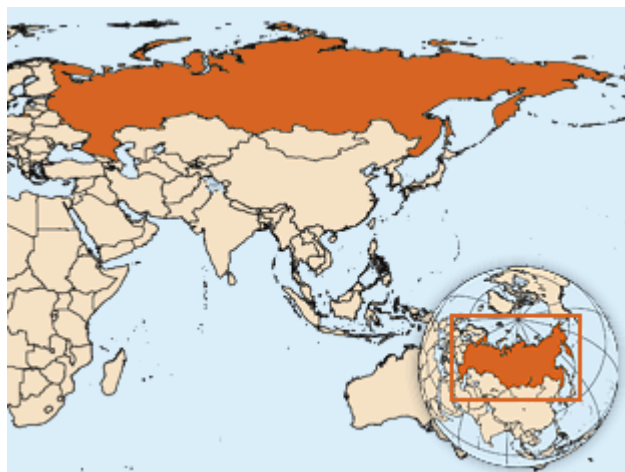


## Russian Federation



<http://www.who.int/countries/en/>

WHO region	Europe
World Bank income group	Upper-middle-income
<b>Child health</b>	
Infants exclusively breastfed for the first six months of life (%) ( )	
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2015)	97
<b>Demographic and socioeconomic statistics</b>	
Life expectancy at birth (years) (2015)	70.5 (Both sexes) 76.3 (Female) 64.7 (Male)
Population (in thousands) total (2015)	143457
% Population under 15 (2015)	16.8
% Population over 60 (2015)	20
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (2009)	0
Literacy rate among adults aged >= 15 years (%) (2007-2012)	100
Gender Inequality Index rank (2014)	54
Human Development Index rank (2014)	50
<b>Health systems</b>	
Total expenditure on health as a percentage of gross domestic product (2014)	7.07
Private expenditure on health as a percentage of total expenditure on health (2014)	47.80
General government expenditure on health as a percentage of total government expenditure (2014)	9.49
Physicians density (per 1000 population) ( )	
Nursing and midwifery personnel density (per 1000 population) ( )	
<b>Mortality and global health estimates</b>	
Neonatal mortality rate (per 1000 live births) (2015)	5.0 [3.6-6.6]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2015)	9.6 [8.2-11.2]
Maternal mortality ratio (per 100 000 live births) (2015)	25 [ 18 - 33]
Births attended by skilled health personnel (%) (2008)	99.6
<b>Public health and environment</b>	
Population using improved drinking water sources (%) (2015)	91.2 (Rural) 96.9 (Total) 98.9 (Urban)
Population using improved sanitation facilities (%) (2015)	77.0 (Urban) 58.7 (Rural) 72.2 (Total)

Sources of data:  
Global Health Observatory May 2016  
<http://apps.who.int/gho/data/node.coc>

### HEALTH SITUATION

Over the past years mortality trends in the Russian Federation have been decreasing including for diseases of the circulatory system, tuberculosis, external causes of injury and poisoning. The country also made good progress in decreasing infant mortality. Cardiovascular diseases remain the leading cause of death and account for more than half of deaths in Russia. However, the fight against noncommunicable diseases and their risk factors, including alcohol abuse, tobacco consumption, unhealthy diets and physical inactivity, remains a major priority and challenge.

In terms of infectious diseases, TB mortality rate has been decreasing by 45% since 2005 but TB/HIV is increasing and HIV infection remains high. Also, road traffic injuries and deaths continue to be one of the major threats to social development.

TB mortality rate has been decreasing by 60% over the last 8 years as well as the overall incidence but MDR-TB has been increasing both in absolute numbers and as a proportion of total numbers. The TB/HIV co-infection has also been increasing along with the increase of new HIV cases by 10% annually.

Finally, the decline in population remains a major concern and much emphasis is

now being paid to ensure improvement in reproductive and maternal health as one of the ways to increase the birth rate, as well as implementing measures of financial support for families that have more than one child.

