



**Health in Times of Transition**

an international research project  
(2009-2013), EC-FP7 ref.# 223344

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# Health in Times of Transition:

An introduction into a large-scale international study  
of 10 post-soviet countries  
(an EU funded research project “HITT-CIS”)

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Vienna-London-Aberdeen  
Released to public on 21 September 2009

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## From health to wealth and vice versa

*“The greatest wealth is health”* – said Virgil many centuries ago. In our everyday lives we may see this ancient wisdom as commonplace, almost banal, even if we recognize it as the truth. Nevertheless it has become apparent that, in the 21<sup>st</sup> century, the link between *health* and *wealth* has risen to the top of the agenda. Health is important for individuals and for nations – wealthy people are healthier and healthy people are better placed to contribute to economic development.

This realization has informed a series of recent developments. The theme “Health is wealth” now forms a key theme in the European Commission’s public health strategy, building on earlier work showing how better health was associated with greater productivity and higher labour force participation. Subsequently, the World Health Organization convened a ministerial conference in Tallinn, Estonia, in 2008, at which a series of reports was presented setting out the reciprocal relations between health systems, health and wealth. In brief, these showed how effective health systems can improve health and contribute to economic development, while better health reduces future demands on health systems and contributes to economic growth. Economic growth can, when the benefits are distributed fairly, improve health and make health systems more affordable. The resulting Tallinn Charter was endorsed by health ministers from all member states in the WHO’s European Region. Yet for this to come about it is necessary to pursue an appropriate mix of evidence-informed policies. Conversely, pursuit of inappropriate policies can easily take a country into a downward spiral of disease, poverty, and health system failure. The challenge facing policy makers is how to identify, develop, and implement policies that create a virtuous cycle from which everyone benefits.

People’s health and the efficiency of health care systems are the hottest issues in today’s public debates worldwide. These debates tackle mostly the problems of health-related research (medical or pharmaceutical matters), healthy lifestyles and the related public and private expenditures. Enormous investments flow in these spheres. According to some economists, the main driving forces of modern cycle of global technological development since early 2000 are the extended demands on health and health care (see, for instance Leo Nefiedof, *Der sechste Kondratieff: Wege zur Produktivität und Vollbeschäftigung im Zeitalter der Information*. Rhein-Sieg Verlag, 2001). This wave of economic and technological progress replaces the previous one, which was predominantly related to the advancement of information and communication technologies in the second half of 20th century. These economists base their consideration in particular on the account of public and private expenses in the areas of health improvement, efforts to raise quality of social life, and just the generally growing aspiration of people to live not just a prosperous life, but also to a happy one.

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The problem here is that even if the global pursuit of happiness and the aspiration for a better life constitute a common global desire of humankind, the responses to this challenge are quite different.

### **Why the HITT-CIS study is important for Europe and European Union?**

The dramatic social re- and evolutions in CIS countries since the early 1990s have contributed to dramatic changes in the health of the populations of CIS countries. However, there are still many questions about the mechanisms linking major political and economic transition and health, and the ways that ill-health contributes to the state of economies in post-transition countries.

The critical questions, however, are: whether or not these changes have led to the real improvement of economic and social performances in these countries; whether or not these EU neighbours are becoming stable and reliable partners, or these societies are still vulnerable? The study of state of health and health care, alongside with the detailed account of economic and social trends as well as the analysis of life-style dynamics contributes to the better understanding of the state of the arts in the post-transition countries.

