I will RETURN

Vulnerable groups in health care. In the waiting room for treatment.

Social exclusion in health care is alarming. Access to health care is a fundamental human right. Nevertheless, that access is limited for much of the population in non European countries where many people are not covered by social protection mechanisms.
Problems are numerous: inefficient medical services, too few medical personnel, insufficient basic equipment and medicines, long distances to health centres, and even low access to safe drinking water, basic sanitation or adequate nutrition. It is clear that health is not only the absence of sickness.

Attempts to guarantee basic health care for the whole population often fail. The most important cause being that the development of health facilities is insufficient. Population growth is rapid and health services do not extend with the same pace. In addition, governments often have a fragmentary health agenda. They lack the financial means to implement and maintain a sufficiently developed health system and to finance staff costs.

Often patients have to pay for the treatment themselves excluding as such, poor. This is certainly true not only for access to health care but also to medicines. Many interrelated factors determine the level of access: income, government policies, private and public sector insurance schemes, supply management, and so on.

Public health services are seldom tailored to the needs of vulnerable population groups. What makes things more complicated is that a lot of parameters are involved when discussing the topic of access to health care and vulnerable groups, such as: traditional and modern health care, urban-rural differences, aspects of the distribution of and access to health services and facilities, factors affecting the use of health services, health care of special groups such as women, children and elderly people, etc.

Statistics often provide national averages and as such measuring the access to health care suffers from limitations. These statistics do not shed light on the differences in access within each country, such as between rich and poor or urban and rural populations.
In this Newsletter we'll consider some of the above factors for the target countries of the CRI-project. These are résumés from the country reports. Additional information can be found there or by contacting our helpdesk.

Welcome to the real world.

HENAU Stephan
Project Manager

ALBANIA

Accessibility

Health care in Albania is organised by polyclinics for first aid and hospitals for a longer, specialised treatment.
The standard of health care is lies behind the standard in neighbouring countries, particularly at primary care level.
Both the quality and quantity of polyclinics declined during last years and became inadequate. Adequate first aid is not guaranteed any more, especially in rural areas. The quantity of hospitals is in general sufficient in urban centres, but often scarce in rural areas due to a general lack of funding, lack of specialists, diagnostic aid, medical supplies, etc.

Dental care is privatised, except for emergency dental care and patients under the age of 18.

Vulnerable groups

- Roma. They often do not have any access to health care due to lack of registration.
- Low-income families. In theory, health care is free of charge, but in practice it largely depends on bribes and other unofficial payments.
- Inhabitants of rural areas, due to the continuously cutback in health-infrastructure in the countryside and insufficient road-infrastructure.
- Mentally and physically disabled people and patients with rehab-needs. There's a lack of specialised health or rehab centres.

Diseases which cannot be effectively treated

- Cancer: growing number of cancer patients (about 4.000 new cases every year), insufficient specialised health structure, especially in rural areas but even so in urban centres.
- Mental disorders, due to insufficient quantity/quality specialised health-care.
- Patients with need of long (chronic) and/or cost-intensive treatment (e.g. blood/viral diseases, neurologic diseases, etc).

Supply with standard medicines:

Cost-free pharmaceutical supply only exists for infants under one year of age, (physical) invalids and war veterans.

Hospitals purchase drugs three months in advance based on anticipated need. Therefore, public hospitals often face a shortage of standard medicines.
Hospitalized patients are often forced to buy medicines privately.

In the private sector there is no shortage on standard medicines but lack of sufficient regulatory frameworks, i.e. insufficient control on quality.

Information on Albania gathered by Flemish Refugee Action.

RUSSIAN FEDERATION

Accessibility

The health care sector in Russia is paralyzed by insufficient and fragmented financing (ineffective health insurance system, insufficient financial support from the government, outdated equipment, closing down of health care centres in rural and remote areas, ineffective and corrupt administration perpetuated by insufficient salaries of the medical personnel.

The health care is oriented towards primary care, regardless of the diagnostic. Secondary and tertiary care is in short supply for infectious diseases, mental diseases and trauma-treatment.

Public health institutions are only accessible during working hours.

Health care is free of charge, but unofficial payments are widespread.

Adequate health care is often limited to expensive private clinics in bigger cities (no adequate health care in several rural areas).

Vulnerable groups

- Citizens without proper registration have almost no access to the free public health service (e.g. the majority of construction workers in urban centres from other republics of the RF, many people from the North-Caucasian- and Far-East-republics, etc.).
- Prisoners are a high risk group for infectious diseases and have no access to adequate health care.
- Low-income families can often not afford necessary medication or treatment.
- Pensioners in need of regular medication due to insufficient financial support by the health insurance or government and due to low state pensions.
- Workers in the heavy industry are a high risk group because of the cutback of the industry's own health infrastructure since 1991 and lack of work safety. As a result there are many chronic diseases among workers and lack of treatment.
- Treatment for mophilia, collagen disease, disseminated sclerosis, kidney transplant convalescence, requires expensive medication, not paid for by the health insurance. This makes treatment unaffordable, even for well off patients.
- Patients with chronic diseases, mental and physical disabled persons have no access to adequate health care due to lack of specialised health infrastructure.
- Trauma-patients, due to practical non-existence of affordable psychological aid.
- Tuberculosis, Hepatitis and HIV/AIDS patients, especially in rural areas due to insufficient diagnostic, health care infrastructure and unaffordable medication.
- There is a growing number of circulatory system diseases. Especially arterial hypertension patients cannot count on proper treatment.
- Cancer patients, due to insufficient diagnostic and treatment.

Supply with standard medicines

In theory, hospitals supply medicines free of charge. But in practice there is a shortage of even standard medicines, especially in provincial hospitals.
With the exception of Moscow, there's a general lack of recent developed and often expensive medication in federal medical centres.

Free medicines are guaranteed by the government for war veterans via an official medication list. However, the list does not include all required medicines.

In general, there is also insufficient supply with standard medicines for pensioners.
Only a small number of patients in the stately health care get sufficient medication (e.g.: only about 10% of Russia's disseminated sclerosis patients receive free medicine).

There's an overall lack of quality control, with a high level of falsified/ineffective products on the market.

Information on the Russian Federation gathered by Flemish Refugee Action.

