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UKRAINE: NOT ONLY A MATTER OF GEOPOLITICS

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Ukraine is once again at a political crossroads. Like many of the world's troubled nations, its present-day borders reflect historical events that paid little attention to the national identities of those involved, such as the west-ward expansion after World War 2 into what had been Polish territory, and Nikita Khrushchev's unexpected 1954 gift from Russia to Ukraine of Crimea. Just like Russia itself, which at different times has looked to the east or west [1], the people of Ukraine have struggled to come to terms with two different identities [2]. During the 20th century the geopolitical situation placed Ukraine firmly in the east, linked to Russia economically, culturally, and politically, but this century many Ukrainian people have turned their attention to the west. The outcome of this ongoing struggle will have profound effects on the health of the Ukrainian population.

This is evident when we look at the historical trajectory of Ukraine's population life expectancy, which has been more dramatic than that of any other European country (figure). In the 1930s, Stalin's forced collectivisation of agriculture led to severe food shortages, and life expectancy in Ukraine fell briefly to record lows of 7 years in men and 11 years in women. World War 2 and the Stalinist repression of the late 1940s caused further dramatic setbacks [3]. After the collapse of the Soviet Union in 1991, life expectancy in all its newly independent republics first followed a similar fluctuating course, but while life expectancy in Estonia and the other Baltic republics began to improve in the mid-1990s, Ukrainian and Russian life expectancy did not do so until 2005. The current gap in life expectancy between Ukraine and Sweden, which has one of Europe's highest life expectancies, is a staggering

14 years in men and 10 years in women [5]. High death rates, together with low birth rates, have caused a true demographic crisis: since the early 1990s, the Ukrainian population has shrunk from 52 to 46 million [5].

High Ukrainian mortality undoubtedly has many causes, but these are ultimately driven by its unfavourable economic and political conditions. Interestingly, within Ukraine there is a clear east—west gradient, with western regions (mostly populated by Ukrainian-speakers) having lower mortality than eastern regions (mostly populated by Russian-speakers), suggesting that the Ukrainian health situation is largely determined by its position on a cultural fault-line between east and west [6]. Specific risk factors that have been shown to have a role in the Ukrainian health disadvantage include a high prevalence of smoking [7], excessive alcohol consumption [8], lack of access to good quality health care [9], and low perceived control over the way one's life turns out [10]. These risk factors are at least partly due to Ukraine's desperate economic situation. After the collapse of the Soviet Union, Ukraine's economy shrunk by half, with rates of absolute poverty rising to more than 30% at the end of the 1990s. After 2000, the economy started to recover, but was struck again by the 2008 recession, and currently Ukraine is one of the poorest European countries with an average income of only US\$3500 [11].

Economics, however, is not the whole story, because Ukrainian life expectancy is even lower than expected on the basis of its national income [12]. The country's low life expectancy also reflects political failure. During the past decades, former Communist countries that developed rea-

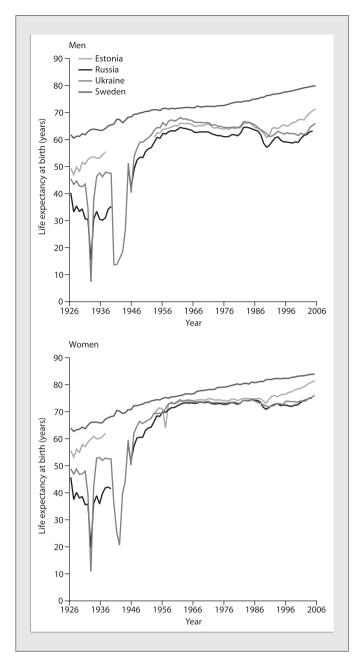


Figure: Life expectancy in men and women at birth in Ukraine and selected other countries, 1926–2011

Data are from Meslé and Vallin [3], the Human Life-table Database [4], and WHO's Health for All Database [5]. Data for Estonia are missing between 1939 and 1952, and data for Russia are missing between 1941 and 1945.

sonably functioning democracies had earlier and stronger life expectancy growth than those that remained under partly autocratic rule, like Ukraine. After the first chaotic years were over, countries with a rapid and radical transition to democracy, such as the Czech Republic and Estonia, saw rapid decreases in mortality from conditions amenable to health policy, such as heart disease, cerebrovascular disease, and road trafic injury [13]. Such improvements in mortality probably reflect the wider policy changes that accompanied, and were promoted by, democratisation, including health- care reform, road trafic safety programmes, and health promotion campaigns [14]. Countries with more advanced democratic institutions are also likely to have less corruption [15], which leads to inefficiencies in health care and undermines preventive health policies [16].

