Public health in Russia: the view from the inside

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The health of the Russian population continues to lag far behind that in the west. A robust public health response to the high levels of communicable and non-communicable diseases is required. This challenge has attracted considerable attention from international donor agencies and others, but there are still many questions about how the health situation in Russia is understood by policy-makers within the country and what responses are being considered. This paper examines these questions by means of a review of literature published in Russia and interviews with key informants.

It concludes that although many of the determinants of health in Russia have been identified, they are typically discussed in a general way. Research on the major determinants of disease in Russia, and published in the international literature, appears to have had little impact. The need for reform to enhance the public health response is recognized. Goals of reform have been described but are poorly defined and there is typically little relationship between a stated goal and the strategy proposed to achieve it. There is a lack of clarity about what is meant by public health, and key concepts, such as inter-sectoral and multi-disciplinary working, are either ignored or misunderstood. Evidence of capacity for managed change is weak. There is an urgent need to create a shared awareness of evidence on the nature of the health challenges facing Russia and the evidence base for both the content of potential responses and the strategies that might be adopted to implement them.

Background

The political and economic changes since the late 1980s have profoundly affected all aspects of life in Russia. The health of the population, which had stagnated since the mid-1960s, has declined sharply since the late 1980s. There was a brief improvement in mortality between 1985 and 1987 coinciding with Gorbachev’s anti-alcohol campaign, but between 1987 and 1994 life expectancy at birth for men and women fell from 64.9 and 74.4 years to 57.6 and 71.2 years respectively. In recent years there has been a growing volume of research published in the west identifying the factors that have contributed to the health status trends in Russia, although relatively little of this material has been translated into Russian. This has highlighted the contributions made by traditional risk factors, such as diet and tobacco. It has also identified other factors such as the major impact of high and irregular consumption of alcohol, weaknesses in the medical care system, and, underlying some of these factors, the specific impact of social and economic transition. These challenges call for an effective public health response.

Before proceeding, it is necessary to be clear about what public health is. Most definitions are based on one set out in 1952 by the World Health Organization (WHO). They see public health as a means of promoting health and preventing disease through organized efforts of society. This implies a wide-ranging, inter-sectoral approach bringing together many actors. Public health goes well beyond the health care sector, although health care, and especially the public health service, contributes by assessing health needs, identifying effective responses, and coordinating actions of those who can contribute to these responses. To be effective, those contributing to public health must act as an advocate for the health of the population as well having the managerial capacity to promote healthy public policies. These should address the social, environmental and economic determinants of health, which are set out in WHO’s Health for All programme. These include equal opportunities for all, with access to basic education, decent housing and secure work with a useful role in society.

These principles were neglected by the Soviet communist system. Policy was oriented towards the expansion of health services. A public health service existed, based on a network of sanitary-epidemiological (San-Epid) stations, carrying out traditional roles such as environmental health and epidemiological monitoring, with a focus on measures such as numbers of tests performed, rather than outcomes achieved. Activities such as assessing the health needs of the population and modern health promotion were essentially non-existent.

The health care sector also faced problems. Although, in the immediate post-war period, it achieved much, especially in the fight against infectious disease, new challenges from non-communicable disease emerged in the 1960s. The system was fragmented with parallel provision for groups such as the police, railway workers, nomenklatura and others, leading to large inequalities. There was an emphasis on quantity rather than quality, illustrated by the expansion of facilities despite falling expenditure on health. Russia has many more hospital beds per capita than Western European countries and the largest number of doctors per capita of any major nation in the world (one physician for every 259 people). However,
many hospitals and clinics are poorly maintained and equipped, and there has been essentially no system of quality management.13 Since the collapse of the Soviet Union, the revenue base and the ability to collect funds for health care has been weakened, although this varies widely between regions, with staff in some being paid two or three months in arrears and in others not at all. This has led to what is effectively a privatization of the system in many areas, with a major expansion of the role of informal payments.

