A REPORT OF THE CSIS RUSSIA AND EURASIA PROGRAM AND THE CSIS GLOBAL HEALTH POLICY CENTER

Russia's Emerging Global Health Leadership

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50 YEARS | CHARTING OUR FUTURE

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1 RUSSIA'S GLOBAL HEALTH LEADERSHIP

Jenilee Guebert

Russia has played an important role in global health on several occasions, and multilateral organizations have been integral in most of them. Unilateral and bilateral initiatives have been pursued as well. Efforts have long been made to train foreign doctors in Russia, while increasing numbers of Russian medical professionals have been encouraged to work outside of the country.[1] The United States and Russia have coordinated bilaterally on numerous health projects, focused both in Russia and in other countries.[2]

However, Russia's most prominent leadership in global health has occurred within multilateral organizations. It worked closely with the World Health Organization (WHO) to help eradicate smallpox in 1979. More recently, informal organizations have played the most important role in Russia's global health efforts. Above all, Russia has shown leadership on global health concerns within the Group of Eight (G8). Along with the other members, it has tackled infectious diseases, including HIV/AIDS, malaria, tuberculosis (TB), polio, severe acute respiratory syndrome (SARS), and influenza. Russia has committed to addressing challenges with health systems and funding. It has also pledged to tackle the broader social determinants of health, including economic, education, and environmental challenges. Russia used its G8 Summit in St. Petersburg in 2006 to address global health challenges in a major way, making infectious diseases a priority for the first time in the history of the institution.[3]

The motivations behind Russia's global health leadership have largely been twofold. On the one hand, Russia has worked to make positive contributions to the global community in order to achieve better health, security, and economic outcomes. It has done so in order to improve its reputation and demonstrate its strength to the global community. Health has been a constructive area to do this. It is largely a noncontentious issue, where improvements can be measured and demonstrated at the national level, unlike others such as climate change where reaching a consensus and tracking a country's impact have been much more difficult. Russia has done this by increasingly contributing human and financial resources to global health initiatives around the world. Much of its funding has gone to Africa and former Soviet states.[4]

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1. Judyth Twigg, "Russia's Global Health Outlook: Building Capacity to Match Aspirations," in Katherine E. Bliss, ed., *Key Players in Global Health: How Brazil, Russia, India, China, and South Africa Are Influencing the Game* (Washington, D.C.: Center for Strategic and International Studies, 2010).

2. U.S. Agency for International Development, "Health in Russia," 2010, http://www.usaid.gov/locations/europe_eurasia/health/countries/docs/country_profile_russia.pdf, and William H. Frist, "Improving Russian-U.S. Collaboration on Health," *Washington Quarterly* 30, no. 4 (2007): 7–17.

3. John Kirton et al., "Health Compliance in the G8 and APEC: The World Health Organization's Role," in John Kirton, Marina Larionova, and Paolo Savona, eds. *Making Global Economic Governance Effective: Hard and Soft Law Institutions in a Crowded World* (Farnham, UK: Ashgate, 2010).

4. Victoria Panova, "Russia in the G8: From Sea Island 2004 to Russia 2006," in Michele Fratiani et al., eds., *New Perspectives on Global Governance: Why America Needs the G8* (Aldershot, UK: Ashgate, 2005).

Russia has also been motivated to improve its health, economic, and security situation at home. Russia reached a point where it could no longer deny that it had significant health challenges that it needed to overcome. HIV/AIDS had to be addressed.[5] The government was seriously concerned when avian influenza broke out.[6] They have since made an effort to address these global health challenges to ensure the health and security of the Russian citizens who suffer or are threatened by them. These incentives have rarely been mutually exclusive. Instead, Russia has strategically chosen to target health issues, such as HIV/AIDS, TB, and measles, to satisfy both goals—improved health at home and abroad. Advances have been made in both instances. For example, infant and under-five mortality rates have improved in Russia.[7] Polio rates have significantly declined in the world. However, much can and still needs to be done on both fronts.

Russia's global health leadership has not been steady. Instead, it has risen to the fore under special circumstances. It has been most evident within the G8. However, additional forums including the Brazil, Russia, India, China, and South Africa forum (BRICS),[8] United Nations (UN), and UN-related institutions such as the WHO have all served as important platforms for advancing their global health agenda as well. Russia can and should build on its past successes in these forums to make further future improvements in this area.

United Nations and WHO

Russia's global health leadership in multilateral forums began after World War II, in its former incarnation as the Soviet Union. While the Soviet Union's relationship with and within the UN and its related institutions were tumultuous during much of the Cold War, at times political divisions were overcome. In several instances this was done for the sake of health. In the 1960s and 1970s, the Soviet Union and the United States worked with the WHO to lead in the battle to successfully eradicate smallpox.

Following the collapse of the Soviet Union, Russia's role in global affairs dissipated on all fronts, including health. It took time to reestablish itself and develop national strategies and foreign policies. Not wanting to appear weak internationally, Russia was reluctant to acknowledge any health challenges. Thus for a long period, not only was Russia not a leader on health initiatives, but it often lagged on them.

Slowly, Russia became more engaged in the field of health. In 1998—the same year that Russia became an official member of the G8—the WHO Office of the Special Representative of the Director General was established in Moscow to assist Russian authorities in tackling their national health challenges, and to help foster a better relationship between Russia and the WHO.[9] Russia

5. John Kirton and Jenevieve Mannell, "The G8 and Global Health Governance," in Andrew Cooper, John J. Kirton, and Ted Schrecker, eds., *Governing Global Health: Challenge, Response, Innovation* (Aldershot, UK: Ashgate, 2007).

6. Kathryn White and Maria Banda, "The Role of Civil Society in Pandemic Preparedness," in Andrew F. Cooper and John Kirton, eds., *Innovation in Global Health Governance: Critical Cases* (Farnham, UK: Ashgate, 2009).

7. World Health Organization, "Country Statistics," August 2011, http://apps.who.int/ghodata/?vid=16600&theme=country.

8. Brazil, Russia, India, and China (BRIC) started meeting annually for summits in 2009. In 2011 South Africa became an official member (BRICS).

9. United Nations, "World Health Organization," United Nations in the Russian Federation, 2007, http://www.unrussia.ru/en/institutions/world-health-organization-who (August 2011).

participated in the 2001 United Nation General Assembly Special Session (UNGASS) on HIV/AIDS. After years of denial, President Vladimir Putin publicly acknowledged the significant impact noncommunicable diseases (NCDs) and drugs were having on the country.[10] He stated,

> 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. …I would like to dwell on another subject which is difficult for our society—the consequences of alcoholism and drug addiction. Every year in Russia, about 40,000 people die from alcohol poisoning alone, caused first of all by alcohol substitutes. Mainly they are young men, breadwinners. However, this problem cannot be resolved through prohibition. Our work must result in the young generation recognizing the need for a healthy lifestyle and physical exercise. Each young person must realize that a healthy lifestyle means success, his or her personal success.[11]

Important shifts continued to take place. In 2008, Russia acceded to the WHO Framework Convention on Tobacco Control (FCTC).[12] However, while Russia did gradually increase its efforts to work with the UN and WHO following the collapse of the Soviet Union, it was not a leader on these initiatives.

This first example of Russia using the UN and WHO to lead on a global health initiative came in April 2011 when Russia collaborated with the WHO to host and chair the first ministerial meeting on NCDs in Moscow in preparation for the September 19–20, 2011, UN High-Level Meeting (HLM) on NCDs. Putin—now in the role of prime minister—attended a session at that meeting with WHO director-general Margaret Chan, where he praised health care as "the most important field" and claimed Russia was making "much progress" in the area. He noted that his government was pouring billions of rubles into the health system. Despite severe economic conditions, he said, "It's wrong when people say we can discard social programmes . . . . I don't know a more noble mission, a more noble profession than that of a medical doctor." Unlike politicians, who are justifiably "objects of criticism . . . we always count on you." Putin's participation in the event signaled Russia's seriousness and desire to be a leader on the issue.[13]

Although rare until now, Russia has worked with the UN and WHO on global health initiatives, notably smallpox and NCDs. Although Russia's leadership was central to the preparations for the HLM, the meeting itself was widely interpreted as a disappointment. Participation by national-level political figures was limited, and no concrete targets were set. As a result, if Russia continues to have ambitions in this area, it will probably have to look elsewhere to mobilize constituencies around NCDs.[14]

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10. Fiona Fleck, "Eastern Europe and Russia face world's fastest growing HIV epidemic," *BMJ* 213(7438) (2004): 486.

11. World Bank, "Dying Too Young: Addressing Premature Mortality and Ill Health Due to Noncommunicable Diseases and Injuries in the Russian Federation," 2005, http://siteresources.worldbank.org/INTECA/Resources/DTY-Final.pdf (July 2011).

12. World Health Organization, "Parties to the WHO Framework Convention on Tobacco Control," July 27, 2011, http://www.who.int/fctc/signatories_parties/en/index.html.

13. Richard Horton, "Russia Pitches for Global Health." *The Lancet* 377 (9777) (2011): 1556.

14. Julia Kulik, "Russia's Global Health Governance Gap: A Strategy for Summit Success," paper prepared for the Conference on Emerging Practices in Global Health Cooperation," Center for Strategic and International Studies, Washington, D.C., December 2011, http:www.ghdp.utoronto.ca/pubs/kulik-russia.pdf.

The G8

While the UN and WHO have served as important forums, without a doubt Russia's global health leadership has stood out in the G8 more so than anywhere else. Before Russia became an official member of the G8, health was part of the leaders' agenda, but not in any significant way. The leaders began discussing the subject in the late 1970s, focusing largely on health's connection to hunger and malnutrition, and its association with nuclear energy. They made their first specific health commitment in 1980. From then until 1995, health remained a small part of the G8's agenda. At the 1996 Lyon Summit, the amount of attention devoted to health increased. The following year in Denver, health remained on the leaders' agenda in a similar way. By this time, Russia was already an important part of the G8 process (even though it was not an official member yet). The Soviet Union and Russia had been attending summits regularly since 1991. When Russia was made an official member of the group in 1998, health became increasingly important. By 2000, attention to the issue expanded again. Since then, health has been an integral part of every G8 agenda.[15]

The G8 has focused largely on infectious diseases, particularly HIV/AIDS, malaria, TB, and polio. Commitments were made to provide universal access for HIV/AIDS treatments; to cut in half the burden of malaria and TB; and to eradicate polio from the planet. Over time, systemic and delivery issues were added to the agenda. The leaders made commitments to increase the number of health workers available and to improve health systems.

Of all the G8 summits, the one where health was most prominent was that hosted by Russia in 2006. In the lead-up to that summit, President Putin announced that health would be one of three priority issues.[16] This was the first time that health was ever a priority at a G8 summit. It accompanied the topics of energy and education. The decision to place health at the top of the agenda came straight from Putin. He was clear from the start that health should have a prominent place at the summit. A historically high number of health commitments were made in St. Petersburg. The WHO was invited to participate in the summit. The first and only G8 health ministers' meeting was also held that year. Russia took the opportunity to invite the ministers from the Group of Five (G5) or Outreach Five countries of China, India, Brazil, Mexico, and South Africa to participate in this meeting. In addition to the G5, Kazakhstan was invited to represent the Commonwealth of Independent States (CIS).

With avian flu (H5N1) a clear and present danger at that time, and with the memory of SARS still fresh in the leaders' minds, the focus was on issues of global surveillance and pandemics, particularly H5N1. They also focused on other issues of importance to Russia, including HIV/AIDS, measles, and polio. The countries emphasized the importance of science, research, and development. Thus, a clear emphasis was placed on health issues affecting Russians at home, and where Russia could contribute globally.

While the G8 made the highest number of health commitments at any summit to date, members did not keep as many of them as usual. The G8's overall compliance average with its health commitments from the St. Petersburg Summit was +0.37, on a scale that ranges from -1 to +1—

15. Kirton et al., "Health Compliance in the G8 and APEC," 2010.
16. Kirton and Mannell, "The G8 and Global Health Governance," 2007.

equivalent to 68.5 percent on the more common 0–100 scale.[17] This was significantly lower than the G8's overall compliance average on health of +0.54 (77 percent) from 1980 to 2009. It was less impressive than the efforts made at Okinawa in 2000 and Genoa in 2001 when the G8 created the Global Fund. It was also lower than the G8's overall average compliance from the 2006 summit of +0.47 (73.5 percent) and the G8's overall average compliance from 1980 to 2010 of +0.49 (74.5 percent).

However, Russia did much better at keeping its 2006 health commitments, complying with +0.60 (80 percent) of them. This was much better than the G8's health compliance score of +0.37 (68.5 percent). It was also an improvement from Russia's past compliance average on health commitments of +0.27 (63.5 percent). Thus, Russia proved it could outperform its older, more experienced G8 counterparts in this area when it was determined to succeed.

Russia's effort in 2006 is the clearest example of global health leadership. The country is scheduled to host the G8 again in 2014. Because of Russia's success on this issue at its past summit, and that health has remained important to summits since then, there is good reason to believe it will be a major part of the discussions in 2014.