## **Life expectancy: simple statistics and complex trends**

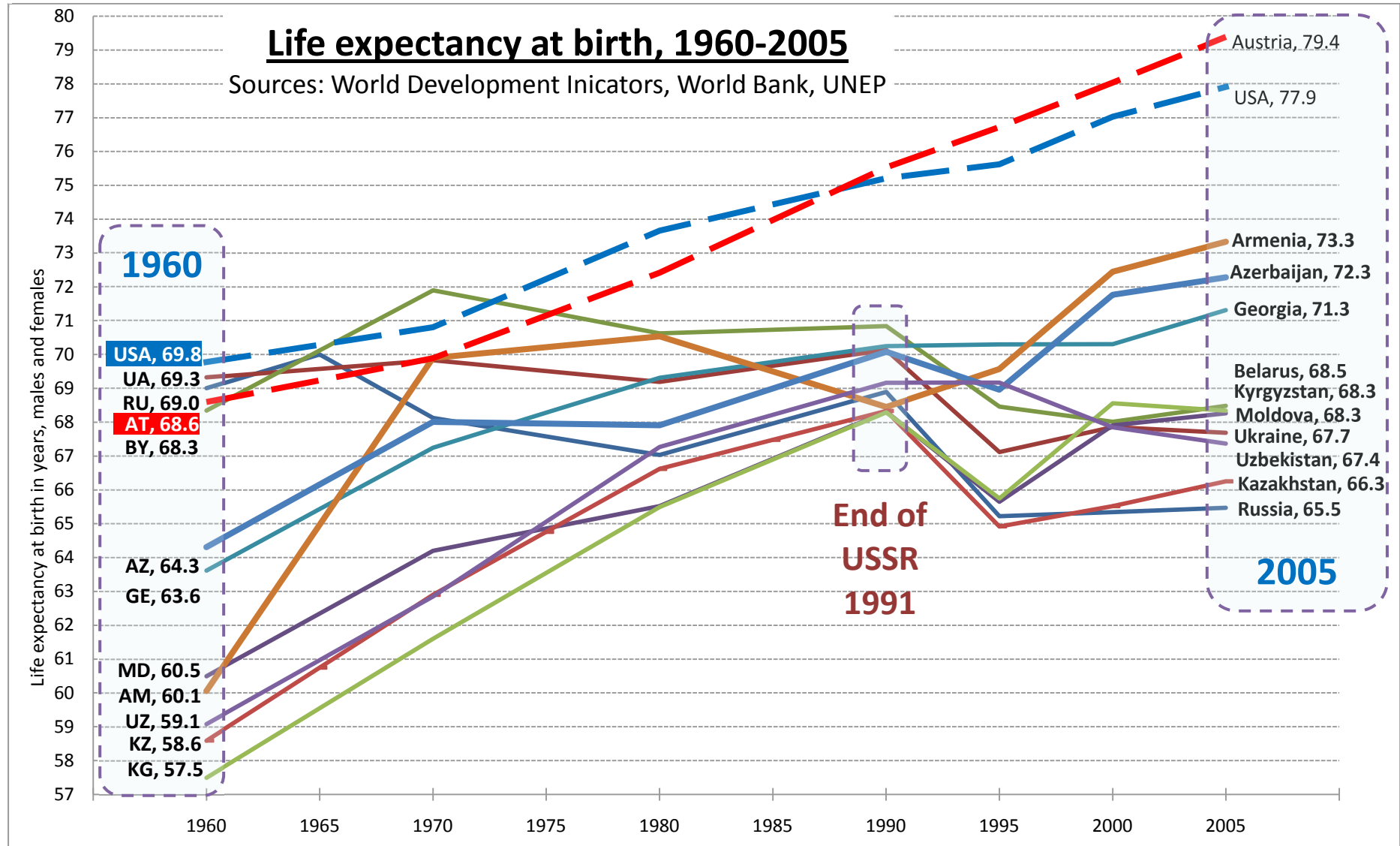
We begin with the most widely used summary measure of population health, life expectancy at birth. It is apparent that there has been a steady growth life expectancy in the most developed countries over recent decades but, simultaneously, somewhat contradictory patterns in less developed countries. For instance, in **Austria** life expectancy at birth grew from 68.6 years in 1960 to 79.4 in 2005 and in the **USA** from 69.8 to 77.9 years. At the same time, the countries of the *former Soviet Union* demonstrate very different trends over the last 50 years. All these countries experienced a dramatic decrease in the life expectancy in the period of post-socialist transformation in 1990s (a decline of around 6 years).

