



**МИНИСТЕРСТВО
ЗДРАВООХРАНЕНИЯ
РОССИЙСКОЙ ФЕДЕРАЦИИ**



**World Health
Organization**

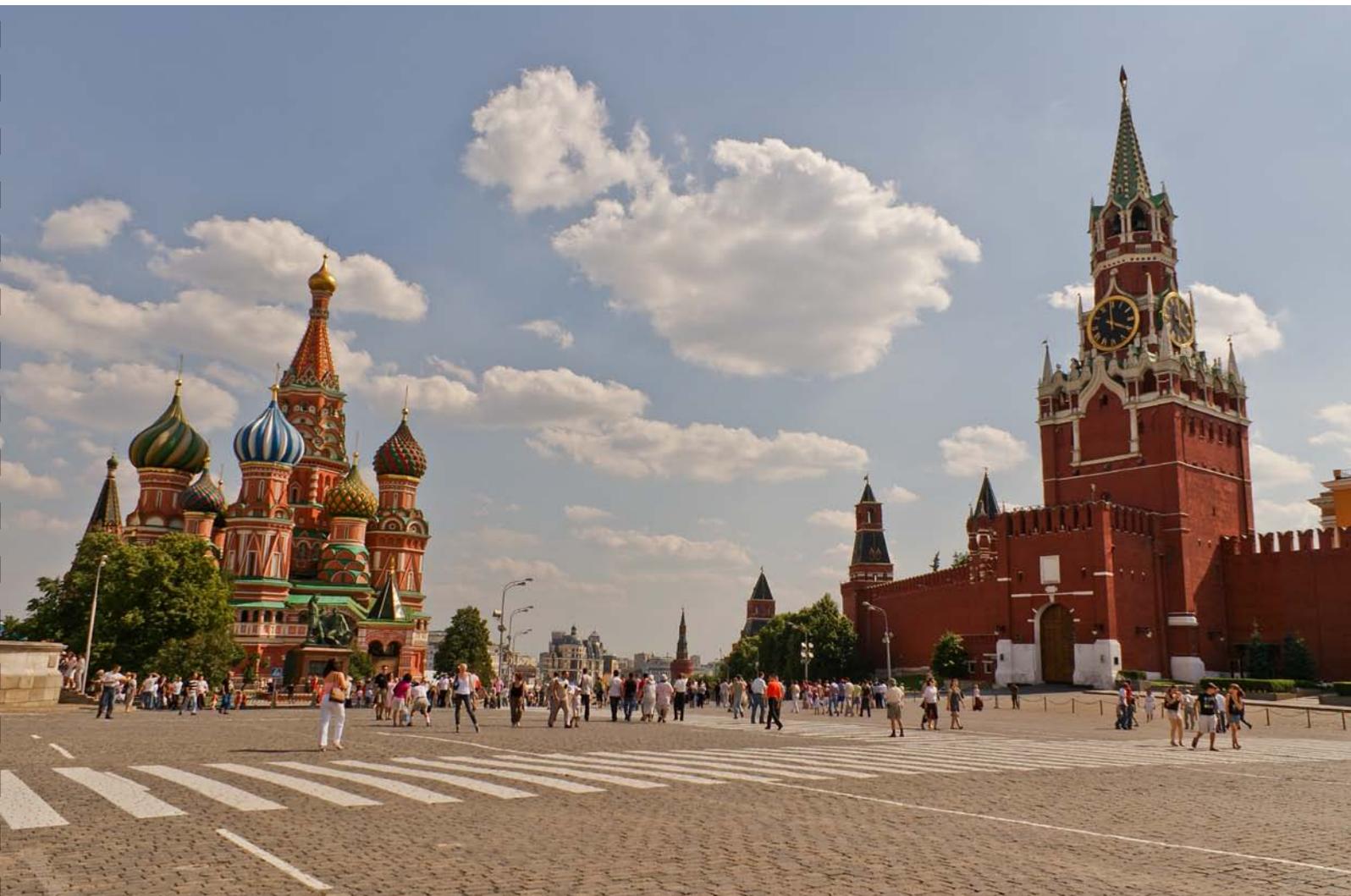
REGIONAL OFFICE FOR **Europe**

COUNTRY COOPERATION STRATEGY

for the WORLD HEALTH ORGANIZATION

and the MINISTRY OF HEALTH OF THE RUSSIAN FEDERATION

2014–2020



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FOREWORD

In response to Russia's new role as an emerging donor and in the context of its rapidly changing social, economic and health landscape, the World Health Organization (WHO) and the Ministry of Health of the Russian Federation have developed the document at hand, entitled "Country Cooperation Strategy (CCS) for the World Health Organization and the Ministry of Health of the Russian Federation", for the period of 2014–2020. This CCS has sought out to align Russia's State programme "Health care development" with the WHO European policy framework Health 2020.

The Ministry of Health of the Russian Federation and the WHO have worked together for decades, implementing mutually beneficial activities at the global, regional and national level, sharing best practices and building upon each other's capacities and expertise.

This CCS has been shaped through a series of consultations with representatives of all levels of the Organization, the Government of the Russian Federation, scientific institutions and other international partners in the country. It provides a summary of the current collaboration and underlines the new role of Russia as an increasingly prominent player in global health.

The CCS for WHO and the Ministry of Health of the Russian Federation has four strategic priorities for collaboration, defined as:

- 1. Strengthening capacity for global and regional cooperation in health between the Russian Federation and WHO;*
- 2. Creating a comprehensive environment of prevention and producing health through a life-course approach;*
- 3. Improving health security through capacity-building, and;*
- 4. Strengthening performance of the health system.*

It gives us tremendous pleasure in presenting to you this very comprehensive strategic document.

We take this opportunity to thank all of those involved in developing this CCS, which has the full commitment of the Ministry of Health of the Russian Federation and WHO. We will all be involved in the implementation, monitoring, and evaluation of this CCS and look forward to working with both national counterparts and international partners in advancing the cause of health nationally, regionally and globally.



Veronika I. Skvortsova

Minister of Health

**Ministry of Health
of the Russian Federation**



Margaret Chan

Director-General

World Health Organization



Zsuzsanna Jakab

Regional Director

**WHO Regional Office
for Europe**

ACRONYMS AND ABBREVIATIONS

AIDS	Acquired immunodeficiency syndrome
CCS	Country cooperation strategy
FAO	Food and Agriculture Organization of the United Nations
GDO	Geographically dispersed office
GDP	Gross domestic product
G20	Group of Twenty Finance Ministers and Central Bank Governors
HIV	Human immunodeficiency virus infection
IHR	International Health Regulations
MDR-TB	Multi-drug-resistant tuberculosis
NCDs	Noncommunicable diseases
TB	Tuberculosis
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
WHO	World Health Organization
WHO FCTC	WHO Framework Convention on Tobacco Control
XDR-TB	Extensively drug-resistant tuberculosis

EXECUTIVE SUMMARY

This CCS is a joint product of WHO and the Ministry of Health of the Russian Federation, with aim to to define strategic collaboration by:

- » meeting needs for health and well-being, strengthening the health system of the Russian Federation and reinforcing health promotion and prevention with WHO's knowledge and technical expertise;
- » supporting the Ministry of Health of the Russian Federation in meeting its commitments to the policy framework of Health 2020;
- » cooperating with the Russian Federation as a donor country in the contexts of European and global health by supporting WHO's role and programmes; and
- » sharing examples and best practices in areas of health with neighbouring countries, the sub-region of eastern Europe and central Asia and the entire WHO European Region.

This is the first CCS for the Russian Federation and covers the period up to 2020. It is aligned with national and European regional policy frameworks, in particular the State programme of the Russian Federation "Health care development" and the WHO European policy framework Health 2020.

The Strategic agenda of this CCS has four strategic priorities for collaboration, defined as:

1. Strengthening capacity for global and regional cooperation in health between the Russian Federation and WHO;
2. Creating a comprehensive environment of prevention and producing health through a life-course approach;
3. Improving health security through capacity-building, and;
4. Strengthening performance of the health system.

The Ministry of Health of the Russian Federation and WHO will work to achieving these strategic priorities within available resources and expertise by implementing mutually beneficial activities at global, regional and national levels, generating added value to each other's health agenda at all three levels.

SECTION 1

Introduction

The country cooperation strategy (CCS) is a medium-term vision for technical cooperation between the World Health Organization (WHO) Secretariat and a given Member State, to support the country's national health policy, strategy, action plan and efforts, aligned with Health 2020, the overarching WHO European health policy framework for health and well-being adopted by all 53 Member States of the European Region in 2012. The CCS is an Organization-wide reference for work with countries in accordance with Health 2020, which guides planning, budgeting, resource allocation and partnerships. A partnership that is true to WHO country cooperation principles is often beneficial to more than one party, through the sharing of knowledge and experience in such a diverse area as health protection and its development.

