

U.S.-Russia Collaboration on Health

Moving toward Engagement

A Report of the CSIS Global Health Policy Center

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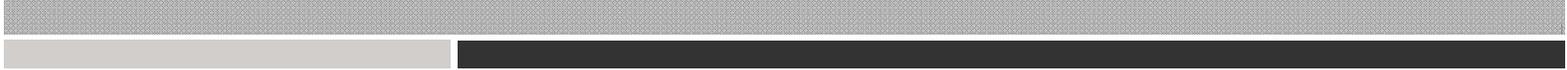
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Center for Strategic and International Studies
1800 K Street, NW, Washington, DC 20006
Tel: (202) 775-3119
Fax: (202) 775-3199
Web: www.csis.org



U.S.-RUSSIA COLLABORATION ON HEALTH: MOVING TOWARD ENGAGEMENT

Judyth Twigg¹

Despite a decade of pre-financial-crisis economic growth, Russia continues to suffer from health challenges unprecedented for an advanced industrial society in peacetime. The persistence of these maladies remains a mystery, and their magnitude and nature are reported unevenly in the Western media. Recent Kremlin domestic health policy initiatives hint at promising new directions. The United States could emerge as an effective partner to capitalize on new Russian policy ideas and decelerate worrisome Russian health trends. If a stable, prosperous, well-adjusted Russia best serves U.S. national interests, then it certainly makes sense to do so. The July 2009 Memorandum of Understanding on Cooperation in the Field of Public Health and Medical Science, signed in Moscow at the Obama-Medvedev summit, should lend new and important momentum to the concept of bilateral health collaboration.²

But, given Russia's protracted search for a coherent post-Soviet identity and the still-tenuous nature of U.S.-Russian relations, any U.S. overture in the health arena must avoid the kind of condescension or moralizing that could be perceived as insult. Manifest respect for Russia's historic achievements in medicine and health—and despite current troubles, there are many—is a key prerequisite for effective partnership that could enjoy externalities beyond the health sector. Genuine engagement—with interventions aimed at solving problems the U.S. and Russia have in common, on the soils of both countries, and with funding from both sides—could produce meaningful and lasting health benefits to American and Russian citizens alike.³ In response to broader global health challenges, it is time to engage Russia as a fellow global leader and donor, within its current preferred framework of multilateral institutions. Effective, authentically collaborative U.S.-Russian health leadership could catalyze progress against stubborn health problems both within and beyond U.S. and Russian borders.

¹ Judyth Twigg is an associate professor at the Wilder School of Government and Public Affairs at Virginia Commonwealth University.

² Text of the Memorandum of Understanding is at <http://www.globalhealth.gov/news/agreements/mou070609.html>.

³ These ideas were explored by the Public Health Working Group (chaired by the author) of the Civil Society Summit, held in tandem with the Obama-Medvedev presidential summit in Moscow, July 2009. See CSIS, "U.S.-Russia Civil Society Summit," <http://csis.org/program/us-russia-civil-society-summit>.

Russia: Critical Condition?

A glass-half-empty approach would cite a list of near-apocalyptic trends dating well back into the Soviet era:

- The Russian population, hit by the combined force of low fertility and high mortality, has fallen by almost 7 million since 1993. Deaths have exceeded births by a staggering 12.2 million, with immigration making up the difference. Although deaths outnumber births in a number of other countries in Eastern and Western Europe, only Ukraine comes close to the magnitude of the gap in Russia. The U.S. Census Bureau projects steady continuing decline, with the Russian population falling from its current 141.9 million to just under 110 million by 2050.
- Life expectancy in Russia, having approached that of the United States and other developed countries in the 1960s (with a peak in 1964), now stands at levels last seen in the 1950s. Current male life expectancy, about 61.4, barely exceeds retirement age (60), putting Russia in the company of countries like Pakistan and Eritrea and well behind neighbors like India and Iran. Females hold a significant advantage: while women live on average three years longer than men in the rest of the world, they outlast men by 13 years in Russia.⁴ Overall Russian life expectancy lags 16 years behind Japan's and 14 years behind the European Union average.
- The main offender inflicting these demographic woes is middle-aged male mortality. The death rate among adult Russian men has risen by 60 percent since 1991; despite slight improvement over the last several years, it is still four to five times higher than in Europe. Working-age Russian men are four times as likely to die as working-age women. Cardiovascular disease and external causes (trauma/injury, suicide and homicide, accidents, and poisonings) account for the lion's share of deaths among men ages 15 to 54. Several studies suggest that abuse of alcohol is the ultimate culprit: one analysis of deaths in two Russian cities showed an overwhelmingly disproportionate number of fatal heart attacks among men on Sundays and Mondays, after weekends of binge drinking; about two-thirds of working-age Russian men nationwide have elevated blood alcohol levels at autopsy.⁵ History lends us the sharpest illustration: Gorbachev's antialcohol campaign from 1985 to 1987 resulted in a 27 percent decrease in alcohol consumption—and a 12 percent decline in male mortality, a 56 percent decline in death from alcohol poisoning, and a 36 percent decline in death due to trauma.⁶ Tobacco is far from blameless, too. Russian men have the highest

