

The enigma of Russian waves and not so bad prospects

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In the past 25 years, mortality in Russia has been a subject of thorough studies by the best demographers and public health specialists.¹ The ups and downs of the curve of mortality are unprecedented in recent human history, both in amplitude and in the total regress in longevity during the peaceful years. The explanations for the mortality waves offered up to date are heavy Russian drinking, disappointment with reforms,² and stress of privatization,³ just to mention a few. These explanations are likely to be true at best only for some segments of the wave pattern.⁴ But if they are not applicable to the next wave, are they true explanations?

There is a fresh idea in the field. There is a possibility that longevity of Russians is effectively influenced by the funding of health care.

In the 1990s, after the Russian Federation became an independent state, the funding of health care decreased year after year and had recuperated to the level of year 1991 only in 2006.⁵ After 2000, the rise of the oil prices fed the Russian economy, and part of this input was shared with the health care system. First, the special free drug delivery system was introduced in 2005. Being ineffective, it was *de facto* converted into financial support for eligible people—they take their ‘drug money’

away from the system, at least 80% of them. Next, the ‘Priority National Project Health’ was initiated in 2006, which prepared chairman D. Medvedev to the presidency and poured more money in to the health care system. Since 2010, the health care tax in the form of compulsory health care insurance has increased. It was used by federal bureaucracy mostly to buy equipment and fix the hospital buildings, but, anyway, additional money arrived to the system.

Recently, G. Ulumbekova, who is a strong proponent of the unified national health care system for Russia, prepared the analysis, yet unpublished in full, to show that a 50% increase in the state funding of the health care is needed. Why this increase? Because at a 50% increase of funding, the life expectancy at birth may be 74 years—the announced national goal. Of course, the 50% increase it is too far reaching extrapolation, but look at the line: how nicely the dots are set around (figure 1)!

The idea of increasing life span by investing in health care is well known. Usually, it is thought that only investments in poor countries with low initial level of funding are effective. Russia is an upper middle income country, but with low budget health care spending. The proof for the idea recently arrived from the other end of the spectrum—from the USA, a country with most expensive health care. It was shown that an increase in the access to Medicaid is followed by an increase in longevity in the intervention, but not in control states.⁶ One may say that it is not about funding but about the support to the vulnerable group. But, anyway, it is about the power of the simple financial tools in the modern world.

Why should we be interested in this perspective? Because I continue to think that connection of the Russian mortality to alcohol consumption is mostly the epiphenomenon of poverty. Probably, when people have more resources than needed for a bottle of vodka, they start to spend them more wisely. If the state wisely spends money for the needs of the people, including health care, again the output may be as good as we see these years in Russia.

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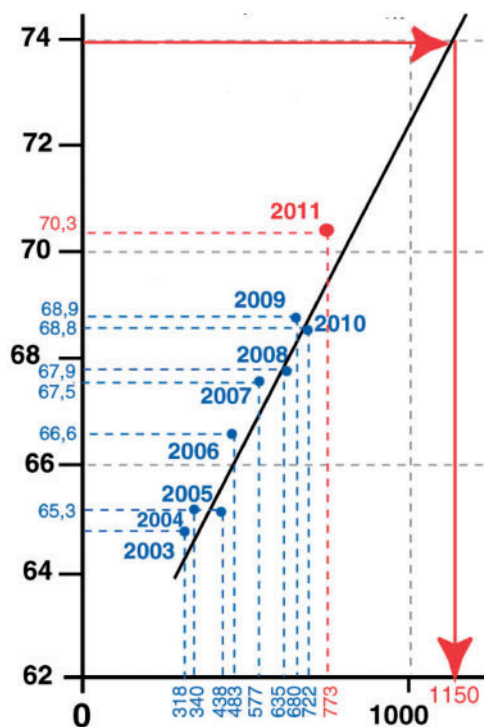


Figure 1 Life expectancy in Russia at birth (ordinate, years) vs. state health care spending (abscissa, Russian roubles in US dollars equivalent purchasing capacity). Prepared using data from RosStat (Russian State Statistics Committee, gks.ru.) by G.E. Ulumbekova and V.V. Vlassov