This CCS is a joint product of WHO and the Ministry of Health of the Russian Federation, which involved extensive consultations among representatives of all levels of the Organization, the Government of the Russian Federation, scientific institutions and other international partners working in the country.

In accordance with the principles guiding WHO cooperation in countries, the CCS with the Russian Federation is based on:

- » ownership of development by the country;
- » alignment with national priorities and strengthening of national systems to support national health policy frameworks;
- » harmonization with the work of national and international partners; and
- » collaboration as a two-way process that fosters the contributions of the Russian Federation to the global health agenda.

This CCS with the Russian Federation is one of the first in the WHO European Region. Its aim is to define strategic collaboration between the Ministry of Health of the Russian Federation and WHO by:

- » meeting needs for health and well-being, strengthening the health system of the Russian Federation and reinforcing health promotion and prevention with WHO's knowledge and technical expertise;
-

- » supporting the Ministry of Health of the Russian Federation in meeting its commitments to the policy framework of Health 2020 (1);
- » cooperating with the Russian Federation as a donor country in the contexts of European and global health by supporting WHO's role and programmes; and
- » sharing examples and best practices in areas of health with neighbouring countries, the sub-region of eastern Europe and central Asia and the entire WHO European Region.

This first CCS covers the period up to 2020 and is aligned with national and European regional policy frameworks, in particular the State programme of the Russian Federation "Health care development", approved by Government Resolution No. 294-r of 15 April 2014 (2). This programme aims to make health care more accessible and more efficient, with the volume, quality and types of care commensurate with risk factors, disease incidence rates and the needs of the population, consistent with the latest medical advances and with the Health 2020 framework. The goals, objectives and priorities of these and other important policy documents on which the CCS is based are presented in Annex 1.

Additional concepts and laws of the Russian Federation and WHO policy framework documents, strategies and programmes, were analysed and referred to during preparation of the CCS and are listed in the bibliography.

SECTION 2

Health challenges and national response

A comprehensive review of national reference documents and country intelligence was conducted to describe the health situation in the Russian Federation, the determinants of health and the country's response to health issues, in particular health equity and the status of and trends in the health system and public health. Experience in cooperation of the Russian Federation with other countries are discussed below, as are the main health achievements, opportunities and challenges.

2.1 COUNTRY PROFILE

The Russian Federation is the largest country in the world in surface area, covering over 17 million km². The population is 143.3 million (3). As of 1 July 2013, the Russian Federation was reclassified as a high-income country (4).

According to the 1993 Constitution (5), the Russian Federation is a democratic federal law-governed state with a republican form of government. Health issues are ranked high in both the national and international political agendas.

The main demographic indicators have improved over the past few years, resulting in a 5-year increase in life expectancy, from 65.3 in 2005 to 70.8 in 2013, an annual gain of nearly 0.7 years (3), which is higher than the European regional average (Fig. 1). There was, however, an 11-year difference in life expectancy in favour of females (76.2 years, with 65.2 years for males), which results in an unbalanced population structure (Fig. 2).

In the past few decades, birth and mortality rates of the Russian Federation have had positive trends (Fig. 3). In 2013, for the first time in the past few decades, the birth rate escalated beyond the mortality rate (birth rate equal to 13.2 and mortality rate – 13.0 per 1000 population) (3).

Economic and socioeconomic indicators

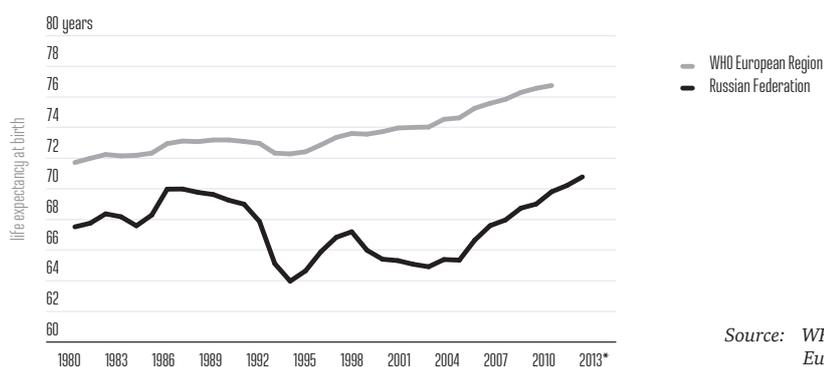
Russian Federation

Population at the beginning of the year (2013)	143 347 000
Population aged 0–14 years (2013) (%)	15.92
Population aged ≥ 65 years (2013) (%)	12.94
Urban population (2013) (%)	74.0
Unemployment rate (2013) (%)	5.5
GDP (2012) (US\$ per capita)	14 037
Total government expenditure (2011) (% of GDP)	36.64
United Nations Development Programme Human Development Index (2012)	0.788 (55/186)

Source: WHO Regional Office for Europe, European health for all database and Federal State statistics service (Rosstat)

Fig. 1. Life expectancy at birth in years

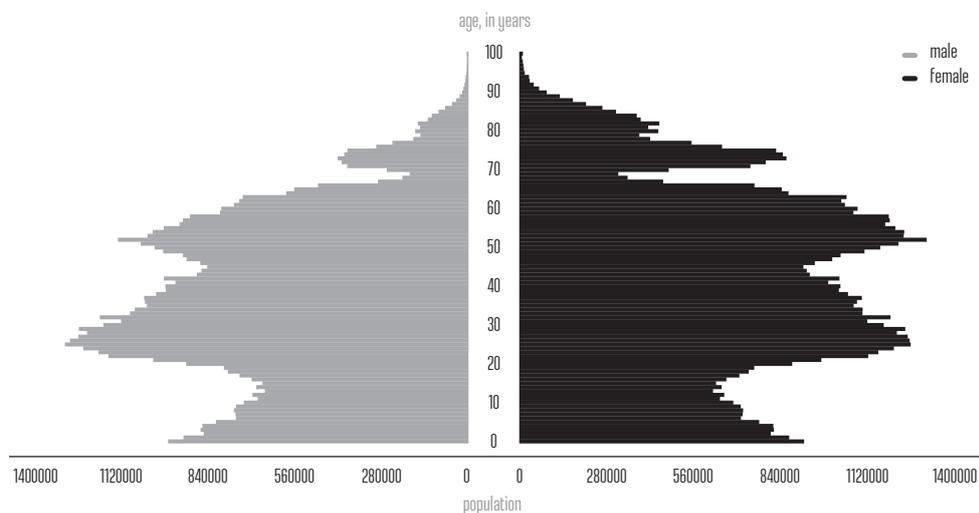
Russian Federation and WHO European Region (1980–2013)



Source: WHO Regional Office for Europe, European health for all database
* 2012 and 2013 country data, Rosstat

Fig. 2 Population pyramid

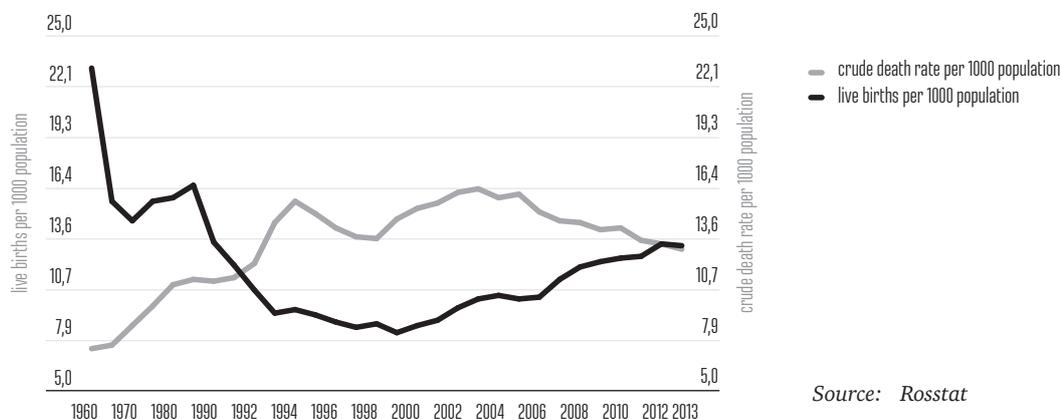
Russian Federation (2013)



Source: Rosstat

Fig. 3. Comparison of live births and death rate

Russian Federation (1960–2013)



Source: Rosstat

2.2 HEALTH STATUS OF THE POPULATION

2.2.1 MORTALITY AND MORBIDITY

Mortality trends in the Russian Federation from various causes have been decreasing, including from diseases of the circulatory system, tuberculosis (TB), malignant neoplasms, external causes and maternal and infant mortality (Figs 4–9). Nevertheless, premature mortality (before 60 years of age) represents 39.7% of total mortality (6), and the overall economic loss due to cardiovascular disease is 1 billion roubles annually (about 3% of GDP). Mortality rates from main causes of death tend to be much higher among males than among females (Fig. 10).