The magnitude of the recent “post-transition” recovery in population health and wealth varies considerably across *the CIS countries*. Thus, the three *Caucasus* countries (**Armenia**, **Azerbaijan** and **Georgia**) are much better off, with an increase in life expectancy of between 1 and 5 years. Yet no country in the region has fully recovered from the demographic shock associated with transition; the social price paid for the transition is either stagnation in the growth of life expectancy (zero in **Kyrgyzstan**) or a negative growth (up to minus 3.4 years as in **Russia**).

In some countries there is a need for some caution in interpreting these statistics (the WHO has certain reservations with regard to the accuracy of these data supplied in the past by some national authorities). A detailed re-examination of them will be undertaken done by project experts in the course of the HITT-CIS study. Furthermore, data on life expectancy must be complemented with other data, on patterns of illness, the determinants of health, and health seeking behaviour. This task is also a part of the HITT research program.

Nevertheless, even the single indicator of life expectancy demonstrated very clearly: in the long-run terms there was not much progress in the former SU countries in comparison with the most developed west countries. Half a century ago the **USA, Austria, Ukraine, Russia** and **Belarus** displayed a similar level of health (life expectancy 68-70 years in 1960); the gap we can observe at the beginning of 21<sup>st</sup> century is therefore remarkable: 78-80 years in **USA** and **Austria** in 2005 against 65-68 years in the most of “post-transition” countries. Furthermore, a clear fall in life expectancy is seen in all CIS countries in the early 1990s, since the collapse of the USSR and the former system of state socialism.

These are just a few observations on common statistical indicators. But there are many other data on health that reflect the objective facts and conditions of life, from subjective judgments of ordinary people and experts about the state of health, degree of “happiness”, justice, and healthy and unhealthy lifestyles. All these data will be systematically collected and thoroughly analyzed in the course of the HITT-CIIS project. We deploy a wide palette of methods from social sciences and public health, cooperating closely with the leading experts in the field from the European Union, CIS countries and worldwide.



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# What is HITT-CIS project and how it is structured?

## **Background and expertise**

HITT-CIS is a follow-up project that continues the research efforts started in an earlier FP5-Copernicus Project LLH (Living Conditions, Lifestyles and Health, 2000-2003).

We seek to understand better the circumstances in which people of the post-Soviet countries live, how good or bad is the quality of health service they receive and how they access the healthcare facilities. We also seek to understand their lifestyles, patterns of nutrition, and of alcohol and tobacco consumption.

In addition, we shall evaluate the efficiency of public policies at national, regional and local levels in relation to the health care and securing the healthy circumstance of people's life.

The study addresses one of the thematic priorities set by European Commission in its FP7-Health Call of research projects. The overall aim of HITT is to contribute to the improvement of the health of the populations and health care systems CIS countries. Six of these countries participate in the European Neighbourhood Policy (ENP), while Russia and the EU collaborate on the four "common spaces" and Central Asia countries are among the most important economic and social partners of the European Union.

The project has gathered together a unique team of health-care experts, medical doctors and social scientists from EU and CIS countries and Canada. We have collaborated closely for over a decade to understand trends in population health and changes in lifestyles in the post-Soviet countries neighbouring of the European Union and with which the EU has established intensive cooperation in trade and in the spheres of human and cultural exchange.

## **What are the main research themes of the project?**

HITT-CIS focuses on eight core research themes.

- Long-term trends in population health in CIS countries;
- Diet and nutrition patterns in CIS countries;
- Consumption of Alcohol and Tobacco in CIS countries and related public policies ;
- Access to health care;
- Social and economic burden of disease;
- Identification of strategies to improve population health;
- Living conditions, Lifestyles and health in CIS countries;
- Public health policies in CIS countries.