In international ratings Ukraine's political system has been characterised as a «partial» democracy [17] and the country is perceived to be corrupt [18]. In a recent analysis that compared the performance of 43 European countries in ten areas of health policy, Ukraine was the worst performer of all, with bad ratings for all areas, ranging from tobacco control to perinatal care and from the detection and control of hypertension to cancer screening [19]. If Ukraine were to have the same low death rates as Sweden for causes of death amenable to health policy, more than half of its annual number of deaths (about 700 000) would not occur [20].

The recipe for Ukrainian health recovery, therefore, is political change: a peaceful transition to full democracy, the building of effective institutions that promote the public good, and subsequent implementation of health and healthcare policies tailored to the needs of the Ukrainian population. The outcome of the ongoing struggle will determine whether this will happen or not, and the European Union and other western powers involved would do well to not only look at the geopolitical dimensions of the situation, but to also recognise its implications for population health. The new government in Kyiv faces many challenges, not least that it is running out of money and requires substantial funds from the European Union, the International Monetary Fund, and others to avoid imminent economic collapse [21]. Yet these organisations will demand conditions with any financial support they provide and, having been stringent in their imposition of austerity on countries facing economic problems within the European Union, they might be tempted to prescribe the same medicine for Ukraine. There was a failure to assess the health impact of such policies in Greece [22]. If the same miscalculation is made in a country with as many health challenges as Ukraine, the consequences could be many times worse. This time there will be no excuse.

We declare that we have no competing interests.



References

- 1. Figes O. Natasha's dance: a cultural history of Russia. Harmondsworth: Penguin, 2003.
- 2. Wilson A. The Ukrainians: unexpected nation. New Haven: Yale University Press, 2000.
- 3. Meslé F, Vallin J. Mortality and causes of death in 20th-century Ukraine. Dordrecht: Springer, 2012.
- 4. Max-Planck-Gesellschaft. The human life-table database. http://www. lifetable.de/ (accessed March 3, 2014).
- 5. WHO. European health for all database (HFA-DB). World Health Organization Regional Office for Europe, updated July, 2013. http://data.euro.who.int/hfadb/ (accessed March 3, 2014).
- 6. Murphy A., Levchuk N., Stickley A., Roberts B., McKee M. A country divided? Regional variation in mortality in Ukraine. Int J Public Health 2013; 58: 837–44.
- 7. Gilmore A. B., McKee M., Telishevska M., Rose R. Epidemiology of smoking in Ukraine, 2000. Prev Med 2001; 33: 453–61.
- 8. Webb C. P. M., Bromet E. J., Gluzman S., et al. Epidemiology of heavy alcohol use in Ukraine: findings from the world mental health survey. Alcohol 2005; 40: 327–35.
- 9. *Murphy A., Mahal A., Richardson E., Moran A. E.* The economic burden of chronic disease care faced by households in Ukraine: a cross-sectional matching study of angina patients. Int J Equity Health 2013; 12: 38.
- 10. Gilmore A. B., McKee M., Rose R. Determinants of and inequalities in self-perceived health in Ukraine. Soc Sci Med 2002: 55: 2177–88.
- 11. The World Bank. Ukraine. http://data.worldbank.org/country/ukraine (accessed March 3, 2014).
- 12. Mackenbach J. P., Looman C. W. Life expectancy and national income in Europe, 1900–2008: an update of Preston's analysis. Int. J. Epidemiol 2013; 42: 1100–10.
- 13. Mackenbach J. P., Hu Y., Looman C. W. Democratization and life expectancy in Europe, 1960–2008. Soc Sci Med 2013; 93: 166–75.
- 14. McKee M., Nolte E. Lessons from health during the transition from communism. BMJ 2004; 329: 1428-29.
- 15. Sung H. E. Democracy and political corruption: a cross-national comparison. Crime Law Soc Change 2004; 41: 179-93.
- 16. McKee M., Zwi A., Koupilova I., Sethi D., Leon D. Health policy-making in central and eastern Europe: lessons from the inaction on injuries? Health Policy Plan 2000; 15: 263–69.
- 17. *Marshall M. G., Gurr T. R.* The Polity IV Project: political regime characteristics and transitions, 1800–2012. http://www.systemicpeace.org/polity/polity4. htm (accessed March 3, 2014).
- Transparency International. Corruption perception index 2013. http://cpi. transparency.org/cpi2013/results/ (accessed March 3, 2014).
- 19. *Mackenbach J. P., McKee M.* A comparative analysis of health policy performance in 43 European countries. Eur J. Public Health 2013; 23: 195–201.
- 20. Mackenbach J. P., Karanikolos M., McKee M. Health policy in Europe: factors critical for success. BMJ 2013; 346: f533.
- Riegert B. Deutsche Welle Feb 25, 2014. http://www.dw.de/eu-to-offer-financial-aid-to-ukraine/a-17454804 (accessed March 3, 2014).
- 22. *Kentikelenis A., Karanikolos M., Reeves A., McKee M., Stuckler D.* Greece's health crisis: from austerity to denialism. Lancet 2014; 383: 748–53.