⁴ World Health Organization Statistical Information System (WHOSIS), <http://www.who.int/whosis/en/index.html>

⁵ David A. Leon et al., "Hazardous Alcohol Drinking and Premature Mortality in Russia: A Population-Based Case-Control Study," *The Lancet* 369, issue 9578 (June 2007): 2001–2009.

⁶ Daria A. Khaltourina and Aldrey V. Korotayev, "Potential for Alcohol Policy to Decrease the Mortality Crisis in Russia," *Evaluation and the Health Professions* 31, no. 3 (September 2008): 272–281.

smoking rates in the world, with 65 percent of men and over 30 percent of women active smokers.⁷

- On the other side of the life spectrum, Russia's fertility rate, which stood above the population replacement rate as recently as 1987 (2.2), declined precipitously through the 1990s to just 1.16 children for every woman of child-bearing age in 1999. The number of annual births was cut by more than half over the same period, from 2.5 million in 1987 to 1.2 million in 1999. Fertility has improved in the last few years, to 1.4 in 2007, possibly in response to a series of federal government pro-natalist measures, but it still falls well below levels that would help stabilize population decline.
- HIV/AIDS in Russia took off in the late 1990s, with what were then the highest incidence rates in the world in an epidemic driven primarily by injection drug use.⁸ For years, the Russian government was complacent about a problem that seemed restricted to marginalized populations like drug users and sex workers. In the face of international criticism, Russia recognized the severity of the problem around 2005–2006 and began providing antiretroviral medications to thousands of people. Over the last six or seven years, the situation has stabilized, with about 470,000 total cases of HIV currently officially registered and probably a million actual infections. Most new infections are still among drug users or their sex partners, with HIV transmission among men who have sex with men—a group driven underground by discrimination and social stigma—understudied and probably undercounted. There is very little evidence, however, that Russia is doomed to an African-style HIV epidemic; the prerequisite sexual mixing patterns are simply not present. The most significant conversations about HIV/AIDS in Russia today concern the lack of effective prevention programs targeted at high-risk groups, newly discovered infection dynamics among illegal migrants from Central Asia and other former Soviet republics, and coinfection with tuberculosis (TB) and hepatitis.
- The World Health Organization (WHO) ranks Russia 12th on its list of 22 high-burden TB countries in the world, with the third largest-number of multidrug-resistant cases and growing concern about extensively drug-resistant TB.⁹ Although incidence rates have stabilized in recent years, and there has been some localized success in treatment, in general

⁷ "Smoking Is Most Widely Spread Bad Habit in Russia," ITAR-TASS, May 31, 2008; Francesca Perlman et al., "Trends in the Prevalence of Smoking in Russia during the Transition to a Market Economy," *Tobacco Control* 16, (2007): 299–305.

⁸ Judyth Twigg, "HIV/AIDS in Russia: Commitment, Resources, Momentum, Challenges," A Report of the CSIS Task Force on HIV/AIDS, CSIS, Washington, D.C., October 2007.

⁹ USAID, "Infectious Diseases: Russia," February 2009, http://www.usaid.gov/our_work/global_health/id/tuberculosis/countries/eande/russia_profile.html. It should be noted that the WHO ranking measures absolute numbers of cases. If TB prevalence is measured in terms of infections per 100,000 population, then Russia is comparable to, for example, Peru and Malaysia, and is nowhere near the top of the list of most-affected countries. See WHO, Global TB Database, http://www.who.int/tb/country/global_tb_database/en/index.html.