GUINEA

Accessibility

In general, public health care in Guinea is insufficient, with lack of funding, lack of modern equipment, lack of diagnostic, etc.
The "Provincial Hospitals" of Boffa, Gaoual, Kouroussa, Kérouané, Beyla, Lola, Yomou, Macenta and Kissidougou do not fulfil the minimum WHO-standards, i.e.: no potable water, no access to a latrine in function, etc..
Since a renovation program, the infrastructure of all "Regional Hospitals" is satisfying.

Only 30,6% of the rural population and 65,2% of the urban population has access to a hospital/health station within 30 minutes.

Eye treatment is improving all over the country, with the instalment in 2006 of a 3rd training programme and the multiplication of eye treatment units in public and private health structures.

Health service is not free of charge. Prices for consultations and treatment are officially fixed and vary from type of institution.
Costs for surgical interventions are also officially fixed but in reality subject to negotiation. Unofficial payments are generally common.

Vulnerable groups

- There exists no specific discrimination, but low-income families are not able to afford sufficient health care, while specific groups of society enjoy priority in treatment (family members of medical personal or high ranking officials, patients with insurance, etc.).
- HIV/AIDS patients: antiretroviral medication is free of charge in hospitals, but the stock of medication is insufficient; treatment is not guaranteed.
- Female genital mutilations are widespread in Guinea, affecting almost 90% of all women. One woman out of three did undergo FGM as an infant. 10% of them by medical personnel.

Diseases which cannot be effectively treated

Due to an insufficient infrastructure the following diseases cannot be effectively treated in Guinea:

- Cancer: with the exception of cervical cancer no other form of cancer can be sufficient treated with radiotherapy or chemotherapy.
- Diseases requiring organ transplantations.
- Some cardiovascular diseases needing surgery, such as: valvular defects, inter ventricular or inter atrial communications, etc.

Supply with standard medicines

Standard medicines are supplied by private pharmacies and the central governmental pharmacy with distribution centres. In order to make pharmaceutics affordable to the public, the government reduced in 2009 its taxes on the import, which resulted in a decrease of 15 to 35% of the price compared to 2008.

Governmental quality control of pharmaceutics does not work effectively, resulting in a major public health risk. The proven quality of medicines is not guaranteed. There are a lot of false medicines on the (black) market which often do not contain any active substance. Therefore, it is highly recommended to buy pharmaceutics at the pharmacist.

Apart from modern medicines, traditional medicines occupy an important place in health care. Those traditional medicines are sold freely and to a highly affordable price. However, one should not fully trust them since their efficiency is not proved and often they were made under non-hygienic circumstances.

Information on Guinea gathered by Flemish Refugee Action.

MACEDONIA

Accessibility

Health care in Macedonia is delivered through a system of health care institutions and organized at three levels: primary (PHC), secondary and tertiary care. Health care is also delivered through private health care organizations, established mainly as primary health care clinics (general practice, dental offices). Doctors employed in the public sector are allowed to hold additional private practice in public or private facilities.

In the compulsory health insurance system of Macedonia the funds generated by the collection of contributions represent the main source of financing of the health sector. Insurance coverage encompasses nearly the entire population. Contributions for general coverage are payroll-dependent and insured individuals can be grouped into seven categories as follows: employed and self-employed individuals; self-employed people in the agricultural sector; pensioners; temporarily unemployed individuals, disabled people, war veterans, and social welfare beneficiaries; citizens of Macedonia employed abroad (provided they are not insured by a foreign employer) and foreign citizens working in Macedonia (the latter pay a flat-rate contribution); members of soldiers' and prisoners' families; clergy and members of monastic orders.

Vulnerable groups

- The handicapped population is perhaps the most discriminated group in Macedonia. The medical and the technical personnel (doctors, nurses, sick attendants, and front desk clerks) are not well educated about the conditions, needs and the potentials of handicapped people.
- The Roma population is more exposed to discrimination in treatment than any other ethnic community, due to the lack of education, weak consolidation of the community and their poor economic situation.
- People suffering from severe forms of cardiovascular illness. Macedonia has one of the best cardio surgery private hospital in the region Filip Vtori. But the treatment at this hospital is considered too expensive for an average Macedonian income.

Diseases which cannot be effectively treated

There is no data available about particular diseases that can not be treated in the country, and the state officials would confirm that Macedonia can successfully treat any disease or pathology.
For technical reasons, cultural mentality and public awareness some particular diseases, illnesses or health deteriorated statuses are almost impossible to treat in the country, or the treatment shows extremely low result, while the rehabilitation is not possible. These are:

- cancer treatment (lack of citostatics);
- leukaemia (lack of medical liquids- solutions);
- severely handicapped persons; persons with severe deteriorated psychiatric illness (e.g schizophrenia).

Supply with standard medicines

There are 2.800 medicines registered in Macedonia. The registration is done by 120 specialised companies, out of which some 80% come from the EU member countries, while the remaining 20% are national.

Some 200 wholesale pharmacy companies import the medicines, medical equipment, and other aid items in the country.

The costs of medicines and the accessibility have drastically increased in recent times. Macedonia installed a so-called “positive list of medicines”, composed of medicines that are free of charge for the insured persons in Macedonia; the costs are covered by the state for over 80%, depending of the particular medicine. The positive list of necessary medicines in Macedonia contains 911 medicines (by comparison, the WHO list contains 250 medicines). In this context, Macedonia is considered to have relatively cheap prices for pharmaceutics.

Information on Macedonia gathered by Danish Refugee Council.

BOSNIA AND HERZEGOVINA

Accessibility

Health care in BiH is organized and provided at three levels: primary, specialist-consultative and hospital health care. It is organised and managed by: Ministry of Health of FBiH, Ministry of Health and Social Welfare of Republic of Srpska and Government of the Brčko District- Department for Health and other services.

The right to health care, based on an obligatory health insurance, is enjoyed by persons (and their families) whose status as an insured person has been established by the Cantonal Health Insurance Institute. Compulsory insurance beneficiaries primarily include employed persons; self employed persons; family members; pensioners; children and students; persons recognized as war-, peacetime- and civil invalids; social assistance beneficiaries who are not insured otherwise; persons registered at the employment agency; and farmers.
Although patients are covered by health insurance, they must pay a contribution of 5-10 % of the overall costs for the provided health services. This contribution fee is not fixed for the entire territory of the Federation; it varies from canton to canton. An example of costs for secondary health care services for insured persons paid by relevant Ministry of Health is as follows: internal medicine specialist examination – 10.40 KM (5.33 €), ECG – 4 KM (2.05 €), paediatrician specialist examination – 16 KM (8.2 €), gynaecologist examination - 9.60 KM (4.92 €), without disease day at neurosurgery department – 124 KM (63.58 €), while the patients pay direct contribution for: specialist examination – 4 KM (2.05 €), specialist follow-ups – 2 KM (1.02 €), lab test results – 2-4 KM (1.02-2.05 €), ultrasound – 7-10 KM (3.58-5.12 €), hospital cost from 1-15 days – 5 KM (2.56 €)/day and over 15 days – 2.5 KM (1.28 €)/day.