The health care system is currently being reformed but this has focused largely on funding of health care and management of health care providers.14 There appears to have been much less attention given to public health.

Aims and methods

This paper seeks to explore the knowledge, attitudes and values which underlie public health reform in Russia, and to investigate the goals of reform and the strategies designed to achieve them. It is not, however, an analysis of current policy, which would require a separate study, although the material reported here contributes to an understanding of the context within which policy is developing. In particular, it explores the extent to which Russian approaches to public health are consistent with the principles of Health for All and concepts of modern public health. The approach taken combines two methods, documentary analysis and in-depth interviews.

The research focuses on the period since 1990, which corresponds broadly with the post-communist era. Many of the current challenges to health in Russia began to emerge in the 1960s, and while what was written on them then is of considerable historical interest, it is of less direct relevance to the understanding of contemporary thought, given the major political transition.

Documentary analysis included both official and non-official documents. The official papers included legislative and other governmental documents, which were, of necessity, selected on the basis of their availability. All health policy documents that could be obtained from WHO/EURO, the Russian Ministry of Health and regional health departments were included in the study. In total, 12 official papers were analyzed. Three were unpublished and were in draft form. Three were written in English, having been written primarily for donors, and the remainder were in Russian.

Non-official documents were journal publications produced in Russia by Russian authors between 1990 and 1997. The articles were identified using MEDLINE, searching on ‘Public health and Russia’. Articles were restricted to those published in Russian. One hundred and eighty-four articles were found. Two other electronic databases, HealthStar and EMBASE, were also searched but HealthStar found no additional documents and EMBASE did not identify any relevant documents in the Russian language. The final selection was based on the title, if it contained the words ‘public health reform’ or a combination of words that were interpreted as having the same meaning. The words defined semantically as equivalent to ‘reform’ were ‘reorganisation’, ‘development’, ‘transition’, ‘improvement’, ‘new role’, ‘changes’ and ‘problems and solutions’. ‘Health care’, ‘health well-being’, ‘health protection’, ‘health maintenance’, ‘hygienic prevention’ and ‘promotion of health’ were interpreted as equivalent to ‘public health’. When the articles were analyzed, the English translation of the title was compared with the original meaning. In five articles, the English translation of the title contained ‘public health’ or ‘health care’, while there was ‘medical services’ in the original. These papers were excluded from the analysis. The final sample consisted of 36 publications. The documents were analyzed in four categories: subject matter; values, attitudes and goals; approaches and strategies; and capacity and skills.15

Potential interviewees were identified by purposive sampling. They included nine senior officials involved in the design and development of the public health reform, who were recommended by the Ministry of Health and international experts working in Russia. Three worked at the international, four at the national and two at local levels. Contacts with officials were facilitated through the European Office of WHO. Four informants were unavailable for interview and they were sent a questionnaire containing 10 open-ended questions covering the same issues as the interviews. Two of four completed questionnaires were returned.

Results

Importance of health

Formally, health is considered to be an indicator of national well-being,16–20 which contributes to the economic growth of the country19,21 and to national security, in particular as a way of ensuring sufficient recruits for the armed forces.19,21–23 In practice, however, the steadily diminishing expenditure and the inability to introduce legislative measures to address major health challenges would suggest that health continues to receive a low priority within government and the Duma (the parliament of the Russian Federation).

Knowledge and attitudes

Although there are still many unanswered questions about the determinants of the Russian mortality crisis in the late 1980s and early 1990s, there is an emerging consensus in the west. The increase in life expectancy was greatest in the cities, especially those regions that had experienced the most rapid economic change, had the lowest levels of social cohesion, and were the most wealthy. The immediate causes were injuries and violence, cardiovascular diseases and alcohol related disorders, with alcohol playing a major part in the increase in each of these causes.4 The subsequent improvement in mortality since 1995 is thought to represent a process of adaptation, in which levels of alcohol consumption have fallen, accelerated by a rise in relative price, even though the economic situation for most people has continued to decline.