Mortality indicators

Russian Federation (2005 and 2013)

	2005	2013 *
Life expectancy at birth (years)	65.37	70.8
Reduction of life expectancy due to death before 65 years (years)	13.28	10.77 **
Probability of dying before age 5 years per 1000 live births	14.01	9.4 **
No. of infant deaths per 1000 live births	11.03	8.2
No. of maternal deaths per 100 000 live births	25.39	11.3
Standardized death rate, all causes, all ages, per 100 000	1492,7	1085,9 ***
Standardized death rate, all causes, male, per 100 000	2148,8	1555,7 ***
Standardized death rate, all causes, female, per 100 000	1030,6	797,1 ***

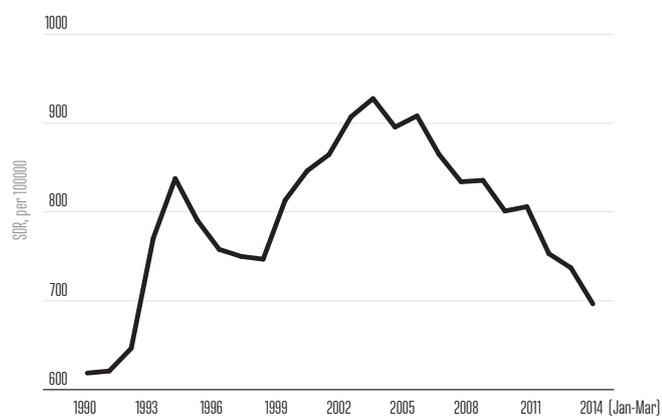
Source: WHO Regional Office for Europe, European health for all database

* 2013 country data, Rosstat

** data for 2011

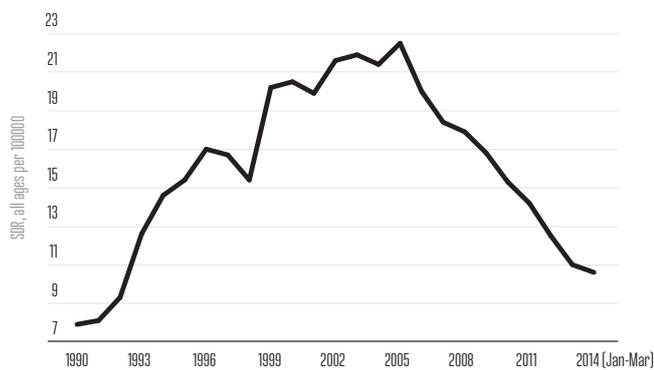
*** data for 2012

Fig. 4. Mortality trends from circulatory diseases
Russian Federation (1990–2014)



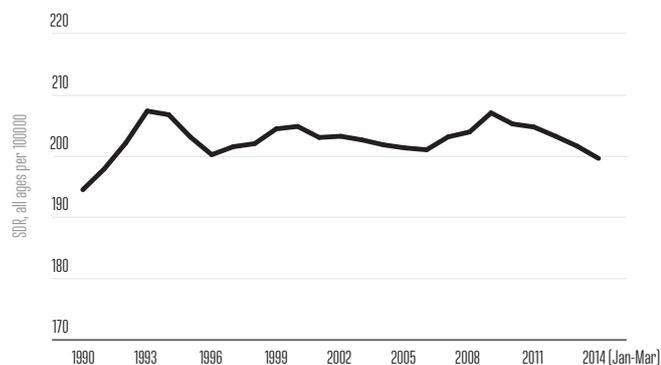
Source: Rosstat

Fig. 5. Mortality trends from tuberculosis
Russian Federation (1990–2014)



Source: Rosstat

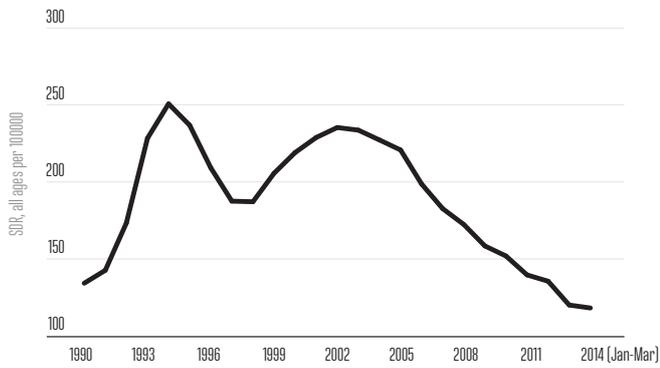
Fig. 6. Mortality trends from malignant neoplasms
Russian Federation (1990–2014)



Source: Rosstat

Fig. 7. Mortality trends from external causes

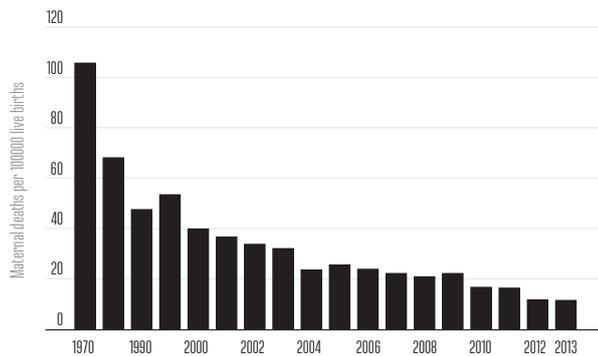
Russian Federation (1990–2014)



Source: Rosstat

Fig. 8. Maternal mortality

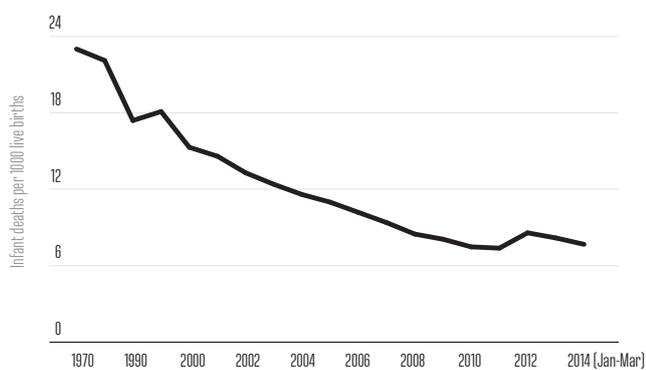
Russian Federation (1970–2013)



Source: Rosstat

Fig. 9. Infant mortality trends

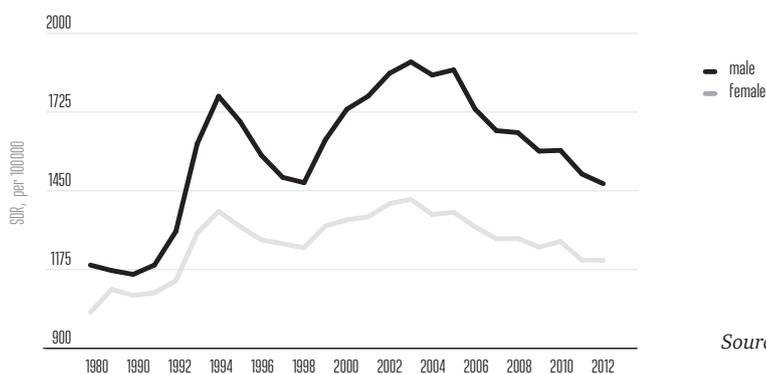
Russian Federation (1970–2014)



Source: Rosstat

Fig. 10. **Mortality trends from main causes of death among male and female populations**

Russian Federation (1980–2012)



Source: Rosstat

Cardiovascular disease, the leading cause of death in the country, accounts for more than half of all deaths in Russia (7). A combination of economic growth, the behavioural changes that followed the transition of the 1990s and preventive programmes have resulted in a 20% decrease in mortality from this cause since 2003, yet the rate is still double that of western Europe. Control of cardio-metabolic and behavioural risk factors is a high priority in health promotion in the Russian Federation.

The decrease in overall **cancer** mortality masks difficulties in access to effective treatment in regions and a flattening of the trends in mortality from breast and cervical cancer (Fig. 7). Cancer programmes in the Russian Federation should therefore be reviewed to promote more effective early detection and management of cancers.

Since 2000, the rate of notification of cases of **TB** has shown a sustainable decreasing trend, from 90.7 in 2000 to 63.1 in 2013 (3). The mortality rate has been decreasing by 51% since 2005 and reached 11.0 per 100 000 in 2013. Nevertheless, the treatment success rate remains low (53%), and the number of multi-drug-resistant (MDR-TB) cases has grown in recent years. TB/HIV co-infection is also a growing problem.