Decrease of morbidity of all diseases that can be prevented with immunization in the past four-year period is evident thanks to successful implementation of the Compulsory Immunization.

Vulnerable groups

The health condition of the population in BiH is in continuous danger due to the war consequences, socio-economic situation, unemployment, migration, unhealthy way of living and long-term Post-Traumatic Stress Disorder.
The most vulnerable categories are the Roma population, single mothers, handicapped people and elderly people.

Diseases which cannot be effectively treated

There is no official list of diseases that cannot be treated in BiH but based on long term experience, diseases treated abroad are mainly:

- malignant diseases such as leukaemia (bone marrow transplantation);
- cancer: adrenal gland cancer, stomach cancer, lung cancer.

The most common cause of death in BIH is circulatory system disease (53.7 %).
Mental health disorders are in constant gradual increase and main diseases in the primary health care are neurotic, stress related and somatic disorders (43 %) and affective mood disorders (24 %).

Supply with standard medicines

Only 46 % of the population covered by health insurance is able to exercise their right to have access to medicines free of charge or by paying the contribution fee.

54 % of the population covered by health insurance pays full price or most of the price for the prescribed medicines.
Despite the compulsory health insurance, patients are not well covered for more than half of their medicament needs.

Each Canton in BiH has an essential drug list which is a part of the health insurance package. This list contains different kinds of pharmaceutics and in most cases the listed medicines are 100 % funded by the Government's budget. However, for some medicines insured patients have to pay a contribution fee.

Information on Bosnia and Herzegovina gathered by Danish Refugee Council.

KOSOVO

Accessibility

Public Health Services in Kosovo are provided at three levels: Primary, Secondary and Tertiary Health Care services.
There are 32 Main Family Medicine Centres based in each municipality and 14 of them have a maternity unit, 152 Family Health Centres and 263 Puncta (small health station mostly based in rural areas).
Secondary health care services are provided in six regional hospitals, whereas tertiary health care is available only at the Clinical University Centre of Kosovo based in Prishtina.
Mental health services are provided in eight outpatient mental health facilities which are based in the larger cities and in six community residential facilities called "Integrated Houses", each having 10 beds, and psychiatric inpatient units based on regional hospitals.
There are many private clinics and hospitals, but they are mainly concentrated in larger cities of Kosovo and services are very expensive.

Health care services are provided free of charge in the public health sector for the following groups: children up to 15 years of age; pupils and students; elderly over 65 years; immediate family members of martyrs and war invalids; families under social assistance schemes; and people with disabilities. Everyone else must pay a so-called co-payment fee; for primary health care services on average 2 € depending on the service; for the secondary and tertiary services fees vary depending on the service, e.g. consultation is 3 €; inpatient treatment is 3 € per night; diagnostic tests range from 5 € up to 25 € for a CT scan; treatment procedures ranges from 10 € up to the 150 €. In the private sector, a consultation would cost from 20 to 50 €, excluding fees for medicines and diagnostic tests, and inpatient treatment would cost between 100 to 150 € per night.

Vulnerable groups

Health care services in Kosovo are based on inclusiveness and non-discriminatory principles. However, Serbs and Roma population prefer to utilise health services that are functioning under the parallel system supported by the Serbian Government.
There are 67 primary health care facilities as well as 2 city and 1 regional hospital that are based in minority areas. It has been reported that doctors and nurses working in these facilities are paid better compared to their Albanian colleagues. Moreover, these facilities are supplied very well with drugs and other materials. However, access to secondary and tertiary health care services for these minorities is a complex issue.

Diseases which cannot be effectively treated

The following diseases cannot be treated effectively in Kosovo:
- cardio-surgery;
- cancer treatment;
- transplantation;
- spinal surgery;
- serious eye disease;
- severe burns.

Supply with standard medicines

There is an essential drug list for drugs and consumable materials for the secondary and tertiary health care that are supposed to be supplied by the Ministry of Health. This list contains 168 different drugs and medical products and 239 items of consumable materials.
However, Kosovo has no health insurance system yet, therefore the entire health services depend on the funds allocated from the Kosovo Consolidated Budget, which is usually very low and covers less than 30 % of the health needs of the population. Hence, patients usually pay for medication from their own pocket, including for drugs on the essential drug list.

Furthermore, important diagnostic and treatment procedures very often can not be performed in the public institutions due to the lack of supplies.

Information on Kosovo gathered by Danish Refugee Council.

CAMEROON

Accessibility

In the various regional and departmental capitals, hospitals have been built by the Cameroonian government. In the rural area, there are community clinics. The government plans to implant basic healthcare centres within 1 hour's walking distance for 90% of the population, before the end of 2010.
But real accessibility is strained by lack of material, financial and human resources.

The cost of treatment varies significantly from one place to the other and public hospitals are generally less expensive than private structures. A consultation ticket to be referred to public doctor costs about 700 CFA, while in private hospitals a consultation costs about 10.000 CFA
According to domestic law, vulnerable persons are entitled to some advantages such as free health care. Despite of this, disparities in the access to quality services still remain and NGOs and charity organisations often try to fill the gap.

According to the Ministry of Social Affairs, to be eligible for a Certificate of Disability, individuals must possess a Certificate of Nationality and have at least 60% disability as certified by a medical doctor.
Persons under these conditions are issued a Certificate of Disability, which confers the right to benefit from the advantages and provisions established by the regulations in force on this issue.
With regard to the protection of disabled persons, medical, material, financial and psychosocial assistance is foreseen by law. There exist also subventions to social structures which promote/support the economic empowerment of the handicapped.

Public health centres are involved in the awareness rising campaigns against traditional practices, such as Female Genital Mutilation and breast ironing. Public health centres in areas where FGM is frequently practiced provide counselling to women on the harmful consequences.
Centres specialised in the socio-economic inclusion of young girls/women, also provide women with health care services, such as reproductive and preventive health education.