Russia lags behind international standards of diagnosis and treatment. Prisons are a major incubator for TB in Russia, with overcrowding, poor ventilation, and poor infection control producing 20 times the level of infection as the civilian sector. TB that crosses from infected cattle through the milk supply is an understudied but important source of human infection.¹⁰

Some recent developments, however, provide a little room for optimism about the overall health situation. As the Russian government has been quick to trumpet in the last two or three years, there are glimmers of progress, although virtually every positive development comes with a significant caveat. The number of births has increased dramatically, by a total of 260,000, in the past three years—but against a backdrop of inevitable near-term decline in the cohort of women of childbearing age. The number of women available to give birth peaked at 40 million in 2003 and is expected to fall to 32 million by 2020, with the number of those in the most fertile age group—20 to 29 years of age—falling by almost half, from 12 million to 7 million. Unless the birth rate increases quite dramatically, there will be fewer than a million babies born every year in Russia by 2025.¹¹ Life expectancy has inched upward, and mortality downward, in the last five years—but recent history warns that the current economic situation may send these figures right back in the other direction. Infant mortality may be the only unqualified success story, with significant investment in perinatal care almost halving the death rate for children under the age of one since 1990 (now about eight per 1,000 newborns for girls and 11 for boys).¹²

At the end of the day, several important observations emerge from these data:

- The main drivers of current Russian morbidity and mortality are noncommunicable disease and injury, not HIV/AIDS, TB, or other infectious disease. This means that Russia's health problems cannot be addressed through the medical system alone, but will also require education and persuasion that produce significant behavior change among a large swath of the population. Although likely to produce a chuckle among those familiar with Russia, the solution can be put succinctly: Russians must be convinced to drink only in moderation, stop smoking, drive less recklessly, eat a healthier diet, and exercise.
- While HIV/AIDS is certainly deserving of attention, most Russians do not consider it among their most pressing health problems.¹³ After years of seemingly willful denial, the Russian government has finally acknowledged the potential costs of a full-blown AIDS epidemic, and anti-AIDS programs have emerged thanks to unprecedented government engagement with civil society and gradual pushback against stigma and discrimination. In many ways, Russia's

¹⁰ Richard Coker et al., "Risk Factors for Pulmonary Tuberculosis in Russia: Case-Control Study," *British Medical Journal* 332 (January 2006): 85–87.

¹¹ Timothy Heleniak, "Russia's Population Perils," in *After Putin's Russia: Past Imperfect, Future Uncertain*, 4th ed., ed. Stephen Wegren and Dale Herspring (Lanham, Md.: Rowman and Littlefield, 2009).

¹² Corresponding U.S. figures for 2006 were about 6.7 for both boys and girls.

¹³ Sarah Mendelson and Theodore P. Gerber, "Crisis among Crises among Crises: HIV/AIDS in the Eyes of Russian Health Care Experts," *Problems of Post-Communism* 52, no. 4 (July/August 2005).

pattern of coping with HIV mirrors that in the United States two decades earlier. As the U.S. epidemic now reemerges in unexpected ways, there may be significant potential for collaborative learning.

- The sheer magnitude of the population decline has important consequences for Russia's national security. The cohort of draft-age males, at its peak in 2003, will fall by half (from 6.5 million to 3.3 million 15- to 19-year-old males) by 2016. Poor child health exacerbates the situation; Russia's Main Military Medical Directorate claims that physical or mental deficiencies render over a third of would-be conscripts ineligible for service. Controversial military reform that would downsize and professionalize the army, reducing the need for manpower, has lumbered slowly and with little impact for years, requiring significant up-front investment unlikely to be available in the current fiscal climate. These constraints raise serious questions about Russia's ability to staff its armed forces in the near future at levels commensurate with its defense and foreign policy goals.
- Other labor force issues loom similarly large. The work force is shrinking apace with the rest of the population: by 2020 the working-age population is projected to fall by 12 million from current levels (to 77.5 million). The World Bank estimates that Russia's GDP would be 3.6 to 7.1 percent larger in 2025 if mortality rates from noncommunicable disease and injury alone were reduced to EU-15 rates.¹⁴ Similarly, the WHO estimates that, by 2015, Russia will lose about 5 percent of its GDP from preventable illness and deaths due to heart disease, stroke, and diabetes.¹⁵ A shrinking workforce has Russia barreling toward the same dependency dilemma that plagues the United States and Western Europe: in the coming years, there will not be nearly enough active workers to support health care and pensions for children and retirees. And the Russian workers who remain are not healthy. Russian employers lose 25 percent more days per employee annually to illness than those in the EU-15. A June 2008 survey by a major Russian think tank found 32 percent of companies in 2006, 35 percent in 2007, and 40 percent in 2008 reporting deficits of healthy, skilled labor as a factor retarding output.¹⁶ Labor shortages will recede in the face of global recession, mitigating pressure for controversial solutions involving restrictions on immigration,¹⁷ but the long-term problem remains: where will Russia find the workers to diversify away from a natural resource-dominated economy?