The epidemiological situation of **HIV infection** remains stringent. The growing trend of new HIV cases continues. In 2013, the prevalence of HIV infection was 0.4, and 81,698 new cases of HIV were reported (3). The use of drugs was the main risk factor for infection in 57.0% of HIV-positive patients identified in 2013. In 2013 antiretroviral therapy coverage of HIV-infected was equal to 156.8 thousand, an increase of 19% compared to 2012 (125.6 thousand). As a result of implemented activities, the percentage of HIV-infected individuals receiving antiretroviral therapy from those doing regular check-ups and examinations has increased from 28.6% in 2012 to 33% in 2013.

Given current epidemiological situation of **measles** and **rubella** in the WHO European Region, in 2010 at the Sixtieth session of the WHO Regional Committee for Europe target date for measles and rubella elimination goals was revised to 2015 (8). In 2013 a resolution of the Chief State Sanitary Doctor of the Russian Federation (9) approved the programme of “Measles and rubella prevention during the verification period of their elimination in the Russian Federation (2013–2015)”, as well as its action plan. The programme aims to achieve, maintain and verify measles and rubella elimination in the Russian Federation .

The **decrease in the population** remains a major concern, and efforts are being made to improve reproductive and maternal health; furthermore, financial support is offered to families that have more than one child.

The Russian Federation has a strong, sustainable **immunization** programme. Under the National calendar of preventive vaccinations coverage of at-risk age cohorts was no less than 95–98% (10).

2.2.2 RISK FACTORS

Although the mortality profile of the Russian Federation is similar to that of high-income countries, the risk factor dynamics are different.

Despite the number of positive changes, prevalence of **alcohol abuse** and **tobacco consumption** remains high. According to the 2009 Global Adult Tobacco Survey (11), 60.2% of Russian men and 21.7% of women are smokers. Each year, by various expert estimates, 350 to 500 thousand people die prematurely from tobacco-related causes. The highest proportion of alcohol-attributable mortality in the world is found

in the Russian Federation and neighbouring countries, where every fifth death among men and 6% of deaths among women are attributable to the harmful use of alcohol (12). Both are strongly associated with mortality from cardiovascular, digestive and respiratory diseases, and alcohol is also linked to injuries and poisoning.

A significant factor of mortality and disability, **road traffic crashes** cause considerable socioeconomic losses and therefore continue to be a major threat to social development. The Russian Federation reported 20 136 deaths resulting from traffic accidents in 2013 (3), and more than half the victims were people of economically active age (15–44 years).

2.2.3 SOCIAL DETERMINANTS OF HEALTH

Migrant health and health matters associated with migration are important public health challenges for the Russian Federation. Since the 1990s, there have been major population movements in the Russian Federation, with economic migrants from neighbouring states seeking job opportunities and internal movements between rural and urban areas, particularly to Moscow (13).

Women in the Russian Federation bear a heavy burden of chronic diseases. This is due mainly to the poor quality of preventive care and sexual education for women, relatively high rates of adolescent pregnancies and abortions, exposure to risk factors like tobacco alcohol and unhealthy diets.

While general **poverty levels** have fallen (chronic poverty is now at 7% (3)), relatively high vulnerability to poverty remains a concern. Poverty rates in the poorest regions are 45 times those in the richest.

Unequal **access to health services**, particularly for people in rural areas, for people in low-income groups and vulnerable populations, remains a challenge, which is being addressed in the State programme “Health care development” (2).

Rapid modernization of this large emerging economy has not been uniform, with slower economic development in some regions, leaving pockets of populations facing economic difficulties. Although much emphasis has been placed on modernization, it is still under way, especially in rural areas.

2.3 NATIONAL RESPONSES TO HEALTH CHALLENGES

The Government of the Russian Federation has adopted a number of statutes and regulations and implemented numerous responses to these health issues within the broader development framework. The introduced health system policy documents emphasize the equal right of all citizens to health with emphasis on vulnerable groups; efficient, high-quality health services; promotion of a healthy lifestyle; and the introduction of innovative methods and medical interventions to respond to population needs.

The aim of “Health care development”, approved by Government Resolution No. 294-r of 15 April 2014 (2), is to make medical care more accessible and more efficient, with the volume, quality and types of care commensurate with disease incidence rates and the needs of the population, consistent with the latest medical advances and with the WHO European Health 2020 framework (1). The programme covers the period 2013–2020 and comprises 11 sub-programmes, each with a specific purpose, a major direction, financial provision, implementation mechanisms and indicators of effectiveness.

The concept of long-term socioeconomic development up to 2020, approved by Government Directive No. 1662-r of 17 November 2008 (14), addresses issues of modernization and development of health care based on a multi-sectoral approach.

The demographic policy of the Russian Federation up to 2025 was passed by Presidential Decree No. 1351 of 9 October 2007 (15). A ground-breaking legislative platform for improving the health care system was recently created with adoption of Federal laws on Compulsory medical insurance in the Russian Federation (2010) (16) and on The basis of public health protection in the Russian Federation (2011) (17). A sustainable national policy on the leading risk factors has been initiated, with approval of a State policy to reduce alcohol abuse and prevent alcoholism through 2020 (December 2009) (18) and implementation of a Government policy on combating tobacco use in 2010–2015 (September 2010) (19).

Over the past two decades, the Russian Federation has committed itself to greater integration into the global economy and to developing a market economy, thereupon implementing its social policy. Health and pharmacological support systems are important components of this policy and are undergoing major changes at the legislative, executive and financial levels (20).

The Russian Federation is strongly committed to the principles of the Vienna Declaration on Nutrition and Noncommunicable Diseases (21) in the context of Health 2020.

A revised national mental health policy was officially approved in 2007. Mental health is also specifically addressed in the general health policy (17), and dedicated mental health legislation was revised in 2010.

2.4 HEALTH SYSTEM AND SERVICES

The Russian health care system is focused on universal access to basic services. It remains highly centralized but with separation of authority at different levels. The Federal level is responsible for legal and regulatory frameworks, funding of Federal agencies, co-financing of target programmes and methodological support. The Ministry of Health is a federal executive authority of the health sector, and together with the federal services Rospotrebnadzor, Roszdravnadzor, the Federal Medical and Biological Agency and the Federal Mandatory Health Insurance Fund administers the Russian health system. Administrations of the subjects of the Russian Federation have their own local executive bodies in the field of health. Apart from the health care organizations owned by the health system, there are medical organizations that belong to other ministries and agencies, as well as to private organizations.

Russian citizens have the constitutional right to access to health care at State and municipal medical facilities free of charge (Article 41 of the Constitution of the Russian Federation 1993 (5)). All Russian citizens are by law covered by mandatory health insurance and guaranteed universal access to a basic health services package. Health financing is derived from general taxation (budgetary), employer contributions (gross salary deductions in percentage), voluntary medical insurance

and direct payments by patients; household health expenditure is included. The total expenditure for health care in the Russian Federation is rising faster than the GDP; it is today more than US\$ 1.8 billion (currently 5.5% of the GDP) and is planned to increase to 6.2% by 2020 (18).

The Russian Federation inherited a large network of primary care facilities that covers the entire territory. Primary care physicians and paediatricians work with specialists in outpatient facilities, while specialized medical care is delivered in hospitals, clinics, diagnostic and treatment centres and dispensaries. The infrastructure is largely intact in urban areas, but there has been a substantial cut in the number of hospital beds and the number of health care organizations in order to optimize the public health infrastructure and to build a three-tier health care system. New structural reforms are aimed at improving the availability and quality of health care, especially for people living in remote regions and rural areas. The Russian Federation ranks first among developed countries in the number of physicians per 1000 population, which was about 4.1 in 2013 (3).

Nevertheless, modernization of the health care infrastructure, retraining and motivation of the health work-force and improving the quality of health care provided to the different social strata are key priorities for health development in coming years (22).

SECTION 3

Contributions of the Russian Federation to the global agenda

This section addresses the international role of the Russian Federation and its contribution to global health, in view of the country's healthy emerging economy and its transition to an essential donor country.

3.1 INTERNATIONAL INITIATIVES

The Russian Federation has been a Member State of WHO since 1949 with the founding of the Organization and has a long history of collaboration. Organization of the primary health care conference in Alma Ata, campaigns to eradicate smallpox and poliomyelitis, auspicious participation of Russian experts in WHO governing bodies, specialized committees and working groups is just some of the well-known success. Amidst the crisis period of the 1990s, WHO had provided aid-oriented technical assistance for strengthening the Russian health system. Currently, the cooperation has become more equitable. On the global stage, within the new global governance architecture, the Russian Federation is increasingly asserting its role in development, financial, environmental and security matters. The country has thus begun to recalibrate its relations with international partners. From a temporary recipient country, it has become an emerging donor for both bilateral and multilateral cooperation (23).

