



# Meeting Health Challenges in the Russian Federation



IBRD Results

## SYNOPSIS

Russian men and women face far shorter life expectancies than people in developed countries, as much as 16 years shorter than their neighbors in Europe. Since 2003, the IBRD has worked with the Russian authorities, local institutions, and international partners to help address the social problems and institutional constraints contributing to this poor health picture, yielding significant results particularly in fighting tuberculosis and HIV/AIDS.

## Challenges

While Russia has made remarkable progress in many respects since the economic crisis of the late 1990s, it will struggle to meet its full potential without the improvement of health conditions among its population. Indeed, Russians live much shorter lives than their European neighbors. Russian men and women today have a combined life expectancy of 66, about 14 years below the life expectancy of those in the European Union and two years below the average in the countries that are part of the Commonwealth of Independent States (CIS).

The roots of this disparity transcend Russia's health care system. High mortality and morbidity rates in Russia, well above those in developed countries, are caused primarily by non-communicable diseases (such as heart disease, strokes, cancer) and injuries, mostly from road traffic crashes. These are influenced by the aging of the population, urbanization, changing lifestyles, and risky behaviors, including smoking, alcohol abuse, poor nutrition, and sedentary lifestyles. At the same time, since the early 1990s, factors including poverty, the under-funding of health services, and technical inadequacies have also contributed to Russia having one of the highest rates of tuberculosis (TB) in the world. This has

*"The best way to tell this story is by the results. During the last five years of its implementation the project helped reduce TB prevalence rate by 20 percent and TB mortality rate by 33 percent in the institutions of the Federal Correction Service. By the end of 2008 overall implementation of the TB/AIDS Control Project resulted in increasing coverage of TB patients by bacteriological tests up to 95 percent."*

**Svetlana G. Safonova, Chief, Medical Administration of the Federal Correction Service (Prisons) of the Russian Federation, Doctor of biological sciences**

been aggravated by the spread of multi-drug resistant TB and HIV/AIDS.

Addressing the social aspects behind the poor health picture in the Russian Federation, in addition to boosting health spending, is essential to improving the quality and length of life in Russia. The IBRD works with the Russian authorities on just such an approach, one that addresses social determinants as well as the inefficient and ineffective arrangements that govern the organization and financing of health service delivery.

## Results

Together with international partners and Russian institutions, the IBRD between 2003–2009 provided finance and technical advice to Russia’s federal and regional governments, attacking these health problems across a broad front and achieving real and sustainable gains, particularly in the areas of TB and HIV/AIDS. Outcomes include:

- TB mortality in the total population decreased by 15.4 percent from 2006 to 2007 and among prisoners—the most affected group—TB deaths dropped by 37.5 percent.
- The rate of increase in HIV prevalence dropped by 7.7 percent between 2006 and 2008. HIV-positive infants born to HIV-infected women decreased from 13.6 percent to 9.8 percent between 2004 and 2008.
- Between 2004 and 2008, Russia achieved a 13 percent reduction in road injury deaths.
- Health service improvements contributed to positive gains in population health outcomes as measured both in terms of decreased infant mortality rates and increased life expectancy of the population (above the average in the country) in the Chuvash Republic and Voronezh Oblast—the pilot regions under an IBRD-funded health services restructuring project.
- Between 2003 and 2007, case detection among persons presenting TB symptoms using sputum smear microscopy increased by 32.8 percent. There was also a 72.7 percent increase in TB patients receiving the standardized treatment regimen, including directly observed treatment.
- New guidelines for HIV/AIDS prevention, diagnosis and treatment were developed by the Ministry of Health and Social Development from 2005 to 2007, helping put in place a new normative framework for service delivery in the country.