Health care services for children are mainly provided by NGOs and orphanages. Nevertheless, they can provide aid to a low number of children.

The Sub Directorate for the social protection of the elderly, operating since 2007, is carrying out activities to inform on the impact of various pathologies, their prevention, nutritional needs and available services, as well as to build health centres. This way, they aim to support physical and economic independence of the elderly within the family and the community.

Vulnerable groups

- HIV/AIDS is one of the main diseases affecting Cameroon. Two national centres provide specialised care to HIV/AIDS affected people.
- Women are particularly at risk of being infected by HIV/AIDS virus. Several centres provide women with medical and psychosocial support (care, counselling, etc.).
- Women also risk becoming victim of harmful traditional practices, such as Female Genital Mutilation or breast ironing.
- Persons with mental disabilities and disorders are among the vulnerable groups for health care. Although both public and private institutions offer psychiatric services, trauma centres for people with psychiatric and traumatic problems are rare. The State runs two hospitals to assist persons with psychiatric problems. Due to lack of funds, patient rarely complete treatment. Relapses are common due to socio-economic and cultural problems. Isolation and stigmatisation often lead to abandonment of patient. Besides these hospital institutions, private pedagogic institutes exist.

Diseases which cannot be effectively treated

- Malaria is the number one killing disease.
- The rate of prevalence of AIDS is on the rise. Currently 12% of the 15-49 year old age group is HIV positive.

Supply with standard medicines

State run programmes to combat malaria and AIDS/HIV pandemics have seen the light of day, improving considerably the access to generic medicines for most of the population.

Since both health care and pharmaceutics are very expensive, traditional medicine is often used.

Information on Cameroon gathered by Consiglio Italiano Per I Rifugiati.

EGYPT[1]

In Egypt most of the population has access to health care, there is an extensive network of health facilities ensuring easy access to basic health services for its population.
The health sector reform based on universality, quality, equity, efficiency and sustainability started in 1997 and will run until 2018.

Management of the health system is highly centralised at the Ministry of Health and Population. Different public entities, private practitioners and non governmental organizations are involved in managing, financing and providing health services, without performance assessment mechanisms or quality assurance.
The Health Insurance Organisation covers only 50% of the population and there is a growing unregulated private sector.
Nationally produced pharmaceuticals account for more than a third of the total health expenditure.

External support to the health sector constitutes approximately 2% of the total national expenditure on health. Multilateral agencies including the African Development Bank, the European Union and the World Bank provide support particularly for health sector reform.
The largest bilateral partner is the United States of America, providing support for health sector reform, maternal and child health, family planning, schistosomiasis control and surveillance. Other bilateral donors include Finland, Italy, the Netherlands, Spain and Switzerland. United Nations agencies such as ILO, UNAIDS, UNDP, UNFPA, UNCIEF and WHO are involved in provision of technical support for polio eradication, HIV/AIDS control, micronutrients, family planning and other programmes.

Communicable diseases are generally well controlled in the light of the fact that high immunization rates have been achieved and sustained. Schistosomiasis infections have decreased in recent years, but this remains a significant public health problem followed by viral hepatitis (C and A) and tuberculosis.
The prevalence of HIV/AIDS in 15-49 year-olds is low (0.01%); Egypt is considered a low epidemic country for HIV/AIDS but risk factors exist.

Non communicable diseases are on the rise. Neuro-psychiatric disorders and digestive system diseases are leading causes of pathology accounting for 19.8% and 11.5% respectively of the non-fatal illnesses, followed by chronic respiratory diseases (6.9%), injuries (6.7%) and cardiovascular diseases (5.6%).
Osteoarthritis, injuries and asthma are the leading causes of disability. The most common cancers are breast, liver, bladder and lymph nodes. Around 1.2% of the population is blind, mainly due to cataract.

Maternal mortality and infant mortality rates remain high. Iron deficiency anaemia is prevalent and malnutrition is common in children under five particularly in rural Upper Egypt.

Environmental conditions are a major health concern. Air pollution, particularly in urban areas, has been of concern for some years. Lead is the most important pollutant responsible for a great deal of respiratory pathology.
Lead was phased out of petrol in Cairo, Alexandria and most of Lower Egypt's cities in late 1997, leading to a reduction in atmospheric lead concentration.

Information on Egypt gathered by Consiglio Italiano Per I Rifugiati.

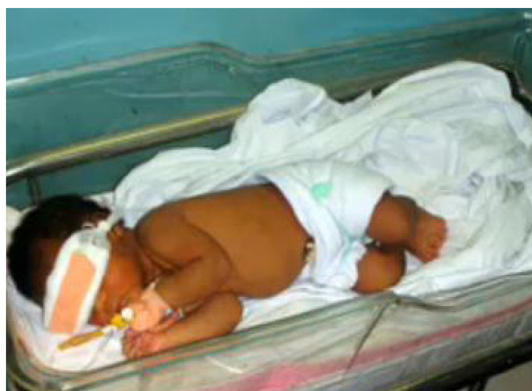
1 Reference: World Health Organisation, Country Brief

GHANA

Accessibility

Health care services vary a lot throughout Ghana. While in urban centers these services are widely provided, rural areas do not possess modern medical premises and services. Many health workers also refuse to be appointed to health centers located in the rural areas. This means that people in rural area often have to cover long distances in order to get medical attendance.

Ghana has a qualitative health care system, with both Private Medical Facilities and Public Medical Centres. Around 50% of the healthcare facilities in Ghana (including hospitals and clinics) are administered by the Ministry of Health. 40% belong to the private sector, 9% are missionary/charity institutions and the remaining 1% is represented by partially-governmental institutions.

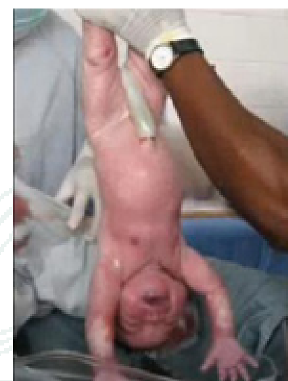


Elderly over 70 can register under the National Health Insurance Scheme to access free health care upon showing their Health Insurance Registration card. The Disability Act (2006) provides that the disable have the right of free medical care.

The District Mutual, Private Mutual and Private Commercial Schemes are regulated by the National Health Insurance Council (NHIC). The purpose of the NHIC is to ensure the implementation of the national health insurance policy and the access to basic healthcare services to all residents.