Russia is also pursuing a global health dialogue through the Shanghai Cooperation Organization and the Health Working Group of the Asia-Pacific Economic Cooperation forum. As a member of BRICS¹, Russia is collaborating to establish a working mechanism for facilitating cooperation on health.

As a permanent member of the United Nations Security Council and a member of high-level international forums such as the G20, which the Russian Federation chaired in 2013, the country has considerable global influence. The G20 is becoming an important forum for international development, where strategies and resource allocations are agreed upon, and Russia's membership opens opportunities for advocacy in development assistance and promotion of an equity-based agenda.

¹ The five major emerging national economies: Brazil, Russian Federation, India, China and South Africa

3.2 COOPERATION IN GLOBAL HEALTH

In these international forums, the Russian Federation promotes initiatives to strengthen health security, and to prevent and control NCDs, in particular stroke, especially in low- and middle-income countries, where more than 80% of the world's deaths from cardiovascular diseases occur (24). The Ministry of Health has prepared a specific action plan in accordance with the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 (25) adopted in May 2013 by the World Health Assembly.

The Russian Federation has hosted a number of high-level events that had large impacts on global and regional health, including the first global ministerial conference on healthy lifestyles and noncommunicable disease (NCD) control (2011), the Sixtieth session of the WHO Regional Committee for Europe (2010) and the first global ministerial conference on road safety (2009). In September 2012, the Russian Federation committed itself to hosting and financing a core budget for 10 years of a geographically dispersed office (GDO) for NCDs. In October 2014, the country plans to host the sixth session of the Conference of the Parties of the WHO Framework Convention on Tobacco Control.

In recent years, the Russian Federation has provided funds for health to international organizations involved in global health, including WHO, the United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Children's Fund (UNICEF) and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

According to decree No. 2337-r of 12 December 2012 (26), the contributions to UNAIDS amounted to US\$ 5.7 million annually in 2012 and 2013, and approximately US\$ 7 million were allocated additionally for the period 2013–2015 for financial and technical support to diagnostic laboratories for infectious diseases in countries of eastern Europe and Central Asia. Since 2005, according to decree No. 2326-r of 28 December 2005 (27), Russia has made an annual voluntary contribution to UNICEF of US\$ 1 million. Moreover, the Russian Federation is an important donor in the global fight against malaria, TB and HIV/AIDS, actively participating in the funding to the Global Fund.

Under a memorandum of understanding between the Ministry of Health and Social Development of the Russian Federation and WHO (28), a number of projects have been implemented jointly in the past 5 years in the areas of: NCDs, maternal and child health, increasing the use of Russian through translation of WHO documentation and the International Health Regulations (2005) (29) and secondment of Russian experts to WHO, the total cost of which was over US\$ 20 million. Additionally, funds were contributed by the Russian Federation, the agency for support and coordination of Russian participation in international humanitarian operations, for humanitarian emergencies in various parts of the world.

The assessed contribution of the Russian Federation to WHO has grown rapidly, from 1.06% (US\$ 8.9 million) in the 2000–2001 biennium to 2.43% (US\$ 22.6 million) in 2014–2015, similar to those of high-income countries, and the amount is planned to increase.

SECTION 4

Current cooperation

This section gives a review of cooperation between WHO and the Ministry of Health of the Russian Federation, including not only technical assistance provided to the country during the past 10 years but also Russia's emerging role as a donor, a contributor to WHO's budget and an increasingly prominent player in global health.

The review is based on regular reporting and discussions with programme managers at the WHO country office in the Russian Federation and was conducted jointly with national counterparts at the Ministry of Health. Contributions were also received from specialized institutions, from other ministries involved in WHO activities and in informal discussions with some donors.

4.1 COOPERATION WITH THE MINISTRY OF HEALTH

This summary of past cooperation is aligned with the main categories in the WHO 12th General Programme of Work 2014–2019 (30).

NCDs have been an integral part of cooperation between WHO and the Ministry of Health of the Russian Federation for the past 5 years. Important risk factors like tobacco use, violence, injuries due to traffic crashes, environmental hazards and climate change were addressed with common technical expertise. Much of the collaboration, however, was in the field of communicable disease treatment and prevention, particularly for MDR-TB and HIV/AIDS. Technical assistance was provided for mother and child health, for a surveillance and preparedness programme for emerging infectious disease outbreaks and for increasing the number and quality of WHO materials available in Russian.

The Russian Federation hosts 36 WHO collaborating centres that support technical work and programmes of the Organization.

4.1.1 COMMUNICABLE DISEASES

TB remains a public health problem in the Russian Federation, maintaining it among the 22 high-burden TB and the 27 multi-drug-resistant tuberculosis (MDR-TB) countries globally. Cooperation with WHO has therefore been intense for many years. Russian Government commitment and funding for TB have increased significantly since 2008 (31), and the TB case notification and mortality rates in 2012 were notably lower than in previous years, in both the civilian and the prison sectors. In line with the Stop TB strategy, the Ministry of Health has prepared a national TB control strategy and a draft national MDR/XDR-TB plan, with support from the High-level working group for TB control for technical collaboration with WHO (32). The surveillance system has been improved significantly, the TB laboratory network has been upgraded, and quality-assured diagnosis of TB and MDR-TB are being strengthened.

HIV infection is still on the rise in Russia; however, with the cooperation of WHO, significant steps have been taken to improve surveillance of the epidemic and to increase access to treatment. Between 2008 and 2013, institutional capacity for HIV surveillance was improved in more than 30 institutions in the numerous regions of the Russian Federation, and 300 specialists were trained in HIV surveillance. HIV prevalence surveys were conducted in population groups at greatest risk in some of the worst-affected regions of Russia, with the use of local evidence for better assessment of the HIV epidemic in these populations.

WHO has provided support for upgrading facilities of the virologic department of the Institute of Experimental Medicine in Saint Petersburg, which provides influenza virus strains for both the annual seasonal influenza vaccine. Furthermore, the WHO immunization programme supports the Regional Polio Reference Laboratory in Moscow.

4.1.2 NONCOMMUNICABLE DISEASES

NCDs¹ are a priority for the Russian Federation. The current cooperation between WHO and the Ministry of Health of the Russian Federation foresees numerous activities in this field, which began with preparation of a national strategy for the prevention and control of NCDs and injuries in 2008 (33). The Russian Federation supported a WHO project on strengthening health systems for the prevention and control of these diseases (preparing strategies and policies, strengthening integrated surveillance systems, promotion of healthy lifestyles and training decision-makers) in countries of eastern Europe and Central Asia. It provided financial, technical and methodological support through national experts and leading institutions, such as the Sechenov First Moscow State Medical University and the National Research Centre for Preventive Medicine.

Strong collaboration has been a factor in studies of coexisting behavioural risk factors for NCDs, including socioeconomic environments and settings that lead to tobacco consumption and excessive use of alcohol. With regard to tobacco use, WHO cooperates with the Ministry of Health. Health promotion targeted at reducing the prevalence of smoking, such as an increase in the tobacco excise tax and establishing 100% smoke-free environments, are targeted for collaboration. The WHO Framework Convention on Tobacco Control and strong tobacco-control legislation adopted in February 2013 provide clear guidance for such measures. Similarly, WHO is providing technical assistance to the Ministry of Health for developing a national strategy to reduce excessive use of alcohol.

WHO and the Russian Federation have been cooperating in a project on preventing road traffic injury since 2009. In line with the Health 2020 policy framework (1), the project foresees strengthening inter-sectoral collaboration among the ministries. Increased seat-belt use and decreased speeding have been achieved in two pilot regions of the Russian Federation. The tools developed in this inter-sectoral action are being disseminated to other regions.

¹ Cardiovascular disease, diabetes, cancer and chronic respiratory disease

The strong connection between mental and physical health is being addressed in long-standing scientific collaboration with the WHO Regional Office for Europe. This has resulted in the nomination of two WHO collaborating centres, one in Moscow and the other in Saint Petersburg. Russian experts contributed extensively to preparation of the European Mental Health Action Plan (34) adopted in 2013.

Collaboration in health promotion led to cooperation in five Russian regions for the prevention and control of NCDs through inter-sectoral work. The joint activities include devising population-based NCD prevention programmes and health promotion activities, conducting educational and training courses, translating and adapting major WHO documents in the field of NCD prevention and health promotion into Russian and assisting in dissemination of the documents in the countries of eastern Europe and Central Asia. These activities have resulted in a decrease in the prevalence of risk factors.