¹⁴ Europe and Central Asia Human Development Department, *Dying Too Young: Addressing Premature Mortality and Ill Health due to Non-Communicable Diseases and Injuries in the Russian Federation* (Washington, D.C.: World Bank, 2005).

¹⁵ WHO, *Preventing Chronic Diseases: A Vital Investment* (Geneva: WHO, 2005).

¹⁶ Daria Nikolaeva, "Ministry of Health and Social Development Is Preparing Amendments to the Labor Code," *Kommersant*, July 3, 2008.

¹⁷ Rose Monacelli, "Russia: Population, Immigration, and the Economy," *ISCIAP Analyst XV*, no. 8 (February 19, 2009), <http://www.bu.edu/phpbin/news-cms/news/?dept=732&id=52411>.

Russian Solutions

The Russian government is far from unaware of these problems. Minister of Health Tatyana Golikova has explicitly identified four risk factors—high blood pressure, high cholesterol, alcohol consumption, and smoking—that, by her calculations, account for 87.5 percent of all deaths in the country.¹⁸ Last year, Russia ratified the WHO’s Framework Convention on Tobacco Control, committing to a complete ban on tobacco advertising within five years and higher taxes on cigarette producers. A more aggressive stance on smoking aligns well with the country’s three-year demographic policy, aimed primarily at reducing mortality from controllable causes between 2008 and 2010.¹⁹ The government’s 2009 budget for the first time includes significant funding for the promotion of healthy lifestyles, including antitobacco and alcohol education. Throughout 2008, Russia’s Health Ministry led public debate on a strategy to develop the country’s health system through the year 2020, resulting in a number of new initiatives to reduce mortality from drinking and smoking, with a major cancer prevention program to follow in 2010. The new strategy invokes economic incentives: if implemented as planned, smokers will, for the first time, pay higher public medical insurance premiums, and insurance will not cover injuries caused by drunken behavior.

The highest-profile health initiative, however, has been the nearly \$20 billion spent on health care as one of four “National Projects” from 2006 through 2008.²⁰ The government is quick to attribute virtually all recent upticks in health statistics to the National Health Project (NHP). Routinely referred to as “Putin’s money,” the project has raised salaries for family doctors, bought thousands of new ambulances, constructed 15 new high-tech medical centers, immunized 60 million children, renovated or purchased equipment for hospitals and clinics, and put several thousand HIV/AIDS patients on life-saving medication. Alongside the NHP, a new pronatal policy has promised cash payments and help with mortgages and education expenses for the birth of second and subsequent children, along with “birth certificates” that guarantee full payment for prenatal care and delivery at the facility of the mother’s choice. The result? According to Golikova, the NHP brought the crude mortality rate down from 15.2 per 1,000 people in 2006 to 14.7 in 2007 and produced the current baby boom.

But the way NHP resources have been allocated calls the program’s effectiveness into question. In classic Soviet style, the Russian government is throwing money at a problem with too little regard for real outcomes. NHP spending has been often chaotic and thoughtless, with “money spent” the primary and official indicator of success. Equipment purchases have barreled forward seemingly

¹⁸ Cited in “President Cracks Down on Smoking and Alcohol Consumption,” ITAR-TASS, July 14, 2008.

¹⁹ Decree of the President of the Russian Federation, October 9, 2007, Number 151, “Demographic Policy of the Russian Federation up to 2025,” <http://images.garant.ru/navigation.dsp?PHPSESSID=0a3fc42e0e48ba6edf7bab3762fc7f01&number=0&page=1>.