Vulnerable groups

The Government of Ghana established a National Health Insurance Scheme (NHIS) in 2003 with the Act n. 650. The NHIS provides for free-of-charge basic healthcare services to all persons resident in the country through mutual and private health insurance schemes and offers affordable medical care, especially to the poor and vulnerable categories. To obtain medical care in any public medical facility, an individual needs to provide a membership card of the scheme.



Treatment for malaria, HIV and tuberculosis are covered by government programmes.
People eligible for the governmental HIV/AIDS programme pay 5 cedi (€ 3) a month. Similarly the government has another programme in place that completely covers the costs of the treatment of TB.

Diseases which cannot be effectively treated

Malaria is the number one killing disease, while the prevalence rate of HIV/AIDS is declining over the last few years to 1,9% in 2007.

Below, a list of specialised Ghanaian hospitals providing care according to international standards:

- Korle – Bu Teaching Hospital, Accra
- Nyaho Medical Centre, Accra
- Holy Trinity Medical Centre, Accra
- Canadian Medical Initiative, Accra
- Okomfo Anokye Teaching Hospital, Kumasi

- Orthopaedic Clinic , Koforidua
- Mampong Centre for Herbal Medicine, Mampong
- Tamale Teaching Hospital, Tamale

Supply with standard medicines

In rural areas, patients either rely on traditional medicine or travel in order to receive health care.

A large number of pharmaceuticals are covered under the NHIS, such as all basic antibiotics, anti-hepatitis and various anti-viral medicines. These medicines are listed in a Compendium.

Information on Ghana gathered by Consiglio Italiano Per I Rifugiati.

ARMENIA

Accessibility

The health care system is divided into 3 administrative layers: national (republic), regional (Marz) and municipal or community. The health services are run and owned by local government (for primary healthcare) and by provincial government (for hospitals). Exceptions are the state hygiene and anti-epidemic (SHAE) services and several tertiary care hospitals.

Some examples for the cost of health care are:

- For all types of consultations: 5.000 AMD each (10,71 €)
- Cardiological Department: 110.000 AMD (235,66 €)
- All gynecological operations: 90.000 to 130.000 AMD (192,81 to 278,51 €)
- Herniotomy, appendectomy: 110.000 AMD (235,66 €)
- Gastroduodenoscopy: 8.000 AMD (17,14 €)
- Colonoscopy: 10.000 AMD (21,42 €)
- Echocardiogram: 8.000 (17,14 €)
- Electroencephalogram: 7.000 AMD (15 €)

Vulnerable groups

In Armenia there is no discrimination as such in health care, except the one caused by the ability of the patients to pay for medical services.

Diseases which cannot be effectively treated

No information available.
The Armenian Ministry of Health declares: “As for the diseases not treated in Armenia, there are no diseases that our hospitals do not deal with.”[2]

2 Interview with Mission Armenia NGO on 02 March 2007

Supply with standard medicines

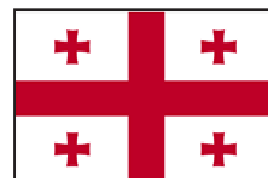
In Armenia the pharmacies have a right to purchase and sell only registered drugs.
The Government approves and publishes the list of drugs that are provided with or without prescription.

According to surveys, "(…) Groups with privileges, which are often the same as vulnerable groups, are not able in practice, to use their privileges with regard to fees and medicines. As people with privileges have mentioned, they are subjected to indifference and poor treatment if they do not directly pay for fees, and consequently prefer to pay in order to properly use the services.
With regards to pharmaceutics, the problem is that often the most necessary and expensive drugs are not available at healthcare facilities, and these patients have to purchase them on their own. (…)"[3]

Information on Armenia gathered by Caritas Belgium.

GEORGIA

Accessibility



Georgia disposes of a highly developed health care infrastructure, with all types of medical establishments available: emergency services, ambulatory care centres and policlinics, hospitals and gynaecological hospitals centres, medical-research institutions, dentist's offices and pharmacies.[4]
All types of medical services are available in Batumi as well.
Every town disposes of at least one hospital and one ambulatory care centre. However, since there is only state-owned medical care available, patients do not have free choice of medical establishment.

Some examples for the cost of health care are:

- Psychiatrical care assistance. The State provides compensation according to different disease categories: acute condition – 32 GEL (Lari) per day, half acute condition – 15 GEL (Lari) per day, chronically – 8,6 GEL (Lari) per day.
- Pulmonological care assistance. Free surgery is provided in case of necessity. State provides compensation of hospitalisation - 18,5 GEL (Lari) in Tbilisi and 13,7 GEL (Lari) in regions – and operation – 3067 GEL
- Cardiological diseases diagnostics and treatment assistance covers heart disease, aorta- coronary shunt, and anginous-plastic. The State provides compensation according to different disease categories from 2686 to 13146 GEL (Lari).

Vulnerable groups

There is no official information available regarding any type of discrimination in health care.

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3 RA Government, "Armenian Social Trends 07", 2005, Point "Health care problems"
4 Labour, Health and Social Affairs Ministry of Georgia, List of Medical Establishments Available in Different Regions of Georgia, 2005 http://www.moh.gov.ge/page.php?22

Diseases which cannot be effectively treated

No information available by the Public Health Care Department of the Ministry of Health, Labour, and Social Affairs.

Supply with standard medicines

According to the State Program of 2007[5], the population of Georgia has to be provided with both standard and specialized medicines (for diabetes, haemophilia, oncological diseases, transplantation, antirabic treatment, immunisation, children with phenyl-ketonical diseases, drug addiction).
The Medicine Agency of the Ministry of Labour, Health and Social Affairs state that the supply of medicines take place on regular basis and there is no problem of stock. First aid medicines are available at any time in Georgian hospitals.

Information on Georgia gathered by Caritas Belgium.

SERBIA

Accessibility

The health care system is organised on three levels. The primary sector covers 161 health centres of varying sizes, 83 of which are independent and 78 linked to secondary level institutions. The hospital sector – the second level - includes 102 institutions. The tertiary sector covers specialist institutions. The secondary and tertiary sectors total 147 organisations (42 general hospitals, 15 specialist hospitals, 23 independent institutes and clinics, 5 hospital centres and clinics, 3 clinical centres, and 59 other institutions).
The hospital system is both over-dimensioned and under-financed. The health system is not clearly structured according to the three separate levels of health coverage.