4.1.3 LIFE COURSE

Cooperation between WHO and the Ministry of Health of the Russian Federation in the life-course model included programmes in areas such as water supply, air pollution and environmental health, with particular emphasis on the health of mothers, children and adolescents.

In the field of environment, a project to measure the effects of climate change on the health of populations living in the Arctic territories was implemented. On the basis of the assessment, adaptation strategies were developed to prepare the health system and the response to new health challenges in these populations.

Particular support has been provided for maternal and child health at the regional level, comprising promoting breastfeeding and participating in forums on the effects of communicable diseases and NCDs on the health of women and children. During the past 2 years, with the financial support of the Russian Federation, WHO has involved Russian experts and maternal and child health centres in strengthening hospital capacity in both neighbouring countries and more widely.

4.1.4 HEALTH SYSTEMS

Extensive cooperation between the Russian Federation and WHO in the area of health systems strengthening over the years has included intensifying stewardship to address health issues in multi-sectoral mechanisms; improving the quality of primary health care and medical interventions in hospitals; increasing regulatory support and quality assurance of medicines and medical devices; increasing human resources for health to increase capacity for emergency and early warnings; and translation and dissemination of scientific publications in Russian.

In view of the rapid transitions in demography, risk factors and epidemiology in the Russian Federation, WHO has worked closely with the Russian Academy of Medical Sciences to generate the appropriate evidence to inform health system policy for adult health, with a focus on trends and determinants of the health of older adults.

The Russian Federation was active in the preparation and now in implementation of the European Action Plan to Strengthen Public Health Capacities and Services (35) through the Federal Research Institute for Health Organization and Informatics of the Ministry of Health, which has been designated as a new WHO Collaborating Centre.

4.1.5 PREPAREDNESS, SURVEILLANCE AND RESPONSE

In order to respond rapidly and effectively to public health events of international importance, WHO is collaborating with the Russian Federation, which is also a donor to the WHO programme for emergencies. With the Ministry of Health, country emergency preparedness and responses have been planned for large events and mass gatherings, such as the 2013 Summer Universiade in Kazan, Tatarstan, and the 2014 Olympic Winter Games in Sochi.

Collaboration with the Federal Service for Supervision of Consumer Rights Protection and Human Welfare (Rospotrebnadzor) led to strengthened implementation of the International Health Regulations (2005) as a legal instrument for surveillance and exchange of information on emerging threats and for monitoring endemic diseases in the country.

The Russian Federation is a member of the Codex Alimentarius Commission, the joint body of the Food and Agricultural Organization of the United Nations (FAO) and WHO that develops harmonized standards for food in international trade and protects the health of consumers.

4.2 OPPORTUNITIES AND CHALLENGES

Over the years, the cooperation between WHO and the Russian Federation has achieved many of the objectives for improving the health status of the population. For a better response to the health challenges of the new century, however, a more strategic approach will be required.

The technical assistance of WHO, its impartial role in advocacy and its convening power are appreciated by its technical counterparts implementing programmes in the country. A good example is the high-level working group on TB, which discusses technical cooperation on TB and MDR-TB control among the stakeholders in the Russian Federation.

WHO's technical guidance contributed to ratification of the WHO Framework Convention for Tobacco Control. Jointly with the Ministry of Health, a dialogue has been initiated on the public health challenges of road safety.

Yet new health challenges lie ahead, particularly in the fight against NCDs and their risk factors, including alcohol abuse, tobacco consumption, unhealthy diets and physical inactivity. NCDs represent the largest threat to the well-being of the population and the health system and are a challenge to the country's economic development. Cardiovascular disease, cancer and diabetes are the primary causes of mortality, leading to shorter life expectancy, particularly in comparison to other

western countries. The International Health Regulations (2005) and health security in general require health workers with increased skills and expertise; new technologies in e-health must be fully explored. The WHO European Health 2020 framework (1) will be useful for meeting these challenges.

As mentioned above, the Russian Federation is becoming an influential donor country. Productive cooperation with WHO will facilitate the increased role of Russia and its presence in global health to support populations in need around the world.

SECTION 5

A strategic agenda for cooperation

As part of the CCS process, a strategic agenda for cooperation has been prepared jointly by the Russian Federation and WHO. Four strategic priorities have been identified after consultation with high officials and directors of the Ministry of Health of the Russian Federation, the WHO Regional Director for Europe, directors and technical staff of the Regional Office and assistant directors general and their technical clusters at WHO headquarters. Numerous documents provided by both parties were consulted, including the State programme of the Russian Federation “Health care development” (2), Health 2020 (1) and input from WHO headquarters on WHO reform.

5.1 PRIORITIZATION PROCESS

Priorities were set in a multi-stage exercise involving all stakeholders, including representatives of all levels of the Organization, the country’s Government, scientific institutions and other international partners working in the country, beginning with an analysis of the current health situation and joint activities between the Ministry of Health of the Russian Federation and WHO. These were then linked to the new health policy of the Russian Federation and to the priorities of WHO headquarters and the Regional Office for Europe. The CCS working group reviewed the findings and identified four strategic priorities for cooperation between the Russian Federation and WHO.

5.2 STRATEGIC PRIORITIES

The following four priorities were jointly identified by the Ministry of Health of the Russian Federation and WHO:

1. Strengthening capacity for global and regional cooperation in health between the Russian Federation and WHO
 2. Creating a comprehensive environment of prevention and producing health through a life-course approach
 3. Improving health security through capacity-building
 4. Strengthening performance of the health system
-

These priorities underline the new role of the Russian Federation as a donor country in global health and its advocacy and political commitment to the global and regional NCD agenda, including establishment of a GDO of the WHO Regional Office for Europe on NCDs in Moscow.

The Ministry of Health of the Russian Federation and WHO will work to achieving these strategic priorities under the following conditions, considering that both parties:

- » have the specific and necessary expertise and resources available;
 - » will develop cooperation by implementing mutually beneficial activities at global, regional and national levels; and
 - » will jointly address the priorities and generate added value to each other's health agenda at all three levels.
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STRATEGIC PRIORITY 1

Strengthening capacity for global and regional cooperation in health between the Russian Federation and WHO

MAIN FOCUS AREA 1:

Supporting the role of the Russian Federation in global health by strengthening mechanisms for cooperation in global processes

In view of the new role of the Russian Federation as a donor country, WHO will support its newly proposed programmes in global health that foster examples of triangular cooperation, such as the recently implemented project on mother and child health¹. Cooperation at regional level must be increased; thus, when for example best practices in Russia are shared with neighbouring countries of eastern Europe and Central Asia, they will also be shared with the rest of the WHO European Region. Financial contributions and national expertise could be used to deliver country-specific activities aligned with WHO priorities.

As Russian is the working language for a number of countries in the WHO European Region and is one of the six official languages of the United Nations, the quantity and the quality of WHO scientific material in Russian must be increased. The Russian Federation could engage its national expertise for translation, while WHO could guarantee the scientific content and oversee conformity to WHO standards.

¹ WHO headquarters project on improving hospital care in Angola, Ethiopia, Kyrgyzstan and Tajikistan, funded by the Russian Federation for the period 2011–2014

MAIN FOCUS AREA 2:**Implementing innovative methods and projects in collaboration between Ministry of Health of the Russian Federation and WHO**

WHO will integrate simple technical assistance with more complex, innovative methods of cooperation with the Ministry of Health of the Russian Federation. This will include establishment of the GDO on NCDs in Moscow, which the Russian Federation will support financially, and secondment of several national experts in the field of prevention and control of NCDs.

Furthermore, WHO will foster the WHO European Health 2020 framework *(1)* by establishing multi-sectoral cooperative mechanisms to improve the health of the Russian population, involving various ministries and their expertise and linking with the goals and activities of the national public health programme.

STRATEGIC PRIORITY 2

Creating a comprehensive environment of prevention and providing health through a life-course approach

MAIN FOCUS AREA 1

Developing innovative ways to prevent and control noncommunicable diseases and chronic conditions

Since the First global ministerial conference on healthy lifestyles and NCD control organized in Moscow in 2011 (in preparation for the United Nations high-level meeting on NCDs), the Russian Federation has continued to lead in advocating and fighting against this group of diseases, which represent one of the major global public health challenges. At the regional level, the Russian Federation has accepted WHO's proposal to establish a highly skilled, specialized technical branch of the WHO Regional Office for Europe – a GDO on NCDs in Moscow – to serve the entire Region in this area.

WHO will nevertheless continue to provide technical assistance in the area of NCDs. Activities may include promoting healthy lifestyles, the prevention and control of NCDs with innovative health interventions and addressing mental health and health among older people. Taking the life-course approach, attention will be paid to the risk factors of an unhealthy diet, inadequate physical activity, tobacco use and excessive consumption of alcohol, as well as the socioeconomic and environmental determinants of NCDs. Similarly, road traffic accidents, a relatively new threat to public health and the leading cause of death among young people (24), will be addressed in a multi-sectoral approach.