The G20

With the G8's success in health and Russia's enthusiasm to pursue health there, many assumed that the newly established G20 summit would serve as another, similar forum to pursue this matter.[18] However, since the G20 started meeting at the leaders' level in November 2008, they have not played a major role in the area of health. At their first four summits, the leaders made little to no reference to health. At the Washington Summit in 2008, the leaders noted the importance of addressing disease.[19] At the Pittsburgh Summit in September 2009, the G20 committed to investing in health and health care.[20] They have made commitments on the related areas of development, climate change, and food security, and have repeatedly noted the importance of keeping the Millennium Development Goals (MDGs).[21]

It was not until the leaders met for their fifth summit in Seoul, Korea, in 2010 that attention to health became more substantial.[22] There, the leaders noted that it was important to identify the

17. John Kirton and Jenilee Guebert, "Health Accountability: The G8's Compliance Record from 1975 to 2009," G8 Information Centre, December 28, 2009, http://www.g8.utoronto.ca/scholar/kirton-guebert-health-091228.pdf (July 2011). See the G8 Information Centre's "Analytical and Compliance Studies" for more information on compliance methodology: http://www.g8.utoronto.ca/evaluations/index.html.

18. Sudeep Chand et al., "From G8 to G20, Is Health Next in Line?" *Lancet Viewpoint*, June 23, 2010, http://download.thelancet.com/flatcontentassets/pdfs/S014067361060997X.pdf (March 2011); Jenilee Guebert, John Kirton, and Priyanka Kanth, "Healthy G8, Unhealthy G20: The 2010 Summits," paper prepared for the 2011 International Studies Association, Montreal, Canada, March 19, 2011.

19. Group of Twenty, "Declaration of the Summit on Financial Markets and the World Economy," Washington, D.C., November 15, 2008, http://www.g20.utoronto.ca/2008/2008declaration1115.html (March 2011).

20. Group of Twenty, "G20 Leaders Statement: The Pittsburgh Summit," Pittsburgh, United States, September 25, 2009, http://www.g20.utoronto.ca/2009/2009communique0925.html (March 2011).

21. Jenilee Guebert and Robin Lennox, "Health at the G20 Seoul Summit?" *Health Diplomacy Monitor* 1, no. 4 (2010): 19–20.

22. Jenilee Guebert and Robin Lennox, "Health at the G20: A Small but Significant Step in Seoul," *Health Diplomacy Monitor* 1, no. 5 (2011): 9–10.

links between education, health, gender, and skills development. They also committed to identifying "the existing gaps that act as barriers to increasing investment in skills development and productivity, including through considering the impact of gender gaps and health problems such as noncommunicable diseases."[23] The mention of noncommunicable diseases (NCDs) was particularly interesting, as the issue had never been discussed at the more health-focused G8 summits.[24] However, even with this reference, after five summits in two years, health remained a very small part of the G20's agenda.

Thus, so far the G20 has not proven a platform for Russia's global health leadership. How health will unfold at future G20 summits is difficult to predict. Russia is pushing to host its first G20 summit in 2013. Therefore, it could take the opportunity to urge increased attention to this issue, as they did at their first G8 summit in 2006. However, with some members pushing to ensure that health remains on the G8's agenda, Russia may feel inclined to appease them and keep health off of the G20 agenda.[25] A second possibility is that Russia will urge the G20 to take up health issues not addressed by the G8, such as NCDs. A third scenario is that health will follow a similar pattern in the G20 as in the G8, taking several more years until there is substantial proliferation of this issue.[26] Another possibility is that health will explode onto the G20's agenda if the "right" situation, such as a global health emergency or disaster, arises.[27] Inevitably what happens will depend largely on what the most pressing issues are in the lead-up to the summit.

BRICS

Health proliferated more quickly on the BRICS agenda than it did on the G20's. However, it was slow at the start. At the first two BRIC summits, hosted by Russia in 2009 and Brazil in 2010, no attention was directly devoted to health. The leaders noted the importance of working to achieve the MDGs by their 2015 deadline and committed to development more broadly. Thus Russia did not appear interested in using the BRICS format for global health in the same way as it had done with the G8. However, at their third summit in 2011 in Sanya, China—with South Africa included as a full member for the first time—the leaders made their first direct health commitment. They agreed to strengthen dialogue and cooperation in the field of public health, including on HIV/AIDS.[28] The five leaders also agreed to hold their first BRICS health ministers meeting in China later that year. Preparations for the meeting were finalized on the sidelines of the May 2011 World Health Assembly in Geneva, where the ministers decided the theme of their meeting would be innovation and access to affordable medical products, vaccines, and technology.[29] The health

23. Group of Twenty, "Seoul Development Consensus for Shared Growth," Seoul Summit 2010, Annex 1, http://www.treasury.gov/resource-center/international/Documents/2%20%20Seoul%20Communique%20FINAL%20ANNEXES.pdf.

24. Guebert, Kirton, and Kanth, "Healthy G8, Unhealthy G20."

25. Ibid.

26. Marina Larionova, "It Is G8 or G20? For Russia, of Course, It's Both," *Studia Diplomatica* 58, no. 2 (2010): 81–90.

27. Tim Evans, "The G20 and Global Public Health," paper presented at meeting, *The G20 at the Leaders' Level*, Ottawa, Canada, February 29, 2004, http://www.l20.org/publications/25_63_g20_ottawa_evans.pdf (March 2011).

28. Brazil, Russia, India, China, and South Africa, "Sanya Declaration of the BRICS Leaders Meeting," Sanya, China, April 14, 2011, http://english.people.com.cn/90001/90776/90883/7351063.html (July 2011).

29. Brazil, Russia, India, China, and South Africa, "BRICS Health Ministers' Preparatory Meeting," May 17, 2011, http://keionline.org/node/1140 (August 2011).

ministers met in Beijing, China, in July 2011 where they discussed a wide range of issues, including WHO reform; infectious diseases including HIV/AIDS and TB; and improved health services, access to essential medicines, and NCDs.[30]

While these meetings took place in China, their proximity to the first ministerial meeting on NCDs in Russia had a direct impact on the agenda. The focus on NCDs at the BRICS health ministers meeting was driven by the Moscow meeting and the upcoming HLM, and thus was a result of Russia's leadership on the matter.[31] The decision to focus on access to affordable medicines in July also mirrored negotiations taking place in the HLM process, where emerging countries pushed for including the Trade-Related Aspects of Intellectual Property Rights (TRIPS) flexibilities in the final outcome document.[32]

Health will likely continue to be an important topic of discussion at future BRICS meetings. And Russia is likely to play an even more important role on this issue in the future.

Future Leadership Opportunities

Russia's leadership on global health has been fairly inconsistent. However, important meetings are coming up where it could promote health. Beyond the UN HLM on NCDs in September 2011, it could help address NCDs at future G20 meetings. It could start by underscoring that the G20 will need to address NCDs if they want to keep their Toronto Summit commitment to reduce advanced countries' fiscal deficits by half as a portion of GDP by 2013.[33] Russia will host and chair the G20 after Mexico in 2013, and therefore will have the ability to help shape the agenda. Russia could improve the health and economic situations at home and abroad by championing NCDs. Russia will also host the BRICS summit and accompanying ministerial meetings in 2013. Russia has good reason to ensure that health stays on the BRICS agenda. It has much to gain from the emerging economies that are developing medical technologies and treatment. Developing and having access to affordable medicines will continue to be a critical issue for the BRICS.

Russia is also scheduled to host the G8 again in 2014. Following Russia's emphasis on health at the 2006 St. Petersburg Summit and the level of attention devoted to health at G8 summits since 2000, it will likely be an important part of Russia's second summit. Infectious disease will continue to be an important part of the discussions; however, NCDs may well be placed on the agenda as well. The Russians could use the opportunity to schedule a second G8 health ministers meeting, with or without the G5 or BRICS ministers present.

30. Brazil, Russia, India, China, and South Africa, "BRICS Health Ministers' Meeting—Beijing Declaration," Beijing, China, July 11, 2011, http://keionline.org/node/1183 (August 2011).

31. Margaret Chan, "WHO Director-General Addresses First Meeting of BRICS Health Ministers," Beijing, China, July 11, 2011, http://www.who.int/dg/speeches/2011/BRICS_20110711/en/index.html (August 2011).

32. World Health Organization, "Draft Outcome Document of the High-level Meeting on the Prevention and Control of Non-communicable Diseases," June 23, 2011, http://www.who.int/nmh/events/2011/introduction_doc.pdf.

33. James Orbinski, Jenilee Guebert, and Madeline Koch, "An Overview and Analysis of the Preparatory Process for the UN HLM on NCDs," paper prepared for the Public Health Agency of Canada (August 2011).

Conclusions

Russia has been a leader on global health in the past. However, its leadership has been inconsistent. Russia has played a leadership role on issues that are critical at home and where they could demonstrate growth abroad. Future leadership from Russia on global health challenges will continue most prominently in multilateral organizations. The G8 will remain the most relevant forum, but that could change soon. For example, the G20 could address NCDs and the BRICS could focus on access to medicines.

Russia has many future opportunities to build on if it wants. It can and should draw on its experiences in this area. Health will continue to be an attractive topic because it can help advance Russia's domestic and international interests. Health is less contentious than other global issues, such as the environment, yet it directly affects economic outcomes and security. Health is where Russia has played an important role in the past, and the country could benefit from doing so more often and steadily in the future.

2 RUSSIA AS AN INTERNATIONAL DEVELOPMENT AID PARTNER
ASSISTANCE EFFORTS IN GLOBAL HEALTH

Denis V. Korepanov and Julia Komagaeva

Introduction

International aid architecture is rapidly changing and becoming more complex as new providers of assistance enter the scene. These new providers of assistance, while not members of the traditional club of donors, nonetheless make meaningful contributions, both financial and in-kind, to key development and humanitarian challenges. New providers of assistance such as the BRICS countries (Brazil, Russia, India, China, South Africa) and Turkey, South Korea, and Saudi Arabia are important for international assistance not only because of their financial and human resources, but also for the value they bring as regional leaders in their respective parts of the globe. Attention should be paid to these new providers of assistance as they help increase (and complement) the total volume of resources brought into the developing world. Also, significantly these providers contribute their own unique experience and success in addressing development challenges at home as well as how best to cooperate with traditional donors.

The new providers of assistance often come with their own views and agenda on what needs to be done and how it should be done. While these countries can learn a lot from traditional donors—members of the Development Assistance Committee of the Organization for Economic Cooperation and Development (OECD/DAC)—in terms of rules of the game and best practices, their fresh look at old development and humanitarian challenges can help move reforms forward faster and more efficiently. Another challenge is coordination between traditional and emerging donors. If traditional and emerging donors learn to coordinate their efforts, despite their systemic differences, then these broader benefits can be better realized.

In the family of new donors, Russia holds a special place as a country reemerging as a donor, since it used to be one of the world's largest donor countries—the Soviet Union. Even though relatively few years have passed since that time, Russia has chosen to build its international-assistance capacity almost from scratch, with little attention given to the expertise of former cadres involved in international assistance during the era of the Soviet Union.

Russia has distinct features and advantages that can bring it among the most significant players in addressing global development and humanitarian challenges:

- Russia has tremendous human capital; its highly qualified professionals can contribute to education, health, building of infrastructure, and other areas vital to the developing world.
- As one of the biggest food producers and largest grain exporters in the world, Russia can play a major role in addressing food shortages, price volatility, and global hunger.[1]

1. Russia has tripled its grain exports in recent years from about 11.2 million metric tons in 2006 to about 27.8 million metric tons in 2009.

- As an important energy producer and exporter, Russia can address energy challenges faced by most developing countries.
- As a regional leader with strong influence in other parts of the world, Russia has the political weight to further development and humanitarian objectives.
- Russia's capacity to address natural and anthropogenic disasters is internationally recognized and makes it an important partner in humanitarian assistance. Emergency-response teams from Russia have substantially contributed to relief efforts following recent global disasters (the 2011 tsunami in Japan, the 2010 earthquake in Haiti, and others). Russian emergency-response forces, with their own heavy-airlift capacity and the ability to tap into Russian food reserves, can be a major partner in providing food aid to conflict and disaster zones.

In contrast to the competitive advantages that can make Russia a strong donor country, and despite the fact that Russians are generally supportive of international development assistance,[2] the overall interest of Russian citizens in international assistance and international development and humanitarian challenges is currently quite low and or limited. This general lack of interest is reflected by the low (albeit growing) levels of official development assistance (ODA), especially compared to Russia's peers in the group of BRICS and the G8. Russia has been a member of the G8 since 1998 but so far it is the only country in that group that is not a member of the OECD/DAC. Nonetheless, Russian interest in and contributions to international assistance is growing on par with other emerging donors. In 2008, official assistance from new donors was estimated at $12–15 billion, which is 10–15 percent of total ODA provided by OECD countries. That represents a significant increase since 2003, when it was $3.4 billion.