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### **Who and how will benefit from this publically funded project?**

HITT-CIS will make concrete recommendations with regard to the improvement of public health care policies, providing advice to national and international stake-holders. It will:

- disseminate findings within each country and to EU policymakers and international researchers;
- build capacity through training of researchers;
- identify policy implications based upon informed research.

## **What is the methodology of the study?**

The study combines specialist expertise in public health with epidemiological and social science methods. Public health experts identify key areas relevant to policy and define areas for research, while the social scientists develop and refine a wide range of sociological measurement tools and techniques. This combination will provide new insights into an under-researched but extremely important issue.

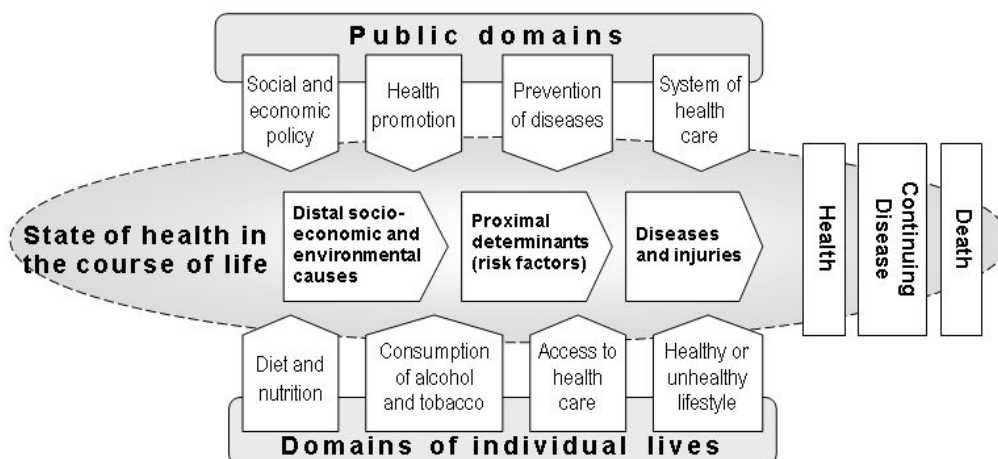
### **Overall strategy**

The general methodological approach of the project involves the combination of specific expertise in health care issues and social science methods. The health care experts identify the key areas and issues of research. At the same time, social scientists provide sociological measurement tools and techniques, conduct fieldwork and conduct research into the formulation and implementation of public policy issues. Joined analysis of newly collected empirical data will result into a series of detailed thematic reports.

- First, we identify crucial factors determining the **state of population health**.
- Second, we **collect data** on these determinants of health, drawing on a wide range of sources and disciplinary perspectives.
- Third, we deploy a palette of **research tools and methods** to collect and analyse new empirical data.

In our work, we depart from a conceptual model of the determinants of health and disease. This model distinguishes between the domains of public life, which are the primary sp[here] of care for national governments and regional authorities on the one hand, and, on the other hand, the domains of individual lives, where the individual people and families must assume their own responsibility.

Figure 1. Conceptual model of the determinants of health and disease



### **Project objectives**

The study addresses one of the thematic priorities set by European Commission in its FP7-Health Call of research projects. The overall aim of HITT is to contribute to the improvement of the health of the populations and health care systems CIS countries. Six of these countries participate in the European Neighbourhood Policy (ENP), while Russia and the EU collaborate on the four “common spaces” and Central Asia countries are among the most important economic and social partners of the European Union. The specific objectives are to:

- Measure and explain the prevalence and distribution of risk factors, health outcomes, and their social, cultural, and economic determinants
- Develop and implement validated community profiles to capture the opportunities and obstacles to leading a healthy lifestyle (in relation to diet, alcohol, smoking)
- Assess health system performance, focusing on accessibility and quality of health services
- Quantify the cost of ill health through reduced labour supply and productivity
- Identify opportunities for and obstacles to policy change (alcohol and tobacco) in Russia
- Market analysis (alcohol & tobacco)
- Regional analysis in Ukraine