In the Russian literature, although there is a widespread recognition of the scale of the health crisis and agreement about its major immediate manifestations such as injuries, poisoning and trauma, cardiovascular diseases, cancers, and respiratory diseases, there are differing views about the underlying causes.24–28 Most authors identify unhealthy lifestyles, particularly heavy drinking and smoking, low physical activity and
Some identify crises in health and social care and the failure of the health care system to address the health needs of the population. A few identify more specific problems, such as the centralized, monopolistic management system, the long-standing neglect of non-communicable diseases, poor environmental conditions, and shortage of drugs. Issues such as income inequality and lack of social cohesion receive little attention, and there is little evidence that relevant research published abroad in international journals is drawn on. In particular, there is little recognition of the differences between the long-term decline in the health of the young and middle-aged and recent fluctuations, or of the western literature on the impact on health of events throughout an individual's life.

**Goals**

Although many publications state that health care reform should address the underlying determinants of health, few indicate clearly the goals of reform. In general, where one was mentioned, improvement in health was seen as an ultimate goal. A few argued that reform should allow the population to have the means by which they could improve their health. Some identified as priorities more specific health problems, such as chronic diseases, trauma, and children's and women's health. Although these documents recognized the broader determinants of health, only a few authors discussed ways that might address them. These included economic growth, changes in lifestyles, and improving the physical environment. More commonly, while the causes are seen as the broader determinants of health, the solutions are largely seen as lying in the health care sector. Some identified as priorities more specific health problems, such as chronic diseases, trauma, and children's and women's health. Although these documents recognized the broader determinants of health, only a few authors discussed ways that might address them. These included economic growth, changes in lifestyles, and improving the physical environment. More commonly, while the causes are seen as the broader determinants of health, the solutions are largely seen as lying in the health care sector. Some identified as priorities more specific health problems, such as chronic diseases, trauma, and children's and women's health.

There were divergent opinions on the strengths and weaknesses of the former communist system. Some argued that it provided universal access, solidarity, and services free at the point of use and so should be preserved. Others saw it as rigid and inflexible and argued for the introduction of market mechanisms. Development of primary health care and greater cost-effectiveness were considered important objectives. However, some also asked whether there was some way of retaining the good features of the old system but also modernizing it.

**Reforming public health services**

There is no direct translation of the term 'public health' into Russian. Two terms are used: 'zdravookhranenie' and 'okhrana zdorovja'. The formal definitions of the terms are similar and incorporate the WHO definition of public health discussed earlier. 'Zdravookhranenie' encompasses the Ministry of Health, regional health authorities, the state Sanitary and Epidemiology Committee (SanEpid), health and pharmaceutical providers and other medical institutions. The Ministry of Health is the executive body responsible for policy development for operating the system. In practice, about half of the publications reviewed used this term in the way that 'public health' might be used in English. Fourteen of the papers, however, used it to refer exclusively to the health services. 'Okhrana zdorovja' refers more to policy on protection of health, as determined by the Federal Parliament and implemented by the Government under the control of the President.

The Ministry of Health formally has equal status with other Ministries but it has very little ability to coordinate the actions of other sectors. The authority of the SanEpid network is even lower. Many publications pointed to the clash between the formal prioritizing of health and the lack of political commitment towards its improvement. For example, 1993 legislation on health protection commits the President to present an annual report on the health status of the population and health policy. However, the draft of the amended legislation of 1997 says that, according to a Presidential Edict of December 1993, this part of the legislation would not be implemented.