The main problem is that there are too many specialists and not enough general practitioners. This means that in practice part of the secondary and tertiary levels provide primary level services.

Some examples for the cost of health care are:

- Hospital treatment: 50 CSD (Serbian RSD) per day
- Rehabilitation in stationary medical facility: 50 CSD per day
- Treatment by a self-chosen general practitioner or specialist: 20 CSD
- Laboratory examination, e.g., micro-biological analysis: 20 CSD
- X-rays examination: 20 CSD
- Examination by ultra-sound, 1 examination, referred to by a general practitioner: 100 CSD
- Magnetic resonance, 1 examination, referred to by a general practitioner: 600 CSD

Vulnerable groups

No information available.

5 Ministry of Labour, Health and Social Affairs http://moh.gov.ge/ge_pdf/politika/specifiuri.pdf

Diseases which cannot be effectively treated

Among the diseases which cannot be treated effectively in Serbia are:
- certain medical surgeries, such as heart transplantation;
- certain cancers, such as rare and difficult forms of leukaemia in children, some forms of brain cancer.

When treatment in Serbia is impossible, due to a lack of equipment or professional expertise, a Commission of Doctors is appointed to make a joint decision that a patient should be sent to foreign medical institutions (if he/she is a regular health insurance holder).

Supply with standard medicines

Pharmaceutics are not always available on the market and are expensive. Often people have to buy medicines on their own charge, because the list of the medicaments that are free of charge is very limited (mostly for heart disease and a few chronic diseases, or for the most common medicines).

Often people buy their pharmaceutics outside Serbia, making them dependant on external factors such as mobility, finances and time.

Information on Serbia gathered by Caritas Belgium.

MONTENEGRO

Accessibility

Health care covers primary health care, specialists and hospital health care.
Health care is been provided by 31 health facilities, founded by the Republic of Montenegro. They consist of 18 health centres, 7 general hospitals, and 3 specialised hospitals, the Clinical Centre, Montenegrin Pharmacy Facility and the Public Health Institute.

By Montenegrin Law, a patient's contribution is required to cover the costs of health care for insured persons, but this has been fixed at symbolic rates and a great number of the insured persons are exempted from such participation in costs.
Insured persons participate in the costs of health care. The amount of it is subject to the annual health care programme and annual financial plan of the Republican Fund for Health Care of the Ministry of Health.

Vulnerable groups

According to the law, every citizen has a right on health care, regardless his/her nationality, race, sex, age, language, religion, education, social background, property or any other personal characteristic.
"The Strategy for Health Care Development in Montenegro", adopted by the Ministry of Health, stresses that the health care system should ensure preservation and improvement of the health of the entire population by proceeding from the principles of equality and availability to the citizens of Montenegro."[6]

6 Strategic Development Plan of the Republic Fund for Health Insurance until 2011, Health Insurance for You and with You, Podgorica 2006

Diseases which cannot be effectively treated

Because of the lack of equipment, modern technology or professional expertise, patients that cannot be treated effectively in Montenegro are sent to foreign medical facilities (often in the region) in order to receive proper medical treatment.

However, the Republican Fund for Health Insurance adopted the Strategic Development Plan ("Health Insurance for You and with You") that is to be realised until 2011, engaged to "reform the existing health care system and establish efficient, financially sustainable system of mandatory and voluntary health insurance, harmonized with European standards and comparable to European systems."

Supply with standard medicines

The national pharmacy facility, Montefarm, was founded with the aim to supply population and health facilities with medicines and other remedies. Pharmaceutics must meet qualitative production standards, as set by the European Union, or other equally strict standards concerning quality and control of each assembly-line production.

Information on Montenegro gathered by Caritas Belgium.

ALGERIA

Accessibility

The health system in Algeria is a pyramid system, i.e. a patient needs to consult a general practitioner in a State or private establishment prior to any referral to a specialist doctor or a hospital. The healthcare facilities of the State consist of public hospitals establishments (EPH), public local health centres (EPSP), public maternity centres (local and regional), specialised hospitals (EHS), as well as university hospitals (CHU - regional or national).

The private initiative gains importance, with the presence of private clinics, consultation centres and radiological centres. Here people must be willing to pay often large sums for admittance and medical interventions.

Regarding to consultations and hospitalisations in public hospitals, patients have to pay a symbolic price of 50DA (0,5 €) for a generalist and 100DA (1 €) for a specialist.
In public structures, the costs of consultations, hospitalisation and treatment (with the exception of non-hospital medicines) of patients covered by the National Social Security Fund (CNAS), are paid directly by the CNAS to a total value of 80% of the total price. The other 20% are paid by the professional mutual insurance companies.
Health costs for chronic sick persons are completely refunded by the CNAS, after medical control of the of the social security services.
Patients who are not covered by social security pay the hospitals invoice for their stay, as well as all surgery and other costs. However, the State hospital costs are less than in private clinics. Occasionally, specialists or surgeons working in hospitals require the patient to pay an additional amount in cash, and outside of the hospital invoicing amount.

The CNAS intervenes also (but only for a small part) in the costs made in private structures.

Vulnerable groups

According to the Ministry of Health, no discrimination in the health system exists. If such cases occur, they are isolated.
However, it is undeniable that access to care, radiographies and consultations is easier (and more rapid) when having a personal in a public health centre (this phenomenon is called “el maarifa”).

Diseases which cannot be effectively treated

According to the Ministry of Health, there are no illnesses that cannot be treated effectively in Algeria. The Ministry nonetheless recognises the weakness of palliative care or support in health establishments.

However, in practice, it seems that the patients continue to struggle to obtain an appointment for a biological examination or consultation.
For this reason, and because of the malfunctioning of some health structures, people sometimes decide to seek health care abroad.

Supply with standard medicines

A list, established by the Ministry of Health, guarantees the availability of all standard and specialist medication.
However, some very specific medication is very expensive, namely medication related to cancer treatment.
On the other hand, some drugs are not available due to stock shortage.

Depending on its classification, standard medication is provided on medical prescription or otherwise. Certain medication referred to as “hospital” medication, is not held by the Central Pharmacy of Hospitals, but can only on prescription be obtained from this body in certain cases.

Costs of pharmaceutics are refunded by the social security offices (if the social security organism has issued an official undertaking to reimburse medical expenses) to a total value of 80% from the total price and 20% by the professional mutual insurance companies.
Contraceptives bought by non-married women are not refunded by social security.