### Text box 1. Variety of research themes, aspects and methods in the proposed HITT-2008 project

#### Cross-cutting research themes (health determinants):

- Tobacco consumption;
- Hazardous drinking;
- Diet;
- Health-seeking behaviour, access to, and perceived quality of health care

#### Combining multiple elements:

- Individual attributes: including knowledge, attitudes, and practices in relation to the four health determinants, culture, beliefs, nationality, and socio-demographic and –economic status:  
Community attributes: assessment of the communities in which people live, and where they make decisions about how they lead their lives, focusing on the opportunities and constraints to leading a healthy lifestyle;
- Policy context, identification and critical analysis of existing policies and understanding how they can be changed.

#### Main research methods and tools:

- Large-scale household surveys
- Community profiles (systematic description of the environment in which people live and work, employing structured observation, complemented by focus groups to understand how they make decisions about alcohol, tobacco, and diet);
- Rapid appraisal methods (interviews, focus groups, documentary analysis, observation) to understand access to and quality of health care;
- Econometric and demographic methods, to obtain validated background data on health and on trade in alcohol and tobacco;
- Policy analysis, to understand why things are as they are;
- Stakeholder analyses, to identify opportunities for and obstacles to change.
- Dissemination of policy relevant messages

## Geographical and empirical scopes of the project

**Coordination:** Vienna (Austria), London and Aberdeen (UK)

**Expert teams:** Hamilton (Canada), Moscow (Russia), Tbilisi (Georgia), Chisinau (Moldova)

#### Survey countries:

European region (Belarus, Moldova, Russia, Ukraine,);

Caucasus (Armenia, Azerbaijan, Georgia);

Central Asia (Kazakhstan, Kirghizstan, Uzbekistan).

## Text box 2. Main project tools to collect and agglomerate empirical data

- **Statistical studies (SS)**
  - ⇒ Official and corporate statistics on trade in tobacco and alcohol (production, exports and imports, merchandizing, consumption) (1992-2007) in 10 CIS countries
  - ⇒ National and regional statistics on diet and nutrition (food balance sheets, validated where possible by surveys)
  - ⇒ Descriptions of health care systems
- **Large-scale multinational quantitative survey (LSS)**
  - ⇒ 10 countries, at least 18,500 respondents
  - ⇒ Covering four main themes on health determinants
- **Focus groups (FG) (e.g. series of group discussion with systematically selected respondents) on core themes of the study:**
  - ⇒ Diet and nutrition
  - ⇒ Tobacco and alcohol
  - ⇒ Healthy and unhealthy behaviour (lifestyles)
  - ⇒ Access to and experiences with health care facilities and institutions
- **Structured observations (SO) in capital cities, smaller towns and villages to document the ways in which the environment shapes behaviour in relation to:**
  - ⇒ Tobacco
  - ⇒ Alcohol
  - ⇒ Diet
- **Expert interviews (policy and stakeholders analysis) (EI)**
  - ⇒ **(EI type 1)** Policies on alcohol and tobacco (national and local health experts // governmental experts, // corporate experts)
  - ⇒ **(EI type 2)** Access to health care and health care reform (governmental national and local health care officials // doctors, doctors' assistants and nurses in hospitals and polyclinics // corporate experts in insurance companies and pharmacological industries // NGO experts)
- **Documentary analysis (DA)**
  - ⇒ Official policies in CIS countries during the past 15 years (1992-2007) (national and regional legislations) towards the main themes on health determinants, such as diet and nutrition // tobacco // alcohol // healthy and unhealthy behaviour // access to health care
  - ⇒ **Media analysis (MA)** (national and regional newspapers, weeklies, TV and radio broadcasts) (selective samples covering 15 years)
    - (first stage)** – quantification of the presence of the four key-themes of the study;
    - second stage** – interpretative content-analysis of selected sources).
  - ⇒ **Content-analysis of children essays (CE)** (eating and drinking habits in families, perceptions of healthy and unhealthy lifestyles, etc.) complemented with an innovative **3-Generations** questionnaire.
- **Integrated Thematic Survey Reports (TSR)** combining outputs of individual surveys into:
  - ⇒ **“Community profiles”** documenting trade in and consumption of alcohol, tobacco and foods;
  - ⇒ **“Rapid appraisals”** summarizing survey outputs on the access to and quality of health care.