Experts from both the Russian Federation and WHO will work on an improved NCD surveillance system in which modern methods of monitoring are used, in order to address the new priorities.

MAIN FOCUS AREA 2

Strengthening capacity to reduce morbidity and mortality due to communicable diseases

The Russian Federation has invested extensive financial and human resources to improve the prevention and control of TB in the country, resulting in a tangible decrease in mortality from this disease in the past 2 years. Nevertheless, MDR TB remains at a worrying level, and technical assistance from the Regional Office will continue to be required for implementing the most advanced TB control approaches and for facilitating exchange of experiences and best practices with other countries with a high TB burden.

In the area of HIV/AIDS, the number of patients given antiretroviral treatment has increased, yet the prevalence is still on the rise. WHO will continue to create discussion platforms, convene stakeholders to exchange experiences and foster policy dialogue in order to fully implement the WHO guidelines.

Collaboration between experts in the Russian Federation and WHO will be requested in order to address the challenges of new threats of global importance, such as viral hepatitis and antimicrobial resistance.

MAIN FOCUS AREA 3

Decreasing health inequalities by addressing the social determinants of health

The rapid economic growth of the country over the past 10 years has drastically reduced poverty. Nevertheless, the vast area of the country means that access to modern, sophisticated treatment in some regional health facilities is still extremely limited. The Ministry of Health of the Russian Federation and WHO will address these inequities and prevent further disparities.

The organization of primary health care in the Russian Federation is currently being optimized and would serve as means to fight health inequity by targeting universal health coverage.

Possible issues that may be addressed in activities targeting social determinants of health include environmental hazards and air and water pollution. Both the Ministry of Health of the Russian Federation and WHO place high priority on the health of migrants, who are attracted from neighbouring countries by the rapid economic development of Russia but have poor employment prospects and inequities in access to health care. Successful experiences and existing platforms (such as the WHO European Healthy Cities Network) might be used to improve the environment, promote healthy lifestyles and meet the unmet needs of schoolchildren, adolescents and the elderly.

To ensure multi-sectoral action to address these issues, the Ministry of Health of the Russian Federation will facilitate WHO approaches aligned with Health 2020 and inter-ministerial cooperation, in line with national strategies, laws and regulations.

STRATEGIC PRIORITY 3

Improving health security through capacity-building

MAIN FOCUS AREA 1

Improving the response to international public health emergencies

Since the International Health Regulations (2005) (29) came into effect, they have been used efficiently in various public health events around the world. The Russian Federation will continue to build capacity to comply with the Regulations, reinforce health security and foster international cooperation. In turn, WHO will provide technical assistance when needed from its international network of institutions.

In collaboration with WHO experts, the Russian Federation has demonstrated that it can mobilize specialized human resources to respond to emergencies in neighbouring countries, when requested. Therefore, both the Russian Federation and WHO will continue to build organized response teams and improve the quality of referral laboratories.

Emergency preparedness will be an important area of cooperation in view of new threats arising from infectious diseases and health threats in other complex emergencies.

Championing food safety, Russia continues to bring the issue to global attention through initiatives in various international platforms (forums).

STRATEGIC PRIORITY 4

Strengthening the performance of the health system

MAIN FOCUS AREA 1

Strengthening the health system through primary health care and universal health coverage

Promoting primary health care and achieving universal health coverage to ensure that the entire population has equal access to high-quality services, medical products and appropriate modern technology, with financial protection, are priorities on the WHO agenda. The national health plan of the Russian Federation revitalizes the concept of primary health care to include universal health coverage, in order to eliminate pockets of inequity.

Positive experiences in strengthening the health system can be shared on a common platform in order to foster policy dialogue with countries that have similar health systems, so as to improve health care delivery. This mechanism will also create a base for input at both the global and regional levels of WHO and guide implementation of public health policies, such as the Action plan for implementation of the European strategy for the prevention and control of NCDs (36), the International Health Regulations (2005) (29), the strategy and action plan for healthy ageing in Europe (37) and the European Charter on Environment and Health (38).

MAIN FOCUS AREA 2

Improving the quality and use of health information systems

The WHO Regional Office for Europe and the Ministry of Health of the Russian Federation will to the extent possible work to improve the national health information system, supporting surveillance and monitoring and providing input for planning for new health priorities. This work will be undertaken by WHO collaborating centres and specialized institutes in the country.

WHO may commit itself to provide more international scientific material and information databases in this field in Russian, and the Russian Federation may in turn contribute financial resources to facilitate use of the Russian language.

MAIN FOCUS AREA 3

Strengthening health work-force capacity

As WHO has the technical capacity to promote standards and policies for human resources for health in Member States, it may facilitate networking and exchange of experiences and provide strategic advice to improve staff motivation and update their training on emerging health priorities and the technology of a modern health system.

The Ministry of Health of the Russian Federation may propose that its well-recognized institutions, known for their excellence in teaching and methodology, design training courses for medical personnel within the country and in neighbouring countries where Russian is the working language in the scientific-research environment.

SECTION 6

Implementing the country cooperation strategy

6.1 IMPLEMENTATION OF THE STRATEGIC AGENDA

Under the strategic agenda, the Ministry of Health of the Russian Federation and WHO are expected to work together to implement the CCS.

As mentioned above, the Russian Federation has become a donor at global level, providing financial support for various WHO priorities at both global and regional levels. The country is expected to increase and consolidate its technical and financial contributions and also its scientific collaboration through Russian academic and scientific institutions and their experts. The agreed CCS priorities will serve to guide the direction of strategic cooperation with WHO during the next 6 years.

The Ministry of Health, which represents the Russian Federation at the World Health Assembly, will be the main partner for WHO, through its Department of International Relations and technical departments. The Ministry of Foreign Affairs and its diplomatic mission in Geneva play a crucial role in fostering participation of the Russian Federation in international organizations and will also represent a referral point for WHO.

The importance of some of the strategic areas identified, such as road safety and the environment, may require a wider approach and the involvement of other partners and ministries at various levels. The Ministry of Health is expected to coordinate this inter-sectoral approach in the country in order to fully implement the health priorities identified, using tools such as the WHO European Health 2020 framework to foster collaboration.

In turn, WHO will cooperate with the Russian Federation at all three levels of the Organization, guided by the WHO European Health 2020 framework (1), which was endorsed by all 53 Member States of the Region to ensure multi-sectoral work.

WHO headquarters will be the referral level for the Ministry of Health of the Russian Federation for global public health issues and for negotiating financial support to the Organization for global activities. Support has already been provided in the area of mother and child health at both the regional and global levels (for example in Africa), where Russia's financial support and expertise have served as an example for further development and improvement of WHO's response to complex emergencies.

The WHO Regional Office for Europe will foster and coordinate regional collaboration with the Ministry of Health of the Russian Federation. The Health 2020 framework (1) provides Ministry of Health of the Russian Federation with an important tool for addressing priorities such as advancing of primary health care, achievement of universal health coverage and strengthening the health system to tackle the growing burden of NCDs, their health and socioeconomic risk factors, emerging infectious diseases and social determinants of health.

The Regional Office will continue to seek innovative methods of cooperation to respond to the new role of the Russian Federation as a donor and a source of high-level scientific expertise. The recent development of a GDO for NCDs will be a centre of excellence based in Moscow that serves the entire WHO European Region and is expected to have a positive impact on the scientific environment of the country.

The WHO Country Office in the Russian Federation will maintain daily relations with the Ministry of Health, national scientific institutions, WHO collaborating centres and other international partners in the country, support technical input from the European Regional Office and WHO headquarters and facilitate communication of interests and concerns with the appropriate technical units at all three levels of the Organization.

The WHO Country Office will also assist the Ministry of Health, the WHO Regional Office for Europe and WHO headquarters in identifying and increasing human resource capacity in international health at both regional and global levels.

6.2 REQUISITES FOR EFFECTIVE IMPLEMENTATION OF THE STRATEGIC PRIORITIES

The Ministry of Health of the Russian Federation and WHO will commit themselves to promote the CCS to the Government and to their respective technical departments and units to guide the joint activities and programmes.

The Ministry of Health and WHO will also disseminate the CCS to other relevant partners and stakeholders working on health issues in and with the country to promote consistency in addressing health priorities and their risk factors.

The CCS will serve as a useful tool for resource mobilization for health at global, regional (and sub-regional) and national levels.

