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Russia: thirty years in transition

Vasily V. Vlassov

National Research University Higher School of Economics, Moscow, Russia

Correspondence: Vasily V. Vlassov, National Research University Higher School of Economics, e-mail: vlassov@cochrane.ru

Thirty years ago, in 1988, the Communist Party of the USSR held its 19th Conference, declaring a turn from the totalitarian past to a democratic future, to life built upon common human values. The country entered a deep transformation, '*perestroika*'. The year 1988 ended with Gorbachev meeting Reagan. In 3 years Russia would declare independence from the greater USSR. The Soviet Union had outlived its vitality and usefulness and voluntarily imploded. A useful comparator is Europe, 1945, ruined in the Great War. The next 30 years Europe saw flourishing of technology, trade, governance and prosperity. Though 30 years have elapsed since the Soviet fall, Russia remains in a churning transition of doubtful accomplishment unleavened by the passage of time. Indeed, since 1988, Russia has forfeited any real chance of improving the nation's health and health care system.

Health care was a high-stakes matter during *perestroika*. Soviet hospitals were dilapidated. While Moscow 'show hospitals' roughly matched Western standards, in provincial areas I saw surgeons demonstrating how they used wires as catheters and plastic bags to accomplish hermetic wound closure.

Inequality of access to health care was striking. The special KGB construct 'Fourth Department of the Ministry of Health' provided care to top USSR bosses, and special hospitals for party chieftains could be found in every province of the USSR. Leader of the anti-Gorbachev movement, populist and the future first president of Russia conspicuously de-registered from the special medical department and signed up to be seen in city polyclinic. Soon the Fourth Department was defunct. But old ways die hard in Russia, and little time elapsed before the new Russian government re-established a special hospital for the new elite in the presidential administration.

The most important problem of health care is the same in Russia as everywhere: underfunding. In 1993, compulsory health medical insurance was introduced to supply funding from the state budget. In less than a year, however, the budget share was reduced by the same size. An influx of oil revenue after 2000 compensated the previous reduction of funding only by 2006, when expenses for health care had increased to the poor level of 1991. Since 2013 the funding of health care has been subsiding and now finds itself at 3.2% of GDP. The cause? During 16 of 26 years of its existence during the post-Soviet era, Russia has been at war. Expenditures for arms and ordnance are depressingly high.

But the problems do not end there. Indeed, the major problem is decision-making in health care reform. The term 'health care reform' is not in official use in Russia, but euphemisms certainly are: 'optimization', 'National Project "Health"', 'Enhancing structural efficiency', 'Program "Development of Health Care"' and so on.¹ Following the oil fiscal blessing, additional money was spent mostly for pre-ordained purposes such as mass purchasing of expensive equipment or construction of new facilities. Predictably, buying costly devices led to the infamous chain of the 'tomography

acquisition' criminal cases. Other hamfisted initiatives are equally exemplary of dysfunction.

Attempts at improving mechanisms for providing prescription medications are rather revealing. Since Soviet times, the nation has offered no free drug provision for ambulatory care. Free or reduced-price drugs were provided only for veterans of war, invalids and select other citizens. In 2005, the existing privileges of these people morphed from the government actually providing drugs and into to the monetary subsistence of equal pecuniary value. Naturally, that following year two-thirds of eligible people elected to get cash instead of the free drugs. Officials continue to blame the citizenry for 'egoism', but did not try to correct legislation.

The list of drugs selected for the drug provision program had been, in many instances, quite frivolous. Hemophilia, for a good example, was included in the program, and the provision of treatment improved. But because the law defined invalids as eligible for free drugs, the number of invalids sharply increased and policy needed years to reformulate eligibility criteria enough to provide prophylactic treatment for hemophiliacs. Meanwhile, along with essential drugs the list included expensive and low-value drugs like interferon-alpha for hepatitis B and interferon-beta for multiple sclerosis. During a single exemplary year, authorities realized that a small number of drugs consumed the majority of the program budget. The solution was not to change the list, neither to improve the program, but to create a new program for these expensive 'Seven Nosologies' with guaranteed funding from the Federal budget beginning in 2008.

Another example is the orphan drugs program. Russian health care law recognized in 2011 the notion of orphan drugs and the right for free drug therapy for people suffering from life-threatening rare conditions. Unfortunately, the 'free provision' was declared without any cost analysis, and since then all regional administrations in Russia are struggling in courts with patients demanding care that utterly cannot be afforded by regional budgets.

The origin of the many problems of Russian health care is the absence in law of any provision for the health technology assessment, for decision making based on cost-effectiveness. When, by the estimate of the leading oncologists, only 1/3 of cancer patients have access to the appropriate care, hospitals obtain surgical robots and purchase homeopathic drugs. Only rare advanced hospitals use evidence-based medicine principles to optimize drug and equipment purchasing.

Of course, the raindrops of oil money after 2000 brought some green to health of Russian people, including increasing life expectancy to the best level Russia has ever had. During last 10 years the access to thrombolytics for acute myocardial infarction increased as well as for some other interventions.² But, in general the state of the health care is grim, and most citizens know this well. This is the outcome of insufficient funding, the absence of scientifically sound program of reform and tragically faulty

decision-making. Thirty years later the state of the Russian health care is only slightly better than in 1988.

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