## Project facts in a nutshell

- The Project started in the spring 2009 and the research program will continue until 2013.
- HITT-CIS is primarily funded through a research grant from the Seventh Framework Program (DG Research of the European Commission, [www.cordis.lu](http://www.cordis.lu) ).
- HITT-CIS research consortium is a partnership of 13 teams from leading universities and research companies from the European Union, the CIS and Canada.
- The research program is interdisciplinary with public health researchers supported by social and political scientists large-scale sociological survey in 10 CIS countries (approximately 20,000 respondents) and a series of qualitative surveys (focus-groups, structured observations, expert interviews, etc.) will be carried out.
- Further components of HITT-CIS research program include statistical and economic studies as well as policy analysis
- HITT-CS closely cooperates with WHO (World Health Organization), especially its Brussels based European Observatory on Health Systems and Policies, as well as with the World Bank

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# HITT-CIS research consortium and team leaders

## Coordination teams:

- Institute for Advanced Studies  
Austria, Project Coordinator, Dr. Alexander Chvorostov
- University of Aberdeen  
UK, Principal Investigator, Univ. –Doz. Dr. Christian W. Haerpfer
- London School of Hygiene and Tropical Medicine  
UK, Principal Investigator, Prof. Martin McKee

## Expert teams

- Hamilton Health Sciences Corporation  
Canada, Dr. Phil. Salim Yusuf
- Open Health Institute, Moscow  
Russia, Dr. Kiril Danishevski
- Curatio International Foundation  
Georgia, Dr. Ivdity Chikovani
- Center for Survey Methodology “Concluzia Prim”  
Moldova, Dr. Victoria Guzun

## CIS survey teams

- Center for Sociological Studies MGU  
Russia, Prof. Sergey Tumanov
- State Institute of Management and Social Technologies of Belarusian State University  
Belarus, Prof. David Rotman
- East-Ukrainian foundation for Social Research  
Ukraine, Prof. Vil Bakirov
- Opinia – Independent Sociological and Information Service  
Moldova, Dr. Olga Danii
- Center for Study of Public Opinion  
Kazakhstan, Dr. Gulzhan Alimbekova  
(also implements surveys in Kyrgyzstan and Uzbekistan)
- GORBI Gallup International  
Georgia, Dr. Merab Pachulia  
(also implements surveys in Armenia and Azerbaijan)

# Literature and publications

Partially available from [www.hitt-cis.net](http://www.hitt-cis.net)

[HITT-CIS EU-FP7/HEALTH Project](#) => Results => LLH previous research results and impacts

## Forthcoming

- Abbott, P., Wallace, C. (forthcoming). Explaining economic and social transition in post-Soviet Russia, Ukraine and Russia: The Social Quality approach. *European Journal of Social*
- Cockerham, W., Hinote, B., Abbott, P., Haerpfer, C. (forthcoming). Health Lifestyles in Ukraine. *Sozial & Preventiv Medizin*.
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- Pamela Abbott and Claire Wallace forthcoming The Consequences for Health of System Disintegration and Social Disintegration in the Commonwealth of Independent States,
- Pamela , Claire Wallace and Roger Sapsford forthcoming Survivors of the Transition in the Caucuses and Central Asia, , forthcoming
- Pamela and Claire Wallace Forthcoming Explaining Economic and Social Transitions in Post-Soviet Russia, Ukraine and Belarus: The Social Quality Approach
- Brian P. Hinote , William C. Cockerham and Pamela Abbott Post-Communism and Female Tobacco Consumption in the Former Soviet States, *Europe-Asia Studies*, in press, *Europe-Asia Studies*

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