

Different aid engagement, different health system outcomes: two decades of transition for the Central Asian Post-Soviet states

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The collapse of the Soviet Union in 1991 resulted in a transition from centrally-planned socialist systems to largely free-market systems for Post-Soviet states. Central Asian Post-Soviet countries (Kyrgyzstan, Mongolia, Tajikistan, Turkmenistan and Uzbekistan) are still recovering, with health systems reforms requiring profound “revolution”, and external partners crucial to this reorientation through financial, technical and policy support. This research provides a comparative review of engagement for development in these states and proposes future policy options to improve development effectiveness.

Extensive documentary review was conducted using Pubmed, Medline/Ovid, Scopus, and Google scholar search engines, local websites, donor reports and grey literature. Key informant interviews were conducted with 11 key policy makers and researchers.

The collapse of Soviet dominance in the region over 70 years has brought many challenges for the health systems of these countries. The arrival of new donors was essential to the reform of health systems, although as new aid beneficiaries, neither governments nor donors had any experience of development collaboration in this context. Development assistance for health in these countries is low compared to other countries with similar income, partly due to their limited exposure to the donor community, lack of experience in managing multiple partners, and a limited history of transparency in international dealings. Despite commonalities, trajectories for these five countries have varied substantially because of differing politics and governance.

The influence of donors, both financially and technically, remains crucial to health sector reform despite their relatively small contribution to overall health budgets. Regardless of current economic status, resistance to developing more open and accountable relationships in the context of development assistance results in systems stagnation, and slow progress to improve health and socio-economic indices.