Reviewer's report

Title: The effects of dictatorship on health: the case of Turkmenistan

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Reviewer: Ted Tulchinsky

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This paper is of value and should be published, but with significant revision.

The abstract background starts by giving a poor impression of the paper. It would greatly enhance the value if was couched in different terms. It now reads as follows:

In my view, this should be modified to note two observations: one there is a highly centralized dictatorship in Turkmenistan since the 1990s; and secondly, there is a health crisis similar to, but more severe than in other post Soviet Central Asian republics. The health crisis in Turkmenistan may be related to the “degree of dictatorship” being practiced with apparently increasingly severity in the country, as compared to such tendencies in others in the CIS and CAR grouping.

I suggest the paper should state a hypothesis as is indicated in the title, and focus its analysis to either accept or reject the hypothesis. There is undoubtedly a strong base of verity in the assessment, with its observations reported from a wide variety of sources. But it is less persuasive when couched in declaratory statements which are difficult to demonstrate with usual data sources for such an assessment.

It uses primarily qualitative methods which generally deal with thoughts, beliefs, emotions and discourse, but not with measurable facts. Yet some of the observations are shown in factual data such as that of the HFA data base to show which data the Turkmeni Ministry did stop reporting some causes of mortality and infectious disease incidence, but continues to report others (e.g. immunization and tuberculosis, see HFA charts below). Immunization did drop off in 2002 but reportedly recovered in 2003 to high levels of immunization.

Data is presented with short sentences in the Results section each with a reference which I cannot confirm and with little detail. This could be remedied by a little more generous discussion of observations. At the same time, however, it would enhance the credibility of the statements if some assessment was given to the quality of the data distinguishing opinion from reported facts with some degree of screening from “alleged” to “reported” to “observed” to “documented”.

Results

The discussion of the three main points given as indicating dictatorship and decline in health status are given as:
1. Stoppage of reporting infectious and other diseases
2. Drug trafficking
3. Dismantling the health system.

The first two are well documented, and certainly do not bode well for health. The third is not dealt with in the paper systematically, nor does it address examples of reform efforts or assessments by international health agencies. AID reports on many health initiatives, and UNICEF (undoubtedly more objective than AID) also gives some positive notes to health such as in reducing maternal mortality and even child mortality.

The presentation on “demolition” of the health system is not persuasive. Many countries in CIS and CAR are going through health reforms, and have reduced the supply of hospital beds and lengths of stay. Cutting down on hospital bed supplies has been standard health policy for most European countries for several decades and is generally associate with improved efficiency of the health system and continued improvement in life expectancy.
The instability of funding is also not unique to Turkmenistan, but is a definitely a cause of concern.

Many issues of health system reform and health status are addressed in the following websites:

http://countrystudies.us/turkmenistan/17.htm
http://www.soros.org/initiatives/cep/events/turkmendocs_20060127/summary
http://www.usaid.gov/locations/europe_eurasia/car/txpage.html
http://www.unicef.org/turkmenistan/health_nutrition.html

The UNICEF report website (accessed 7 Dec 2006) describes a very difficult health situation in Turkmenistan, but states as follows:

"Still, an imbalance in the allocation of resources for the health care sector has resulted in what is generally accepted as a decline in the quality of the system. Resources are focused on tertiary care and high-tech diagnostic equipment, while the number of front line health workers responsible for primary health care delivery has decreased. An aging infrastructure at the primary health care level, an insufficient knowledge base among health professionals along with a shortage of essential drugs and medical supplies all represent areas for improvement.

According to official statistics reported annually by the Ministry of Health and Medical Industry, the infant mortality rate (IMR) remains high but is gradually decreasing, from 42 per 1000 live births in 1996 to 13 in 2004. However, the Turkmenistan Demographic Health Survey (DHS, 2000) estimates of IMR significantly exceed those reflected in official government data. The survey also found significant differences in the IMR between urban areas (60 per 1000 of live births) and rural areas (80 per 1000 of live births). The main causes of infant mortality are respiratory infections, which account for about 70% of infant deaths annually, as well as diarrhoeal diseases and perinatal conditions."

And further:

"In spite of these challenges, the country has had success in improving maternal and child health. Immunization coverage rates remain high and the country was certified as polio-free in 2002. In 2004, Turkmenistan was recognized as the first country in the CIS and 4th in the world to ensure Universal Salt Iodization in accordance with generally accepted international standards.

The UNICEF health and nutrition programme in Turkmenistan is mainly focused on maternal and child health care and better balanced nutrition. This covers immunisation, integrated management of childhood illnesses (IMCI) such as diarrhoea and acute respiratory infections, detection of childhood disabilities, early childhood care and safe motherhood initiatives, as well as food fortification."

Reference 27 which seems crucial to the thesis of this paper is listed as in "BMJ 2004 in press", but has since been published at BMJ. 2004 Dec 18;329(7480):1421-3.

To summarize, I think the topic is important and addressed by a very extensive list of references, and a thorough, but still selective literature search. Revision is needed. More moderate terminology would enhance the text to make the same points.

Below see HFA data for Turkmenistan compared to the region and other countries in the region for a wide selection of indicators.