to cope. In all of these cases, the children raised in their families had far exceeded any expectations. (s. 5)

Att föräldrar kan uppmuntras att institutionalisera sina barn bekräftas i en undersökande artikel av BBC (2013):

Parents have been encouraged by doctors to abandon ill or disabled children on the grounds that the state can care for them better.

I en rapport skriven för United Nations Committee on the Rights of the Child konstaterar HRW att det saknas tillräckligt stöd för barn med funktionshinder och deras föräldrar. HRW (2013):

Assistance and Support to Families with Children with Disabilities (Convention articles 2, 9, 18, 23, 28)

Children with disabilities and their parents are entitled to monthly government pensions, annual trips to resort towns, and healthcare under Russia's federal insurance system. Russia's policies on these forms of assistance assist the government in protecting children's right to benefit from social security (article 26). Children with disabilities and their parents whom Human Rights Watch interviewed valued these forms of assistance.

Russia must do more to comply with the Convention, however. Parents and disability rights activists repeatedly stressed the lack of government support services to enable children with disabilities to fully participate in their communities. For example, as noted above, transportation to school is frequently not accessible. There is a limited physical access to government-sponsored healthcare, rehabilitation services, and recreational activities for children with various disabilities and their families, and children with various disabilities often face difficulties accessing these services and activities due to a lack of reasonable accommodations and discriminatory attitudes on the part of staff such as healthcare personnel, for example. (s. 7-8)

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Without these provisions, raising a child with disabilities can become extremely difficult for families. Many mothers must remain at home with children full time to provide care. Government monetary assistance does not make up for the resulting lost income and for the lack of social services in children's communities. (s. 8)

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The fact that the community-based services are inadequate and inaccessible can lead to parents making the wrenching decision to put their children in government institutions. (s. 8)

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While the reasons children end up in institutions are complex, lack of government support is a significant factor. A survey by Partnership for Every Child (covering 161 parents of children with

disabilities) found that an absence of medical, social, and psychological services that correspond to families' needs was an important factor impacting parents' decisions to relinquish custody of their children to the government. (s. 9)

Det finns indikationer på att situationen håller på att förändras till det bättre.
The Moscow Times (2015-08-13):

“Overall, the Soviet state’s policy toward people with disabilities was to hide them from view, often warehousing them in special boarding schools and nursing homes, and provide them with the minimum needed to exist – a small pension and a few services, but not much else,” Sarah Phillips, a professor at Indiana University said.

Phillips, a specialist in disability in the Soviet Union, said the situation has improved in recent years, with people with disabilities receiving improved living conditions, as well as educational and employment opportunities.

Denna sammanställning av information/länkar är baserad på informationssökningar gjorda under en begränsad tid. Den är sammanställd utifrån noggrant utvalda och allmänt tillgängliga informationskällor. Alla använda källor refereras. All information som presenteras, med undantag av obestridda/uppenbara fakta, har dubbelkontrollerats om inget annat anges. 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 är hämtade 2015-11-27)

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