### Restructuring the regional health care delivery systems

The regional health systems in the Chuvash Republic and Voronezh were restructured to increase the access, quality and efficiency of health services, offering alternative models for improving the organization of service delivery to other regions in the country, as follows:

*“At the beginning, we had some troubles, mostly because the role of high-tech methods for fighting TB in the World Bank project had been underestimated. However, gradually we overcame all difficulties, and the work went on very friendly terms. In our computer-intensive time, everybody knows what hardware and software is. I would say that the hardware part—meaning purchase of different equipment for the anti-TB institutions in Russia—played a key role in the project. However, the software part was even more important. The software part included learning and educational programs carried out in cooperation with the World Bank, and programs aimed at improving TB prevention and the organization of TB treatment. Thanks to cooperation with the World Bank, we have managed to improve the level of TB awareness and treatment.”*

**Mikhail I. Perelman, Chief TB Specialist of Russia, Director of the Institute of Phthisiology and Pulmology of the Moscow Medical Academy**

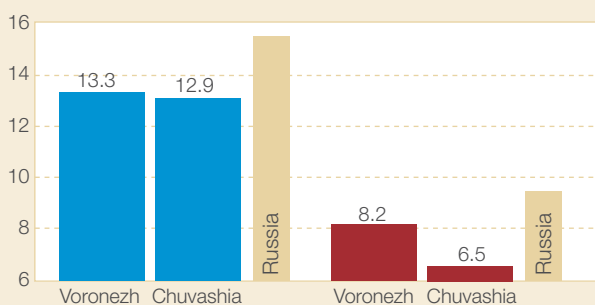
- In 2008, general practitioners delivered care to about 65 percent of the population in the Chuvash Republic, up from 13.1 percent in 2003, and in Voronezh, from 3 percent to close to 30 percent.
- Between 2002–2008, a major reduction of unnecessary and costly 24-hour beds was achieved: in the Chuvash Republic, by 18 percent, while in Voronezh by 24 percent.
- At the same time, the average length of stay per in hospitals in the Chuvash Republic was reduced from 13 days in 2002 to 12 days in 2008, and in Voronezh from 13.9 days to 11.8 days, below the average stay across Russia of 13.8 days.
- The number of day care beds out of the total number of beds increased to 18 percent up from 7 percent in Voronezh, and in the Chuvash Republic from 9 percent to 21 percent
- Patient satisfaction increased from 48 percent to 65 percent in Voronezh, and from 67 percent to 73 percent in the Chuvash Republic over 2002–2007.
- **Health Finance.** The Chuvash Republic transitioned to a primarily single-channel system of health finance (pooling of funds from different sources), contribut-

ing to a reduction in fragmentation of sector finances as well as an increase in the overall level of financing to the sector.

- A performance-based remuneration system for GPs was also introduced in Chuvash Republic; it is based on employment contracts between the administration of the health facility and the GP, specifying a basic salary rate and additional contracts specifying a variable part of remuneration directly dependent on the achievement of priority health services targets (e.g., number of children receiving a complete immunization schedule—when each vaccine or series of shots is to be given). The adoption of this mechanism is helping consolidate the restructured health system around the delivery of primary health care services closer to population centers.

**Health Outcomes.** Average life expectancy in the two regions is increasing and infant mortality is declining faster than in the rest of Russia. While it is not possible to link these gains in population health outcomes solely to health system improvements supported under the IBRD project in the two regions, they contributed to the positive developments experienced by the regions over the 2002–2007 period (see below).

**Figure 1. Infant Mortality**



### Strengthening the stewardship function of the Ministry of Health at the federal level

- Close to 500 clinical standards and protocols were developed for the provision of specialized inpatient care, outpatient care, and for emergency medical care.
- Guidelines for human resources remuneration, as well as national and regional models of health care financing, were developed and adopted.



- National and Regional Health Accounts System established to monitor financial flows in the health system.

### Advocacy and support for the adoption of cross-cutting policies in health

Recent Government policies and measures adopted to deal with the social determinants of health are:

- National “Healthy Lifestyles” Program adopted by the Government, to be implemented as a priority program over 2009–2010.

### Improving Road Safety:

The ongoing “Federal Targeted Program for Ensuring Road Traffic Safety 2006–2012” is strengthening institutional arrangements and ongoing results-oriented road safety programs. An inter-governmental commission was established to oversee program delivery and achieve a targeted one-third reduction in deaths by 2012 compared to 2004, particularly through enforcement of seat belt use and prevention of drunk driving, wearing of helmets). As a result of these efforts, road traffic fatalities were reduced by 13 percent over 2004–2008.