6.3 MONITORING AND EVALUATION OF THE STRATEGIC PRIORITIES

The CCS is not a binding document but a guide for future planning, allocation of resources and partnership. The programmes and activities implemented both in countries and at global level will be guided technically and financially by documents such as the biennial collaborative agreement between the WHO Regional office for Europe and the Russian Federation, memoranda of understandings and donor agreements, which will channel funds and operationalize CCS implementation.

The CCS is a document with an agreed strategic content that will serve as basis for cooperation between the Ministry of Health of the Russian Federation and WHO over the next 6 years. It will therefore be important to monitor implementation and to evaluate it.

A committee composed of representatives of the country support units at WHO headquarters and the WHO Regional Office for Europe, the WHO representative in the country, and a representative of the Department of International Cooperation and Public Relations of the Ministry of Health of the Russian Federation will meet biennially to monitor implementation of the strategic priorities. The committee will prepare a progress report to be shared with the relevant technical units of WHO and the Ministry of Health of the Russian Federation.

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ANNEX 1

Linking WHO global and regional priorities of WHO with national plans and policies of the Russian Federation (up to 2020)

WHO documents		
WHO European policy framework Health 2020 (1)	General Programme of Work 2014–2019 (30)	Biennial collaborative agreement, 2014/2015 (39)
<p>The four priority areas are to:</p> <ul style="list-style-type: none"> Invest in health through a life-course approach, and empower citizens <p>Supporting good health and its social determinants throughout the life course increases healthy life expectancy and enhances well-being and enjoyment of life, all of which can yield important economic, social and individual benefits. Healthy, active ageing, which starts at birth, is a priority for both policy and research. The changing demographics of the European Region require an effective life-course strategy that gives priority to new approaches: empowering people and building resilience and capacity, to promote health and prevent disease.</p> <ul style="list-style-type: none"> Tackle Europe's major disease burdens of noncommunicable and communicable diseases <p>Health 2020 focuses on a set of effective, integrated strategies and interventions to address major health challenges across the European Region from both NCDs and communicable diseases. Both areas require determined, coordinated public health action and interventions by the health care system. The effectiveness of these interventions must be underpinned by actions on equity, social determinants of health, empowerment and supportive environments.</p> <ul style="list-style-type: none"> Strengthen people-centred health systems and public health capacity, including preparedness and response for dealing with emergencies <p>Strengthening health systems is high on the agenda of countries throughout the European Region, with new approaches and innovations for better health and health equity. Improving the delivery of public health and health care services, ensuring key health system inputs such as human resources and medicines of high quality, strengthening health funding arrangements and enhancing governance are all focus areas of Health 2020.</p> <ul style="list-style-type: none"> Create supportive environments and resilient communities <p>Communities that remain disadvantaged and disempowered have disproportionately poor outcomes, in terms of both health and other social determinants. A systematic assessment of the health effects of a rapidly changing environment is essential, especially in the areas of technology, work, energy production and urbanization, and must be followed by action to ensure positive benefits to health.</p>	<p>CATEGORY 1. COMMUNICABLE DISEASES Reducing the burden of communicable diseases, including HIV/AIDS, tuberculosis, malaria, neglected tropical diseases and vaccine-preventable diseases.</p> <p>CATEGORY 2. NONCOMMUNICABLE DISEASES Reducing the burden of noncommunicable diseases, including cardiovascular diseases, cancers, chronic lung diseases, diabetes, and mental disorders, as well as disability, violence and injuries, through health promotion and risk reduction, prevention, treatment and monitoring of noncommunicable diseases and their risk factors.</p> <p>CATEGORY 3. PROMOTING HEALTH THROUGH THE LIFE-COURSE Promoting good health at key stages of life, taking into account the need to address social determinants of health (the societal conditions in which people are born, grow, live, work and age) and gender, equity and human rights.</p> <p>CATEGORY 4. HEALTH SYSTEMS Health systems based on primary health care, supporting universal health coverage</p> <p>CATEGORY 5. PREPAREDNESS, SURVEILLANCE AND RESPONSE Reducing mortality, morbidity and societal disruption resulting from epidemics, natural disasters, conflicts and environmental and food-related emergencies, through prevention, preparedness, response and recovery activities that build resilience and use a multisectoral approach.</p>	<p>The following collaborative programme for 2014–2015, aligned with WHO's 12th General Programme of Work for the period 2014–2019, was mutually agreed and selected in response to public health concerns and ongoing efforts to improve the health status of the population of the Russian Federation.</p> <p>COMMUNICABLE DISEASES:</p> <ul style="list-style-type: none"> Increased access to key interventions for people living with HIV Increased number of successfully treated TB patients Increased access to first-line antimalarial treatment for confirmed malaria cases <p>NONCOMMUNICABLE DISEASES:</p> <ul style="list-style-type: none"> Increased access to interventions to prevent and manage NCDs and their risk factors Increased access to services for mental health and substance use disorders Reduced risk factors for violence and injuries with a focus on road safety, child injuries and violence against children, women and young people <p>PROMOTING HEALTH THROUGH THE LIFE COURSE:</p> <ul style="list-style-type: none"> Increased access to interventions for improving the health of women, newborns, children and adolescents Gender, equity and human rights integrated into the Secretariat's and countries' policies and programmes Increased intersectoral policy coordination to address the social determinants of health Reduced environmental threats to health <p>HEALTH SYSTEMS:</p> <ul style="list-style-type: none"> All countries have comprehensive national health policies, strategies and plans updated within the past 5 years Policies, financing and human resources are in place to increase access to people-centred, integrated health services Improved access to and rational use of safe, effective, high-quality medicines and health technologies All countries have properly functioning civil registration and vital statistics systems <p>PREPAREDNESS, SURVEILLANCE AND RESPONSE:</p> <ul style="list-style-type: none"> All countries have the minimum core capacities required by the International Health Regulations (2005) for all-hazard alert and response Increased capacity of countries to build resilience and adequate preparedness to mount a rapid, predictable, effective response to major epidemics and pandemics Countries have the capacity to manage public health risks associated with emergencies

System-forming documents of the Russian Federation		
Government programme of the Russian Federation "Health care development" (2)	Concept paper on long-term socioeconomic development of the Russian Federation up to 2020 (14)	Concept on demographic policy of the Russian Federation for the period up to 2025 (15)
<p>Goal of the programme:</p> <p>Ensuring access to health care and improving the efficiency of health services, their volume, types and quality, which should correspond to the level of morbidity and needs of the population and to the latest achievements of medical science.</p> <p>Objectives of the programme:</p> <ul style="list-style-type: none"> ▪ Ensure the priority of prevention in health care and the development of primary health care. ▪ Improve the provision of specialized health care, including high technology, of emergency care, including emergency specialist, medical assistance and medical evacuation. ▪ Develop and implement innovative methods of diagnosis, prevention and treatment, as well as the basics of personalized medicine, and improving the efficiency of service delivery in childhood. ▪ Develop medical rehabilitation of the population and improve the system of spa treatments, including for children; ensure medical care of patients, including for children. ▪ Ensure highly motivated personnel. ▪ Enhance the role of Russia in global health. ▪ Improve the efficiency and transparency of supervisory functions in the health sector. ▪ Ensure biomedical protection of public health. ▪ Ensure a systematic health care organization. 	<p>Main goal in public health:</p> <p>Create a system that ensures access to health care, and improve the efficiency of health services, their volume, types and quality, which should correspond to the level of morbidity and needs of the population and to the latest achievements in medical science.</p> <p>A separate task is: active development of the Russian medical and pharmaceutical industries and creation of conditions for its transition to an innovative model of development, which should raise the level of security and public health drugs and medical products, including domestic production, to the average level of both quantitative and qualitative indicators.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. The State guarantees the full provision of free medical care to citizens. 2. Modernize the system of compulsory health insurance and develop voluntary health insurance. 3. Increase the efficiency of the organization of medical care, including ensuring the availability of effective technologies for public health care in all its stages. 4. Improve drug provision for citizens. 5. Digitalize the health system. 6. Develop medical science and innovation in health care, train health workers and establish a system to motivate high-quality work. 7. Improve the health care system, including: advocacy and promotion of healthy lifestyles and increasing the responsibility of employers for the health of their workers and of the public for their own health; develop and implement programmes for the prevention of alcoholism, smoking and other risk factors. 8. Implement the priority national project «Health (2009–2012)», the main direction of which is providing preventive care. 	<p>The main tasks of the demographic policy of the Russian Federation in the field of health for the period up to 2025 are:</p> <ul style="list-style-type: none"> ▪ Reduce maternal and infant mortality rates by not less than twice, and strengthen reproductive health and child and adolescent health. ▪ Maintain and improve the health of the population, increase active life, create the conditions and motivation to lead a healthy life, ensure a significant reduction in the incidence of socially significant, dangerous diseases, improve the quality of life of patients with chronic diseases or disabilities.