

Chapter 5

Further action

Although it achieved much in the first half of the 20th century, ensuring that basic health care was delivered to a poor and widely dispersed population, the Soviet health care system failed to adapt to changing circumstances. From the mid-1960s onwards, diversion of resources to the military–industrial complex, coupled with the stifling effect of communist ideology on innovation, meant that the USSR was unable to take advantage of the developments in pharmaceuticals, technology, and evidence-based medicine that were of growing importance in the West. This was apparent from an analysis of avoidable mortality rates. These are deaths from causes (for example diabetes or asthma) that should not occur prematurely in the presence of timely and effective care. Death rates from these causes in the USSR were comparable to those in western countries in the mid-1960s but subsequently, as they fell rapidly in the West, they remained stubbornly high in the USSR (Andreev et al. 2003).

In the post-independence period, the Russian Federation, like its former-Soviet neighbours, has undergone a series of health care reforms (Tragakes and Lessof 2003). It has made a relatively successful transition to a funding model based on health insurance, although a significant minority of already marginalized people remain outside the system (Balabanova, Falkingham and McKee 2003). It is, however, the delivery of care that has proven much more resilient to change. The design, configuration, and geographical distribution of many health facilities reflects the Soviet period, in which large numbers of staff substituted, to some degree, for the lack of modern technology, in both clinical and support services. Soviet medicine was largely isolated from developments elsewhere and even now many clinical practices are incompatible with scientific evidence. Although strenuous efforts have been

made to retrain the health workforce, the experience with family medicine, where efforts have been concentrated, indicates the scale of the challenge ahead (Rese et al. 2005).

Yet while there is still much to be done to ensure that the health care system is able to address the needs of the Russian population, in particular to prevent the consequences of existing disease, such as better control of high blood pressure, the greatest gains are likely to be upstream, deriving from the design and implementation of healthy public policies. The Government of the Russian Federation is currently developing a federal programme for the prevention and control of the NCDs that are the major causes of the poor health of its population. This programme will require the development of policies and strategies at federal level that can complement and enable implementation of priority intervention programmes in regions and municipalities.

There are several areas in which action is urgently needed. The immediate causes of the high level of premature mortality in the Russian Federation, compared with western countries, are CVD and injuries and violence. The major risk factors underlying this high burden of disease in the Russian Federation include hazardous alcohol consumption, smoking, and inadequate diet. Looking ahead, the threat of a marked increase in HIV/AIDS cannot be ignored.

While the health consequences of heavy drinking in the Russian Federation have long been recognized, more recent work is quantifying the scale of this problem. This suggests that at least 40% of deaths in young and middle-aged men can be attributed to hazardous drinking. A particular concern is the widespread consumption of alcohol-containing substances, such as aftershaves and technical spirits that are not intended to be drunk. As they are untaxed, but contain up to 96% ethanol, they are a cheap and easily available source of alcohol for many people (McKee et al. 2005).

Smoking has been common among Russian men for several decades, but less common among Russian women. This is now changing in the face of massive marketing efforts by international tobacco companies, with recent increases among women in rural areas (Bobak et al. 2006). Urgent action is needed if the forthcoming epidemic of smoking-related diseases among Russian women is to be slowed down.

The traditional Russian diet is energy dense, with a high fat content and few vegetables. This is changing as retail distribution systems respond to the incentives created by the market. Thus, it is now possible to get year-round fresh fruit in many places where this was previously impossible. However, the

market has also brought threats, in the form of western fast-food outlets. It will be necessary to develop effective, multifaceted nutrition policies that reflect this changing environment.

Finally, there is a need for an appropriate response to the high burden of injury. This is complicated by the diverse forms of violent death, which range from traffic and industrial injuries to homicide. However, as the experience of other countries has shown, with appropriate multi-agency working, much can be done.

As the previous chapters of this report have shown, the economic cost of the high burden of disease in the Russian Federation is great. It will continue to act as a drag on economic growth in the future unless effective action is taken. This chapter can only act as a pointer to what is needed, but it does provide a starting point.