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Healthcare and Social Issues in Belarus

Health and demographic situation: Result of unhealthy lifestyles

The birthrate in Belarus picked up in the early 2000s after a decrease recorded in the 1990s. The rate rose from 8.9 births per 1,000 people in 2002 to 9.0 in 2003, 9.1 in 2004 and 9.2 in 2005. The Ministry of Health reported a 1.6-percent increase in the birthrate in the first four months of 2006 compared to the same period in 2005. The trend is attributed to the fact that baby boomers – those born between 1983 and 1986 – are in the most active period of their childbearing age. The highest birthrate increase, of 11.1 percent, is reported in the Hrodna region, followed by the Minsk region with 7.5 percent, and Minsk city with 6.9 percent.

The most recent trends in family planning include a sharp increase in families that have one or two children, the narrowing gap between the birthrate in cities and the rural areas, and first birth postponement. Teenage childbear-

ing has been decreasing, while non-marital births have been on the rise.

The death rate rose to 14.5 per 1,000 residents in 2005 from 14.3. The rate dropped by 3.3 percent in the first four months of 2006 compared to the same period in 2005. Higher death rates have been reported in the Viciebsk and Minsk regions in the last 15 years. In Minsk, the death rate is relatively low, but it has risen by 29 percent since 1990. Deaths have been on the rise among working-age people, especially men. Deaths of working-age men jumped by 41 percent between 1991 and 2005 from 11.7 to 16.5 per 1,000 people, while deaths of working-age women went up by 18.7 percent from 10.7 to 12.7 per 1,000 people.

The infant mortality rate has been decreasing since 1995 and has been below 10 deaths per 1,000 newly born babies. In 2005, infant mortality dropped to 6.4, approximately at the level with developed European countries.

Maternal mortality varied between 13.8 (1995) and 24.2 (2000) per 100,000 births between 1990 and 2002. In 2005 the rate dropped to 15.5 from 17.9 in

2004. In the first eight months of 2006, 15 mothers died per 100,000 births. This indicator is still much higher than in the developed European countries, where maternal mortality rates are below 10 mothers per 100,000 births.

The rise in the death rate and the low birthrate in the 1990s caused a four-percent decrease in the population by 461,900 people between 1990 and 2005.

Belarus' life expectancy at birth, a general indicator of public health, is lower by 12-14 years for men and five-six years for women than in developed countries. Life expectancy was at an all-time high – 72.9 years – between 1964 and 1969. It fell in the 1990s. Average life expectancy was 68.83 years in 2005. Life expectancy dropped from 77.2 years in 1984-1985 to 75.1 years for females, and from 68.9 in 1964-1965 to 62.91 for males. The decrease is mainly attributable to unhealthy lifestyles.

Abortions plunged by 36 percent from 247,000 in 1990 to 164,600 in 2005.

More people with disabilities

There are more than 500,000 disabled people in Belarus. In 2005, health es-

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tablishments registered 52,048 new disabled persons of 18 and over, or 66.69 cases per 10,000 people (54,423 or 70.01 per 10,000 in 2004), and 3,461 disabled under 18 years old, or 17.56 cases per 10,000 people (3,739 or 18.23 per 10,000 in 2004).

Circulatory system diseases is the top cause of disabilities among the adults (43.9 percent), followed by neoplasms (21.2 percent), diseases of the nervous system and senses (3.7 percent), musculoskeletal system (8 percent) and injuries (6.2 percent).

The major causes of disabilities in children (under 18) are inborn anomalies (28.4 percent), diseases of the nervous system and senses (17 percent), mental disorders (12.6 percent), neoplasms (7.5 percent), and diseases of the musculoskeletal system (7.7 percent).

Belarus' health establishments managed to raise the level of staffing with doctors and nurses in the last 10 years. The number of doctors has been growing faster than the number of nurses. There is a shortage of primary care personnel, a surplus of doctors who have special training, as well as a surplus of doctors in big cities and a shortage of medical personnel in rural areas. The latter is the main reason for poor access of rural residents to quality health services. In 2003, 106 (22 percent) of 481 rural outpatient clinics had no doctors on staff. The number dropped to 66 (11.8 percent) in 2004.

