

Chapter

19



Appendices

APPENDIX 1: BASELINE HEALTH DATA

TABLE 23: POPULATION, NUMBER OF MEDICAL INSTITUTIONS AND PHARMACIES IN THE TERRITORY OF MUNICIPAL ENTITIES IN THE SAKHALIN REGION

No.	Municipal entity	Population in thousands			*Number of health institution	Number of outpatient clinics and obstetrics rooms	Number of pharmacies
		Total	Urban	Rural			
1	Alexandrovsk-Sakhalinsky district	22	18.9	3.1	4	10	2
2	Aniva district	15.6	8.7	6.9	1	9	2
3	Vakhrushev	3.5	3.5	-	1	-	1
4	Dolinsk district	33.1	27.8	5.3	3	5	6
5	Korsakov district	47.9	41.9	6	3	9	8
6	Kuril district	8	2.1	5.9	1	4	1
7	Makarov district	11.6	8.8	2.8	1	5	1
8	Nevelsk district	31.2	30.2	1	3	2	3
9	Nogliki district	14.7	12.5	2.2	3	2	1
10	Okha district	38	34.5	3.5	4	8	5
11	Poronaisk district	34.9	32.6	2.3	7	6	4
12	South Kuril district	4	3.8	0.2	1	-	2
13	Smirnykh district	16.8	7.4	9.4	2	6	2
14	Tomari district	14.5	12.4	2.1	3	6	3
15	Tymovsk district	21.5	9.5	12	1	18	3
16	Ulegorsk district	36.9	31.9	5	5	8	4
17	Kholmsk district	57.1	52	5.1	5	10	10
18	Yuzhno-Sakhalinsk	184.1	179	5.1	12	7	25
19	South Kuril district	6.7	4.1	2.6	2	3	3
	Total	602.1	521.6	80.5	62	118	86

*Health institutions as legal entities includes municipal and district

"Population" column shows the total population of respective districts.

Source: Statistical data report, Centre for Sanitary and Epidemiology Supervision, 2000

TABLE 24: NUMBER OF HEALTH INSTITUTIONS AND AVAILABILITY OF SPECIALISED MEDICAL SERVICES IN THE DISTRICTS ALONG THE SAKHALIN II PIPELINE ROUTE

District	Number of medical care institutions	Wards (consulting rooms)									
		X-ray	Fluorography	Clinical Diagnostic laboratories	Physiotherapy	ECG and functional diagnostics	Exercise therapy for adults	Exercise therapy for children	Ultrasonic diagnostics	Endoscopy	Computerised tomography
Alexandrovsk	4	+	+	+	+	+	+	+	+	+	-
Aniva	1	+	+	+	+	+	+	+	+	-	-
Dolinsk	3	+	+	+	+	+	+	+	+	+	-
Korsakov	3	+	+	+	+	+	+	+	+	+	-
Makarov	1	+	+	+	+	+	+	+	+	-	-
Nevelsk	3	+	+	+	+	+	+	+	+	+	-
Nogliki	3	+	+	+	+	+	+	+	+	+	-
Regional health institutions	14*	+	+	+	+	+	+	+	+	+	+
Okha	4	+	+	+	+	+	+	+	+	+	-
Poronaisk	8	+	+	+	+	+	+	+	+	+	-
Smirnykh	2	+	+	+	+	+	+	+	+	+	-
Tomari	3	+	+	+	+	+	+	+	+	+	-
Tymovsk	1	+	+	+	+	+	+	+	+	+	-
Uglegorsk	5	+	+	+	+	+	+	+	+	+	-
Kholmsk	5	+	+	+	+	+	+	+	+	+	-
Yuzhno-Sakhalinsk	12	+	+	+	+	+	+	+	+	+	+

1. Medical care institutions include institutions of any form of ownership including departmental ones as at 01.01.2001. Departmental medical care institutions are health institutions run by the Communication Lines Ministry, Defence Ministry, Ministry of Internal Affairs, water transport patient care institutions.

2. Health institutions do not include outpatient clinics and medical attendant and obstetric points.

3. Regional patient care institutions (multi-type specialised health institutions run by Sakhalin regional administration) are located in Yuzhno-Sakhalinsk.

4. Information on specialised wards in each health institution is unavailable. However, considering that the health system is organised on the territorial and production lines, this is not of material significance. As a rule, specialised consulting rooms are organised on the basis of central district hospitals and provide services to all district residents.

* These institutions are included also in Districts

Source: Statistical data report Centre for Sanitary and Epidemiology Supervision, 2000

TABLE 25: NUMBER OF DOCTORS PER 10,000 PEOPLE BY REGION

Indicator	Years					
	1995	1996	1997	1998	1999	2000
Number of doctors per 10,000 people						
Sakhalin region	36.2	38.9	38.5	38.1	36.7	37.3
Okha region	36.9	36.1	34.9	34.3	34.2	34.5
Nogliki region	25.6	25.2	28.6	25.8	25.8	27.4
Tymovsk region	22.3	20.6	19.7	19.0	19.1	19.2
Smirnykhovsky region	19.9	19.2	17.8	16.4	15.5	15.2
Poronaisk region	19.7	17.5	17.5	17.1	14.9	14.5
Makarov region	19.9	16.4	13.8	15.1	12.9	12.2
Dolinsk region	30.0	29.9	25.8	23.4	22.1	20.4
Yuzhno-Sakhalinsk	56.1	68.4	69.0	68.3	68.4	69.0
Aniva region	22.4	20.8	19.9	19.4	19.2	17.3
Korsakov region	32.0	27.5	29.1	27.2	26.7	27.7
Kholmsk region	33.2	34.4	30.2	33.0	33.2	33.9
Nevelsk region	26.3	26.2	25.6	25.3	24.7	22.4
Tomari region	19.0	18.1	16.8	18.1	17.2	20.3
Ulegorsk region	30.7	29.9	27.5	25.4	22.8	22.6
Aleksandrovs-Sakhalinsky region	27.6	22.6	23.1	20.3	21.4	20.2

Source: Sakhalin Region at the Turn of the 21st Century. Jubilee Collection. Yuzhno-Sakhalin Regional Committee of State Statistics, 2001.

TABLE 26: DEMOGRAPHIC DATA

District	Life expectancy at birth (years) Men	Life expectancy at birth (years) Women	Approx birth-rate (per 1000)	Approx death-rate (per 1000)	Infant death rate (per 1000 births)	Mortality in childbirth (absolute numbers)	Total fertility rate	Antenatal care (% of pregnant women provided)	Small body weight at birth (% of newborns under 2,500 g)
Alexandrovsk	59.0	67.3	6.9	15.83	27.6	1	2.30	38.73	6.3
Aniva	59.0	70.3	9.2	10.76	14.4	1	3.06	87.13	0.7
Dolinsk	58.8	70.3	8.8	13.60	17.7	0	3.13	78.28	5.3
Korsakov	58.4	68.4	9.4	12.26	18.2	0	3.65	61.93	6.4
Makarov	56.1	64.9	7.2	15.18	24.3	0	2.54	44.93	6.4
Nevelsk	56.3	70.2	8.1	13.11	23.7	0	3.15	68.63	10.3
Nogliki	55.8	70.2	9.8	10.27	0.0	0	3.45	73.14	7.0
Okha	60.0	69.8	8.3	14.78	30.7	1	2.95	78.75	7.0
Poronaysk	56.8	69.6	8.1	12.89	14.1	1	2.87	61.18	7.7
Smirnykh	55.6	70.1	7.7	14.02	23.3	0	2.86	91.84	6.9
Tomari	57.6	67.7	7.9	17.20	27.5	0	2.79	54.35	9.4
Tymovsk	55.7	70.1	7.7	15.30	24.2	1	2.88	44.75	5.5
Ulegorsk	54.4	68.1	7.2	15.06	3.7	0	2.61	73.76	10.6
Kholmsk	57.8	70.0	7.9	12.89	15.5	1	3.00	70.95	7.3
Yuzhno	60.2	70.3	9.8	10.65	10.2	0	3.31	75.15	8.4
Sakhalin region	*62.4 **55.1	*69.2 **69.2	***8.3	***12.8					
Russian Fed *WHO 1997	50.3	60.6			19.6 M 14.7 F				
USA *WHO 1997	67.2	68.8		7.9 M 6.4 F					