²⁰ The other “National Projects” were in housing, education, and agriculture; the Kremlin has indicated that the health project will now become a permanent national program.

without analysis of medical need, training requirements, and probable utilization patterns, so that millions of dollars' worth of machinery stands idle, underused, or used incorrectly. Salaries for primary care providers, while higher than before, are still not at levels sufficient to attract and retain talented students into the profession—although they are producing resentment among specialists whose salaries were not boosted. No one seems to be assessing the impact of all this spending; real monitoring and evaluation, with critical assessment of plausible attribution of NHP interventions to actual health outcomes, is absent. The International Monetary Fund recently concluded that other countries spending 30 to 40 percent less on health achieve outcomes similar to Russia's.²¹

The NHP also does little to address the structural imbalances that have plagued the Russian health care system since the Soviet period.²² Most care is still inefficiently provided by hospitals rather than outpatient clinics. The compulsory health insurance mechanism established in 1993 has not delivered the promised set of market-based pressures for higher-quality and more cost-effective care. Funding streams remain fragmented between the budget and insurance, intermediate insurers have not fully developed, and provider payment mechanisms present an array of incentives that are confusing, at best. Doctors' base pay rates continue to be rigidly set by level of education and years in service, rather than by quality and success of treatment offered. As a result of this inefficient allocation of resources, the state's supposed guarantee of a minimum package of free health services is ill-defined, and people are too often forced to pay for care that is constitutionally guaranteed to be without charge: 30 to 60 percent of health care costs are out-of-pocket, and 50 to 70 percent of Russians report foregoing at least some medical care because they cannot pay for it. As in other sectors, corruption is rampant, with as much as one-third of health spending outside legal channels.

Finally, even if the new resources flowing into the health sector were spent with impeccable effectiveness and efficiency, the best health system in the world could not overcome the poor behaviors practiced by too many Russians. The recent constructive rhetoric in the right direction is very good news. It might be argued that getting people to curb their self-destructive behaviors is a futile proposition, but similar pessimism surrounded the release of the 1964 U.S. surgeon general's report on smoking in the United States, a landmark publication followed by a health education effort that—together with higher tobacco taxes, restrictions on sales to minors, laws requiring warning labels, and other measures—reduced tobacco consumption immediately, significantly, and for the long term. Similar efforts, albeit on a smaller scale, have worked in Russia: a 2006 seat belt promotion campaign in one rural region doubled use, from 26.8 percent to 55.8 percent, in just a single month.²³ Can American achievements in behavior change, along

²¹ David Hauner, "Benchmarking the Efficiency of Public Expenditure in the Russian Federation," IMF Working Paper 07/246, October 2007, <http://www.imf.org/external/pubs/ft/wp/2007/wp07246.pdf>.

²² See Sergey Shishkin, "Health Care in the Putin Era," *Meditsinskaya Gazeta*, July 10, 2008.

²³ Leila Akhmadeeva et al., "Need and Possibilities for Seat Belt Use Promotion in Bashkortostan, Russia," *Evaluation and the Health Professions* 31, no. 3 (2008): 282–289.

with the West's other relevant expertise and experience in the health sector, be successfully shared with Russia?

Collaboration and Leadership

Fortunately, U.S.-Russia collaboration in the health sector does not have to start from scratch. The rich history of joint achievement is impressive.²⁴ The Sabin polio vaccine was developed by one American and one Russian doctor working together in the 1950s: Dr. Albert Sabin developed the vaccine itself, while Dr. Mikhail Chumakov refined it into a form that could be administered orally. An extraordinary partnership of the Cold War foes between 1965 and 1977, under the umbrella of the World Health Organization, eradicated smallpox. More recently, the Gore-Chernomyrdin Commission, launched early in the Clinton administration, established a habit of bilateral cooperation through seven working committees, including one on health. Post-Cold War scientific research collaborations have been particularly productive. Since 1994, for example, the Joint Coordinating Committee for Radiation Effects Research (JCCRER), with U.S. Department of Energy participation, has overseen collaborative investigation of the health effects of exposure to ionizing radiation resulting from the production of nuclear weapons in Russia. Similarly, the American Russian Cancer Alliance (ARCA) has since 2001 joined University of Maryland scientists with counterparts in Russia, harnessing radioactive isotopes from Russian nuclear stockpiles to develop cutting-edge cancer therapies. The Civilian Research and Development Foundation (CRDF) has sponsored millions of dollars' worth of joint scientific work on HIV/AIDS and TB, and research sponsored by the National Institutes of Health (NIH) has focused on cardiovascular disease. Cooperation on highly pathogenic avian influenza (HPAI) has directed U.S. funding toward collaborative research with Russian labs on avian flu and other poultry and livestock diseases, as well as cooperation on prevention measures, surveillance, and public education work in areas of Russia that have experienced avian flu outbreaks in birds.