## Approach

### Financing

Since 2003, IBRD has financed two federal-level investment projects in the health sector in Russia, and in partnership with the International Finance Corp. (IFC), the first sub-national lending project without sovereign guarantees in the social sectors globally. The total amount of funding for these projects was US\$187 million. The projects are:

Russia's leadership is strongly supporting efforts to reform the health system, recognizing the considerable lag between economic prosperity and improvements in the lives of Russians:

*"We cannot reconcile ourselves to the fact that the life expectancy of Russian women is nearly 10 years and of men nearly 16 years shorter than in Western Europe. Many of the current mortality factors can be remedied, and without particular expense."*

**Vladimir Putin, President of the Russian Federation in the State of the Nation Address, Federal Assembly, 4/25/2005**

*"The main challenge now is to translate these economic successes into social programs to show that developing the economy improves the lives of every Russian citizen. In recent times we have begun to implement some social programs in the areas of education and health care and I believe that it's very important to maintain and develop these programs, getting on with the full-scale modernizing of work in health care and education."*

**Dmitry Medvedev, President of the Russian Federation, Interview with the Financial Times, March 24, 2008**

**TB/AIDS Control Project.** The IBRD provided a loan of US\$150 million over 2003–2008 to the Federal Ministry of Health and Social Development and the Federal Corrections Department of the Ministry of Justice in charge of the prison system, to:

- Develop policies, standards and guidelines in line with international standards for prevention, diagnosis, treatment and follow-up of patients with TB and HIV.
- Strengthen laboratory services to support early detection, improved diagnosis, treatment and follow-up of patients, including prison inmates; train health personnel; provide essential TB drugs; further develop the monitoring and epidemiological surveillance systems. These investments, complemented by those from the Global Fund to Fight AIDS, TB and Malaria, were critical to strengthen the national programs. Most of Russia's 86 regions received support under this project.

**Health Reform Implementation Project (HRIP).** The IBRD provided a loan of US\$30 million to the Federal Ministry of Health and Social Development and the governments in the Chuvash Republic and Voronezh Oblast—the pilot regions under the project—over 2003–2008. These funds aimed to improve the stewardship function at the federal level and to test new approaches to restructuring the organization of service delivery at the regional level for future use in other regions.

**Sub-National Lending to Support Health Services Improvements.** In 2009, a US\$7 million sub-national loan for the Chuvash Republic was approved involving both IBRD and IFC of the World Bank Group. The project builds on the implementation of the HRIP and is supporting the implementation of the second phase of the health system restructuring program in the region, focusing on building service delivery capacity to deal with cardiovascular diseases and trauma, the leading killers and main causes of ill health and disability. Dialogue with other regions has been initiated for the use of this instrument.

### Analysis and Policy Advice

Stand-alone research and advisory services have become an essential and increasingly important component of the assistance offered by IBRD in the health sector in the Russian Federation, providing an objective and evidence-based foundation for supporting the definition of strategic priorities and informing policy dialogue and decisions on programs in the health sector. Analytical reports and advisory services encompassed non-communicable diseases and injuries (as the leading killers in the Russian Federation), road safety, improved public spending, and health system reforms.

**Fee-based Services for Assisting in the Restructuring of the Health Care Delivery System in the Khanti-Mansiysk Autonomous Region (KM) and non-reimbursable support in the Kirov Region.** The IBRD is using new tools in the Russian Federation such as fee-based services, along with sub-national loans without sovereign guarantees, to directly support regional governments to diagnose and develop service delivery improvements. The technical services provided by IBRD staff and international experts in the KM health sector have helped to develop health system



restructuring proposals to be implemented in 2010. Similar support was provided for the development of a master plan for guiding the rationalization of health facilities in the Kirov region.

**Flagship Course on Health Reform at the Regional Level.** In 2006–2007, IBRD in partnership with World Bank Institute, adapted the global Flagship Program on Health Reform and Sustainable Financing for delivery at the regional level in the Chuvash Republic and Voronezh. This training activity, which was co-funded with the Canadian International Development Agency and regional governments, involved leading Russian and international specialists and aimed to build capacity and transfer pertinent skills and knowledge at the highest decision-making levels for the management and operation of the health system in these two regions, complementing the activities under the HRIP. More than 100 officials were trained.