Information on Algeria gathered by Coordination et Initiatives pour les Réfugiés et Étrangers, Belgium.

ECUADOR

Accessibility

The Constitution establishes the Right to Health as a fundamental, full-fledged right which includes health promotion and health care.

An estimated 30% of all inhabitants are covered by the Ministry of Public Health (MSP), around 18% is covered by the Ecuadorian Social Security Institute (IESS) through General Coverage and Rural Social Security, around 2% by the Armed Forces and the Police, where as the Welfare Council of Guayaquil, the Society of fight against cancer (SOLCA) and NGOs cover together about 5% of the population.

Common sickness coverage is one of the benefits IESS provides to its contributors. This insurance covers medical, dental, and pharmaceutical assistance and money benefit when the sickness causes inability to work.
The Free Maternity and Child Care Law strengthen the health care actions for women, mothers and children younger than five in order to reduce mother and infant death. Women covered by the General Obligatory Insurance are entitled to specialized medical attention during pregnancy (prenatal, delivery and post-delivery), and to complete pediatric care for one year for the child of the woman covered under IESS, including medicines and hospitalization.

Vulnerable groups

25% of the population has no formal coverage. They are basically poor, rural, widespread populations from indigenous communities in central provinces, in the Amazon areas and in urban slums.
Even though the National Health Care System guarantees fair and universal access to health care services, 30% of the population does not have access to health services at all, and this situation is getting worse as prices keep rising.

The lower a family's income, the more they spend on health care services. This can be explained by the fact that families with fewer resources do not have access to services such as drinking water and sewers and thus are more likely to be effected by diseases. The country's coastal and eastern regions have worse infrastructure than the central mountain range, the Sierra.

Diseases which cannot be effectively treated

There are no major health problems in the country and no information is available about diseases that cannot be effectively treated in the country.

Supply with standard medicines

Three types of pharmaceutics are sold: imported medicines, locally produced medicines, and natural/traditional drugs.

Although locally produced drugs are cheaper, due to lower manufacturing costs, the problem with prices is that the country only disposes of distributors and retailers.
Local production of generic drugs (that costs even 3 times less than the brand-name drugs) is stimulated.

As far as medicines and supplies, the National Health Care System aims to guarantee a sufficient, timely availability of medicines, biomaterials, blood, components and blood products and medical products, with a certification of their quality, safety and effectiveness.
Nevertheless, there are various problems related to availability, rational use, quality control and prices of medicines, with access being one of the most important and price one of the most decisive variables. Only 68,6% of the 9.386 products listed in the Ecuadorian Public Health Authority register, are actually sold. Among those, 1.539 are generic drugs.

Information on Ecuador gathered by Coordination et Initiatives pour les Réfugiés et Étrangers, Belgium.

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DR CONGO

Accessibility

The health system is quasi inexistent in the whole country. All infrastructures are old and in bad condition because of lack of maintenance or rehabilitation.
Sanitary institutions lack appropriate infrastructure, except for extremely rare cases. State facilities do not have qualitative infrastructure and lack equipment and adequate tools.

In Kinshasa there are several private primary care structures (“structures de reference”). Most of them are not equipped to render qualitative health services. The most qualitative reference structures are concentrated in the older residential areas of Gombe, Ngaliema, and to a lesser degree in Kintambo Kinshasa and Lingwala. Their geographical and financial accessibility makes them difficult or impossible to attend for many households.

The health facilities in Kinshasa are under-equipped. The situation is less favourable now than it was before, especially for primary care.
In general, the staff of health facilities are not well paid. They give way to their dissatisfaction but do not want to abandon their position. The reason is simple, they let them pay in kind.

Vulnerable groups

The biggest vulnerability is caused by lack of financial means. Health care is expensive. Apart from the administrative fees and doctors fees, the patient pays for its own medicine and food.

People who have the financial means often seek treatment outside the country, mostly in South Africa or Europe).

Diseases which cannot be effectively treated

The following diseases cannot be treated:

- all cancers;
- anemia combined with kidney failure;
- kidney transplant requiring hemo dialysis;
- diseases that require chronicle transfusion;
- all diseases requiring a bone marrow transplantation;
- all cardio pathologies that require a surgical operation;
- all types of drepanocytosis (or sickle-cell disease);
- cardiac surgeries, due to a lack of equipment..

As far as AIDS/HIV is concerned, patients are effectively followed. But the lack of antiretroviral therapies is a major problem.
Hepatitis C can be treated in DRC, more specifically in internal medicine.

Consultation fees for psychiatric services vary from 10 to 20 dollars in public institutions and from 20 to 30 dollars in private centers.

Supply with standard medicines

The patient receives a prescription and is free to go and buy the treatment where he/she wants. In previous time, patients were able to buy medicine for a good price in the hospitals where they were treated. However, currently prices are hardly different between private pharmacies and state hospitals.
The central medical-pharmaceutical depot in Kinshasa does no longer exist. This makes the population depending on private importers. Some products for maternity care are often out of stock, such as drugs, surgical gloves, tetanus vaccinations, magnesium sulphate, HIV tests, etc.

Information on DR Congo gathered by Coordination et Initiatives pour les Réfugiés et Étrangers, Belgium.

ARGENTINA

Accessibility

Health care consists of three sectors that interact with each other: the state sector, health insurance, and private management sector.
The health infrastructure is adequate in large and medium cities/provinces of Argentina (over 50,000 inhabitants). The capital of each province has one hospital of reference providing all services.
In the health insurance field there are health care services in the majorly of the cities (in the Northwest region only in Tucumán and Salta).
The private sector is highly represented in the large and medium cities but not in all the provinces (NOA region: only in Salta and Tucuman cities).
As a conclusion we can say that there is adequate health coverage in urban centres but not in small provinces or places.

The National Health Insurance provides full right of health care to all inhabitants, without social, economic, cultural or geographical discrimination.
There’s no discrimination in terms of ethnicity or religion.
There is a significant difference in the quality of health care and services. Those who have decent jobs have access to the heath insurance system. The self-employment worker or persons having sufficient financial resources can pay a prepaid system or private health insurance, which also runs a qualitative health service. However, unemployed people have no choice and are addressed to the public health system. Their health professionals are competent but have too many patients to attend, while the infrastructure is inadequate.

The cost of consulting a primary care physician is € 8,90.
The health insurance and hospitals can charge around € 1 as a contribution.