Russia is supporting this growth with dramatic increases of its own ODA allocations. At the same time, Russia is grappling with internal government debates on how to best administer international assistance funding, what funding levels should be, and how it should be channeled. Some of the international-assistance legacy of the Soviet Union might still indirectly influence the way Russia formulates its assistance priorities and what projects should be supported.

This chapter examines Russia's reemergence as a provider of international assistance, trends, and key milestones, as well as parameters, priorities, and funding levels. It also brings up the context of experience of aid provided by the Soviet Union. Out of several themes announced as priorities by Russia in its Concept document for "Russia's Participation in International Development Assistance,"[3] this chapter focuses on health as an example of a sector where Russia can play a role in international aid. Finally, it highlights collaboration between Russia and the international community, in particular USAID and the World Bank, on expanding its capacity as a provider of assistance. It also explores existing and potential collaboration with Russia as a partner in addressing global development challenges.

2. World Bank/Levada Center, "75 Percent of Russians Support Russia's Development Aid to the Poor, Says World Bank-Managed Nationwide Survey," 2010, http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/ECAEXT/RUSSIANFEDERATIONEXTN/0,,contentMDK:22994933~menuPK:305619~pagePK:2865066~piPK:2865079~theSitePK:305600,00.html.

3. The Concept document can be found at http://www.minfin.ru/common/img/uploaded/library/2007/06/concept_eng.pdf.

Soviet Heritage

Participation of the USSR in Development Assistance

Soon after Nikita Khrushchev came to power in the mid-1950s, the Union of Soviet Socialist Republics (USSR) became very active in delivering assistance to developing countries driven mostly by ideological interests. This trend lasted until the end of the Cold War, when the USSR had to dramatically cut down its development aid.

Most of this aid, called "economic cooperation," was politically driven and aimed at supporting countries with similar ideological leanings to that of the Soviets. Acting as a donor, the USSR demonstrated to political elites of developing countries that they no longer needed to turn to their former colonial powers in order to satisfy their development needs—all necessary resources could be received from the socialistic camp. The goal of Soviet assistance was to urge Third World countries to move toward a non-capitalist path of development. By investing considerable resources into large industrial projects of national importance, Soviet leaders aimed at creating a base for the "peaceful transfer" of developing countries to socialism and assisting them to reproduce the Soviet model of industrialization. In addition, economic assistance from the Soviet Union supported a favorable environment for the supply of Soviet arms and a channel for strategic natural resources.

This "economic cooperation" was coordinated by the State Committee for External Economic Affairs, a body created in 1957 expressly for this purpose. Several large government contractors—"Technoexport," "Tyazhpromexport," "Technopromexport," "Prommashexport"—as well as sector-specific ministries implemented the international projects. All development assistance commitments made by the USSR were secured in bilateral agreements for scientific-technological and economic cooperation.

Instruments of Economic Cooperation

According to the list of types of assistance presented by Soviet representatives in response to a 1982 request from Group 77 in the United Nations Conference on Trade and Development (UNCTAD), Soviet representatives specified the following types of "economic cooperation" from the USSR to developing countries:[4]

1. Concessional loans (with grants comprising more than 25 percent);
2. Grants;
3. Assignment of Soviet specialists to developing countries;
4. Education of staff from developing countries in the USSR;
5. Provision of technologies and know-how;
6. Price subsidies for goods exported to developing countries (fixed prices); and
7. Subsidized marine cargo transfers.

4. Quintin V.S. Bach, "A Note on Soviet Statistics on Their Economic Aid," *Soviet Studies* 37, no. 2 (April 1985): 269–75.

Based on official criteria for ODA formulated later by OECD/DAC, less than half of the assistance delivered by the USSR to developing countries could be formally considered ODA.

Sector Priorities for Soviet Assistance

Economic cooperation with developing countries consisted primarily of large construction projects of national importance, intended to promote command methods of management that served as "showcases" for Soviet technological achievements. These projects were implemented in various sectors of heavy industry—nonferrous and ferrous metallurgy (metallurgical works in India, Iran, Egypt, and Algeria, as well as a bauxite extracting complex in Kindia/Guinea); machinery construction; electric power (Aswan Hydro Electro Station in Egypt and Euphrates Hydro Complex in Syria); fossil fuels; and raw materials industry. The USSR also supported projects to develop infrastructure (highways in Yemen and Afghanistan; railways in Syria, Iraq, and Guinea; and deep-sea and river ports in Yemen, Somali, and Afghanistan). As of January 1991, the overall number of large projects implemented in developing countries reached 907, including 379 industrial premises.

Special attention was also paid to the education sector. Development assistance in this sphere had two dimensions: the education and training of students and specialists in the USSR, and the assignment of Soviet teachers and trainers to developing countries. The symbol of Soviet assistance in this area was the Peoples' Friendship University, opened in 1960. On the eve of the country's collapse, the number of foreign students in the USSR totaled 126,500, 10.8 percent of the total number of foreign students worldwide. Almost 80 percent of all foreign students in the USSR came from Asia, Africa, and Latin America.[5]

Regional Priorities and Aid Volumes

Development assistance from the USSR had a strong geographic focus, with three main groups of aid recipients:

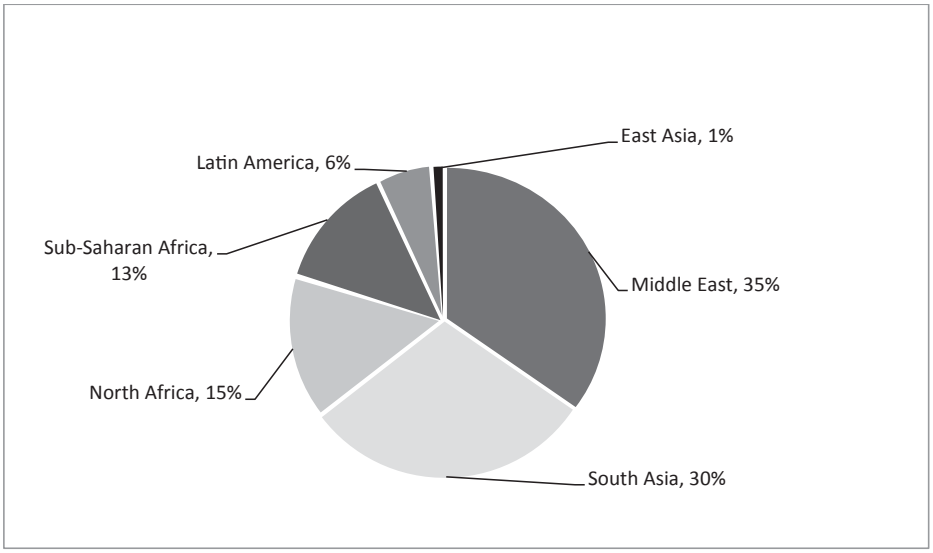
1. Members of Comecon—The Council for Mutual Economic Assistance (including Cuba, Vietnam, and Mongolia along with most East European states) and North Korea, which accounted for more than 75 percent of all aid flows.
2. Socialist-oriented countries—Both Marxist-Leninist in Africa (e.g., Angola, Ethiopia, Somalia (until 1976), and Mozambique) and non-Marxist-Leninist in the Middle East (e.g., Syria, Iraq, and Egypt).
3. Strategically located non-socialistic countries (India, Pakistan, Iran, and Turkey).[6] The target countries for Soviet development assistance were selected based on geographic priorities, availability of natural resources, and the state of bilateral relations.

Figure 2.1 shows a geographic distribution of Soviet aid (mid-1950s to mid-1980s) by region, comprising, in descending order, the Middle East, South Asia, North Africa, Sub-Saharan Africa, Latin America, and East Asia (excluding Cuba, Vietnam, and Mongolia).

5. Zherlitsina Gribanova, "Preparation of Students from African Countries in Russian Universities: Challenges and Perspectives," Institute for African Studies of the Russian Academy of Sciences, http://www.inafran.ru/.

6. H. Machowski and S. Shultz, "Soviet Economic Policy in the Third World," *International Studies* 24, no. 3 (1987): 223–45.

Figure 2.1. Geographic Distribution of Soviet Aid



Source of data: Henry L. Bretton, *International Relations in the Nuclear Age: One World, Difficult to Manage* (Albany, N.Y.: SUNY Press, 1986), table 15.4, p. 301.

The USSR never provided official statistics on its international assistance. However, some researchers estimate that the Soviet Union's average annual development aid was 0.2–0.25 percent of gross national income (GNI). The total estimated value of international assistance by the USSR from 1954 until 1991 was $78 billion. Development aid volumes demonstrated steady growth over most of this period, with a slowdown and then stagnation starting in the early 1980s.[7]

"Economic Cooperation" with Developing Countries in 1980s

With negative trends in the Soviet economy in the early 1980s, Soviet leaders began questioning the need for disbursing such immense resources. The results of these investments did not live up to expectations as well. Many countries demonstrated a considerably slower development pace than expected, continuing to require large inflows of assistance even though the Soviet Union was no longer ready to provide aid in former volumes.[8] Following a decision to pay more attention to internal economic problems, the USSR became more sceptical toward economic cooperation with developing countries, which seemed to have had little mutual benefit. Furthermore, these trends became inevitable when Mikhail Gorbachev came to power and declared a new course of better relations with the West. By 1991, the USSR had practically stopped its assistance funding to Afghanistan, Cuba, Cambodia, Nicaragua, Angola, Ethiopia, and many others with whom it had aid obligations. Following such a drastic decrease of funding by their main donor, some countries, including Vietnam, Laos, and Cambodia, had to reposition and look for new donors.[9]

7. Ibid.

8. Roger E. Kanet, "Four Decades of Soviet Economic Assistance: Superpower Economic Competition in the Developing World," Arms Control, Disarmament, and International Security (ACDIS) Occasional Paper, July 2010, http://acdis.illinois.edu/assets/docs/551/FourDecadesofSovietEconomicAssistanceSuperpowerEconomicCompetitionintheDevelopingWorld.pdf.

9. Ibid.

During its final years, the USSR had not only sharply decreased its assistance to almost none, but it also transformed from a donor into a recipient of foreign aid. In the 1990s, the former Soviet Union republics, including Russia, and other Central and Eastern European countries with economies in transition were included in the second part of the OECD/DAC list—thereby officially branding them as aid recipients. Assistance to these countries in the second list of "more advanced" aid recipients was recorded separately as "official aid" but was not counted as ODA.[10]

Russia as Donor—Present State

From Recipient to Donor

Russia started receiving international development assistance upon its inception as a sovereign country in 1991. However, even during its most difficult times, Russia continued contributing to international assistance. The Russian Federation maintained its participation in humanitarian operations, made regular contributions to international organizations, participated in debt relief toward loans provided by the USSR (leading among other countries in terms of the volume of relieved debt to GNI), and was one of the leaders in the world in providing grants to foreign students. At the same time, Russia's participation in development assistance remained rather insignificant with respect to volumes and forms of assistance.

The situation began to change over the past decade when the amount of Russia's development aid started growing from year to year, the forms of aid delivery started to diversify, and a new national system of development aid started taking shape. In 2005, the OECD decided to give up the second part of the DAC list—the list of "more advanced" recipient countries. Since then, assistance rendered to Russia and countries of Central and Eastern Europe, most of which entered the European Union between 2004 and 2007, was no longer counted by OECD as official assistance.

Russia's contribution to international assistance grew significantly in the area of debt relief to poor nations. Russia made the following commitments on debt relief at the G8 Summit in Gleneagles in 2005: "Russia has called back and committed to cancel $11.3 billion worth of debts owed by African countries, including $2.2 billion of debt relief to the Heavily Indebted Poor Countries (HIPC) Initiative. On top of this, Russia is considering writing off the entire stock of HIPC countries' debts on non-ODA loans. This will add $750 million to those countries' debt relief."

This commitment was further updated at the 2006 G8 Summit in St. Petersburg: "Russia and the World Bank agreed to collaborate in developing a debt-for-development swap for channeling 4.2 billion rubles ($250 million) freed up from debt service to high-priority development actions in sub-Saharan Africa."

Moreover, if all of Russia's debt write-offs are taken into account, and not only those made as part of the Paris Club of creditor nations, then the total amount of debt written off by Russia is over $80 billion.[11]

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10. OECD, History of DAC lists of aid recipient countries, Chronology of changes in recipient country coverage, 1989–2011, http://www.oecd.org/document/55/0,3746,en_2649_34447_35832055_1_1_1_1,00.html#Chronology.

11. Andrei Bokarev, in the United Nations Development Programme (UNDP), *National Human Development Report in the Russian Federation 2010* (Moscow: UNDP, 2010), http://www.undp.ru/nhdr2010/National_Human_Development_Report_in_the_RF_2010_ENG.pdf.

Several factors influenced the reemergence of Russia as a donor country. A favorable macroeconomic situation based upon sustainable economic growth strengthened Russia's financial position. In 2000–2009, Russia's federal budget had a surplus and sustainable external account. That in part allowed Russia to substantially increase federal budget expenditures to provide external loans, as well as to increase contributions to different international programs and funds supporting developing countries.