Source: Statistical data report TsGSEN, 2001

Sources:

* Life expectancy in 1996, Baseline study social and economic, 1998 table 1.1.7 page 13

** Life expectancy in 2000 according to Russian Goskomstat forecast (mean) Baseline study social and economic, 1998 Table 1.1.7 page 13

*** Birth / death rate in 2001: Socio-economic status of the Sakhalin Region in January-December 2001, Gubernskiye Vedomosti April 29, 2002

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TABLE 27: DISEASE INCIDENCE IN POPULATION* BY MAJOR CLASSES OF DISEASES
(NUMBER OF CASES PER 1,000 PEOPLE)

	1995	1996	1997	1998	1999	2000
All diseases	820.4	788.4	762.2	828.3	872.3	897.2
Infection and parasitic diseases	60.4	59.5	52.2	52.2	54.4	53.8
Malignancy	6.2	6.7	6.7	7.5	8.0	8.7
Endocrine, nutrition diseases, metabolic and immune disorders	4.7	5.2	6.5	7.3	8.2	8.0
Haematological Diseases	1.9	2.1	2.4	2.7	3.3	3.5
Nervous and sense organs diseases	43.2	43.1	41.9	44.6	49.0	53.8
Circulation diseases	14.5	16.8	16.7	16.4	17.1	19.4
Respiratory diseases	342.6	348.2	323.8	320.1	321.1	348.7
Diseases of digestive system	105.7	75.9	92.3	158.2	143.2	158.5
Urinary-genital diseases	27.3	29.9	28.5	32.1	39.7	41.0
Mental diseases	14.0	14.2	15.7	12.4	12.2	11.8
Skin disease	66.8	59.8	53.9	53.2	53.3	59.1
Muscular-skeletal and connective tissue diseases	41.5	41.3	42.9	40.4	39.5	47.3
Congenital abnormalities	1.3	1.2	1.5	1.4	2.7	2.3
Trauma and intoxication	89.7	84.6	77.4	79.7	76.9	81.3

Source: Sakhalin Region at the Turn of the 21st Century. Jubilee Collection.
Yuzhno-Sakhalin Regional Committee of State Statistics, 2001

TABLE 28: COMMUNICABLE DISEASES, 2000

No.	Nosologic	Aleksandrovsky- Sakhalinsky Pop ?	Aniva 2000 Pop 15600	Dolinsk 2000 Pop 32200
	forms	cases / 1000	cases / 1000	cases / 1000
1	Salmonellosis	0.32	0.00	0.06
2	Dysentery	1.46	6.15	0.48
3	Acute intestinal infections of est. etiology	2.46	2.44	0.69
4	Acute intestinal infections of non-est. etiology	1.36	3.65	1.84
5	viral hepatitis A	0.00	0.13	0.15
6	viral hepatitis B	0.05	0.26	0.12
7	viral hepatitis C	0.14	0.00	
8	Pseudotuberculosis	0.23	0.19	0.12
9	Meningococ. Infection	0.00	0.00	0.03
10	Influenza	44.27	78.72	14.91
11	Chickenpox	5.73	2.69	3.01
12	Rubella	3.68	1.35	2.74
13	Diphtheria	0.00	0.00	0.00
14	Scarlet fever	0.00	0.06	0.02
15	Epidemic parotiditis	0.00	0.00	0.00
16	Pertussis	0.00	0.00	0.00
17	Measles	0.00	0.00	0.00
18	Scabies	2.68	2.50	3.61
19	Syphilis	0.96	1.15	1.93
20	Gonorrhea	1.59	1.09	1.72
21	Pediculosis	1.77	0.64	0.33
22	Tuberculosis	0.64	0.58	0.60
23	HIV	0.00	0.00	0.00
24	Tick-borne encephalitis	0.00	0.00	0.00
25	Lyme's disease	0.00	0.00	0.03
26	Tularemia	0.00	0.00	0.00
27	Leptospirosis	0.00	0.00	0.00
28	Malaria	0.00	0.00	0.00
29	Lambliosis	1.14	0.64	0.48
30	Ascariasis	1.55	4.03	1.96
31	Enterobiosis	14.83	10.76	7.42
32	Infestation with Taenia	0.00	0.00	0.00
33	Trichinosis	0.00	0.00	0.00
34	Diphyllobothriasis	0.41	0.13	0.06
35	Echinococcosis	0.00	0.00	0.00
36	Listeriosis	0.00	0.00	0.00
37	Yersiniosis	0.00	0.00	0.00
38	Pasteurellosis	0.00	0.00	0.00
39	Q fever	0.00	0.00	0.00
40	Hemorrhagic fever	0.00	0.00	0.00
Total (excl. influenza)		40.73	38.59	27.41

TABLE 28: COMMUNICABLE DISEASES, 2000 (continued)

No.	Nosologic	Nogliki 2000 Pop 14600	Okha 2000 Pop 36700	Poronaisk 2000 Pop 35300
	forms	cases / 1000	cases / 1000	cases / 1000
1	Salmonellosis	0.61	0.34	0.09
2	Dysentery	6.73	2.16	4.24
3	Acute intestinal infections of est. etiology	2.79	1.82	5.76
4	Acute intestinal infections of non-est. etiology	2.18	1.53	6.07
5	viral hepatitis A	0.20	0.00	0.14
6	viral hepatitis B	0.14	0.16	0.17
7	viral hepatitis C	0.07	0.00	0.00
8	Pseudotuberculosis	0.20	0.03	1.60
9	Meningococ. infection	0.00	0.02	0.06
10	Influenza	44.56	8.13	31.12
11	Chickenpox	3.26	1.76	2.61
12	Rubella	3.81	0.13	2.66
13	Diphtheria	0.00	0.03	0.00
14	Scarlet fever	0.00	0.10	0.00
15	Epidemic parotiditis	0.00	0.00	0.00
16	Pertussis	0.00	0.00	0.00
17	Measles	0.00	0.00	0.00
18	Scabies	0.20	1.29	0.06
19	Syphilis	0.75	2.03	1.75
20	Gonorrhea	0.00	1.21	1.86
21	Pediculosis	0.00	1.97	0.37
22	Tuberculosis	0.61	0.92	0.72
23	HIV	0.00	0.00	0.00
24	Tick-borne encephalitis	0.00	0.00	0.00
25	Lyme's disease	0.00	0.00	0.00
26	Tularemia	0.00	0.00	0.00
27	Leptospirosis	0.00	0.00	0.03
28	Malaria	0.00	0.00	0.00
29	Lambliosis	0.00	0.71	0.29
30	Ascariasis	0.14	0.82	1.09
31	Enterobiosis	3.54	4.22	10.97
32	Infestation with Taenia	0.00	0.00	0.00
33	Trichinosis	0.00	0.00	0.00
34	Diphyllobothriasis	0.07	0.55	0.14
35	Echinococcosis	0.00	0.00	0.00
36	Listeriosis	0.00	0.00	0.00
37	Yersinioses	0.14	0.00	4.50
38	Pasteurellosis	0.00	0.00	0.00
39	Q fever	0.00	0.00	0.00
40	Hemorrhagic fever	0.00	0.00	0.00
Total (excl. influenza)		25.44	21.79	45.19