### HEALTH POLICIES AND SYSTEMS

There is a high political commitment to improve health of the population through strengthening health promotion and disease prevention and through improving access to health services. This commitment is implemented through the state programme "Health care development 2013 - 2020" adopted in December 2012 aimed at improving access and efficiency of health services. The right to free health care is based in the Constitution and a state guaranteed health care benefits package is defined in the mandatory health insurance and provided at federal and municipal health care facilities free of charge. The Russian Federation is committed to the principles of the Vienna Declaration on Nutrition and Noncommunicable Diseases in the context of Health 2020. The 9 voluntary goals on NCDs are integrated into the new Strategy on prevention and control of NCDs which is in the pipeline for Government approval. Following progress in reducing tobacco consumption based on strategy on combating tobacco use 2010-2015 and enforcing the Federal Law on protecting the health of citizens from the effects of second-hand tobacco smoke, a new concept on tobacco control strategy has been developed in early 2017, for 2017-2022.

The Government identified the fight against TB and HIV high on the strategic agenda and in 2015 a national TB plan for decreasing TB was launched nationwide, while in 2016 the Strategy to control HIV and in 2017 related action plan were approved by the Government. In 2017 a High level working group on HIV/AIDS has been established to provide advice on implementation of the new Strategy.

### COOPERATION FOR HEALTH

The Russian Federation became a donor country and plays a growing role in international health cooperation. The Russian Federation has hosted a number of high-level meetings: 1<sup>st</sup> Global ministerial conference on healthy lifestyles and noncommunicable disease control (2011), the Sixtieth session of the WHO Regional Committee for Europe (2010), the 1<sup>st</sup> Global Ministerial Conference on Road Safety (2009). In September 2012 the Russian Federation took on the commitment to host and finance for 10 years a WHO European office on prevention of noncommunicable diseases.

In November 2017, Russia will host the first Global Ministerial Conference on TB under the sustainable development agenda. Russia pursues global health dialogues through the Shanghai Cooperation Organization and the Health Working Group of the Asia-Pacific Economic Cooperation forum. As a member of the BRICS, Russia is working to establish a working mechanism to facilitate cooperation on health. Russia has a number of bilateral collaboration and WHO participates in these initiatives, in particular in tobacco control, antimicrobial resistance and road safety. Finally, the Russian Federation is a country without UNDAF.

## WHO COUNTRY COOPERATION STRATEGIC AGENDA (2014–2020)

Strategic Priorities	Main Focus Areas for WHO Cooperation
<p><b>STRATEGIC PRIORITY 1:</b></p> <p>Strengthening capacity for global and regional cooperation in health between the Russian Federation and WHO</p>	<ul style="list-style-type: none"> <li>• Supporting the role of the Russian Federation in global health by strengthening mechanisms for cooperation in global processes</li> <li>• Implementing innovative methods and projects in collaboration between Ministry of Health of the Russian Federation and WHO</li> </ul>
<p><b>STRATEGIC PRIORITY 2:</b></p> <p>Creating a comprehensive environment of prevention and providing health through a life-course approach</p>	<ul style="list-style-type: none"> <li>• Developed national policies and innovative mechanisms to prevent and control noncommunicable diseases and chronic conditions</li> <li>• Strengthened capacity to reduce morbidity and mortality due to communicable diseases</li> <li>• Decreasing health inequalities by addressing the social determinants of health</li> </ul>
<p><b>STRATEGIC PRIORITY 3:</b></p> <p>Improving health security through capacity-building</p>	<ul style="list-style-type: none"> <li>• Improving the response to international public health emergencies</li> </ul>
<p><b>STRATEGIC PRIORITY 4:</b></p> <p>Strengthening the performance of the health system</p>	<ul style="list-style-type: none"> <li>• Strengthening the health system through primary health care and universal health coverage</li> <li>• Improving the quality and use of health information systems</li> <li>• Strengthening health work-force capacity</li> </ul>