Vulnerable groups

Vulnerable groups can attend public hospitals. In order to do so, the patient needs personally to request for consultation and will be granted only a limited number of turns (usually 10 per doctor). The hospital admission is free, as are the medicines if the client fits the profile of beneficiary of the “Plan Remediar”.

Health care can be very expensive for some diseases. This is the case for all types of cancer, widespread infections, leukaemia, etc., where the state only covers some cases, depending on the available budget.

Access to health care usually focuses on cities: Buenos Aires, Cordoba and Rosario.

This makes access difficult for other citizens, due to the high costs related to transport and stay in those cities, and to additional costs for pharmaceutics.

Diseases which cannot be effectively treated

In theory, all diseases can be treated but treatment can be very expensive.

Supply with standard medicines

The medicines that are usually provided to vulnerable groups are “generic”. Their quality and efficiency is questioned upon by some sources.

Medicines cost 60% of their commercial value when they are under coverage of the health insurance; the “Plan Remediar”[7] covers some pharmaceutics for vulnerable people in public hospitals.

Information on Argentina gathered by Accem, Spain.

MOROCCO

Accessibility

Key components of health care in Morocco	
Public sector	
Ministère de la santé (Ministry of Health)	Network of basic health care facilities Hospitals network CHU[8] Public Hospitals out of CHU Institutes and National lahoratories
Ministère de la defense (Ministry of Defense)	Hospitals and other health services in the Army
Ministère de l’éducation nationale (Ministry of Education)	Health Services at schools
Ministère de l’enseignement supérieur (Ministry of Higher Education)	Health Services at Universities
Local Municipalities	Bureaux municipaux d’hygiène (Municipal Health Office)
Other Departments	Collective Health Prevention Unit Ambulance units Prison medical service
Private Sector	**Private non-profit Sector**
Medical Offices	Benefit Society Structures
Dental Office	Moroccan Red Crescent Establishments

7 Plan Remediar: National Plan for free provision of medicines to vulnerable groups
8 CHU: Centre Hospitalier Universitaire

Paramedical Offices	Leagues and Foundations Establishments
Medical Biological Laboratory	**Other structures**
Morbid Anatomy Laboratory	Clinics of the National Social Security Fund
Clinics	Heath Services of some Authorities
Units of Occupational Medicine	Heath Services of some Public Institutions
Pharmacy Offices	Health facilities in some schools
Suppliers of equipment and medical goods	Health facilities of certain private companies
Establishments of medical transportation	Facilities of foreign institutions
	Herbal and Traditional medicine

Some examples for the cost of health care are:
- consultation of a general practitioner: 100 to 120 DAM (8,87 to 10,65 €);
- consultation of a specialist: 200 DAM (17,82 €).

Vulnerable groups

Morocco’s health system and health policy promotes access to health care for all.

Some treatments however, are extremely expensive.
This is a.o. the case for:
- cardiac care
  * a coronary X-Ray: 8000 DAM (713 €);
  * an expansion of a coronary artery: 32000 DAM (2841,32 €);
  * a coronary artery bypass: 90000 to 10000 DAM (7991,22 to 8877,85 €);
  * replacement of heart valves: 80000 to 100000 DAM (7102,28 to 8877,85 €).
- kidney disease
  * dialysis: 200.000 DAM (17.773,18 EUR) per year per patient.

Diseases which cannot be effectively treated

Cardiovascular diseases, especially heart disease, is the leading cause of death in Morocco. Those diseases represent a public health risk associated with high mortality and high numbers of hospitalizations.

Supply with standard medicines

The Directorate of Medicine and Pharmacy is responsible for establishing norms concerning manufacture, packaging, distribution, sale and storage of medicines and para-pharmaceutical products. It is also responsible the price setting, technical control and quality of medicines, within the framework of legislation and regulations in force, establishing and updating the list of essential drugs.

Medications are provided to patients by prescription through pharmacies, some medicines are dispensed at the hospitals. Certain medicines are dispensed without a prescription.

Information on Morocco gathered by Accem, Spain.

ACCEM

BOLIVIA

Accessibility

Three levels of health care are operational:

- primary healthcare, with a focus on prevention and health promotion;
- specialist centres and internal medicine hospitals, providing general surgery, paediatrics, obstetrics and anaesthesiology (traumatology);
- surgical specialties and clinical subspecialties.

As an example, the cost for a consultation in primary health care lays between 15 and 20 BOB (€ 1,60 and 2,13).

The provinces with a higher density of health care are: La Paz, Santa Cruz and Cochabamba.
Health care infrastructures are mainly based in cities; consequently, the geographical distance makes access to health care more difficult for inhabitants of rural areas. Also, the quality of the health infrastructure in rural areas is significantly lower.

Vulnerable groups

77% of the total population is socially excluded from health care at national level; 94% live in rural areas. The reasons for their vulnerability are multiple: women illiteracy, low incomes and long distances to health services.

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The social groups excluded or less attended are:

- indigenous people;
- women;
- peasants and population from rural areas;
- elderly with chronic non-transmissible diseases (such as diabetes, hypertension, cancer, cardiovascular and degenerative diseases);
- disabled people;
- patients with HIV-AIDS;
- prostitutes and household workers.

Diseases which cannot be effectively treated

Diseases difficult to treat are:

- changas disease;
- malaria;
- tuberculosis;
- acute respiratory infections;
- dengue fever;
- AIDS;
- leishmaniasis cutaneous (the common form of leishmaniasis);
- leprosy;
- Hepatitis A and B;
- typhoid fever;
- rabies.

The State gives some supports for the treatment of those diseases, but this support is not always effective. Other aspects that make treatment ineffective are:
1) the low quality of health care infrastructure in the rural areas, especially in remote places;
2) the lack of awareness of the population – ignorance of the origin of the diseases, early desertion of the treatment, cultural issues, poverty, wrong eating habits, etc.

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Supply with standard medicines

The standard medicines can be easily purchased in local market pharmacies.
Brand-name medicines are about 20 times more expensive than generic medicines. Innovative products can be even 60 times more expensive than generic medicines.

Both Private and Popular Pharmacies exist.
The Popular Pharmacies have lower prices than the Private ones, since they are State-owned, do not pay taxes and many medicines come from donations.
However, since their stock is limited; patients are forced to buy their medicines in the private sector.

Information on Bolivia gathered by Accem, Spain.

ACCEM

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