TABLE 28: COMMUNICABLE DISEASES, 2000 (continued)

No.	Nosologic	Ulegorsk 2000	Kholmsk 2000	Yuzhno 2000 Pop 186900
	forms	cases / 1000	cases / 1000	cases / 1000
1	Salmonellosis	0.11	0.04	0.15
2	Dysentery	10.81	6.03	2.10
3	Acute intestinal infections of est. ethiology	3.28	1.86	3.03
4	Acute intestinal infections of non-est. ethiology	1.73	2.49	6.41
5	viral hepatitis A	0.14	0.07	0.12
6	Viral hepatitis B	0.08	0.28	0.30
7	viral hepatitis C	0.08	0.09	0.06
8	Pseudotuberculosis	0.14	0.26	0.08
9	Meningococ. Infection	0.05	0.00	0.06
10	Influenza	59.16	37.29	12.04
11	Chickenpox	1.49	2.24	0.05
12	Rubella	0.00	5.32	3.40
13	Diphtheria	0.00	0.00	0.00
14	Scarlet fever	0.00	0.04	0.05
15	Epidemic parotiditis	0.00	0.00	0.09
16	Pertussis	0.00	0.00	0.01
17	Measles	0.00	0.00	0.00
18	Scabies	0.92	3.92	2.86
19	Syphilis	3.71	1.38	2.45
20	Gonorrhea	0.62	1.12	2.17
21	Pediculosis	0.33	1.33	0.10
22	Tuberculosis	0.54	0.54	0.85
23	HIV	0.03	0.04	0.02
24	Tick-borne encephalitis	0.00	0.00	0.00
25	Lyme's disease	0.00	0.00	0.04
26	Tularemia	0.00	0.00	0.00
27	Leptospirosis	0.00	0.00	0.01
28	Malaria	0.00	0.00	0.00
29	Lambliosis	0.38	0.63	1.32
30	Ascariasis	0.70	4.66	2.15
31	Enterobiosis	6.09	7.53	6.07
32	Infestation with Taenia	0.00	0.00	0.00
33	Trichinosis	0.00	0.00	0.00
34	Diphyllobothriasis	0.14	0.11	0.08
35	Echinococcosis	0.00	0.00	0.00
36	Listeriosis	0.00	0.00	0.00
37	Yersinioses	0.02	0.11	0.00
38	Pasteurellosis	0.00	0.00	0.00
39	Q fever	0.00	0.00	0.00
40	Hemorrhagic fever	0.00	0.00	0.00
Total (excl. influenza)		31.41	40.07	38.87

TABLE 28: COMMUNICABLE DISEASES, 2000 (continued)

No.	Nosologic	Markarov 2000 Pop: 11400	Nevelsk 2000 Pop ?	Korsakov 2000 Pop 45900
	forms	cases / 1000	cases / 1000	cases / 1000
1	Salmonellosis	0.00	0.03	0.02
2	Dysentery	0.34	1.19	2.63
3	Acute intestinal infections of est. ethiology	2.93	1.35	2.11
4	Acute intestinal infections of non-est. ethiology	1.55	2.63	4.49
5	virus hepatitis _	0.17	0.13	0.38
6	virus hepatitis B	0.00	0.16	0.21
7	virus hepatitis C	0.00	0.10	0.06
8	Pseudotuberculosis	0.00	0.13	0.04
9	Meningococ. Infection	0.09	0.03	0.00
10	Influenza	24.83	21.31	11.65
11	Chickenpox	2.16	3.78	6.14
12	Rubella	29.57	1.28	0.84
13	Diphtheria	0.00	0.00	0.00
14	Scarlet fever	0.00	0.00	0.02
15	Epidemic parotiditis	0.00	0.00	0.00
16	Pertussis	0.00	0.00	0.00
17	Measles	0.00	0.00	0.00
18	Scabies	0.53	1.51	3.34
19	Syphilis	3.10	1.03	1.38
20	Gonorrhea	0.43	0.80	2.57
21	Pediculosis	0.09	0.16	0.27
22	Tuberculosis	0.78	0.71	0.83
23	HIV	0.00	0.03	0.00
24	Tick-borne encephalitis	0.00	0.00	0.00
25	Lyme's disease	0.00	0.00	0.02
26	Tularemia	0.00	0.00	0.00
27	Leptospirosis	0.00	0.00	0.02
28	Malaria	0.00	0.00	0.00
29	Lambliosis	0.26	0.29	0.35
30	Ascariasis	0.34	2.72	9.42
31	Enterobiosis	5.06	5.10	11.02
32	Infestation with Taenia	0.00	0.00	0.00
33	Trichinosis	0.00	0.00	0.00
34	Diphyllobothriasis	0.43	0.16	0.04
35	Echinococcosis	0.00	0.00	0.00
36	Listeriosis	0.00	0.00	0.00
37	Yersinioses	0.00	0.00	0.29
38	Pasteurellosis	0.00	0.00	0.00
39	Q fever	0.00	0.00	0.00
40	Hemorrhagic fever	0.00	0.00	0.00
Total (excl. influenza)		47.84	23.30	46.49

TABLE 28: COMMUNICABLE DISEASES, 2000 (continued)

No.	Nosologic forms	Smirnykh 2000 Pop:16.700 cases / 1000	Tomari 2000 Pop ? cases / 1000	Tymovsk 2000 Pop:20.800 cases / 1000
1	Salmonellosis	0.00	0.07	0.09
2	Dysentery	2.39	7.06	1.53
3	Acute intestinal infections of est. ethiology	4.25	0.89	3.35
4	Acute intestinal infections of non-est. ethiology	1.02	3.08	1.35
5	viral hepatitis A	0.30	0.00	0.09
6	viral hepatitis B	0.12	0.07	0.23
7	viral hepatitis C	0.00	0.07	0.13
8	Pseudotuberculosis	0.00	0.75	0.37
9	Meningococ. Infection	0.00	0.00	0.00
10	Influenza	113.23	68.44	90.42
11	Chickenpox	1.56	2.53	3.58
12	Rubella	6.83	0.48	2.60
13	Diphtheria	0.00	0.00	0.00
14	Scarlet fever	0.06	0.00	0.00
15	Epidemic parotiditis	0.00	0.00	0.00
16	Pertussis	0.00	0.00	0.00
17	Measles	0.00	0.00	0.00
18	Scabies	6.29	2.33	0.98
19	Syphilis	1.44	1.58	1.21
20	Gonorrhea	2.64	0.48	0.79
21	Pediculosis	1.68	0.55	1.95
22	Tuberculosis	1.20	0.55	0.70
23	HIV	0.00	0.00	0.00
24	Tick-borne encephalitis	0.00	0.00	0.00
25	Lyme's disease	0.00	0.00	0.00
26	Tularemia	0.00	0.00	0.00
27	Leptospirosis	0.00	0.00	0.00
28	Malaria	0.00	0.00	0.00
29	Lambliosis	0.00	1.23	2.23
30	Ascaris	1.85	4.11	1.12
31	Enterobiosis	5.31	4.86	8.19
32	Infestation with Taenia	0.00	0.00	0.00
33	Trichinosis	0.00	0.00	0.00
34	Diphyllobothriasis	0.18	0.89	0.05
35	Echinococcosis	0.00	0.00	0.00
36	Listeriosis	0.00	0.00	0.00
37	Yersiniosis	0.00	0.00	0.09
38	Pasteurellosis	0.00	0.00	0.00
39	Q fever	0.00	0.00	0.00
40	Hemorrhagic fever	0.00	0.00	0.00
Total (excl. influenza)		37.13	31.58	30.65

Source: Statistical data report TsGSEN, 2001

Source population numbers: Sakhalin Region at the Turn of the 21st Century. Jubilee Collection. Yuzhno-Sakhalin Regional Committee of State Statistics, 2001