**Disseminating international experiences through the Global Distance Learning Network (GDLN).** Over 2005–2008, a series of videoconference events connecting Moscow, selected regions, and different countries were held to facilitate the sharing of experiences on health sector reform by leading international experts. Topics included integrated health networks, family medicine, the quality of medical care, electronic medical records, and health financing mechanisms. Russian participants included policy makers, managers, and academicians at both the federal and regional levels. Evaluation of the events indicated that the participants felt that the content of presentations addressed key issues and challenges that they were facing in their respective regions.

### Partners

IBRD teams built agile, flexible and effective partnerships with diverse institutions in the health sector to mobilize high-level expertise, as well as to better coordinate activities and avoid duplication and waste of resources in supporting the Russian Government. To this end, collaborative relationships were established with specialized UN and bilateral organizations, such as the World Health Organization, UNAIDS, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Canadian International Development Agency, USAID, and the US Centers for Disease Control and Prevention, the International Transport Forum, the OECD, the U.K Department of Health, the Canadian Public Health Agency, the Finish National Institute of Public Health, the Bloomberg Tobacco Initiative, and many others. Funding was also mobilized from a Gates Foundation grant administered by IBRD.

### Next Steps

The Government of the Russian Federation is now committed to increasing public spending on health care. In order for the additional funding to help deliver better health outcomes, it is crucial that current and future investments target high priority disease areas, is driven by evidence of comparative clinical efficacy and cost effectiveness, and puts in place appropriate institutions and organizational and service delivery arrangements to develop and implement evidence-based investment decisions by the federal and regional governments.

It should be clear, however, that most health challenges in the Russian Federation need to be addressed through broad policy and institutional reforms at the federal, regional, and municipal levels covering many sectors and not only the

health system. To improve health outcomes over the medium and long term, the proposed reforms need to be implemented in tandem with other strategies across a number of relevant sectors to ensure overall coherence of effort.

## LEARN MORE

### VIDEO

“Stopping Epidemics, Saving Lives” Tuberculosis and AIDS Control Project: <http://ecareresults.worldbank.org>

### STORY

**Confronting “Death on Wheels” Making Roads Safe in Europe and Central Asia:**

<http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/ECAEXT/0,,contentMDK:22398460~pagePK:146736~piPK:226340~theSitePK:258599,00.html>

**Is Health Care Reform Possible in the Russian Federation? Emerging Evidence from the Chuvash Republic and the Voronezh Oblast:**

<http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/ECAEXT/RUSSIANFEDERATIONEXTN/0,,contentMDK:21972830~menuPK:305621~pagePK:141137~piPK:141127~theSitePK:305600,00.html>

**A Turning Point in the Fight against Tuberculosis:**

<http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/ECAEXT/RUSSIANFEDERATIONEXTN/0,,contentMDK:21098113~menuPK:305621~pagePK:141137~piPK:141127~theSitePK:305600,00.html>

**Despite Swift Spread of TB, Russians May Reject Big Loan:**

<http://www.nytimes.com/2001/05/06/world/06RUSS.html?scp=1&sq=Mikhail%20Perelman&st=cse>

### ECA RESULTS 2009

**Russia – Stopping Epidemics, Saving Lives:**

<http://intranet.worldbank.org/WBSITE/INTRANET/INTCOUNTRIES/INTECA/0,,contentMDK:22042381~pagePK:145785~piPK:146087~theSitePK:257897,00.html>

### WEB

**HIV/AIDS in the Russian Federation website:**

<http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/ECAEXT/EXTECAREGTOPHEANUT/EXTECAREGTOPHIVAIDS/0,,contentMDK:20320143~menuPK:616427~pagePK:34004173~piPK:34003707~theSitePK:571172,00.html>

**Health, Nutrition and Population website** (different reports prepared on Russia’s health issues can be downloaded):

<http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/ECAEXT/EXTECAREGTOPHEANUT/0,,contentMDK:20542292~pagePK:34004173~piPK:34003707~theSitePK:511545,00.html>