

The Armenian healthcare system: recent changes and challenges

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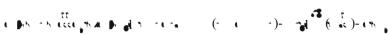
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Abstract

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given in amounts per capita are much lower than the average for the region, where in 2004 it amouted to 437.3 international dollars in the CIS countries (Commonwealth of Independent Countries: most of the former Soviet Republics; WHO Health for All databas@07) and nearly 2,334.3 in the whole European Union (WHO Health for All databas@007), giving the scale of collapse of the system during the transition periothe general government expenditure on health in the Soviet period was about US \$300 per capita (Ter-Grigorya@001).

The informal payments are widely expanded in the Armenian health system, similarly to the general national economy. One of the factors causing the increase of this phenomenon is the fact that very low prices are paid by the state for state-funded services. As these prices are too low to cover the costs of provided services, providers are forced to request payments from patients even in those cases where a patient falls within the Basic Benefit Package (Hovhannisyan et al. 2001). Due to the estimations, the scale of informal payments in Armenia may exceed 45% of the total health-care resources (State Budgets of RA 20022006). To compare this with the Transparency International Estimations, this level is lower than in Azerbaijan (84% of all health

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Table 3 Number of attached population to the primary care physicianknew cocaine (0.9%) and heroin (0.6%) users (ICHD, NSS, NIH and SCAD2005) (Tables2 and 3).

	Minimal	Optimal	Maximal
Theraputist (urban areas)	1,000	2,000	2,500
Theraputist (rural areas)	1,000	2,000	2,700
Pediatrician (urban areas)	500	1,000	1,200
Pediatrician (rural areas)	500	1,000	1,400
Family physician	1,000 (300 children + 700 adults)	1,700 (500+1,200)	2,300 (800+ 1,500)

Source: Minister of Health orderOn RA State-Owned Primary Healthcare Facilities Medical Personnel Remuneration Setting Procedures". 1 195, 28 March 2003

cardiovascular diseases, cancer, diabetes, tuberculosis and population due to their inability to pay out-of-pocket for others. The incidence of major communicable diseases such health services. The number of outpatient contacts in as tuberculosis and HIV/AIDS has increased. Outbreaks of waterborne diseases were caused by the degradation of poorly maintained water supply networks (Hovhannisvan et al. 2001). According to the "National Survey on the Drug, Alcohol and Smoking Prevalence among the General Population of Armenia conducted in 2005, tobacco was smoked by 29% of the population of 16 to 75 year olds. including 60.5% of men and 2.2% of women. The number of respondents to the aforementioned survey who knew drug users showed that the proportion of people who knew persons who were takin hashish or marijuana was relatively high (5.4%) and was followed by persons who

The decreasing health status may therefore be the result of unhealthy behavior. Nonetheless, the inefficient health system could also play a significant role, especially in case of the maternal and child health. Tableresents data that may prove such a correlation (United Nations Development Program2005).

In the context of the recent transitions and current main health problems of the Armenian population, the basic challenges for public health in Armenia may be characterized as follows:

Primary healthcare should be emphasized. A fundamental problem in primary care is its accessibility for people, which has become difficult for a large segment of the 1999 per person per year in Armenia was 2.3, while the average for EU countries was 6.2 and for NIS countries 8.3 (United Nations Development Program re2005) (Hovhannisyan et al2001). Since the above-mentioned decision concerning extending the Basic Benefit Package for all ambulatory services was declared, the flow of patients to primary healthcare has been enormously increased. This caused another problem with the inadequate salaries of the healthcare personnel, which has increased, but is said not to correspond to the increase of visits. In Armenia, the sense of individual responsibility for ones health is low. Probably the main reason for this

Table 4 Population's morbidity, not seeking medical care and lack of access to healthcare (percentages)

Populatiors morbidity*	Proportion of those who did not seek medical care in the total number of people with sickness	Of which the proportion of those who of those	
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Conclusions

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