TABLE 29: FATALITY RATE OF THE SAKHALIN REGION POPULATION 1995-2000

Indicator	Years					
	1995	1996	1997	1998	1999	2000
Fatality Rate by major classes of cause of death (per 100,000 of population)						
Population at Large						
Circulatory diseases	679.9	657.1	598.3	589.6	622.2	652.0
Accidents, intoxication and traumas	635.7	286.4	267.3	241.9	244.1	259.6
Malignancy	167.1	175.6	168.1	162.4	177.9	187.3
Respiratory diseases	58.9	54.9	46.4	43.5	43.4	48.0
Diseases of digestive organs	61.6	59.9	47.1	47.9	48.4	44.8
Infection and parasitic diseases	17.9	16.9	13.9	14.3	15.9	17.0
Homicide	51.6	48.5	40.9	33.1	42.3	41.7
Suicides	57.0	51.8	53.8	39.3	28.5	32.3
Causes, associated with alcohol use*	77.4	41.8	36.1	25.7	29.5	28.6
Able-Bodied Population **						
Circulatory diseases	275.3	243.2	201.4	209.7	202.6	227.4
Accidents, intoxication and traumas	706.8	359.9	318.2	290.4	281.5	298.7
Malignancy	106.3	109.9	108.2	102.7	104.8	105.1
Respiratory diseases	47.8	38.8	33.0	25.3	25.4	32.2
Diseases of digestive organs	49.0	46.9	35.4	38.0	37.7	36.0
Infection and parasitic diseases	19.3	19.3	15.6	16.6	17.3	19.3
Causes associated with alcohol use *	101.1	54.2	45.6	32.8	36.7	35.0
*Accidental alcohol intoxication, alcohol addiction, alcohol insanity, gin-drinker's liver						
**Per 100 ,000 of population of the respective sex and age						
Source: Sakhalin Region at the Turn of the 21st Century. Jubilee Collection. Yuzhno-Sakhalin Regional Committee of State Statistics, 2001						

TABLE 30: MORTALITY RATES BY DISTRICT

Cause of death	Figures are per 100,000 population														
	Korsakov	Aniva	Alex	Dolinsk	Makarov	Poronaisk	Smirnykh	Tymovsk	Nogliki	Tomari	Ohka	Uglegorsk	Nevelsk	Khoinmsk	Yuzhno
Infectious and parasitic diseases (including TB)	18.4	6.4	17.6	17.7	8.4	22.9	5.8	22.6	20.4	6.7	23.0	7.8	21.9	18.8	19.0
Tuberculosis of respiratory system	18.4	6.4	17.6	14.8	8.4	20.0	5.8	22.6	20.4	6.7	23.0	7.8	21.9	18.8	16.8
Malignant tumors	167.1	204.9	250.1	196.1	171.5	154.6	196.9	223.2	163.2	212.4	195.0	216.7	176.3	189.2	179.8
Diabetes	4.2	12.8	4.5	-	-	2.8	-	4.6	-	13.7	10.5	10.8	6.4	14.0	6.0
Cardiovascular diseases (includes AMI, CVD, other ischaemic disease)	618.3	518.7	814.1	724.0	977.8	715.9	698.3	864.0	564.4	938.6	758.9	769.2	669.9	685.0	501.5
Bronchitis, emphysema, asthma	39.7	38.4	122.8	30.2	34.3	34.4	89.5	74.4	20.4	68.5	50.1	59.6	48.1	28.0	45.6
Liver and biliary tracts diseases	41.8	38.4	45.5	39.2	51.5	20.0	41.8	74.4	13.6	41.1	50.1	75.8	32.0	33.3	47.8
Accidents and hazards	294.5	179.3	286.5	253.4	188.7	266.3	328.2	241.8	204.0	349.4	316.2	273.6	282.1	285.6	218.4
Car accidents															
Accidental poisoning															
Suicides and self-mutilation															
Other violent causes															
All causes	1226.2	1075.9	1582.7	1360.4	1518.1	1288.5	1402.5	1530.1	126.8	1719.6	1478.2	1505.9	1311.0	1289.5	1065.4

Source: Statistical data report TSGSEN, 2001 - Infectious diseases data rechecked by TSGSEN in 2002.

APPENDIX 2: MEDICATION

TABLE 31: MEDICATION

Medication English/Russian	Availability (% of time)	Prescription Required?	Cost of a course or 1 month treatment plan USD
1. Panadol/Paracetamol 500 mg Tab	100%	No	5.4
2. Aspirin tablet	100%	No	0.2
3. Ampicilline/Omnipen tablet 250 mg	100%	Yes	1.0
4. Cephalexine caps 500 mg	100%	Yes	7.68
5. Ciprolet/Cipro 500 mg tablet	100%	Yes	37.4
6. Levomycetine eye drops/ Chloramphenicol eye drops 10 ml	100%	Yes	0.3
7. Vizin eye drops 15 ml	100%	No	4.98
8. Strepsils lozenges	100 %	No	3.6
9. Diclufenac sodium 50 mg tablet	100%	Yes	2.4
10. Diclofenac sodium 75 mg/3 ml amp	100%	Yes	3.0
11. Ventolin/Salbutamol Inhalation Aerosol 200doz	100%	Yes	7.75
12. Berotec Inhalation Aerosol/ Fenoterol hydrobromide	100%	Yes	6.98
13. Omez/Omeprazol 20 mg tablet	100%	Yes	14.4
14. Ranitidine 150 mg tabl	100%	Yes	3.3
15. Metronidazole 250 mg tabl	100%	Yes	1.0
16. Digoxine/Lanoxin 0.25 mg tabl	100%	Yes	2.7
17. Verapamil /Izoptine tabl	100%	Yes	26.7
18. Atenolol 50 mg tabl	100%	Yes	2.8
19. Celestoderm cream 30 g	100%	Yes	5.02
20. Enalapril 5mg,10 mg tablet	100%	Yes	5.1
21. Claritine/Loratadine 10 mg tablet	100%	No	1.5
22. Tavegil/Clamastine 1 mg tablet	100%	No	10
23. Iodine 5% sol	100%	No	0.3
24. Nystatine 250 000 U tablet	100%	Yes	1.5
25. Senna/Glaxenna tablet	100%	No	0.4

Source: Data is compiled by ISOS, Sakhalin

APPENDIX 3: STAKEHOLDERS

TABLE 32: STAKEHOLDERS AND ISSUES DISCUSSED

#	PERIOD	STAKEHOLDER	ISSUES
1	26.05.01 to 08.06.01	City Diagnostic Center Regional Health Services Regional Hospital City Hospital #1	Introduction of Dr. Paul Boelens to the healthcare community Development of relations with key health authorities
2	26.05.01 to 08.06.01	ISOS/Contract health service provider	Healthcare provider scope of work and introductions
3	26.05.01 to 08.06.01	Regional catastrophic response center	Overview of community ER capabilities and introductions
4	26.05.01 to 08.06.01	Regional Sanitary & Epidemiology	Water quality monitoring of SEIC facilities and introductions
5	08.06.01 to 18.06.01	Regional Labor law expert	Clarification of Russian labor law legislation
6	08.06.01 to 18.06.01	Sapporo Hospital & University Hakodate Goryukaku hospital Keijinka hospital	Introduction & evaluation of nearest centre of excellence abroad for medical evacuations
7	18.06.01 to 25.06.01	International medical centre	Medical center for Moscow expatriate staff
8	25.06.01 to 02.07.01	Regional Sanitary & Epidemiology Regional Health Services Stomatological center	Healthcare delivery issues on Sakhalin
9	02.07.01 to 09.07.01	Korsakov hospital	LNG medical support and overview of healthcare initiatives with Baylor college of medicine
10	02.07.01 to 09.07.01	City Diagnostic Centre	Health performance Indicator reporting issues
11	16.07.01 to 23.07.01	Korsakov hospital	Medical fitness standards and medical evacuation capabilities
12	16.07.01 to 23.07.01	FINEST Ophthalmology centre	Evaluation of specialised healthcare capabilities locally
13	16.07.01 to 23.07.01	Regional Sanitary & Epidemiology	Water quality monitoring issues at SEIC facilities
14	23.07.01 to 30.07.01	Alcohol & Drug rehabilitation centre	Local programme issues & implementation
15	23.07.01 to 30.07.01	City Diagnostic Centre	Training: Health Performance reporting
16	23.07.01 to 30.07.01	Regional medical statistics bureau	Input data for HIA
17	23.07.01 to 30.07.01	Nogliki hospital health team	Training for medical evacuation response
18	01.08.01 to 07.08.01	City Diagnostic Centre	Intergration of pre-employment health standards in new contract
19	08.08.01 to 14.08.01	Korsakov hospital	Attendance of Korsakov/Baylor college of medicine joint seminar on public health