Changes in the emphasis of Russian foreign policy also had a notable impact. Shortly after Vladimir Putin was elected president of Russia in 2000, Russia focused on strengthening its position in the international arena in part by increasing its participation in international organizations. The government started positioning Russia as a "rising" country and a responsible and reliable international player.

As part of this, Russia's chairmanship of the Group of Eight (G8) in 2006 played a very important role in the reemergence of Russia as a donor country. Its role as a new development partner in the international arena for other members of the G8 became especially visible through participation in the group's communiqués and commitments around increases in overseas development assistance. A series of Russian governmental initiatives in support of the international development aid followed.

Russia's Participation in International Development Assistance

The Concept document entitled "Russia's Participation in International Development Assistance,"[12] approved by President Putin on June 14, 2007, became key in the reemergence of Russia as a donor country. The only officially published programmatic document so far, the Concept articulated key goals, principles, and priorities for Russia on international development.

The Concept prioritizes reducing poverty and achieving the Millennium Development Goals (MDGs), stresses the importance of coordinating Russian aid with development assistance activities of other bilateral and multilateral donors, and expects the government to develop its plans for international assistance in ways that involve academia, civil society, and the private sector. The Concept also promotes the aid-effectiveness principles of ownership and alignment, complementarity, predictability and transparency, accountability, and monitoring.

The Concept's legal framework is grounded in both domestic and international legislation: The Russian Federation's Constitution, National Security Strategy, and Budget Code; the UN Charter, 2000 Millennium Declaration, 2002 Johannesburg Declaration, 2003 Monterrey Consensus, and 2005 World Summit Outcome; and OECD's 2005 Paris Declaration on Aid Effectiveness, and 2008 Accra Agenda for Action.

According to the Concept, the *main goals* of Russia's participation in international development assistance include:

- Influencing global processes to help create a stable, fair, and democratic world order based on generally accepted principles of international law and partnership relations between nations;

12. The Concept document can be found at http://www.minfin.ru/common/img/uploaded/library/2007/06/concept_eng.pdf.

- Liquidating poverty and ensuring sustainable economic development in the developing countries and in nations that have experienced armed conflicts;
- Overcoming the consequences of humanitarian, natural, environmental, and technological disasters as well as other emergencies;
- Promoting democratization in nations receiving aid as well as the formation of market economies and the protection of human rights;
- Developing political, economic, educational, public, cultural, and scientific relations with foreign countries and inter-state associations;
- Developing a belt of good neighborliness around Russia's borders, countering the development of conflicts in neighboring countries, and helping to eliminate the origination of illegal drugs, international terrorism, and crime in regions adjacent to Russia;
- Developing trade and economic cooperation between Russia and its partners;
- Stimulating integration of national markets of aid recipients with Russian markets for capital, goods, services, and labor;
- Strengthening Russia's authority and promoting an objective perception of the Russian Federation by the international community.

The Concept also covers *key principles* of Russia participation in the delivery of international development assistance, excluding cases for humanitarian and emergency aid. Key principles are the following:

- The recipients must have national programs and strategies to reduce poverty and ensure sustainable economic growth, which must be implemented in accordance with the principles of mutual accountability of the donors and recipients in the global partnership to achieve sustainable development and eradicate poverty;
- The recipients must have political trends or be embarked on reforms that further development of social institutions in such sectors as education, health care, and social support of the poor;
- The recipients must be implementing national programs to combat corruption;
- The process for making decisions about the provision and use of aid must be transparent; all federal budget spending earmarked for IDA must be stable and predictable;
- The IDA actions implemented by Russia must be coordinated with actions of other bilateral and multilateral donors;
- The environmental and social consequences of implementing existing projects and actions must be taken into account;
- The recipients must demonstrate interest in developing bilateral cooperation with Russia.

These goals and principles will be carried out through different *instruments for delivering aid*: multilateral, bilateral, and trilateral. According to the Concept:

- Multilateral aid will be delivered by voluntary and earmarked contributions to the international financial and economic institutions, especially to UN programs, funds, and specialized agencies, regional economic commissions, and other organizations participating in development

programs; participating in global funds and implementing special international initiatives of the Group of Eight, World Bank, International Monetary Fund, and UN agencies.

- Bilateral aid will be delivered in the following forms:
  - Earmarked financial grants, or goods and services provided on a grant basis;
  - Loans defined by the OECD as "ODA" to finance the supply of industrial products to the recipient countries, or investment projects implemented in the recipient countries on a maturity basis (longer than commercial credits), interest-bearing basis (at concessional interest rates), and repayment basis (not grants);
  - Technical assistance provided through knowledge and experience transfer to recipient countries with a view to developing national institutions in various sectors such as health, education, environmental protection, natural disaster prevention and control, and antiterrorism;
  - Debt relief, inter alia, by using debt-for-development swaps, provided the debtor uses the freed resources for national socioeconomic development;
  - Food and humanitarian aid in the case of emergency or natural disaster;
  - Simplification, cost reduction, and enhanced security and efficiency of systems for national and international money remittances;
  - Tariff preferences and other privileges granted to developing countries to improve access to Russian markets for their goods and services.
- Development aid on a trilateral basis will involve the use of the financial and logistic capacity of the "traditional" donor countries and international organizations through the already-existing or newly created trust funds of the World Bank, United Nations, UN-specialized agencies, and other institutions. Russia will have the right to select recipient countries and areas of assistance and will be able to use Russian specialists in technical assistance.

In July 2008, President Medvedev approved an updated National Foreign Policy Concept,[13] which declared that Russia will structure its international development assistance in line with the following *regional priorities*:

- Observe Russia's national interests in the process of multidimensional cooperation with the Commonwealth of Independent States (CIS) countries, with focus on the members of the Agreement on the Integrated Economic Space (IES) and the Eurasian Economic Community (EAEC); and strengthen integration processes within the CIS;
- Intensify efforts with a view to participation in Asia-Pacific integration structures and to develop partnerships with the leading Asian countries in all spheres, including joint assistance to the poorest nations;
- Meet Africa's special needs, including assistance to sub-Saharan countries in reducing poverty and achieving the Millennium Development Goals (MDGs);
- Strengthen relations with Middle Eastern and North African countries; and
- Develop cooperation with Latin America.

13. This "Foreign Policy Concept of the Russian Federation" is available at http://archive.kremlin.ru/eng/text/docs/2008/07/204750.shtml.

Taking into account this regional focus of its international development assistance policy, Russia, per the Concept, intends to provide assistance in the following *priority areas*:

- Combating energy poverty by creating prerequisites for household access to vital resources (primarily power);
- Strengthening national health and social protection systems focusing, among other things, on preventing the spread of infectious diseases;
- Facilitating access to and improved quality of education, especially primary and vocational education.

Moreover, particular attention will be paid to supporting activities aimed at speedily resolving military conflicts in all regions of the world, building post-conflict peace, fostering progressive socioeconomic development of post-conflict countries, and preventing the renewal of military standoffs, among other things, through Russia's increased participation in international peace operations and in the context of Russia's activities in the UN Peacebuilding Commission.

Amount of Russia's International Assistance

During the past decade, Russian levels of ODA have been steadily growing. ODA expenditures (excluding debt relief) doubled from about $50 million annually in 2002–2003 to more than $100 million annually in 2004–2006. By the time the substantive Concept was approved in 2007, ODA had doubled again to over $200 million. The Concept announced Russia's further intention to bring the level of ODA to a near-term target of $400 million to $500 million annually and a long-term target of not less than 0.7 percent of GDP.

Table 2.1. Russia's Total ODA Allocated (US$ millions)

2004	100.00
2005	101.30
2006	101.80
2007	210.78
2008	220.00
2009	785.02
2010	472.32

Source: The G8 2011 *Deauville Accountability Report*, as cited in footnote 14.

The list of total ODA allocated (see table 2.1) presented by the Russian Ministry of Finance in the G8's *2011 Accountability Report*[14] shows that the Concept's near-term target has been reached. Although there is still a long way to go to reach Russia's long-term target (that is, 0.7 percent of GDP), which would mean over $10 billion in ODA based on Russia's 2010 GDP of $1.479 trillion, the consistent increases show Russia's commitment to development assistance. In 2009, despite a serious economic crisis and federal budget deficit, Russia dramatically increased its development aid up to $785 million, focusing on its neighboring countries in the Commonwealth of Independent States (CIS), East Africa, and Southeast Asia, and providing assistance in the areas of education, infectious disease control, and access to energy.

The majority of Russian international assistance is currently being channeled through multilateral institutions, including the UN system, the World Bank Group, major global initiatives, and special-purpose funds. Using multilateral channels enables Russia to build on existing effective mechanisms of delivering development assistance and to become an active and recognized player

14. The G8 2011 *Deauville Accountability Report: G8 Commitments on Health and Food Security* can be found at http://www.g20-g8.com/g8-g20/root/bank_objects/Rapport_G8_GB.pdf.

in this area while getting the experience and skills needed for its own bilateral program. In parallel with Russia's contribution to multilateral organizations, Russian ministries and government agencies have either already gained experience in international assistance, or have expressed an interest in doing so.

The main stakeholders in the government of Russia include: the Ministry of Finance; the Ministry of Foreign Affairs and its federal agency, RosCooperation, whose legal mandate includes Russian-language education on its participation in international development assistance; the Ministry of Emergency Situations (EMERCOM), with its own heavy-airlift capacity and internationally recognized experience in emergency response, rescue, and food-aid delivery; the Ministry of Health and its federal agency, Rospotrebnadzor, which has the interest and capacity to address health threats and challenges; the Ministry of Economic Development; and the Ministry of Agriculture, which has an interest in food security.

These government entities have become core members of a new inter-ministerial working group on international development assistance cooperation, established as part of the Government Commission for Economic Development and Integration. Cochaired by the Ministry of Finance and the Ministry of Foreign Affairs, it aims to ensure coordination among federal executive authorities, international organizations, and the governments from other donor nations. The goals of the working group include developing an internal government mechanism for interaction between federal executive authorities, and creating a policy for international development assistance. The working group is expected to help determine priorities for Russia's international assistance, to identify priority aid recipients, and to specify channels for aid delivery.

Another important step toward expanding Russia as a donor country is the establishing of its own bilateral aid agency to coordinate and administer Russia's international assistance. Formally announced in early 2012, such an agency will undoubtedly boost Russia's participation in international development, its ODA allocations, and its prominence as a global player in addressing development and humanitarian challenges.

Regional and Sector Priorities

The 2007 policy Concept lists regions to receive Russian international development assistance, including countries in the Commonwealth of Independent States (CIS), Asia, and Africa, with a special emphasis on North African and sub-Saharan countries, the Middle East, and Latin America. However, a special geographic emphasis (priority)—mentioned in the Concept, in other policy documents, and in statements of government officials—has been assigned to Russia's neighbors and CIS countries in particular.

During 2008–2010, Russia significantly expanded its aid to CIS countries, including assistance provided by direct concessional financing to Armenia and Kyrgyzstan. In June 2009 the Eurasian Economic Community (EurAsEc) Interstate Council mapped out a joint anti-crisis strategy and formed an Anti-Crisis Fund to inject financial support into EurAsEc economies. Russia contributed the lion's share of financing for the Fund—$7.5 billion out of $10 billion (which was not counted as part of Russia's ODA). Eligible financing within the Anti-Crisis Fund includes: budget support, emergency sovereign lending and multi-country projects. The Eurasian Development Bank (EDB) was appointed as an implementing agency for the fund. Through the EurAsEc Anti-Crisis Fund, Russia provided a grant of $63 million to Tajikistan in 2010.

One of Russia's priorities announced in its G8 accountability report of 2010 was to improve aid effectiveness and support the use of sectoral and general budget support (GBS). In 2010, Russia provided $50 million for Kyrgyzstan, Nicaragua, and Nauru using GBS to support improvements in the social area (including health sector), education, and infrastructure.[15]

Russia's Interaction with Other Key ODA Players

Russia is also making important steps and playing a recognized role in establishing a dialogue between traditional and new donors. In February 2010, the Russian Ministry of Finance convened an international conference "New Partnerships in Global Development Finance." The conference was organized with support from the World Bank and OECD. The conference took place in Moscow with more than 150 participants representing traditional and emerging donors, aid recipients from 34 countries, representatives from 12 international organizations, and academicians from key Russian research institutions. The conference allowed for better coverage and recognition of Russia's role as a global donor and had several visible outcomes: it highlighted the growing role of new bilateral donors and their contributions to global development aid initiatives; it promoted joint efforts to enhance the impact of development aid; and it offered a platform for dialogue among traditional donors, emerging donors, and recipients to exchange views on current and emerging trends in development finance.

In October 2011, two other important events on international development cooperation were held in Russia. One was an international forum entitled "Ways to Reduce Infant Mortality: The Russian Experience," which addressed two Millennium Development Goals (MDGs): MDG 4, "Reducing Child Mortality," and MDG 5, "Improving Maternal Health."[16] The second conference addressed MDG 6, "Combating HIV/AIDS, Malaria, and Other Diseases."[17]

The first of these forums, "Ways to Reduce Infant Mortality: The Russian Experience," was aimed at developing strategic and practical recommendations for reducing infant mortality. It was organized by the Russian Ministry of Health and Social Development, and is the first step in a five-year Russian scientific and educational program to present both Russian and international experience in reducing infant mortality, improving the professional skills of health-care professionals (specifically in obstetrics), and establishing long-term partnerships between Russian medical institutions and those of participating countries.