The lion's share of attention and resources, however, has gone to bilateral programmatic assistance, rather than scientific collaboration, through the U.S. Agency for International Development (USAID), with technical assistance from the Centers for Disease Control and Prevention (CDC). Current USAID health priorities in Russia are infectious disease, particularly HIV/AIDS and TB, reproductive health and family planning, infant and child morbidity and mortality, child welfare and orphans, and noncommunicable disease and injury. The focus throughout is on localized, pilot projects to import internationally recognized best practices that can then be scaled up by agencies with far greater resources—a larger donor like the World Bank or the Russian government itself. Success stories include TB control programs in five regions that now provide more than 1,200 patients with multidrug-resistant TB with effective treatment; the development of guidelines on preventing mother-to-child transmission of HIV, now disseminated

²⁴ See William H. Frist, "Improving Russian-U.S. Collaboration on Health," *Washington Quarterly* 30, no. 4 (Autumn 2007): 7-17; William J. Burns, "Cooperation for Health," *Rossiyskaya Gazeta*, June 1, 2007.

to 35 regions by the Russian health ministry; a cardiovascular disease program producing significant reduction in the cost of care for hypertension in the Tula region; and a Diabetes Education Center in the city of Dubna, reducing the average length of hospital stay for diabetes patients from 33 to 20 days. Perhaps the most effective relationships have developed under 32 health partnerships between U.S. and Russian health institutions, administered by the American International Health Alliance (AIHA), linking more than 3,500 U.S. and Russian physicians, nurses, policymakers, health administrators, lab technicians, educators, social workers, and representatives of nongovernment organizations (NGOs). These peer-to-peer relationships have covered hospital care and administration, primary health care, reproductive health, women's health, neonatal resuscitation, emergency medical services, HIV/AIDS, and child welfare.

The donor-recipient relationship between the United States and Russia, however, is not sustainable. In keeping with its accumulation of natural resource wealth and reemergence as an important player on the world stage over the last decade, Russia no longer sees itself as a passive beneficiary of international largesse, in health or any other field. It has been working with the World Bank for several years to graduate from a traditional sovereign lending relationship to a new form of partnership whose parameters are still being defined. In May 2005, President Vladimir Putin charged his Ministries of Finance and Foreign Affairs with crafting an effective development assistance mechanism that would put Russia on the map as a donor. In 2006, Russia made prevention and control of infectious disease in the developing world a priority of its G-8 presidency, and it committed to reimbursing all of the \$257 million it had been granted by the Global Fund to Fight AIDS, Tuberculosis, and Malaria.²⁵ The following year, Russia signed a \$20-million agreement with the World Bank and WHO to contribute to malaria control in Africa. And last year, the Russian Ministries of Foreign Affairs and Finance, together with the World Bank, held a series of workshops to upgrade Russia's development aid statistics and reporting systems in accordance with the Organization for Economic Co-operation and Development's Development Assistance Committee requirements. Amendments are being crafted for Russia's Budget Code to define the terms of development assistance and confirm the addition of a dedicated budget line for this purpose, and a foreign aid agency analogous to USAID is in the works under the Russian Ministry of Finance.²⁶ At the 2008 Doha Conference on Financing for Development, Russia indicated that its target annual figure for foreign aid was \$400 million to \$500 million (up from a 2007 total of \$210 million).

As the Russian government continues to discuss the shape and scope of future bilateral external assistance programs, it has explicitly stated that its preferred delivery mechanism for the near and medium term will be through multilateral institutions. The recently developed Web site of the Ministry of Health's Office of International Cooperation gives pride of place to three other broad

²⁵ So far, \$194 million has been repaid.

²⁶ See interview with Deputy Minister of Foreign Affairs Alexander Yakovenko, Interfax News Agency, December 22, 2008, http://www.in.mid.ru/brp_4.nsf/f68cd37b84711611c3256f6d00541094/a1f31b6576799123c325752a00256d9b?OpenDocument.

categories of collaboration—cooperation with UN agencies, regional and global multilateral cooperation, and ties with other members of the Commonwealth of Independent States (CIS)—before mentioning, briefly, the existence of bilateral agreements with 28 countries.²⁷

Succinctly: Russia is committed and determined to address its domestic health problems through its own efforts and at its own expense. It does not want to receive charity. Quite understandably, Russia does not want to be told what to do. It instead wants to stand, as an equal, beside the United States, Europe, and Japan as an important global donor, working effectively through multilateral institutions.