TABLE 32: STAKEHOLDERS AND ISSUES DISCUSSED (continued)

#	PERIOD	STAKEHOLDER	ISSUES
20	08.08.01 to 14.08.01	Regional Sanitary & Epidemiology City Diagnostic Centre	Mandatory annual health testing of offshore employee's/Order #90
21	08.08.01 to 14.08.01	Nefto-police medical insurance group	Medical insurance capabilities for future workforce
22	08.08.01 to 14.08.01	City Hospital #1 Regional Hospital	Health standard medical fitness capabilities of local healthcare facilities
23	15.8.01 to 21.08.01	Korsakov hospital American Heart association International health alliance	Developing a sustainable healthcare model on Sakhalin
24	28.08.01 to 04.09.01	Regional Sanitary & Epidemiology	Consolidation of 4 facility water quality contracts into a single contract
25	4.09.01 to 11.09.01	City Diagnostic Centre	Approval of renewal of contract. Update HPI within contract
26	11.09.01 to 18.09.01	Alcoholics Anonymous Sakhalin	Potential future employee assistance programmes
27	11.09.01 to 18.09.01	City Diagnostic Centre Emergency Medical Care	Growing scope of work on Sakhalin for future healthcare providers
28	18.09.01 to 25.09.01	Regional Hospital City Hospital #1	Growing scope of work on Sakhalin for future healthcare providers
29	25.09.01 to 02.10.01	International healthcare centre Seoul Korea	Medical evacuation option
30	25.09.01 to 02.10.01	City Diagnostic Center Regional Health Services Regional Hospital City Hospital #1 Regional Sanitary and Epidemiology	HIA base line data & stakeholder identification exercise
31	25.09.01 to 02.10.01	Sakhalin Labour department	Training for SEIC employees
32	16.10.01 to 23.10.01	City Diagnostic Center Regional Health Services Regional Hospital City Hospital #1 Regional Sanitary and Epidemiology Sakhalin Drug & Alcohol centre	Planning for first HIA seminar
33	30.10.01 to 06.11.01	Sakhalin Drug & Alcohol centre	Invitation to speak at HIA: Topic discussion
34	30.10.01 to 06.11.01	Regional Health Services	Kick off meeting for Island health professional survey Format & implementation plan
35	30.10.01 to 06.11.01	Goryukaku Hospital Regional Hospital	Visit by Goryukaku hospital to Sakhalin
36	06.11.01 to 13.11.01	Regional Health Services City Diagnostic Center Khabarovsk Telemedicine group	Participation in Khabarovsk telemedicine seminar with Sakhalin Regional health services & City Diagnostic Center

TABLE 32: STAKEHOLDERS AND ISSUES DISCUSSED (continued)

#	PERIOD	STAKEHOLDER	ISSUES
35	30.10.01 to 06.11.01	Goryukaku Hospital Regional Hospital	Visit by Goryukaku hospital to Sakhalin
36	06.11.01 to 13.11.01	Regional Health Services City Diagnostic Center Khabarovsk Telemedicine group	Participation in Khabarovsk telemedicine seminar with Sakhalin Regional health services & City Diagnostic Center
37	13.11.01 to 20.11.01	Regional Sanitary and Epidemiology Regional Health Services	Completed 3 training sessions for field survey team
38	20.11.01 to 04.12.01	Regional Health Services	Assignment of Sakhalin Health report to RHS for baseline HIA data
39	20.11.01 to 04.12.01	Indigenous people	Presented outline of HIA
40	11.12.01 to 18.12.01	Regional Sanitary and Epidemiology Regional Health Services	Completion of 123 interviews by Island survey team. Critique of survey
41	26.12.01 to 08.01.02	Exxon Neftagas	Meeting Vice-President Exxon Neftegas; to exchange information in relation to the HIA and stakeholder engagement
42	26.12.01 to 08.01.02	City Diagnostic Centre Emergency Medical Care Regional Hospital Fairweather	Pre-qualification process introduction for Healthcare Service providers
43	08.01.02 to 15.01.02	Regional Sanitary and Epidemiology Regional Health Services	Review of draft report "Sakhalin Healthcare Survey"
44	15.01.02 to 22.01.02	City Diagnostic Center Regional Health Services Regional Hospital City Hospital #1 Regional Sanitary and Epidemiology Sakhalin Drug & Alcohol centre	Preparation for upcoming HIA seminar: planning and logistics
45	22.01.02 to 29.01.02	City Diagnostic Center Regional Health Services Regional Hospital City Hospital #1 Regional Sanitary and Epidemiology Sakhalin Drug & Alcohol centre	Health Impact Assessment seminar
46	29.01.02 to 05.02.02	Regional Sanitary and Epidemiology Regional Health Services	Review of draft report "Sakhalin Healthcare System Infrastructure"
47	05.02.02 to 12.02.02	Regional Hospital Fairweather	Announcement of intention to form healthcare joint venture "Island Aid".
48	12.02.02 to 19.02.02	Regional catastrophic response center Regional hospital	Joint participation of catastrophic response drill
49	19.02.02 to 26.02.02	Rosno Insurance group	Medical insurance capabilities and overview of project plans and the future healthcare infrastructure demands
50	19.03.02 to 26.03.02	Regional hospital/Island Aid	Guidance documentation & standards for new JV
51	26.03.02 to 03.04.02	Regional Health Services	HIA issues and feedback

TABLE 32: STAKEHOLDERS AND ISSUES DISCUSSED (continued)