There is a particular lack of clarity about how the health care reform process might impact on public health services. To the extent that changes in lifestyle are addressed, it is with reference to what can be done by health care providers. Only a few papers advocated primary prevention, exceptions being proposals to control alcohol and tobacco manufacture, promote low fat foods, ban advertising of tobacco and alcohol, promote low fat foods, and support recreation facilities. Rather more authors associated prevention with mass screening programmes directed at the whole population and the high-risk groups. Many of their proposals would be resource-intensive and would face major difficulties in implementation, with questions about their feasibility in the present financial situation. Proposals included the creation of a network of independent environmental laboratories in parallel with the existing state system, establishment of multiple screening for the entire population of a city, or the establishment of heart disease prevention centres, each staffed by a team of six specialists who would give advice on healthy life-styles. Development of primary care is seen as a means of promoting such activity, although this seems largely to be a simple redesignation of existing polyclinic physicians as general practitioners. These policies highlight an emphasis on inputs and processes, rather than outputs, in the Russian system.

**Prerequisites for change**

The need for appropriate legislation based on comprehensive health policies was identified by many authors as a prerequisite for successful reform. There has, however, been a substantial volume of new legislation over the past 5–6 years. In the 1996–97 session alone, the Federal Parliament considered 79 different instruments related to health and social issues. New laws on Sanitation, Health Protection, Safety at work, and Environmental Protection were enacted soon after the transition. The principles set out in these documents are consistent with
the Health for All model and best international practices. The problem seems not to be a lack of laws, but rather a failure to prioritise and a tendency to ignore them in a situation where there is a lack of capacity to encourage compliance.

Virtually all authors noted the need to increase financial and technical resources, and to enhance the skills of health professionals. However, only two papers suggested involving other disciplines, such as economists. Some authors did advocate training doctors in a range of disciplines, including economics, management and psychology.

It was also apparent that the lack of clarity about the goals of reform extends to the curative sector. Its goals are seen variously as competition between providers; promotion of private for-profit and non-profit health facilities; splitting purchaser and provider, and new ways of paying physicians. Furthermore, there was little evidence that the challenges involved were recognized. Only two papers mentioned the possibility of market failure, and although several authors agreed that some form of state regulation is of greater importance in Russia than it would be in the west as Soviet era legislation was typically restrictive rather than permissive, giving rise to a culture that inhibited initiative. Much of the earlier legislation remains in force and is commonly cited as a justification to oppose change.

Actors

An essential element of modern public health is the adoption of inter-sectoral strategies, bringing together a wide range of actors. Some authors identified this, somewhat narrowly, as involving greater coordination of the care provided by clinics accountable to different Ministries. Some authors identified as key partners the Ministries of Finance, Labour, Trade and Industry; Ecology and education facilities. However, many interviewees noted that links between different Ministries and Governmental Committees that existed previously had been destroyed, and that these sectors were now preoccupied with their own problems.

Public participation in reform was mentioned in several documents, but this seemed largely to be symbolic. Mechanisms proposed included encouragement to express views on reform; discussion of reform at regional level; conducting population surveys; promotion of non-governmental organizations and protecting people’s rights.

Although non-governmental organizations have received much support from international organizations, there was a considerable ambivalence among policy-makers about their role. A few authors argued for development of private not-for-profit and charitable providers.

Several interviewees highlighted the problems emerging at the regional level, where there is a tension between the historical dependence on decisions coming from Moscow and the growing political and financial power of some regions, especially those with natural resources.

Although virtually all publications and interviewees agreed about the urgent need for public health reform, the majority of documents reviewed emanated from governmental, academic and research health institutions, thus representing views of an elite group. Consequently it is difficult to estimate the real scale of the opposition to reform. The need for caution is emphasized by results from one survey that found that, in 1997, only 47% of physicians reported that they supported ‘reform’ and believed that it was developing in the right direction, with 49% thinking that reforms were completely wrong. Only 6% of doctors believed that prevention should be given a greater priority compared to treatment and only 3% of physicians supported the concept of a general practitioner as a new form of primary care doctor.