What does this mean for the U.S. relationship with Russia on health? A few key points merit recognition:

- The United States still has significant relevant experience and capacity for technical assistance that should be valuable to Russia. U.S. attempts to address Russia's health problems, however, will need to follow models other than the traditional bilateral assistance relationship. A partnership or engagement model holds substantially more promise, where the two countries identify common problems with the goal of sharing experience and expertise as they tackle those problems together.
- Under this framework, the United States should not be surprised to find that it can learn a thing or two from its Russian counterparts. The dismal state of Soviet medical technology, for example, forced innovative Russian doctors to find creative, paper-clip-and-rubber-band approaches to many clinical challenges. With skyrocketing costs dominating the U.S. conversation about health care, exposure to effective, low-tech (and low-cost) approaches should be welcomed.
- The potential payoff for investment in this area is significant. Beyond obvious shared interest in improving health outcomes, mutually respectful health collaboration and diplomacy can be a key element of the “reset button” for the bilateral U.S.-Russia relationship. It can keep lines of communication and habits of collaboration open even in times of increased tension.
- Productive efforts may also be embedded, creatively and diplomatically, within larger joint U.S.-Russia initiatives to address global challenges, where the United States supports Russian efforts to solve its own problems within a broader, multilateral framework. A few specific substantive areas of focus are evident. Joint work on infectious disease surveillance and control in the developing world can help simultaneously strengthen Russian (and perhaps U.S.) capacity in this area. Collaborative efforts to encourage behavior change in other countries, whether targeted at infectious or chronic disease, might inspire creative thinking about Russia's own imperatives in this area. The Soviet experience in extending basic health care to large, sparsely populated geographic areas could be of great value to important parts of Asia and Africa—and perhaps teach the United States something about access to care in rural

²⁷ See Russian Ministry of Health, “International Collaboration,” <http://www.minzdravsoc.ru/ministry/inter>.

areas as well. Similarly, a broad, collective conversation about health systems reform might benefit Russia, the United States, and a range of third parties.

- Tentative steps in these directions already exist. As part of USAID’s Strategic Health Partnership Initiative, an expansion of the 2005 Bratislava agreement, American and Russian health professionals, primarily laboratory specialists, are to be deployed jointly to third countries to strengthen their capacity to address HIV/AIDS, TB, and other infectious diseases. Joint needs assessment missions have already visited Botswana, Tanzania, Namibia, and Ethiopia. Another promising geographic focus for collaboration is Russia’s own backyard, where its own priorities lie. The UN Development Program (UNDP) in Russia, for example, is currently hiring staff to help prepare Russia’s Overseas Development Assistance Program on HIV/AIDS in the CIS countries, part of UNDP’s overall preparatory assistance project on support to Russia as an emerging donor.²⁸ Joint U.S.-Russian programs in this area under the UN umbrella could align well with U.S. interests in Central Asia and the Caucasus.
- Several key Russian players—Nikolai Gerasimenko, vice chair of the Duma Health Committee; Vladimir Starodubov and Ruslan Khalfin, former deputy ministers of health and social development; along with several prominent and influential regional figures, including Galina Gusarova, Samara minister of health, and Vladimir Semenov, Moscow Oblast (Region) minister of health—have recognized the importance of collaboration and have been receptive to U.S. overtures on various projects. Some of these champions, however, have receded from the field in recent months, with Starodubov, for example, resigning in March 2008 in the midst of controversy over nationwide drug shortages. Given the potential for volatility on the Russian political scene, it is important to remain in tune with that landscape and cultivate a range of partners.

The bottom line is clear. Russia suffers from a host of alarming health problems, and it may be tempting for some U.S. policymakers to continue to see Russia exclusively as a patient in need of a cure. But this approach is outdated, likely to produce only resentment and backlash. A focus instead on collaborative solutions to common and global problems carries the potential for health benefits for Russia, the United States, and the developing world, as well as for the broader political and diplomatic relationship.

²⁸ See a fuller elaboration of the program, see <http://unjobs.org/vacancies/1235574249810>.