#	PERIOD	STAKEHOLDER	ISSUES
52	26.03.02 to 03.04.02	Regional Hospital Korsakov Hospital	Emergency response capabilities for upcoming projects. Guidance documentation provided
53	02.04.02 to 09.04.02	City Diagnostic Center	Contractual issues and update on JV with EMC
54	09.04.02 to 16.04.02	Ophthalmology center	Prescription eyewear for remote site staff. Upcoming demand for safety eyewear in the future
55	16.04.02 to 23.04.02	Regional Sanitary and Epidemiology	Industrial Hygiene monitoring on the Molikpaq
56	16.04.02 to 23.04.02	City Diagnostic Center	Contractual issues and capabilities for occupational health/industrial hygiene monitoring
57	30.04.02 to 6.05.02	Exxon Neftegas	HIA strategy and way forward
58	30.04.02 to 6.05.02	Regional Sanitary and Epidemiology	Training health and environmental monitoring
59	21.05.02 to 28.05.02	City Diagnostic Center Regional Sanitary and Epidemiology	Meeting with City Diagnostic HCP regarding tick born diseases and prevention Meeting with Sanitary Agency regarding Pseudo-tuberculosis
60	21.05.02 to 28.05.02	City Hospital #1 ISOS RF Frontier Guard	Medical evacuation of General Gamov & Mrs. Gamov
61	28.05.02 to 6.06.02	Regional Health Services	Meeting to discuss development of "health steering committee" for HIA issues
62	28.05.02 to 6.06.02	Regional Sanitary and Epidemiology	Preparation training contract "Basics of Sanitary Laws, Laboratory Control for Quality, Safety, Rules of Sample Collection and Delivery for Following Laboratory Study". Training to be provided by Sanitary Agency
63	04.06.02 to 11.06.02	Regional hospital/Island Aid	Meeting with 'Island Aid'; checklist of core health components prior to mobilisation of remote site medics
64	11.06.02 to 18.06.02	Sakhalin Administration Regional Health Services Regional Hospital Regional Sanitary and Epidemiology	Meeting and discussion with Vice Governor Sklyarenko and a team of senior health officials; establishment coordination council Regional Healthcare and SEIC, way forward
65	11.06.02 to 18.06.02	Exxon Neftagas	Meeting and discussion with Senior Health Adviser Exxon Mobil and team of line managers; review health initiatives and future operation plans, potential opportunities cooperation and sharing
66	18.06.02 to 24.06.02	City Diagnostic Center Regional Health Services Regional Hospital City Hospital #1 Regional Sanitary and Epidemiology Sakhalin Drug & Alcohol centre	Meeting/dinner with Sakhalin senior health officials & ExxonMobil Health team
67	25.06.02 to 02.07.02	Korsakov hospital	Meeting with Korskov hospital director & deputy. Update on Baylor College of medicine/Korsakov hospital joint project & preparation for Phase 2/LNG. HIA progress report
68	03.07.02 to 09.07.02	Regional Health Services	Meeting with Dr. Penkovsky/Regional Health Services. 3rd quarter activities planning: -2nd HIA workshop tentative dates & agenda -Hospital survey team members/SOW & survey dates -Vice Governor/Reg. HS health strategy paper & follow up

TABLE 32: STAKEHOLDERS AND ISSUES DISCUSSED (continued)

#	PERIOD	STAKEHOLDER	ISSUES
69	03.07.02 to 09.07.02	City Diagnostic Center	Meeting with City Diagnostic center Medical Director. Update on EMC joint venture progress and 2002/03 development planning
70	03.07.02 to 09.07.02	Regional hospital	Meeting with Regional hospital Director, Regional Health Services & JV representatives regarding planned upgrades to the healthcare facility & education programmes for the HCP's
71	06.08.02 to 16.08.02	ISOS Regional hospita City hospital #1	Participation first medical professional Yuhzno-Sakhalisk 'evening gathering' I attended by both Russian national and foreign national Medical Doctors with the objective to regularly share and discuss medical scientific information
72	16.08.02 to 24.08.02	Regional Health Services	Meeting Dr Siberkin, director regional healthcare; review and input draft report SE Health Impact Assessment
73	16.08.02 to 24.08.02	Regional hospital	Meeting Dr Beyfus, director regional hospital; clarification on health management issues of JV's
74	16.08.02 to 24.08.0	City Diagnostic Center	Meeting director CDC; reviewing progress development joint venture Healthcare Service provider 'Sakhalin International Clinic (CDC & EMC).
75	27.08.02 to 02.09.02	Regional Health Services Exxon Neftagas	Completion and agreement draft scope of work 'Review and GAP analysis of Emergency Care Facilities of Key Hospitals on Sakhalin', study to be done in cooperation with Exxon Neftagas
76	10.09.02 to 17.09.02	Regional Sanitary and Epidemiology	Meeting and discussion Dr Papirenko and his team of senior specialists of the Sanitary Agency, presentation and discussion feedback Russian version draft HIA report.
77	10.09.02 to 17.09.02	BP	Meeting and discussion Mr Dinty Miller, CEO British Petroleum Sakhalin; introduction HIA issues, agreement intention cooperation SE-BP on health issues.
78	10.09.02 to 17.09.02	Regional Health Services	Meeting and discussion Dr Penkovski, Regional Healthcare; feedback Russian version draft HIA report and agreement to plan a coordinated feedback input meeting, planning HIA stakeholders follow up workshop.
79	17.09.02 to 24.09.02	European Assistance	Meeting and discussion Dr Beauvieux Europ Assistance; pre-qualification healthcare service provider
80	17.09.02 to 24.09.02	Regional Sanitary and Epidemiology	Meeting and discussion Dr Samarsky, Sanitary Agency; pre-work health conference organised by Sanitary Agency.
81	17.09.02 24.09.02	Exxon Neftagas	Meeting and discussion Health Advisers ExxonMobil and ExxonNeftagas; to Review and GAP analysis of Emergency Care Facilities of Key Hospitals on Sakhalin Island, joint strategy engaging community stakeholders, northern pipeline sharing, Nogliki hospital.
82	24.09.02 to 01.10.02	Regional Health Services	Confirmation nomination of a Regional Healthcare specialist as team member of the Hospital Review study of Emergency Care Facilities of Key Hospitals on Sakhalin Island.
83	01.10.02 to 08.10.02	Regional Health Services	Meeting and discussion Regional Healthcare; alignment of issues related to review HIA report, hospital survey, HIA follow up workshop.
84	01.10.02 to 08.10.02	Regional Sanitary and Epidemiology	Meeting and discussion Sanitary Agency; alignment process and content review draft HIA report
85	08.10.02 to 14.10.02	Regional Sanitary and Epidemiology	Contributed to the scientific practical conference state sanitary end epidemiological service in Yuhzno. The conference was chaired by the RF deputy minister of health Presented presentation on 'implementation of health auditing'
86	08.10.02 to 14.10.02	ISOS Regional hospital City hospital #1	Scientific-Social event meeting for medical practitioners working in Yuhzno Sakhalinsk attended by about 20 doctors. Exchange of medical-health information.

TABLE 32: STAKEHOLDERS AND ISSUES DISCUSSED (continued)

#	PERIOD	STAKEHOLDER	ISSUES
87	08.10.02 to 14.10.02	Regional Health Services	Meeting and discussion Dr Derabin, regional healthcare representative, participating in the hospital emergency care study.
88	14.10.02 to 21.10.02	Regional Health Services Exxon Neftagas	'Kick-off meeting' of the 'Review and GAP analysis of Emergency Healthcare Facilities of Key Hospitals on Sakhalin Island'. Participants; SEIC health advisers, Exxon Neftegas senior manager and the ISOS/regional healthcare survey team. Mobilisation survey team.
89	21.10.02 to 29.10.02	Regional Sanitary and Epidemiology	Review draft HIA report Russian version together with representatives of the State Sanitary and Epidemiological service and regional healthcare
90	29.10.02 to 6.11.02	Regional Health Services Exxon Neftagas	Completion of island survey 'Emergency Healthcare Facilities of Key Hospitals on Sakhalin Island'. Draft report to be jointly reviewed by SE Corporate/Project health and ENL health team.

APPENDIX 4: HIA HEALTHCARE PRACTITIONER (HCP) QUESTIONNAIRE

Objective: To determine the healthcare practitioners' perception of community health issues

Health in the community:

1. What do you see as the important health concerns in your community?
2. Do you have any health concerns about yourself or your family?
3. What sort of healthcare facilities are in this area? What type of care is available at this facility (e.g. acute treatment, preventive, immunisations etc)?
4. Are you happy with this facility? Are there any changes you would like to occur?
5. Is there information available to the community about family planning? Are contraceptives available (e.g. pill, condoms, others)?

Public health:

6. Where do you source your drinking water?
7. Have there been any health problems associated with contamination of drinking water?
8. What is the current situation with respect to immunisations for both children and adults?

Lifestyle:

9. Do you know how many of your patients smoke?
10. At what age do people start smoking?
11. Are cigarettes easily available?