The second of the forums was aimed at assessing the current situation in countries of Eastern Europe and Central Asia in meeting MDG 6, identifying main challenges and remaining gaps, and developing an action plan for reaching this development goal in the region by 2015. The forum helped to incorporate lessons learned from the experience of Eastern Europe and Central Asia in fighting HIV/AIDS, tuberculosis, malaria, and other infectious diseases. Participants discussed the relative progress in meeting MDG 6 compared with other MDGs, and discussed mechanisms to strengthen prevention of HIV and tuberculosis and improve access to affordable, safe, and effective medicines and medical technology in order to achieve MDG 6. The forum was organized by the Russian Ministry of Finance, Joint United Nations Program on

15. Ibid.

16. This international forum, addressing MDGs 4 and 5, is described at http://g8.oparina4.ru/en_about.php.

17. This international forum, addressing MDG 6, is described at http://mdg6forum.org/en.

HIV/AIDS (UNAIDS), World Bank, and Global Fund to Fight AIDS, Tuberculosis, and Malaria. The high level of key participants demonstrates a serious interest in Russia's role in international development.

Emphasis on Global Health

Health has traditionally been among the key priorities for Russia in international development, along with education, humanitarian aid, and peacekeeping. During its G8 presidency in 2006, Russia announced several priorities with serious commitments attached to each of them:

- Fighting infectious diseases;
- Increasing the quality of education in the poorest countries; and
- Combating energy poverty.

At the G8 Summit in St. Petersburg, Russia suggested a document that was approved by other members of the group, which defined a G8 position on the spread of infectious diseases, including HIV/AIDS, malaria, polio, tuberculosis, avian flu, and severe acute respiratory syndrome (SARS), and agreed on a global strategy for combating these health threats. The G8 countries also agreed to monitor and report on their performance toward obligations in global health.

Addressing Health-Related Challenges in CIS Region

In recent years, Russia has consistently supported global health issues, in particular the fight against infectious diseases. Russia's development interventions in this area have focused on implementing policies and programs to develop vaccines, antiviral drugs, and drugs for treating infectious diseases.

Russia provides assistance to CIS countries in particular, including the coordination of technical and methodological support for efforts to monitor and supervise infectious diseases in the region. Russia's medical universities and research institutions train specialists from CIS countries in monitoring infectious diseases, controlling laboratories, and preventing the outbreak of infectious diseases. Russia organized twelve scientific conferences between 2005 and 2010, dedicated to developing vaccines and antiviral drugs.[18] Russia also supported international efforts to contain the avian flu pandemic, and allocated $45.8 million in 2006–2009 for implementing a program to boost the capacity of health-care systems in the CIS region.

Russia has been especially active in the area of HIV/AIDS. In fact, from 2008 to 2010 Russia allocated $38 million to promote research into the development of an HIV vaccine. Russia chairs the CIS Coordination Committee on HIV/AIDS and has assisted countries in the region with prevention and monitoring. Russia played a leading role in developing and approving two programs by the leaders of the CIS countries ("Cooperation in Combating HIV/AIDS in the CIS," 2002–2006 and 2009–2013). Russia also organized and led the largest regional forum for HIV/AIDS in 2006, 2008, and 2009 in partnership with the Global Fund for Combating HIV/AIDS, Tuberculosis, and Malaria and UNAIDS. The 2009 Conference for HIV/AIDS in Eastern Europe and Central Asia brought together more than 2,500 delegates from 50 countries.

18. UNDP, *National Human Development Report in the Russian Federation 2010.*

Russia is in a good position to make important contributions to health-related development in the region because of similarities between the health-care systems in Russia and other CIS countries, all with roots in the Soviet era. In addition, many health-care professionals have studied in Russia and therefore have a common professional understanding. Finally, the Russian language is still widely understood and accepted in the region, which makes Russian assistance especially effective. Some health-care professionals also note it might be easier for CIS countries and other recipients of Russian assistance to accept and implement models based on Russian experience rather than those based on Development Assistance Committee (DAC) countries' experience, which are often characterized by a much wider knowledge and technological gap.

However, Russia's health-related development assistance is not limited to the CIS region. For example, in 2009 Russia allocated $21 million to a four-year program to combat neglected tropical diseases, supporting research into and strengthening control over tropical diseases in Africa and Central Asia. The program is being implemented in Ethiopia, Angola, Tanzania, Tajikistan, and Uzbekistan. The program includes strengthening the capacity of pilot countries to monitor and counter outbreaks of these diseases, training their health-care staff, developing systems to diagnose forgotten tropical diseases, and providing laboratory equipment.[19]

Russia's Funding to Global Health Initiatives

Russia's funding to health-care assistance has been steadily growing since 2000. For 2000–2005, Russia's total funding in this area was estimated at $52.03 million; however, in 2006 alone, ODA for health programs reached $20.35 million. Health ODA allocations further grew to $104.17 million in 2007, $110.29 million in 2008, and $129.13 million in 2009. A preliminary estimate of its 2010 allocation is over $80 million. Table 2.2 shows Russia's total ODA allocated to health calculated in accordance with the OECD methodology.[20] As in other areas, funding for global health is being channeled primarily through multilateral institutions. After Russia announced plans at the 2006 G8 Summit to become a donor to the Global Fund to Fight AIDS, Tuberculosis, and Malaria, it started by reimbursing the Global Fund for the $217 million in aid that the fund had previously provided to Russia. As of the end of 2010, Russia's total cumulative contribution to the fund reached $257 million.

Table 2.2. Russia's Total ODA Allocated to Health (US$ millions)

2006	20.35
2007	104.17
2008	110.29
2009	129.13
2010	>80 (preliminary estimate)

Source: The G8 2011 *Deauville Accountability Report,* as cited in footnote 20.

Several specific priorities were identified for Russian health-related assistance, including fighting infectious diseases such as HIV/AIDS and malaria, and building the capacity of health systems.

19. The G8 2010 *Muskoka Accountability Report* is available at http://canadainternational.gc.ca/g8/assets/pdfs/muskoka_accountability_report.pdf.

20. The G8 2011 *Deauville Accountability Report,* http://www.g20-g8.com/g8-g20/root/bank_objects/Rapport_G8_GB.pdf.

Fighting Infectious Diseases

The $21 million program to combat Neglected Tropical Diseases (NTD), launched in 2009, received support from partner countries; bilateral memorandums of understanding (MOUs) were signed with the health ministries of Kyrgyzstan and Tajikistan. Health experts from these countries received training in Russia under the program in 2010. Russia has also been supporting regional and national efforts to improve disease surveillance and increase capacity to implement the revised International Health Regulations (IHR), as well as to improve preparedness and response regarding pandemic influenza, polio, HIV/AIDS, NTDs, and other infectious diseases. Russia continued to give the CIS priority in its assistance, providing countries in the region with technical and methodological support to their disease-surveillance systems. Russia supported capacity building of health-care systems in the CIS with another $45.8 million program in 2006–2009 to enable them to counter the threat of emerging diseases, including a potential influenza pandemic. Over 40 laboratories in Kyrgyzstan, Ukraine, Kazakhstan, Belarus, Tajikistan, Azerbaijan, Armenia, and Uzbekistan were supplied with modern equipment, and 200 specialists were trained on the diagnostics and surveillance of influenza epidemics. Russia's contribution to the diagnostic and virus-research capacity of countries in the region showed visible results during the H1N1 pandemic in 2009, when the enhanced capacity of CIS countries reduced the impact of the pandemic on their populations.[21]

In 2009, Russia signed an MOU with the World Health Organization (WHO) "for collaboration in public health at the national, regional and global levels" to fund joint projects in order to implement the International Health Regulations (2005) and to build the capacity of laboratory networks in several countries in Africa and Central Asia.

In 2007–2010, Russia disbursed up to $60 million to strengthen existing networks aimed at preventing and mitigating the epidemiological consequences of natural and man-made disasters and humanitarian crises, including the use of rapid-response teams and capacity building of partner countries in this area.

Finally, in 2003–2008, Russia provided $18 million to the Global Polio Eradication Initiative.[22]

HIV/AIDS

In addition to being an active player in increasing the profile of HIV/AIDS as a G8 member, Russia also made it a priority for its agenda in other organizations, such as the Shanghai Cooperation Organization (SCO), EuroAsEC, and CIS. It also often takes a leadership role in developing and implementing policies to pursue universal access to HIV/AIDS prevention, treatment, and care across Eastern Europe and Central Asia. Russia's leadership and efforts in fighting HIV/AIDS in the region have been significant and were addressed earlier in this paper.

One of Russia's main efforts in this area has been to develop vaccines, microbicides, and drugs for infectious diseases, focusing on assistance to CIS countries. Russia allocated $38 million in 2008–2010 for HIV vaccine research and coordination of this work with CIS countries, which included hosting 12 scientific conferences on vaccines and microbicides in 2005–2009.

21. Ibid.

22. Bokarev, in the UNDP, *National Human Development Report in the Russian Federation 2010.*

Advanced Market Commitment

Another initiative in the area of vaccine development is the advanced market commitment (AMC) for pneumococcal vaccine. Initiated by the governments of Italy, Canada, Russia, and the United Kingdom, the AMC was launched in February 2007 with additional support from the Kingdom of Norway and the Bill and Melinda Gates Foundation. G8 countries pledged 93.2 percent of the $1.5 billion ($80 million of which Russia is responsible for, from 2010 to 2018) and have already disbursed $321.5 million to the World Bank. The pneumococcal AMC is expected to stimulate the development and manufacture of an affordable pneumococcal vaccine, which is expected to save the lives of 5.4 million children by 2030.[23] The predictive pricing schedule offered by AMC enables companies to sign long-term supply commitments and step up manufacturing capability in order to fulfill them. It also allows governments of developing countries to budget and plan for immunization programs, knowing that vaccines will be available in sufficient quantity at an affordable cost.

Malaria

Russia provided $4 million to the WHO Global Malaria Program to support the development of core malaria training modules and the organization of training courses in Africa and the Middle East. These training programs have contributed enormously to improving the quality and increasing the number of malaria-control staff in Africa, with more than 160 health professionals trained. In addition, Russian resources (funds and expertise) have allowed the WHO to provide technical support to several country-level training activities, supporting the training of 220 malaria experts.

To build on these achievements, Russia plans to continue its efforts in 2011–2014 to strengthen human-resource capacity for controlling and eliminating malaria in endemic countries. Together with the WHO Global Malaria Program, it will launch a joint $4.5 million program for training health workers from African and CIS countries.

Russia also contributed to the World Bank Booster Program for Malaria Control in Africa ($15 million) to provide financial and technical support to strengthen malaria control in Zambia and Mozambique. These activities have had a major impact on the malaria problem, especially in Zambia, by procuring 300,000 long-lasting insecticidal nets (LLINs), scaling up the insecticide residual spraying campaign (covering 1.5 million households), and expanding monitoring and evaluation.

International investments have clearly paid off in the fight against malaria in countries like Zambia, where it is no longer the leading cause of death for young children. As a result of these joint efforts, 50 percent of children under five are now sleeping under bed nets (2006 baseline: 24 percent); 70 percent of pregnant women are receiving intermittent preventive treatment for malaria as part of routine antenatal care (2006 baseline: 59 percent); the annual number of malaria deaths has decreased by at least 50 percent; and under-five and infant mortality was reduced by 29 percent and 26 percent, respectively.

Global Fund to Fight AIDS, Tuberculosis, and Malaria

In 2006, Russia announced a decision to become a pure donor of the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM) by reimbursing the $217 million that was earlier provided by

23. The data presented here are from the Global Alliance for Vaccines and Immunization (GAVI), http://fr.gavialliance.org/about/pledging_conference/resource_event/index.php.

GFATM for projects in Russia. The last tranche of this reimbursement was transferred to GFATM at the end of 2010. Moreover, in 2010 Russia pledged $60 million in additional funding to GFATM in 2011–2013. This brings Russia's total commitment to GFATM to $316.99 million since 2001.

Muskoka Initiative on Maternal, Newborn and Child Health

Russia has pledged to contribute $75 million in 2011–2015 to the Muskoka Initiative on Maternal, Newborn and Child Health, through both bilateral and multilateral organizations (GFATM, WHO, Global Polio Eradication Initiative, World Bank, UNAIDS, and UNICEF). This initiative promotes evidence-based measures that address major causes of maternal and child mortality, such as HIV/AIDS, malaria, polio, and other infections, low immunization coverage of children, poor sanitation, and low quality of pediatric care. Activities supported by Russia will also include technical support for partner countries to address the shortage of qualified midwives and poor access to obstetric care facilities. As in many other Russian international-assistance initiatives, the focus will be on Central Asia, as well as on countries in sub-Saharan Africa, including Ethiopia, Zambia, Mozambique, Angola, Kenya, and Namibia.

