HEALTH SECTOR DEVELOPMENT
PRIORITIES IN THE RUSSIAN FEDERATION

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Public health policy regards individual life and health as a prerequisite of national security.

Draft federal law: 
On Public Health

«For the purposes of sustainable socio-economic development of the Russian Federation, a priority of public policy was given to public health preservation and promotion, building upon healthy lifestyle and more access to quality health care.»

RF Health Sector Development Policy through 2020
RF Presidential Decree 204 of 07.05.2018: National RF Development Goals and Strategic Objectives through 2024

National projects

Demography

Health

Education

Housing and urban environment

Ecology

Safe and quality motorways

Labor productivity and employment

Science

Digital economy

Culture

SMEs and individual enterprise

International cooperation and export
## Pilot Public Health Development Programme RF

### Public Health National Project

<table>
<thead>
<tr>
<th>FEDERAL PROJECTS</th>
<th>GOVERNMENT AGENCIES’ TARGET PROGRAMMES</th>
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<tr>
<td>Primary care</td>
<td>Health care provider capacity building/professionals</td>
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<tr>
<td>Cancer</td>
<td>Guidance of national medical research centers</td>
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<tr>
<td>CVD</td>
<td>Unified digital health sector loop based on the integrated public IS</td>
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<tr>
<td>Children’s health, including modern pediatric care infrastructure development</td>
<td>Medical services export promotion</td>
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**PROJECTS:**

- Primary care
- Cancer
- CVD
- Children’s health, including modern pediatric care infrastructure development

**PROCESSES:**

**GOVERNMENT AGENCIES’ TARGET PROGRAMMES**

23 targeted programmes, including Communicable Disease Prevention and Social Significance (notifiable) CD Control.
HARMONIZING PUBLIC HEALTH PROGRAM AND NATIONAL PROJECT GOALS

**GOAL:** Extending life expectancy at birth by 2024 up to 78 years, up to 80 by 2030

**Отраслевые цели**

**HEALTH SECTOR GOALS**

- Decrease productive age population mortality down to 350/100 000, with 450 for circulatory diseases, 185 for neoplasm, including malignant, and 4.5/1000 for newborns

- Universal screening coverage (at least once a year)

- Ensure optimal access to primary health care providers, also for remote rural communities

- Optimize primary health care provider performance (less waiting time, simplified appointment making)

- Closing HR gap at primary health institutions

- Increase medical services export by min. 4 times versus 2017 (up to USD1 bln/year)
FEDERAL PROJECT:
PRIMARY HEALTH CARE DEVELOPMENT
### Health Sector Structure

#### I

**Feldsher and Feldsher/OB/GYN Stations; Ambulatory Clinics and GP Offices**

- Municipal health institutions, providing the following:
  - Primary care,
  - Palliative care;
  - Ambulance care, including specialized services;
  - Specialized services (excl. hi tech), mostly therapeutic, surgical and pediatric.

#### II

**Inter-Regional Specialized Care Follow-Up Dispensaries**

- Health institutions, providing mostly specialized services (excl. hi tech) in some municipalities.

#### III

**Federal Health Institutions**

- Hi tech medical service providers

#### IV

**National Medical Research Centers**

- Health institutions in charge of centralized guidance; supervision of specialty 3rd tier care health institutions in RF regions, providing hi-tech medical services.

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The Decree also approved requirements to health care provider placement in small communities. For instance, communities with over 101 residents and over 6 km from nearest health care provider are to be served by a feldsher or feldsher/OB/GYN station, including outreach services.