The challenges

This review has highlighted a series of major challenges facing those who seek to reform public health in Russia. It is confined largely to material published in Russian as the purpose was to examine the only sources accessible to most Russian professionals. It focuses on official documents and the writings of senior professionals, many of which have a semi-official status in the more hierarchical political environment in Russia. These are of greater importance in Russia than they would be in the west as Soviet era legislation was typically restrictive rather than permissive, giving rise to a culture that inhibited initiative. Much of the earlier legislation remains in force and is commonly cited as a justification to oppose change.

Several important findings emerge. It seems surprising just how little of the increasing volume of research, published in the international literature, on the determinants of health in Russia has passed into the Russian literature, although this must be seen in the light of the long-standing isolation of Russian medical professionals from developments in the west. There is a clear understanding that a health crisis exists and some understanding of its immediate causes, but there is little evidence of any consensus on its underlying determinants. There is some acceptance that the economic crisis has affected health but the mechanisms are poorly specified, with the term ‘psychological stress’ used widely but little attention to debates in the west on factors such as social inequalities and social cohesion. There is limited recognition of research that has been undertaken specifically on health in Russia. This is especially surprising as much of it has been conducted by Russian demographers, such as those at the Centre for Human Ecology, but whose work seems to be ignored by senior professionals in their own country. This has, however, provided important new insights about the nature of the threats to health, such as the importance of drowning as a cause of avoidable death among children, the role of alcohol, and regional, gender and social inequalities in health, and has major implications for policy.

There is an urgent need for this research to be translated and disseminated within Russia. The rapid spread of Internet access offers a mechanism to do so at relatively low additional cost.

The goals of reform and the strategies to implement them are poorly defined. The conflicting opinions about what exactly the reforms of the health sector are intended to achieve is perhaps unsurprising in view of the complexity and ambiguity of the current plans. Terms such as ‘market’ and ‘insurance’ are used loosely and with little recognition of the reality that, in many regions, it is impossible to implement meaningful reform.
because of the inability to collect revenue. There are many different actors, often poorly equipped for their uncertain and overlapping roles. This fragmentation of the previous system is not unique to the health care sector and has affected all aspects of Russian society, with a substantial weakening of the role of central government as regions and private enterprises take on increasing responsibilities. The transition from a command economy to one based on pluralism requires a range of new skills in areas such as regulation, creation of appropriate incentives, and training, all of which take time to develop. These weaknesses are seen in the gap between the identification of problems and the generation of solutions, with a failure to specify what a particular approach will achieve and how this will be measured. Reform of public health faces additional problems in that ‘public health’ is not clearly defined, with considerable confusion and overlap between terminologies.

There are also unresolved tensions about how best to balance the best features of the old and new systems, and while there is commitment to the principals of Health for All, such as intersectoral action, the concepts are poorly understood. Furthermore, there is little understanding of how the public or non-governmental organizations might contribute to reform.

As far as can be ascertained from the available literature and from those interviewed, the capacity for reform is weak. There is almost no recognition of the importance of multi-disciplinary work and strategies are based almost entirely on a medical model. With one exception, there is very little information on willingness to change or on either opportunities for or barriers to reform. Barriers to change would not be unexpected given the major debts faced by many health care providers, the complex system of incentives created by informal payments, and the importance of health care as a source of employment.

On the other hand, the recognition of the health crisis and the weaknesses of the previous system are recognized at the political and professional levels, and the formal support for the principles underlying Health for All by Russian health policy-makers provides opportunities. However, a clearer definition of national goals and priorities, as well as of the implications of alternative policies, are needed. The strategies proposed to achieve the goals should not only be effective and evidence-based, but also realistic and feasible in the Russian context.

This work re-emphasizes the need for a commitment to major reform of public health structures, processes and capacities at the highest political level if the challenges to the health of the Russian people are to be confronted. At the very least, this should ensure that the growing volume of research on the determinants of health in Russia, and on successful implementation of health care and public health reform, become much more widely available to those responsible for decision-making in Russia so that an informed debate on goals and strategies can take place.

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