Exchange of Experience with International Community

International organizations and bilateral donors have shown interest in supporting Russia to become a full and active member of the international-development community by sharing their experience and best practices in international development and humanitarian assistance. These donors include the UN Development Program (UNDP), World Bank, U.S. Agency for International Development (USAID), German GIZ (formerly GTZ), UK Department for International Development (DFID), and Oxfam International, among others.

Of these organizations, USAID and the World Bank have been the most active supporters, each from a different angle, but with the same objective of assisting Russia to play an enhanced role in international development. The two major elements in their strategies for collaborating with Russia as a development partner and boosting its capacity include:

- Transfer needed knowledge and skills in the form of consultations, conferences, trainings, and seminars; and
- Promoting learning through real-life international assistance projects implemented jointly with Russia.

The overall experience of international-development aid organizations proves that Russia ultimately needs the skills of both bilateral and multilateral organizations in channeling and delivering its international assistance.

The USAID Experience

In light of the globalized world, where the scale of development and humanitarian challenges is beyond the capacity of one single donor or country, a USAID priority has been to work in partnership with the private sector, host governments, emerging donors, and other nontraditional donors. Given Russia's potential to become a major player in international assistance, it is expected to be

an important partner for USAID as well as other organizations. Health is one of the most logical sectors for collaboration between USAID and Russia, both of whom have declared it a priority.

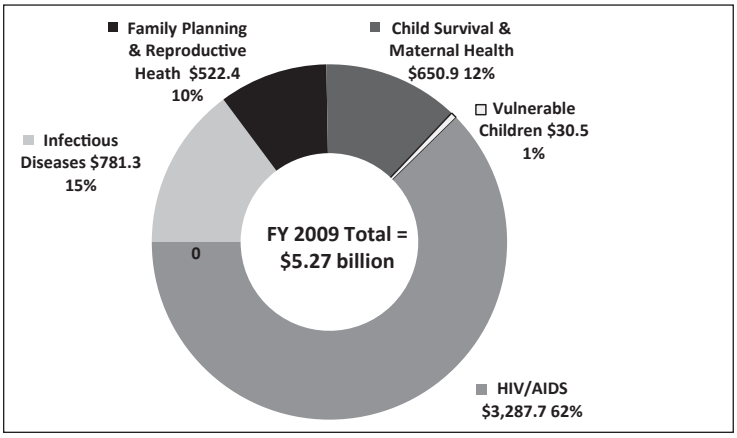
USAID in Russia

USAID has been in Russia since 1992 and has invested more than $2.5 billion in programs supporting Russia's economic and social development. Most of this funding was provided between 1992 and 2002, when Russia was transitioning to a new type of society and economy. In 2002–2006, with the economic situation in Russia improving, the need for international development assistance started going down. In response to the changing environment and external factors, some parts of the USAID portfolio began shifting from "assistance" to "cooperation" and later to "partnership." This process received a further impetus from Russia's emerging interest in addressing development challenges and its growing international assistance, as well as the "reset" announced by Presidents Obama and Medvedev in 2009.

Global Health as Priority for USAID

Global health has always been one of the key priorities for USAID. It strongly supports global health activities through a variety of programs in many countries. From 1985 to 2004, USAID provided $22.2 billion in global health assistance to developing countries, making it the largest international donor in this sector in the world. In 2007, the estimated funding for the sector approached $4.15 billion; by 2009 it had reached $5.27 billion. Figure 2.2 shows USAID's distribution of resources in the global health area by subsector. In 2008, the U.S. government expanded its commitment to combat HIV/AIDS to an unprecedented $48 billion. A large portion of these resources is administered through USAID in cooperation with other U.S. government agencies, partner organizations, and host countries.

Figure 2.2. Distribution of USAID Funds in Global Health, 2009 (US$ millions)



Source: U.S. Agency for International Development, http://www.usaid.gov.

Sharing Experience to Support Russia as Reemerging International Donor

Many participants in the international MDG 6 forum held in Moscow in October 2011 showed a strong interest in Russia becoming an important player in addressing international development challenges. As a new donor using the best practices of traditional donors in this area, Russia can be a strong and reliable partner for international community and USAID in particular.

Russia is not the only emerging donor with which USAID has shared knowledge and coordinated development activities. USAID has done likewise with other countries from the BRICS, Central and Eastern European, and elsewhere in the world. USAID's experience in boosting new-donor capacity in Central and Eastern Europe has been especially useful as it allowed an easy exposure of key lessons learned in building government systems needed to provide international assistance from these countries to Russia. In 2008–2009, USAID's Regional Services Center (RSC) in Budapest, Hungary, provided consultations and a series of short workshops in Bulgaria, Croatia, and Romania. The workshops focused on principles of strategic planning; project design and implementation, including procurement; project monitoring and evaluation; as well as general program oversight. All three countries had already been providing ODA through multilateral channels at that time.

USAID began consultations and discussions on Russia's reemergence as an assistance provider with various Russian ministries in 2006, shortly after Russia hosted the G8 Summit in St. Petersburg. One of the first activities to share experience was USAID/Russia's May 2007 "Open House" for Russian government officials from five ministries, where core principles of delivering international-development assistance and operational challenges were elaborated. After the Concept on Russia's participation in international assistance was approved and Russian ministries were tasked with developing an implementation plan, senior Russian officials from the Ministry of Foreign Affairs, Ministry of Finance, Ministry of Emergency Situations, or EMERCOM, and the Ministry of Economic Development and Trade visited USAID/Washington in February 2008 to meet the USAID administrator and key agency staff to learn about management, disaster assistance, budgeting, and other topics. The delegation also had meetings with other U.S. government entities involved in administering foreign assistance, including the State Department, Department of Treasury, Office of Management and Budget, and Senate Foreign Appropriations Committee.

In September 2009, USAID organized a seminar for the new Russian government agency RosCooperation to present the best practices of U.S. government-funded Russian organizations working in developing countries. Though it did not yet have its own bilateral assistance program, Russia already had its own indigenous organizations with experience and capacity in delivering international development programs with funding from UN organizations, bilateral donors like USAID, and host country governments. Most of these organizations started out managing development assistance programs in Russia and then expanded their experience to developing countries in the "near abroad" and beyond.

All the experience USAID gained in the course of collaborating with Central and Eastern European countries as emerging donors was shared with officials of Russian government ministries through a workshop organized by USAID in March 2010 in Budapest. Representatives from RosCooperation, Ministry of Agriculture, Ministry of Economic Development, and Ministry of Foreign Affairs participated. The workshop provided an opportunity to look at best practices in strategic planning and implementation of bilateral assistance programs in line with international standards. To make this experience more practical, senior officials from the new development agencies of Turkey, Hungary, Czech Republic, and Slovakia also attended and exchanged their experiences as emerging donors.

The workshop identified similarities, trends, and challenges new donors face in the early startup phase. All the countries had struggled with developing a core cadre of knowledgeable staff, and had to establish clear and uniform operational procedures. Identifying their development "niche" and branding their fledgling ODA programs were objectives that all these emerging donor

countries had to pursue. In doing so they could differentiate themselves and establish their own image within the European Union and within the broader donor community. At the same time they could use the vision inherent in the brand to develop a communications campaign to garner support both within the government and with their citizens. It was crucial for each government to clearly identify inter-ministerial roles, responsibilities, and sufficient decisionmaking authority (combined with checks and balances) for ODA.

In response to the interest and request from the Russian government, USAID convened two workshops in Moscow on USAID contracting practices for Russian government officials and representatives of nongovernmental organizations (NGOs) and private companies in February 2010 and June 2011. A special focus at these workshops was given to bidding opportunities in reconstruction and development assistance efforts in Afghanistan.

In parallel with efforts supporting Russia's reemergence as a development assistance provider, USAID has a long history of collaboration with Russia in addressing humanitarian challenges and emergencies by exchanging expertise in emergency response, conducting search-and-rescue missions, and delivering emergency food aid. In 2008 alone, according to reports from EMERCOM, its international operations (combined humanitarian aid operations and disaster response in Tajikistan, Armenia, Ethiopia, Kenya, Bangladesh, Somalia, Afghanistan, China, and other countries) exceeded $100 million. A U.S.-Russia Memorandum of Understanding on Cooperation in Emergency Management and Disaster Response was signed by the governments of Russia and the United States in 1996. This agreement was extended for an additional 10 years in 2007. Cooperation under the MOU is operational by means of annual work plans.

In November 2008, EMERCOM announced plans to seek certification from the International Search and Rescue Advisory Group (INSARAG) of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) to bring its Air-Mobile Rescue Squad into compliance with international practices, enabling it to participate in field-level coordination among INSARAG-certified teams. During the next few years, USAID's Office of U.S. Foreign Disaster Assistance (OFDA) and EMERCOM worked closely on sharing the know-how and expertise needed for meeting INSARAG standards. In September 2008, ten EMERCOM staffers took part in training on disaster response and emergency preparedness in San Diego, California. In December 2009, USAID shared its expertise on disaster response at a planning conference for a joint table-top exercise by FEMA and EMERCOM. In June 2011, Russia successfully received a "Heavy" class INSARAG classification, making it one of the few countries with such an advanced certification.

Russia's increasing participation in international humanitarian missions and the expertise and professionalism of EMERCOM's staff makes it an important international player and a solid partner for the United States in addressing international humanitarian challenges such as disaster response and search-and-rescue.

In the course of supporting Russia's initiative to strengthen its capacity as a donor, USAID closely coordinated with other interested stakeholders from the donor community (World Bank, UNDP, DFID, GTZ, WHO, Oxfam, GFATM, UNAIDS) and directly supported World Bank events on Russia as a donor. In May 2008, USAID gave a presentation on development statistics and reporting systems at an international workshop in Moscow organized by the Russian Ministry of Finance and the World Bank in coordination with OECD. In February 2010, USAID Counselor Ambassador James Michel spoke at an international conference in Moscow on "New Partnerships in Global Development Finance" organized by the Ministry of Finance and the World Bank. In

January 2011, USAID provided experts and speakers to a World Bank workshop on Russia's ODA communications strategy. To better understand the Russian government's perspective on developing its international-assistance program as well as to brainstorm on strengthening its capacity, USAID together with the DFID and GTZ met in August 2008 with senior officials at the Ministry of Foreign Affairs.

Partnership with Russia in Global Health

In addition to supporting Russia's growing capacity as an assistance provider, USAID has been conducting joint and jointly coordinated initiatives with Russian government agencies. While contributing directly to the needs of host countries, these initiatives, many of which are in global health, also have had an important learning-by-doing benefit for Russia.

The first joint project of USAID and the Russian Ministry of Health, called the Strategic Health Partnership Initiative (SHPI), was launched in October 2007. The project has its roots in the 2005 Bratislava Initiative, a joint Russian-American presidential agreement designed to strengthen cooperation on crosscutting issues, including the global fight against HIV/AIDS. SHPI harnessed the expertise of the U.S. and Russian medical communities to: (1) bolster HIV/AIDS capacity in Russia by developing postgraduate curricula and establishing AIDS Training and Education Centers: and (2) to strengthen Russia's capacity to provide professional assistance to developing and transitioning nations around the globe. SHPI sends Russian medical professionals to countries in Africa and Central Asia to help develop laboratory services for HIV, tuberculosis, and other infectious diseases, as well as to improve treatment, care, identification, monitoring, and surveillance of HIV and other infectious diseases. The focus countries of SHPI include selected developing countries in Africa (Botswana, Ethiopia, Namibia, and Tanzania) and Central Asia (Uzbekistan). The deployments in Africa range from two to four months, while those in Uzbekistan last two weeks, for a combined contribution of some 30 months of expert-level assistance.

Each of these deployments deserves a separate story to showcase the value added by Russian health-care professionals. As one example, in the deployment to Ethiopia, two Russian lab mentors provided technical assistance to the Ethiopian Health and Nutrition Research Institute in the nation's capital of Addis Ababa. Collectively, they contributed 191 days of professional service, providing technical assistance and mentoring local lab staff. Although rabies is a preventable disease, it represents a significant public health threat in Ethiopia. The Ethiopian government recognizes that rabies is a serious problem and the disease is one of the strategic focus areas that emerged from the recent business-process reengineering undertaken by the Ministry of Health. The goal was to build the capacity to manufacture ten vaccines, and Russian experts started with rabies. The development of this vaccine was critical as its impact was expected to spread beyond rabies, with the process being applied to developing other vaccines. The results of the deployment in Ethiopia are briefly presented in an excerpt from the project report prepared by the American International Health Alliance (see box 1).[24] SHPI became a successful initiative, showcasing Russia's potential in addressing global health challenges.

A new global health area for partner relations and collaboration is the eradication of polio. In January 2011, USAID administrator Rajiv Shah and Russian deputy minister of health and social development Veronika Skvortsova signed the U.S.-Russian Protocol of Intent on Cooperation for

24. American International Health Alliance (AIHA), *Strategic Health Partnership Initiative 2007–2010,* http://www.aiha.com/en/WhatWeDo/documents/SHPICloseoutFINAL.pdf.