Health: Tuberculosis on the rise, infectious diseases, and suicides fall

The incidence of primary diseases rose by 14.4 percent from 1994 to 2005 to 77,441.4 per 100,000 population. The incidence of all diseases rose by 16.2 percent to 135,954.7 per 100,000 population. The general-to-primary incidence ratio rose from 1.64-1.60 in 1994-1995 to 1.75 in 2005, which indicates that chronic pathologies were more frequent.

A rise occurred in the following primary diseases between 1994 and 2005: of the circulatory system (73.4 percent), symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (62.2 percent), neoplasms (58.7 percent), inborn anomalies (23.7 percent), the musculoskeletal system (40 percent), prenatal, natal and neonatal diseases (37.6 percent), the urinary system (27.7 percent), mental disorders (38.1 percent), blood and blood-forming organs (14.4 percent), the respiratory system (15.6 percent), skin and subcutaneous tissue (12.1 percent), injuries and poisonings (eight percent).

Infectious and parasitic diseases fell by 25.3 percent and endocrine diseases dropped by 20.3 percent in the same period.

The total number of registered diseases decreased to 219,308-217,884 in 2001-2002, but has been rising since 2003 to 221,630-238,341 registered cases. The incidence rate has been rising in the last six years and currently stands at 2,072-2,444.5 per 100,000 population.

Circulatory system diseases are the leading cause of death accounting for 55.9 percent of all deaths. Hypertensive diseases soared by 110 percent, acute myocardial infarction by 67.4 percent (130.7 per 100,000), cerebrovascular diseases by 95.7 percent (552.4 per 100,000). The number of newly diagnosed diseases of the circulatory system rose by 3.6 percent in 2005 to 2,420.3 per 100,000 population.

Neoplasms, the second leading cause, account for 13.1 percent of all deaths. The number of newly diagnosed cases surged by 9,000 during the 1990s.

Despite some success in fighting infectious diseases, the incidence remains high. Especially worrying are infectious diseases that may be aggravated by socioeconomic factors, especially tuberculosis. Tuberculosis is a sociobiological phenomenon responsive to social perturbations, economic depression and poor living standards. The incidence rate of active TB increased from 33.7 cases per 100,000 population in 1992 to 54.3 cas-

es in 2005. However, the reported incidence rates do not include disease relapses, therefore the statistics do not reflect the real picture. Data from one district in Minsk show a rise in TB relapses from nine in 88 patients in 2003, to 25 in 93 patients in 2004, and 23 in 78 patients in 2005. The health ministry's data also do not include TB cases among the prison population.

Data from the health ministry, the prison system and recurrent TB cases combined produce a catastrophic picture.

Experts note a rise in the rate of acutely progressive and destructive strains which are difficult to treat. In addition, there has been an increase in the incidence of drug-resistant strains. The tuberculosis mortality rate rose from four to five patients per 100,000 in the late 1980s and early 1990s to 12.1 in 2005. The number of TB cases in children rose sharply since the early 1990s.

In 2004, the government made a controversial decision to distribute medicines to TB patients through pharmacies. Before the decision was taken, patients received drugs at TB clinics, whereas now they have to take a prescription at the clinic first, and then go to a pharmacy to pick up the prescribed drugs. At pharmacies they often wait in the line putting other people at risk. The government made the decision in an effort to fight corruption, but in fact it helps spread the disease.

Sexually transmitted diseases also soared during the economic decline in the early 1990s. The syphilis incidence rate jumped 40-fold from 5.2 cases per 100,000 population in 1991 to 210.9 cases in 1996. The incidence rate has been falling since 1997 to 32.7 cases in 2005 (41.4 in 2004).

Not a single case of anthrax or tularemia has been reported in the country for many years, and no cases of polio have been registered since 2001. There have been few cases of typhoid, brucellosis, tetanus, and rabies. The incidence of measles plunged in the

last ten years with only one case registered in 2005.

A rise in diphtheria registered in the late 1980s is attributable to immune system suppression. The disease peaked in 1995 with 322 cases (3.1 per 100,000 population). The incidence fell by 2000. In 2005, 11 cases were reported (0.1 per 100,000 people).

Acute intestinal infections have been decreasing in the last few years. The incidence of viral hepatitis rose from 68.5 cases per 100,000 in 1994 to 110.4 in 2001, but was reduced to 12.2 cases per 100,000 people in 2005.