Alcohol in the community:

12. Are there any problems in the community associated with alcohol use?
13. What sort of problems?
14. Is there any treatment available in this area?
15. Are there any other drugs used in the community?

Sex workers:

16. Do you know of any sex workers in your community?
17. What is the community view of prostitution? Is it an accepted occupation?
18. Do sex workers use condoms?
19. Is there a health monitoring programme for prostitutes?
20. Are sexually transmitted diseases common? Which diseases are common? Is the incidence changing?
21. How do people get treatment for STD?

Doctor

Clinic

Self treatment

Other

Tuberculosis:

22. Do you see many people with TB in the community?
23. Were they treated in hospital or as an outpatient?
24. What is the compliance with outpatient treatment?
25. Is there much treatment resistant TB?
26. Is there an association with HIV?

Other infectious diseases:

27. Are any other infectious diseases a problem in your community?

28. Have you seen any cases of pseudo tuberculosis, tick borne encephalitis, Lyme disease, Leptospirosis, tularemia in the past 2 years?

29. Are there any other important health issues related to animals or blood sucking arthropods?

Health and the Project:

30. Do you anticipate any health issues in the community which could relate to the Project?

31. What sort of health concerns do you expect the community to have?

APPENDIX 5: SOW ISLAND HEALTH REPORT

Contractor: Regional Health Services
Task: Sakhalin Health System report

Background HIA:

The success of a HIA depends on team effectiveness and appropriate stakeholder engagement. Participation of health practitioners living and working on the island in the HIA team is likely to enhance the focus on real health issues within the community and to aid in the development of practical mitigation and improvement measures.

Description of Duties/Tasks:

The contracted health practitioner will be expected to:

Prepare a report based on available health data as presented in annual and specific reports issued by the following health institutions: Regional healthcare, Regional Sanitary and Epidemiology Agency, Yuhzno-Sakhalinsk hospital, Korsakov hospital, Nogliki hospital, regional disaster response, city ambulance services, private clinics, Sakhalin centre for prophylactic of HIV, regional centre for alcohol and drugs and Sakhalin State University.

Scope of work:

Objective

The objective of this report is to enable the reader to understand the current operation and future direction for healthcare on Sakhalin Island.

The introduction should include a description of the healthcare system on Sakhalin covering both public and private systems. It should examine policies and activities of health departments and ministries. A general overview of the important health issues and stated health targets should also be included.

The report should comment on the following:

Philosophy

On what philosophical principles is the health system based? Do these include the concepts of healthcare for all and the provision of acceptable standards?

Eligibility

Define who has access to the system and what services are covered by system. Are the different services accessed by self-referral or by one medical practitioner to another?

Benefits

How are costs covered i.e. is the system fully or partly government funded? Does the patient make any contribution, does private health insurance exist?

Financing

How is the health system funded? Is it federally funded, regionally funded or locally funded? Is there a mixture of funding arrangements? What is the breakdown of this split?

Expenditures

What is the division of expenditure between primary, secondary and tertiary care and pharmaceuticals? How much expenditure is private and how much is public?

Payment of medical care providers

How are medical care providers paid? By their employer, the state, by the patient?

Service delivery system

This section should address how primary, secondary and tertiary care are organised and delivered. What sort of expertise is required for the delivery of these elements?

Transition issues

Are there any changes evolving or in the way health is managed on Sakhalin?

Health reform

Organisation and structure

Which government organisations are involved in healthcare and what are their responsibilities in terms of health? How do these departments interface with each other? What levels of government are involved? Does the private sector have a role? How are pharmaceuticals accessed in hospitals and outside the hospital system?

Healthcare professionals

Which healthcare groups are recognised in the Russian system?

E.g. Medical practitioners, nurses, chiropractors, osteopaths, speech pathologists, physiotherapists, occupational therapists, pharmacists, others?

Qualifications and Training

Describe the training required to be recognised by the various healthcare professions? Is there any requirement for continuing professional development?

Legal requirements

What is the regulatory framework for healthcare including public health, environmental health and occupational health?

How does this legislation impact on foreign companies?

What is the mechanism (if any) for recognition of foreign medical staff?

Are there any specific health reporting requirements within the Russian legislative system?

Facilities and resources

What resources are available within the healthcare facilities in the different regions on Sakhalin?

Comment on the availability of the following staff and services throughout Sakhalin:

emergency medicine physicians

orthopaedic specialists

general surgery

neurosurgery

ambulance

Comment on the current situation of the following specific sectors:

Private sector

General practitioners, dentistry, consultants, hospitals, physiotherapy, mental health and psychology.

Child & adolescent health development

School health, disease prevention management, integrated management of childhood illnesses, immunisation programmes, prevention of substance abuse.

Nutrition

Assessment of food technology, chemical contaminants of food, child growth and malnutrition, food hygiene and food safety regulations, inspection methods and food-borne infections, deficiency disorders (iron, iodine, vitamins).

Public health

Drinking water quality, water resources, sustainable water supply and sanitation, sewage water, water related burden of disease.

Environment

Air, chemical safety, climate and health, environmental epidemiology, environmental burden of disease, healthcare waste, recreational water

Accidents and violence

Management of accidents, ambulance services, traffic injuries, burden of disease related to accidents and violence, child abuse, domestic and sexual violence, small arms, industrial accidents, poisoning and suicide.

Statistics, WHO liaison

System used for collecting health data, associated reporting structures and projects.

Occupational health

Structure, health hazards control, registration of occupational illnesses and accidents, burden of disease, preventive health programmes, inspections and the role of regulatory agencies, disability assessment, health surveillance, occupational health professionals.

Pharmaceuticals

Legislation and regulation of medicines, drug policies, quality assurance, vaccines and immunisations, distribution system.

Deliverables

The Sakhalin health system report will be submitted electronically (on Disk) in MS word.

The Report is not to exceed 60,000 words.

A draft will be produced. Following submission of the draft SEIC shall have the text translated and provide comments within 5 working days of completion of the translation. The final report shall be prepared following receipt of SEIC comments.

One copy of the draft and two copies of the final shall be submitted in Russian in MS Word 6.0 for Windows or another pre-approved compatible programme.

In addition, the following information should be provided:

Source locations (e.g. institutions and departments where information is obtained) should be clearly identified in a Terms of Reference (TOR).

Copies of resumes of health professionals employed to compile this data including a list of their activities and responsibilities.

Citations/References

All information sources should be fully referenced (e.g. bibliographic source, statistical data set) including name of agency responsible for compiling the data). Archives of local and central administrative authorities and organisations should also be included with names of individuals consulted within an organisation consulted.

With respect to reports and other "grey literature" the repository where this information can be found should be fully referenced in the bibliographic text.

Bibliographic sources for information contained in each tables and figures should be fully referenced. Each source should be cited and the applicable information presented.

Work Requirements

All work should be carried out in accordance with this contract.

Duration of Assignment

The assigned work scope is to be completed between the dates of November 15, 2001 and December 15, 2001.

Estimated Effort

The total effort is expected to deliver about 120 pages of text, excluding figures and tables, based on the assigned tasks.

APPENDIX 6: HIA WORKSHOP SUMMARY

Background:

The objective of a Health impact assessment is to predict the health impacts of a development before the project proposal has been approved, so that the negative impacts can be reduced or avoided, positive impacts can be enhanced and the probability of sustainable development increased.

The key objective of the HIA workshop is to share, discuss and evaluate the present available information on health in dialogue with health community leaders and other stakeholders. The first HIA workshop was held on 24 and 25 January, 2002 at the Santa Resort in Yuzhno-Sakhalinsk, Russia.

Aims of the HIA workshop:

Introduce the participants to the Sakhalin II Project and involve them in the HIA process

Engage the health community in identifying health issues

Gain agreement on the priority of health issues

Jointly develop measures to mitigate impacts of the Project on the basis of sustainable development

Identify other stakeholders in health on Sakhalin Island

Create a shared ownership of the assessment process and the overall plan for the outcome, based on realistic expectations of the company investment.