Box 1. Results of the Deployment in Ethiopia

"*The lab staff have experience working with cells and are young and not set in their ways. They learn quickly and are eager to make changes here…there has been a lot of progress.*"
—Dr. Denis Bankovskiy, a vaccine expert from the JSC Pokrov Biologics Plant in Volginskiy, Russia

"*At first, we didn't have the virus, the equipment, or even the knowledge how to put them to use. Now, our hopes for the future are without limit.*" —Mr. Birhanu Hurisa, assistant researcher, Ethiopian Health and Nutrition Research Institute, Addis Ababa, Ethiopia

Key Accomplishments

- Prepared draft rabies legislation
- Tested and calibrated lab equipment in preparation for vaccine production
- Introduced roller bottle technique for vaccine production in cell cultures
- Trained rabies lab staff in key rabies research and vaccine production techniques and procedures
- Developed detailed SOPs and lab manual for vaccine production
- Propagated seed rabies virus (strains ERA, PV, and CVS-11 provided by CDC/Atlanta) in cells to obtain and deposit master seeds and produce experimental batch of vaccine
- Obtained and successfully tested the experimental formalin inactivated cell culture rabies vaccine
- Discussed recommendations for further work and possible collaboration between Ethiopian veterinary and health services to develop a national rabies control program with directors of EHNRI and Debre Zeit Veterinary Institute.[a]

a. AIHA, *Strategic Health Partnership Initiative 2007–2010,* http://www.aiha.com/en/WhatWeDo/documents/SHPICloseoutFINAL.pdf.

the Global Eradication of Polio in Geneva. This signing was followed by a joint U.S-Russian immunization monitoring mission to Tajikistan and Kyrgyzstan in May 2011.

Beginning in December 2010, USAID and the Russian government have been undertaking two joint assistance initiatives in Kyrgyzstan. At the request of the president of Kyrgyzstan, USAID and Russia purchased a large number of wheelchairs for children with disabilities. With both parties equally covering the cost of wheelchairs, Russia took the initiative to manage the logistics of delivering them from the United States. In another joint project, USAID, the State Directorate for Rehabilitation and Development, and the Russian Consulate in the city of Osh, Kyrgyz Republic, contributed funds to rehabilitate the Osh Youth Sports Center. A memorandum of understanding among the three partners was signed to initiate the project in May 2011.

World Bank Experience[25]

The World Bank has been involved in policy advice and capacity building for Russia's development-assistance programs since the 2006 G8 Summit in St. Petersburg. The Bank's strategy in this area also follows the dual approach of direct capacity building and learning by doing.

Russia as Donor Initiative

Most of the World Bank's efforts in boosting Russia's capacity as a donor country have been garnered under the "Russia as a Donor Initiative" (RDI), a trust fund supported financially by the DFID. In 2007, the Ministry of Finance sought the Bank's analytical and advisory support in upgrading Russia's international-aid regulatory framework, introducing evaluation of the impact of development aid, strengthening development aid statistics and analysis, assessing aid needs in recipient countries, as well as developing strategic communications and outreach toward Russia's development aid. As a result, the RDI trust fund was established in April 2009, with the main goal of supporting the government of Russia to strengthen and use its systems to plan and deliver aid effectively.

The World Bank managed RDI until March 2011. Overall, RDI was heavily coordinated with the Russian Ministry of Finance, Ministry of Foreign Affairs, and several other interested Russian government stakeholders. An overarching objective of RDI was to support capacity building for Russia as a donor by offering access to international experience in development aid and providing recommendations for the Russian ODA program. The key beneficiaries of RDI were Russian ministries and other government entities, academia, NGOs, media, and think tanks.

RDI began with four main components—each in support of Russian development aid—based on the areas originally emphasized by the Ministry of Finance:

Component 1: Support to statistics system and reporting;
Component 2: Support to monitoring and evaluation;
Component 3: Support to academic and research partnership; and
Component 4: Support to strategic communications.

Initially, RDI was scheduled to operate until mid-2012. However, due to changes in DFID's development policy, it cut the funding level originally envisioned for the RDI trust fund and shortened the implementation period until March 2011. That decision led to dropping the monitoring and evaluation component (component 2) and adjusting the results framework.

Shortly after the launch of RDI, an Advisory Council consisting of representatives from key Russian ministries and agencies was formed to ensure a demand-driven program, as well as to foster inclusion, ownership, and heavy buy-in of key stakeholders in RDI's implementation. Key stakeholders included the Ministry of Finance, Ministry of Foreign Affairs, Ministry of Education and Science, RosCooperation, and several others. The Advisory Council served as a mechanism for dialogue and interaction to identify and jointly decide upon the strategic priorities and main activities to be implemented under RDI. A distinct feature of RDI's implementation was a high level of cooperation with international development aid partners. Representatives from OECD, UNDP, USAID, and GIZ actively participated in the meetings of the Advisory Council as observ-

25. The information in this discussion was provided by World Bank staff in Moscow and Washington.

ers, and also contributed to the implementation of RDI activities by bringing their expertise, knowledge, and in-kind support (e.g., speakers) to RDI events.

RDI included a wide range of capacity-building activities for participating Russian government entities, universities, media, and experts:

- Russian counterparts from sector ministries were exposed to OECD ODA reporting principles and methodology ("Statistics" workshop, October 2009);
- A national public opinion survey on the attitude of the Russian population toward development aid was conducted by the independent Levada Center in June 2010;
- The international workshop "Strategic Communication for Russia's Development Aid Program" (January 2011), aimed at elaborating inputs for Russia's communication strategy, followed the national survey;
- Russian professors from key universities participated in a study visit to the International Development School at the University of Sussex, United Kingdom, in December 2010;
- In March 2011, the professors who participated in the study visit at the University of Sussex elaborated a set of lectures on international development aid;
- A workshop for practitioners and for train-the-trainer purposes, aimed at testing the lectures, was conducted in March 2011.

As part of policy dialogue, in February 2010 the World Bank supported the Moscow international conference on "New Partnerships in Global Development Finance" initiated by the Russian Ministry of Finance.

RDI lay down the fundamental background for a capacity-building program to support a Russian development aid system. An additional value added was the establishment of a platform for dialogue and exchanges of experience among key actors in Russia's international-development assistance. RDI also allowed the identification of priority areas where capacity building was needed and supported the preparation of work plans for related future activities, especially those that will strategically focus on boosting the effectiveness of Russian development assistance.

Learning by Doing

A strong development-aid partnership between Russia and the World Bank is the most extensive in the history of the Bank's cooperation with a middle-income country. This relationship supports Russia's aspiration to become an international assistance provider while offering broader opportunities to participate in multilateral aid. The World Bank-Russia partnership is founded on sharing knowledge in international development through a continually upgraded store of development best practice, combining experience and research in global implementation.

Russia' role as a donor is growing both in International Development Association (IDA) and World Bank multilateral mechanisms. Russia has increased its assistance to IDA, the World Bank's fund for the poorest countries, and become the third-largest nontraditional donor after Korea and Brazil, pledging US$108 million in funding for the sixteenth IDA replenishment (IDA 16).

Russia is participating in a variety of World Bank–administered trust funds, including:

- Malaria Control Booster Project
- Financial Literacy and Education
- Russia Education Aid for Development (READ)
- Education for All—Fast Track Initiative
- Russia Food Price Crisis Rapid Response
- Rapid Social Response
- South-South Experience Exchange
- Europe and Central Asia (ECA) Regional Public Finance Management
- Avian and Human Influenza Facility

Russia's involvement in World Bank-managed trust funds directly benefits recipient countries while also contributing to the strategy of learning by doing. By channeling development assistance through a broad range of World Bank-administered trust funds, Russian specialists become active participants in addressing urgent human and development needs in Africa (malaria control, access to energy, quality of primary education), reducing the risks of infectious disease in Central Asia, and producing international tools for public policy (learning assessments tools and international methodology for measuring financial literacy). All these joint development-assistance programs between Russia and the World Bank Group involve sharing knowledge, developing organizational and staff competencies of Russian organizations and agencies involved in international development, and ensuring continued engagement from Russian counterparts at the level of strategic governance.

3 RUSSIA'S FOREIGN AID FOR HEALTH
OVERVIEW AND OPTIONS

Alexei Bobrik and Judyth Twigg

After nearly a decade of dipping its toes in the waters of international development assistance (IDA), Russia appears ready in 2012 to reconfigure its institutional apparatus for global aid—perhaps as a prelude to emergence as a more serious presence and partner on the IDA landscape. Prior to its collapse, the Soviet Union was an active contributor of foreign assistance. It sent abroad an estimated US$26 billion in 1986 alone.[1] These efforts ground to a halt during the turbulent 1990s, but picked up again as Russia reaped the financial benefits of its oil and natural gas wealth over the last decade. Russia's total IDA grew from around US$100 million in 2004 (0.015 percent of gross national income) to US$472 million in 2010 (0.05 percent of GNI).[2] The 2010 figure represented a significant decline from 2009's US$785 million total, which was a special-case response to the global financial crisis. Overall, Russia's current goal is to remain stable at around US$500 million in IDA annually.[3] Russia's level of IDA has accelerated in recent years faster than that of any other Group of Eight (G8) country; in absolute dollars, however, Russia's contributions are the lowest in the G8.

Currently, a patchwork of Russian government agencies claims a stake in the business of IDA: the Ministries of Foreign Affairs, Finance, and Emergency Situations compete for the lead, but there is also significant activity from the Ministries of Economic Development, Industry and Trade, Natural Resources and Environment, Regional Development, Energy, Education and Science, and Health. Annually, these executive agencies submit proposals for federal funds to be spent on IDA, which they have cleared with the Ministry of Foreign Affairs, to the Ministry of Finance, together with a justification for these internationally focused activities as part of their annual budget plans. The Ministry of Finance is ultimately responsible for supporting IDA as part of the federal budget draft and for cooperating with the Federal Treasury to support the timing of financing of individual budget allocations. The Federal Agency for the CIS oversees Russian IDA activity in the Central Asian region, presumably coordinating activity among departments.

1. "The Rebirth of Russian Foreign Aid," *Guardian,* May 25, 2011, http://www.guardian.co.uk/global-development/2011/may/25/russia-foreign-aid-report-influence-image.

2. Official data from the Organization for Economic Cooperation and Development (OECD), http://one.org/report/2010/en/country/russia/oda.html.

3. Statement of Andrei Bokarev, director of International Finance Affairs for the Russian Federation Ministry of Finance, May 20, 2011, http://www.minfin.ru/en/pressoffice/quotes/index.php?id4=12751.

A 2007 Concept governing Russian IDA strategy has, until recently, remained a set of ideas that exists only on paper.[4] It was a Concept note rather than a strategy, developed primarily in conjunction with the 2006 St. Petersburg G8 meeting. There has been no legal basis for an IDA budget mechanism, and Russia is the only G8 country without an official "overseas development assistance" budget category. The creation of a dedicated agency for development assistance has encountered bureaucratic opposition on several counts: the fear that a new national agency would devote too much of its budget to its own support and maintenance rather than to actual assistance programs; the sense that the relevant expertise is located in other function-specific ministries (in other words, the health ministry can best implement health assistance); and doubts that a new, fledgling agency will be able to develop the bureaucratic clout to manage and coordinate activities across a wide range of stakeholders.

The drive for institutional and programmatic coherence appears, however, to have won the argument. At the end of August 2011, the Russian government announced that RUSAID—an independent Russian foreign aid agency—would launch at the beginning of 2012, with a staff of approximately fifty specialists. Russia is therefore in a period of conceptual and institutional transition. It is still a recipient of foreign aid, yet it is clearly moving toward restoring its Soviet-era stance as a major and reliable international donor, deliberately building the institutional framework to implement this vision.

Many questions, however, surround the development of this new agency. Housed in the Ministry of Finance, it will not automatically have an institutional presence in its recipient countries, as Russia's foreign diplomatic missions are controlled by the Ministry of Foreign Affairs and the Ministry of Economic Development's trade offices. How will institutional coordination—in terms of both on-the-ground practice and higher-level policy priorities—develop among these often-competing players? RUSAID's staffing is also a key question, since overseas development assistance is not taught in any Russian university, and there are few professionals in the country with practical experience developing and implementing development projects. Will RUSAID be able to lure these specialists away from their current posts with international agencies and nongovernmental organizations (NGOs)? Finally, and perhaps most importantly, what level and scope of authority and responsibility will this new agency really enjoy? Will it be a conduit for existing multilateral commitments to institutions like the G8 and the G20, or will it serve as an umbrella exclusively for bilateral efforts (which is its current, initial mandate)? Will it engage in program conceptualization and prioritization, or will its responsibilities focus only on project implementation? Will it have the bureaucratic clout to oversee and coalesce IDA interests that span a wide range of Russian ministries and agencies?

As illustrated in table 3.1, Russia's IDA commitments overall, and specifically in the health arena, have to date been almost exclusively through monetary payments to multilateral institutions.

4. See Mark Rakhmangulov, "Establishing International Development Assistance Strategy in Russia," *International Organizations Research Journal,* no. 5 (2010): 50–67.