The total number of suicides was 3,450 in 2003, 3,298 in 2004, and 3,005 in 2005.

Alcohol abuse – biggest social problem

A serious problem in Belarus is alcohol and drug abuse, and smoking. In 2005, the annual per capita consumption of liquor exceeded 9.3l per person, which experts of the World Health Organization (WHO) believe may affect the nation's gene pool and cause degeneration (for comparison, the Belarusians consumed 6.7l of alcohol per capita in 1995).

The incidence of chronic alcoholism and alcoholic psychosis soared by 46.3 percent from 1994 to 2005 (from 1,166.8 to 1,803.3 per 100,000 population). Belarus' alcohol and substance abuse treatment facilities registered 172,000 people addicted to alcohol. The number of addicts is rising by seven percent a year. In the last five years, the total number rose by 49,200.

Especially worrying has been the increasing number of women (who account for 14.4 percent of all registered alcoholics) and teenagers abusing alcohol. Addiction treatment facilities currently supervise 25,500 legal minors believed to abuse alcohol. The number of minors under supervision jumped threefold in the last eight years. Most teenagers start drinking at the age of 13 to 16 years. As many as 1,590 Belarusians died of alcohol poisoning in the first six months of 2006.

The real consumption and numbers of alcohol edicts are much higher than the officially reported data, which do not include the consumption of fake brand and homemade alcoholic beverages. Researchers found that people who have drinking problems mostly consume self-made alcoholic beverages. The unreported consumption of liquor

accounted for 41.5 to 55 percent of the official consumption in various years. Research suggests that Belarus' shadow liquor market is comparable with official sales. Illegally sold liquors are mostly low quality homemade beverages that cause great harm to physical and mental health.

There is a stereotype in the mass consciousness and human culture, especially among young people, that drinking is a social and cultural tradition, or a kind of ritual. Social psychology and beliefs contribute to the growing alcohol abuse.

The government of Belarus has been implementing a program to prevent and fight alcohol abuse for 2006 through 2010. This is the second program; the first one ran from 2000 to 2005.

In one of its latest moves, the government has recently launched a compulsory treatment program for alcoholics. Subject to compulsory treatment are persons diagnosed with alcoholism. Doctors refer diagnoses to the police who request courts to issue compulsory treatment orders.

Alcohol-related deaths doubled since 1990 to 4,705 in 2005 (48.1 cases per 100,000 population) with men accounting for 77 percent.



Alcohol is the major life style problem in Belarus.

Drugs: New plague

Along with the rising alcohol abuse, a sharp increase has been reported in the number of illicit drug users. There were just 70 officially registered drug addicts in Belarus 20 years ago. Official numbers rise at an average pace of 36 percent a year with addiction among legal minors rising by 50 percent. The actual number is 10 to 15 times higher. The largest number of drug addicts is registered in the city of Svetlahorsk, followed by Minsk.

More people have been using hard drugs lately. Although opium remains the drug of choice for about 78 percent of users, hashish and marijuana were widely used in the 1990s, while the use of co-

caine and heroin has been on the rise in the last few years. Youths predominantly use synthetic drugs like amphetamine at discotheques and nightclubs.

The number of drug-related crimes jumped 11-fold in the last 10 years, rising by 30 to 40 percent a year.

In January 2003, the government introduced tougher punishment for illicit drug trafficking. Under Article 328 of the Criminal Code, illicit drug production, processing, purchase, possession and trafficking is punishable by a prison sentence of up to 15 years. There is no punishment for the use of drugs.

The main problem in treating drug addiction is that around 80 percent of users referred for treatment and rehabilitation come with a strong dependency. Only 20 percent of all discovered cases involve people who occasionally use drugs and have not developed dependency.

Addiction to medicinal drugs, glues and solvents was also a problem in the early 1990s. The number of registered addicts rose to 570, including 252 legal minors, in 1990. Cases were falling by 15 percent a year in the next five years to 282 users in 1995, but started rising in 1996 by 36 percent a year on average with addiction among legal minors spreading at a rate of 74 percent.

Most glue/solvent and medical drug abusers later become addicted to illicit drugs.