Methods:

Key to gaining optimum stakeholder participation and their input is a structured programme that participants can relate to and influence. To this end a recognised Russian professional facilitator was selected and contracted to lead the workshop. Pre-workshop sessions were conducted with the facilitator, Mikhail Klarin, to ensure the workshop process and structure met the defined aims. Stakeholder participation included: individual presentations, direct dialogue, syndicate exercises, team discussions and team presentations.

The workshop programme was based on the following elements:

Introduction of the Sakhalin II Phase 2 Project:

Technical Director Engel Van Spronsen

Aims, expectations and objectives

Abstract presentations

Health Impact Assessment stages

HIA vignette

Health issue identification

Prioritising health issues

Stakeholder identification

Workshop closure: Review aims, objectives, concerns and action planning

HR Director David Smith; HSE Manager Bob Hill

Results:

The following is a summary of the exercises undertaken and the conclusions reached during the HIA workshop:

Sharing information

The following local healthcare professionals shared information and concerns and suggestions for directions. Abstracts are attached as appendices of the HIA workshop report.

Dr Fomitskaya, Korsakov Hospital: Partnerships: Real and valuable support

Dr Beyfus, Regional Hospital: Sakhalin Regional Hospital health management issues

Dr Bouriy, Sanitary & Epidemiology: Focal infections of the Sakhalin Region

Dr Morozova, Sanitary & Epidemiology: Social infections of the Sakhalin region

Dr Konushenko, Narcological centre: Drug & alcohol abuse in the Sakhalin region
 Dr Selyuk, Sanitary & Epidemiology: Sanitary and hygienic issues in the Sakhalin region
 Dr Skylarova, City Hospital: Epidemiology on Sakhalin Island and therapeutic diagnostic processes

Health Data Reviewed

Three health baseline studies were conducted and the important health data gathered was shared and reviewed during the workshop.

Island health infrastructure study (Sakhalin general health system report)
 Health data baseline study (Statistical report)
 Island community health survey (Survey of the health community professionals)

HIA Vignette

This was a HIA exercise in which the workshop participants learned how to predict potential impacts of projects. Based on a one-page vignette describing a water reservoir project in China, workshop participants were asked to describe the potential health impacts. The participants then identified and listed priorities in an open forum.

Health issue identification and prioritisation

In a group exercise the health hazards tables were developed and classified under five major categories (see HIA report table 2-5: health hazard identification);

Lifestyle

Communicable and non-communicable diseases
 Public health
 Health services
 Facilities.

Input from the health professionals allowed these issues to be better understood and prioritised.

Focusing on vulnerability, specific communities which could be impacted upon were identified. Impacts on environmental, physical and social factors were considered. The health service capability was assessed and reviewed.

Stakeholder Identification

Primary stakeholders are those parties that are directly affected by or have a specific interest in the Sakhalin II Project. The following important stakeholders were identified and listed:

Sakhalin Regional Administration
 Regional Health Services and associated infrastructure
 Regional hospital, Regional Polyclinics etc.
 Municipal Health Services and associated infrastructure
 City Hospitals, including City polyclinics etc.
 SE Staff members and their families
 Mass media
 Trade Unions
 Sakhalin youth
 Various (sub) communities of the Sakhalin Island population
 Environmental agencies
 Other oil and gas companies
 Industry associations e.g. fishing industry
 District community members potentially affected by the Phase 2 development:

Conclusions and mitigation:

The HIA workshop participants unanimously agreed that a specific plan of action should be developed in order to follow up on identified health impact issues. The following action items were identified:

1. Establish a joint committee of the Island Health Authority and SEIC Health Advisory Committee to address, review and advise on management with respect to island health issues of common interest. The Terms of Reference of this committee are to be agreed upon in detail by the members, they will include but are not limited to, development of initiatives and monitoring. The exact form and composition of this committee is still to be determined. Sub-committees will be established to address and study certain specific health issues in more detail.
2. Develop and implement a specific health issue engagement plan and consult the general community and identified key health stakeholders.
3. Establish a health data reporting structure in co-operation with the local health authority based on standardised definitions. The database will comprise community health data as well as company and contractor managed health data
4. Investigate the potential to assist and support hospital authorities in Nogliki, Korsakov and Yuzhno-Sakhalinsk with hospital upgrades and healthcare improvements based on the shared need for medical emergency response. Respect the investment responsibility of the local authorities
5. Jointly review and update community guidance on prevention of communicable diseases such as STD, HIV/AIDS and Tuberculosis. Assist and support the health community in specific programme management. Include elements of these programmes in the health education programmes of the company and its contractors with an extension to the work related camps.
6. Overall the HIA workshop was a great success. Senior Sakhalin health professionals expressed full support for the HIA concept and are eager to proceed further with the development plans. The importance of the workshop and its outcomes was emphasised by the coverage in the Sakhalin media including television, radio and newspaper reports.

List of participants and contributors:

Dr Darizhapov Deputy chief, Centre for Sanitary and Epidemiological Supervision
Dr Skylarova, hospital director
Dr Vera V. Fameetskya, Korsakov hospital
Dr Paperinko, Director, Regional Centre for Sanitary and Epidemiological Supervision
Dr. I.V. Morozova, Centre for Sanitary and Epidemiological Supervision
/ Infectious diseases
Dr. V.L. Bouriy, Centre for Sanitary and Epidemiological Supervision
/ Focal infections
Dr Beyfus, director, Regional Hospital
Dr Konavolov, director, Regional Disaster Response
Dr Lyubov Konyushenko, Regional Centre for alcohol and drugs
Dr Kondritiev, Director, City diagnostic Centre
Dr Kendjiev, Nogliki hospital
Dr. Kovalyov, Yuzhno ambulance service
Dr. Selyuk, Centre for Sanitary and Epidemiological Supervision
Dr. Vasselchenkov
Dr. Paul Boelens, SEIC
Dr. Judy Balint, SEIC
Mark DeBello, SEIC

HIA Baseline studies and HIA workshop preparation

Dr Bersenev, Kizima, Island health survey team
Dr. Pavel Beresnev, Island health survey team
Dr.Samarvsky, Sakhalin health report author
Dr Siberkin, director, Regional Healthcare
Dr Penskovsky, deputy chief, Regional Health Centre
Dr Elena Lomakina, AIDS / HIV centre

APPENDIX 7: HIA HEALTH QUESTIONNAIRE (PART OF SIA)

Objective: To determine the public perception of health issues

Date:

Locality _____ Group / Individual

Health in the community

What do you see as the important health concerns at present in your community? (expect answers which relate to both the medical illnesses and the structure of medical practice)

Do you have any health concerns about yourself or your family?

What sort of healthcare facility do you have access to?

What type of care is available at this facility (e.g. acute treatment, preventive, immunisations etc?)

Are you happy with this facility? Are there any changes you would like to occur?

Are medications and food available in your local hospital?

Public health

Where do you source your drinking water? Have you or your family had any problems related to the water?

If sewerage contamination not mentioned ask the following. Have there been any health problems related to contamination of drinking water with sewerage?

How do you find out if there is a particular problem with the drinking water? What do you do if there is a problem with the drinking water?

In this area have many people had any illnesses which you relate to the environment, such as diseases caused by ticks?

Do many people smoke in this community? At what age do people start smoking? Is there any concern about smoking?

Alcohol use in your community

Are there any problems in the community associated with alcohol use?

What sort of problems?

Nutrition

How often do you and your family eat fruit, vegetables, meat (classify as daily, several times per week, once each week)

in summer?

in winter ?

Health and the Project

Do you have any concerns about the effect that the Project could have on people in this community?