<table>
<thead>
<tr>
<th>n residents</th>
<th>DISTANCE FROM OTHER HEALTH INSTITUTIONS</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>&lt; 6 KM</td>
</tr>
<tr>
<td>&lt; 100</td>
<td>Households and outreach services</td>
</tr>
<tr>
<td>101-300</td>
<td>Households and outreach services</td>
</tr>
<tr>
<td>301-1 000</td>
<td>Feldsher station and feldsher/OB/GYN station (outreach possible), regardless of distance</td>
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<tr>
<td>1 001-2 000</td>
<td>Feldsher station and feldsher/OB/GYN station (outreach possible)</td>
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<tr>
<td>&gt; 2 000</td>
<td>GP unit, ambulatory clinic, regardless of distance (outreach possible)</td>
</tr>
</tbody>
</table>
Primary care providers report 60% of all health care delivery

38%  Prophylaxis visits  62%  Acute status and new disease visits

FOLLOW-UP DISPENSARIES, OCCUPATIONAL CHECKUPS, DISPENSARY FOLLOW-UP

60%  Prophylaxis visits  40%  Acute status and new disease visits

- Healthy lifestyle
- Early case detection
- Fast emergency care provision
- Evidence-based and patient-focused medicine
- Acute condition prevention and chronicity slowdown (follow-up dispensary)

Mortality can be decreased solely by lowering it at physicians’ catchment areas
GIS MH RF includes:

- Health institutions and their departments: 81,000
- Communities: 156,000

RF map with the health institutions and their departments, involved in regional government commitments (benefits) programme.
FEDERAL PROJECT
CANCER CONTROL
<table>
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<tr>
<th>Goals</th>
<th>Expected results</th>
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<tbody>
<tr>
<td>Decrease mortality from neoplasm, including malignant down to 185/100 000</td>
<td>85 regional cancer control programmes developed</td>
</tr>
<tr>
<td>Increase share of malignant neoplasm, detected at Stage I and II, up to 63,4%</td>
<td>Community education campaigns held on cancer prophylaxis, early detection and enhanced compliance to treatment</td>
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<tr>
<td>Increase share of patients with malignant neoplasm and on record for 5 and more years up to 60 %</td>
<td>Ambulatory cancer center network established in 85 regions RF</td>
</tr>
<tr>
<td>Reduce one-year survival rate of patients with malignant neoplasm down to 17,3%</td>
<td>Regional cancer institution network (follow-up dispensaries/hospitals) in 85 regions provided with new equipment and facilities</td>
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<td></td>
<td>18 federal and inter-regional reference centers established (IHC test, pathomorphology, X-ray)</td>
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<td>Regional centralized system implemented: Health Care to Cancer Patients</td>
</tr>
</tbody>
</table>
PUBLIC POLICY BASICS: COMMUNICABLE DISEASE CONTROL

FEDERAL LAWS:
- FL 38-FZ of 30.03.1995: HIV Proliferation Prevention in RF
- FL 77-FZ of 18.06.2001: TB Proliferation Prevention in RF
- FL 157-FZ of 17.09.1998: Communicable Disease Immunoprophylaxis

STRATEGIC DOCUMENTS:
- National Security Strategy RF, approved by Presidential Decree 683 on 31.12.2015
- State HIV Control Strategy in RF through 2020 and later, approved by Government RF Resolution 2203-r of 20.10.2016 (Strategy)
- Strategy Implementation Plan, approved by Government RF Decree 754-r on 20.04.2017
- Antimicrobial Resistance Control Strategy for RF through 2030, approved by Government RF Resolution 2045-r on 25.09.2017
GOVERNMENT AGENCY-RELATED TARGET PROGRAMME:
SOCIALY SIGNIFICANT DISEASE PREVENTION AND CONTROL
- Improve regulatory framework;
- Implement efficient SS CD prevention programmes;;
- Ensure quality and efficient diagnosis and treatment monitoring for SS CC at the modern methodological level;
- Improve epidemiological surveillance, based on inter-agency coordination;
- Improve treatment effectiveness of SS CD patients receiving required medications.
Basics of public biochemical security policy RF through 2025 and later, approved by Presidential Decree 2573 on 01.11.2013.

Draft federal law: Biological Security
Thank you!