HIV/AIDS

The spread of HIV/AIDS is directly dependent on the spread of drug abuse. To slow the spread of HIV/AIDS the government needs to limit the use of narcotic drugs for non-medical purposes. The first HIV infection case was registered in Belarus in 1987. The infection rate was low until 1995. The country's health services registered 7,703 HIV cases (79 per 100,000 population) as of December 1, 2006.

Some physicians say Belarus may have three to four times its official-

ly stated number of cases. Experts say that HIV infection engulfs new territories spreading from cities to rural areas and affecting people who do not use intravenous drugs. Many people contract HIV through sexual intercourse, for instance with infected drug users.

The HIV infection rate has been relatively flat in the last few years with 710 to 780 new cases registered annually, reported the UN. Most cases are registered in the Homiel region (4,211), followed by Minsk city (1,103) and the Minsk region (900). The Hrodna region is the least affected. Intravenous drug injections are the main way of HIV transmission, accounting for 63.8 percent of all cases.

The proportion of people contracting the virus through sexual contact rose from 49.7 percent in 2004 to 57.2 percent in 2005 and 63 percent in 2006.

Most of the infected, 5,746 or 74.6 percent, are young people aged between 15 and 29.

However the proportion of this age group shrank between 1996 and 2005 from 24.4 percent of new cases registered in 1996 to 4.5 percent of new cases in 2005, and 2.8 percent of new cases reported in the first 11 months of 2006. The decline is attributable to awareness campaigns targeting young people. A special course on AIDS prevention was introduced in the curricula of vocational and technical schools and universities.

Women accounted for 33.6 percent (2,588) of the diagnosed HIV cases and men for 66.4 percent (5,115).

Of the 938 HIV patients who have died in Belarus, 699 (74.5 percent) were drug users.

Smoking

With 42 percent (64 percent of men and 19 percent of women), Belarus has a higher proportion of smokers than Russia (37 percent), Ukraine (36 percent) and Japan (31 percent), the UK (25 percent), Spain (21 percent) and the United States (22 percent). The ratio of smokers

under 40 has risen from 45 percent to 70 percent in the last few years.

The Ministry of Health found that there are more smokers among agricultural workers, vocational school students, the unemployed and civil servants.

Cigarette smoking reportedly caused 101,000 of the 338,000 cancer cases registered in the country in the last 10 years.

The government has recently tightened cigarette sale rules, banning store-owners from keeping cigarettes on self-service counters. The vendors are required to make sure that cigarettes are not sold to youths under 18.

Anti-smoking efforts were part of the government's program to promote healthy lifestyles for the period from 2002 to 2006. The program helped raise the proportion of people who consider healthy lifestyles prestigious and fashionable from 69 percent of youths and 65.5 percent of the population in 2001 to 85 percent of youths and 72 percent of the population in 2006, according to official data.

Polls found that most Belarusians have a negative attitude to smoking with 61.6 percent supporting a ban on smoking in public places.

The government plans to gradually impose a complete ban on tobacco advertising between 2006 and 2010.

Chornobyl

Belarus still grapples with the consequences of the Chornobyl nuclear accident. The government says it has tackled most of the Chornobyl-related problems and plays down health effects of the disaster. Since the general public is less concerned about the problem, the government also overlooks it.

It implements relatively cheap programs to rehabilitate the contaminated areas and the affected population. Officials repeatedly make statements that people can live safely in the contaminated areas and even grow crops

and cattle. The government cuts spending on Chernobyl programs every year, as well as benefits for victims of the accident and participants in the site clean-up operation conducted immediately after the explosion. In addition, the government has established a monopoly on assistance to the affected areas.

Many of the Belarusians' health problems have social roots. Despite some welcome trends, the incidence of so-called social diseases (tuberculosis, sexually transmitted diseases, alcohol and drug abuse) remains high. Non-infectious chronic diseases (heart illnesses and neoplasms) continue to rise unabatedly. The nation suffers considera-

ble economic losses as a result of accidents resulting in disabilities and injuries, and also because of a high death rate. Drug and alcohol abuse aggravates the crime situation.

The rise in the number of people addicted to drugs and alcohol is attributable to the poor social conditions existing in the country for many years.



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Chernobyl contaminated vast zones in the South East of Belarus.