

Turkmenistan: health system challenges

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Eastern and central Europe and the former Soviet Union have faced profound challenges as a result of the political and economic transition. Turkmenistan is particularly challenged as poverty levels are soaring, corruption is widespread and above all, human rights are curtailed by the authoritarian regime. This article aims to describe features of the authoritarian regime and the transition period, thereby identifying the challenges that Turkmenistan faces in the context of the health system. The appraisal of health system related challenges has the potential to unveil underlying problems, to understand the complexity of the interactions that shape the health system functioning and may further contribute to the identification of elements amenable to change and action.

Authoritarian regime

After the collapse of the Soviet Union, Turkmenistan declared its independence in 1991. The central Asian country is characterized by a young population structure with nearly 40% being under the age of fifteen. About 45% of the population is living in the urban centers, especially in the capital Ashgabat. In the absence of democracy or the protection of human rights, Turkmenistan's former president Saparmurat Niyazov established a highly authoritarian and repressive rule.

Several international actors such as the European Parliament condemned this rule. After his death the rule was largely contained by his successor Berdimuhammedow. Human rights violations, deportations and suppression of ethnic and religious minorities, but also rather subtle consequences of the dictatorship, have significantly deteriorated the general wellbeing of the population. In terms of the health care system, Niyazov's dictatorship has substantially limited the access to services in rural areas by closing health care

units outside Ashgabat. He has endangered the general public health by denying the existence of certain communicable diseases such as HIV/Aids as well as the plague outbreak in 2004. Furthermore, health care spending was limited to a minimum. It is largely unquantifiable to which extent the authoritarian regime actually affected the health of the population. Several indicators denote a health crisis, even though the credibility of data is highly restricted and health is influenced by a multitude of factors.



Turkmenistan



5 030 972
inhabitants



\$ 3 990
income per year



♂ 52yrs ♀ 57yrs
life expectancy



4.8%
of GDP for health



25
doctors/10 000 people



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Julia Mescheriakova, medical student from Maastricht, born in Turkmenistan:

This article gives a very honest view on the problem. Niyazov pronounced himself the father of all Turkmens. He wanted his country to appear as a beautiful sunny paradise, with a shiny shell but a rotten core of truth. He built multiple hotels, with marble floors and fountains inside, but all stayed empty till now.

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Transition

Malaria Since Turkmenistan gained independence, a transition has taken place from a centrally planned to a free-market economy. In the post-soviet period the country experienced a deterioration of the health system, marked by underinvestment and severe shortages of equipment and medicines. These shortages inevitably had an impact on the population's health. A year after the health sector spending fell to a historical low of 0.8% of the GDP. A State Health Programme was adopted in 1995, which primarily focused on health financing and management reforms. Besides, the programme aimed at rationalizing hospital care and strengthening primary care. On a broader level, decentralization and large-scale privatization characterized the transition, the latter particularly linked to the World Bank's involvement in the context of structural adjustment. Currently, the health care system is organized on national level and administered locally. Government revenues derived from taxes and natural resources, such as gas, finance the system to a large extent. Increasingly, however, out-of-pocket payments and other fees for services are introduced in the context of privatization, financially burdening the local population and limiting equitable access to health care.

Even epidemic outbreaks of infectious diseases were deliberately kept in secret

Past and current challenges

With respect to the challenges Turkmenistan faces, both the historical background and the current political rule under Berdimuhammedow need to be considered. Structures inherited from the Soviet time still influence current health care management and organization, which is expressed in the hierarchical and centralized decision-making structures.

The reforms initiated by the State Health Programme have only partially been implemented, reflecting a lack of commitment, limited political participation and the ad hoc decision-making, characteristic for the regime. Not only the health budget remains minimal but also the resource allocation has not been redirected to meet the actual needs of the population. These elements may have serious implications for the functioning of the health system and especially its development. Another problem is the high unemployment rate, resulting in a shortage of taxes to finance health care. To some extent, health care services have even deteriorated since Turkmenistan's independence, for example in terms of the availability of medicines. Similarly the vaccination coverage has lowered in recent years, which can be attributed to a lack of resources or unwillingness of the government to allocate resources to vaccines. This has implications for equity

and more specifically to communicable disease control.

Population health

Turkmenistan faces a double burden with regard to health, as communicable as well as non-communicable diseases are highly prevalent. The political rule further adds to the burden and deteriorates the overall health status. The feeling of despair and a general *climate of fear* in the country are to a large extent attributable to the dictatorship. This atmosphere is associated with increased levels of domestic violence and drug use with the respective health consequences. In rural areas these trends are even stronger articulated. Cardiovascular diseases also significantly contribute to the overall non-communicable disease burden. Regarding infectious diseases, tuberculosis, viral hepatitis and increasingly also HIV/Aids are major threats to public health. As noted above, the Niyazov government and recently also the Berdimuhammedow government have made efforts to deny the existence of these public health problems and even epidemic outbreaks were deliberately kept in secret.

Conclusion

It can be concluded that several major health problems in Turkmenistan relate to very low levels of health care sector financing, decreas-

ing accessibility of health care services (e.g. vaccination) and increasing gaps between rural and urban areas in terms of health status. The repressive political rule is a major challenge not only with regard to the health of minority groups. The issues discussed clearly demonstrate the importance of equal and efficient health care systems, credible and responsive health monitoring and the strong interrelation between political factors and functioning of the health care system. Another aspect to consider is the political instrumentalization of health related data. In other words, the use of health statistics as a means to pursue political aims. The unofficial ban on diagnosing infectious diseases in Turkmenistan is just one example.

About the author

Elis Borde is a third year European Public Health student at Maastricht University and is enrolled in the Honours programme International Health.

Further reading

- Mamedkuliev et al. Health Care Systems in Transition: Turkmenistan. Copenhagen: European Observatory on Health Care Systems; 2000.
- Rechel B, McKee M. Human rights and health in Turkmenistan. European Centre on Health of Societies in Transition London School of Hygiene & Tropical Medicine; 2005.