Table 3.1. Russia's Commitments to Global and Regional Alliances

Global Fund to Fight AIDS, Tuberculosis, and Malaria	US$260 million, total 2001–2010	Includes US$217 million "repayment" of prior Global Fund grants to Russia, and pledge of US$60 million for the Third Replenishment period (FY 2010–2013). Russia is now a "pure donor" to the Global Fund.
Global Alliance for Vaccines and Immunization (GAVI)	US$16 million, 2007–2010, with additional US$64 million future commitment	Advance Market Commitment for the pneumococcal vaccine. The first Russia-subsidized vaccines were delivered to Nicaragua, Kenya, Yemen, Congo, and Guyana at the beginning of 2011.
Global HIV Vaccine Enterprise	US$38 million, 2007–2010	Vaccine research, coordinated with partner institutions in the Eastern Europe and Central Asia region. Several candidate vaccines have been developed and are in different phases of pre-clinical and clinical trials.
Capacity-building, surveillance systems for infectious disease, CIS region	US$45.8 million, 2006–2009	Response to threat of pandemic influenza. More than 40 laboratories in seven CIS countries were fitted with modern equipment and diagnostic tools, and 200 specialists were trained in diagnostics and surveillance of influenza. CIS partner countries implemented action plans to strengthen surveillance and response systems. Ten Russian rapid anti-epidemic response teams have been upgraded and readied for deployment anywhere in the world.
Muskoka Initiative on Maternal, New Born, and Child Health	US$75 million pledged for 2011–2015	Efforts focused on evidence-based measures to address major causes of maternal and child mortality, through bilateral and multilateral channels (focus on Central Asia, Ethiopia, Zambia, Mozambique, Angola, Kenya, and Namibia). Includes technical support and efforts to address shortages of qualified midwives and poor access to obstetric care facilities. Multilateral partners: Global Fund, WHO, GPEI, World Bank, UNAIDS, UNICEF.
Neglected tropical diseases (NTD) research	US$21 million pledged for 2009–2012	Assistance to partner countries to build capacity in surveillance, diagnosis, and prevention of NTDs, including leishmaniasis, shistosomiasis, and blinding trachoma. In 2010, bilateral memoranda of cooperation in this area were signed with Kyrgyzstan and Tajikistan, and needs assessment of the national health systems to fight NTDs were conducted in Kyrgyzstan, Tajikistan, and Ethiopia. Forty health specialists from Kyrgyzstan and Tajikistan were trained in Russia on laboratory diagnosis and monitoring of NTDs, with training of an additional 100 specialists from partner countries planned for 2011–2012.

Table 3.1 (continued)

Global Polio Eradication Initiative (GPEI)	US$22 million, 2006–2010, with peak commitment of US$8.94 million in 2008; pledge of additional US$11 million to 2012	Beyond GPEI, Russia has also provided significant support to immunization efforts through the CIS region, including through building laboratory capacities, assisting outbreak analysis and response, providing training and methodological support, and conducting research in the area of enteroviruses surveillance. The Russian Institute of Poliomyelitis and Viral Encephalitis serves as a WHO regional polio reference laboratory for the CIS countries. In response to the 2010 polio outbreak in Central Asia, Russia allocated an additional US$5 million for 2011–2012 for bilateral assistance to national polio eradication programs in CIS countries.
Malaria control and eradication: World Bank	US$15 million to World Bank, 2008–2010	Co-financing of World Bank "Malaria Booster Program" in Zambia and Mozambique. Procured 300,000 long-lasting insecticidal nets (LLINs) and scaled up an insecticide residual spraying campaign. Results in Zambia: children sleeping under bed nets increased from 24% in 2006 to 70% in 2010; pregnant women receiving intermittent preventive treatment for malaria as part of routine antenatal care increased from 59% in 2006 to 70% in 2010; annual number of malaria deaths decreased by at least 50%; and under-five and infant mortality from malaria decreased by 29% and 26%, respectively.
Malaria control and eradication: WHO	US$4 million to WHO Global Malaria Program	Support malaria interventions in partner countries in Africa and the Middle East, through international training and capacity building. 160 health professionals trained directly, and 220 additional malaria experts trained by WHO using Russian financing and experts. Additional 45 African and 150 CIS health workers to be trained in 2011–2014.

Source of data: From the G8 2011 *Deauville Accountability Report,* http://www.g20-g8.com/g8-g20/root/bank_objects/Rapport_G8_GB.pdf; "$472M Spent on Foreign Aid in 2010," *Moscow Times,* May 20, 2011, http://www.themoscowtimes.com/business/article/472m-spent-on-foreign-aid-in-2010/437216.html; and Russia, Development Assistance, *ONE Data Report 2010***,** 2010, http://one.org/report/2010/en/country/russia/oda.html**.**

In addition to these financial commitments, Russia has also assumed a key regional leadership role on HIV/AIDS, including assistance to CIS countries in HIV prevention and surveillance. In 2006, 2008, and 2009, in partnership with the Joint United Nations Program on HIV/AIDS (UNAIDS) and the Global Fund, Russia hosted the most significant regional HIV/AIDS forum, the Eastern Europe and Central Asia AIDS Conference (EECAAC), with the Russian government contributing substantial resources toward the meeting. Russia also chairs the CIS council on HIV/AIDS, spearheading the development of two five-year joint programs to fight HIV/AIDS in the CIS countries (2002–2006 and 2009–2013).

Beyond government efforts, there have been increasing calls for the Russian business community to engage in foreign aid, with health assistance a priority. The Russian private sector has long enjoyed a business presence in Central Asia, with many examples of accompanying social responsibility and charity work. The potential contribution of private business in international development, particularly for health, has been underexploited; in particular, optimal use is not being made of the expertise and experience private-sector entities have accumulated.[5] This lack of strategy for private-public collaboration most likely stems from mutual distrust between government and business in this area: business people question government's efficacy and efficiency in development assistance, and the government will not allocate resources without exercising what the private sector considers an inappropriate level of control. No procedures are in place for government budget funding of health assistance led by the private sector.

According to the United Nations Development Program (UNDP), however, the private sector is poised to play a much more significant role in development assistance than has been the case to date. Russian companies are evolving past piecemeal "social advertising" projects, with activity now more frequently governed by well-conceived social and innovation strategies that assess and respond to local needs in the countries where they are active. UNDP has identified several obstacles to increased and more effective private-sector involvement in development and health assistance: the lack of a coherent government strategy for development assistance, based on Russia's core geopolitical interests and practical collaboration with foreign partners; unclear institutional mechanisms for IDA within the Russian government; lack of recognition of the Russian government's current financial and technical assistance to Central Asian countries; and lack of institutional channels for exchange of information and consistent communication between business and government.[6] Companies may therefore suspiciously view participation in IDA as merely a mechanism for government to hijack private-sector resources to further vague foreign policy goals; in this case, private-sector contributions to IDA become essentially another tax.[7]

General public knowledge of Russia's IDA is also quite limited. Andrey Bokarev, the Foreign Ministry's head of international financial relations, has said that current Russian foreign aid efforts need more media coverage in order to garner deserved support.[8] A mid-2011 survey of 1,503 Russian citizens across 44 regions revealed low public interest and support for Russian government involvement in development assistance.[9] Russians are much more focused on domestic developments than on foreign policy, and most are unfamiliar with the concept of richer countries helping poorer countries. Most have never heard of the United Nations Millennium Development Goals.[10] However, when asked specifically about Russia helping poorer nations, three-quarters of those polled were positive about the Russian government allocating funds for emergency humanitarian

5. United Nations Development Programme (UNDP), *Engagement of Russian Business in International Development Assistance in the CIS Countries (Kyrgyzstan, Tajikistan)* (Moscow: UNDP, 2010), www.undp.ru/download.phtml?$1699.

6. Ibid.

7. Ibid.

8. "The Rebirth of Russian Foreign Aid," May 25, 2011.

9. "Russians about Development Assistance: Findings of Public Opinion Research: Nationwide Representative Survey," report of a survey prepared by the Levada Center and implemented by the World Bank, Moscow, June 2011, http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2011/08/10/000356161_20110810012843/Rendered/INDEX/618900v20Box350n0Research0Vol020Eng.txt.

10. http://www.beta.undp.org/content/undp/en/home/mdgoverview.html.

assistance, for efforts that would enhance Russia's global influence, for efforts that would increase the number of countries friendly toward Russia, for projects that would protect Russia from potential threats emanating from poorer neighbors (because of political or social instability there), and for promotion of Russian business in poorer countries. A variety of arguments against aid were prominent among those surveyed: corruption and political instability would prevent aid from reaching those who need it; Russia is not sufficiently wealthy to be taking care of others; and aid to poor nations would not result in their becoming friendlier toward Russia.

The most acceptable form of overseas assistance was relief from natural disasters, and former Soviet republics in need of aid were cited in second place. Aid to countries in Asia, Africa, and Latin America was viewed less favorably. In terms of levels of funding, most respondents recommended maintaining aid at current levels, while one-quarter to one-third advocated reducing aid. Most Russians support aid primarily through multilateral mechanisms and channels such as the World Bank and United Nations; fewer favor direct, bilateral assistance to poorer nations. These attitudes were not significantly differentiated socially or demographically; responses were similar among different age groups, levels of education, places of residence, and occupational status. Remarkably similar findings emerged from a series of focus groups conducted among experts and opinion leaders in the fields of science and education, business, government agencies, the mass media, NGOs, and think tanks, also conducted in 2011.[11]

Russian IDA for Health: Options

To date, Russia has pursued international development assistance through two major channels: contributions to international multilateral organizations such as the World Health Organization (WHO) and the Global Fund, and direct bilateral projects in recipient countries. The motivations are varied: to perform the role of a responsible member of the international community, with all the obligations that implies; to contribute to reducing the global burden of disease; and to enhance the country's diplomacy, through promoting and defending Russia's interests both domestically and in key geographic spheres of influence.

Existing options, however, are few. What can Russia offer? Monetary commitments remain relatively modest, with little potential to make a substantial difference on a global scale, and there is risk of dilution or non-recognition of Russia's contributions. Russia's health technologies are either outdated or not particularly applicable outside the former Soviet sphere. Russia's human resources are also constrained: as a rule, Russian physicians speak little or no English (still the universal language of development), or they lack medical education according to international standards. There are no dedicated training programs for Russian students or professionals aspiring to a career in development assistance. Russia's management framework for health is hardly ripe for export, given its sizeable bureaucracy and resistance to reform. Russia's own health track record in recent decades is hardly one to emulate, even for its close neighbors: Tajik life expectancy, for example, is five years higher than Russia's.

But there are realistic approaches that Russia might pursue. Russia does have strong strategic interests in a limited number of potential recipient countries. There are health challenges in these countries where quick and readily observable results could be achieved with a relatively small budget. The capacity to undertake such interventions could be developed by Russian institutions

11. Ibid.

that already have a proven track record, working alongside respected bilateral and multilateral agencies such as the U.S. Agency for International Development (USAID), UK Department for International Development (DFID), World Bank, UNDP, and Global Fund. As these international partners continue to disengage from or change the shape and scope of their engagement with Russia, increasingly it will be not so much their funding that matters as their technical assistance and conceptual partnership. Through these mechanisms, Russian staff have received valuable experience that is directly transferrable to Russian-sponsored IDA efforts.

The best candidate region is clearly Central Asia. The health and demographic profiles of the Central Asian countries and Russia are similar in many respects. There is great potential for mutual benefit in tackling common epidemiological threats (tuberculosis, HIV, malaria, water-borne diseases) that impact the entire area and can easily migrate across national borders. The entire region retains the shared legacy of the Soviet health system and pharmaceutical preferences. In most Central Asian countries, health workers have maintained a respectful attitude toward their Russian colleagues (many physicians in the region were trained at Russian medical schools), and there is little to no language barrier, with most professionals in the Central Asian region still proficient in Russian. Perhaps most importantly, there are easily defined public health challenges with the potential for relatively quick and non-costly fixes: iodine deficiency, water-borne diseases, and nosocomial outbreaks of HIV, to name a few. Improving the social and economic situation in neighboring states could reduce migration pressure from countries that currently contribute a major influx of economic migrants to Russia. Trading options would also be enhanced through the development of more stable and prosperous neighbors.

In sum, it is important to proceed from the fact that Russia's current development priorities in the health arena are internal, not external. Foremost, Russia must address its own substantial health challenges, as well as its growing political instability—there is a good chance that, in the near term, IDA will be of secondary importance to Russian decisionmakers who are preoccupied with managing and quelling public dissatisfaction over recent electoral processes. But there are serious motivations, with the potential for significant payoff to Russia, for engaging in international assistance in the area of health. Such a program, however, should be selective and focused. The major immediate goal should be not to impress the international community or to score international diplomatic points, but instead to learn important lessons as the potential for future development programs is nurtured: how to create an effective management structure for conceptualizing, financing, and delivering aid; how to develop a cadre of qualified Russian development assistance specialists; and how to craft an image of Russia as a reliable and effective partner, donor, and source of expert knowledge for health.

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