



# RUSSIAN FEDERATION

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## OVERVIEW

- Health Coverage (WHO, 2011)
  - The Russian Federation has a hybrid system of both public health and private insurance
- Gross Domestic Product (OECD, 2021)
  - GDP 1.358%
- World Health Organization Ranking (WHO, 2000)
  - 130



## PUBLIC HEALTH INSURANCE

- Compulsory Medical Insurance Program (Zasimova, 2016)
  - Mandatory Health Insurance (MHI)
  - Regulated by Ministry of Health
- Medical services free of charge outlined in Programme of State Guarantees for Medical Care Provision Free of Charge (PSG) (WHO, 2011)
- Local and regional authorities maintain oversight of PSG
- Territorial MHI Funds pool contributions
  - Transferred to 3<sup>rd</sup> party payers

## PRIVATE HEALTH INSURANCE

- Voluntary Health Insurance (VHI)
- Confined to larger cities
- <5% of population
- Mainly purchased by employers
- Acts as supplemental insurance (WHO, 2011)

## HEALTH FINANCING

- General government revenues, taxation, payroll deductions, and out-of-pocket payments
- Program of State Guarantees (PSG)
- Government/compulsory
- Voluntary (VHI)
- Private/Out-of-pocket (WHO, 2011)

## RUSSIAN FEDERATION HEALTH

Per Capita Expenditures on Health Care per person (OECD, 2021)	\$1707
Infant Mortality Rate per 1000 Live Births	5.1
Life Expectancy at Birth Total Years	72.8
Yearly ETOH Consumption Liters/Capita $\geq$ 15 yrs old	11.2
Percent of Population Daily Smokers $\geq$ 15 yrs old	26.7
Suicide Rates per 100,000	31
Practicing MDs per 1,000	4.1
Hospital Beds per 1,000	7.1
Drug/Opioid-Involved Overdose Deaths per 1 Million (Dilinger, 2018)	81.1

## PRODUCTION

- Health care markets
- Government (Federally mainly, Regional, District)
  - Few not-for-profit, mostly for-profit
- General Practitioner (GP) and District Physicians (DP)
  - Contract with insurers—for-profit, private
- Public and private sectors—primary care public, hospitals private (OECD, 2021)

## CHOICE

- Limited access to information regarding services, costs, quality (WHO, 2011)
- Patient choice of hospital and physician
- Comprehensive free care, but utilization is rationed regionally; supplemental VHI for tertiary care and diagnostics (OECD, 2021)
- DPs are gatekeepers; declining and regionally decided; some can see specialists without referrals

## REIMBURSEMENT

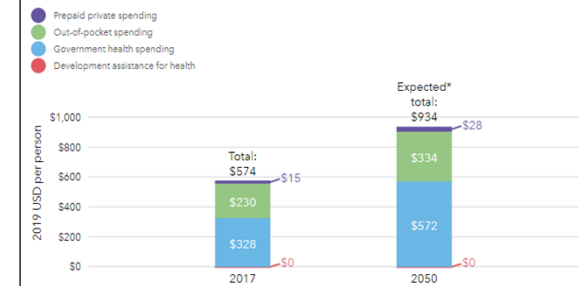
- PSG has two parts
- Basic MHI package—outpatient and inpatient care
  - Budget package—specialized, high tech, outpatient drugs for specified population, emergency care
- Reimbursement methods vary by region
- Hospitals paid by finished case, actual bed-days spent in hospital, volume of hospital care, capitation, and line items
- Physicians paid capitation for outpatient services, DRG for inpatient services
- Private expenditures
- Out-of-pocket expenses
  - Includes direct payments for medical services and medications not covered in PGG packages
  - Outpatient pharmaceuticals
- Direct payments
- Medical services in private facilities (WHO, 2011)

## CHALLENGES

- Accessibility (Antonova, 2016)
  - Waiting Lists
  - Difficult to access specialists
- Poor quality
- Low-income groups refuse non-covered services
  - Increased non-compliance with treatment regimens
- Availability and quality of benefits varies by region (Somanathan et al, 2018)
- Poorly paid staff and staffing shortages
- Poor organizational structure
- Government funding
- Reimbursement
  - No incentive for 3<sup>rd</sup> party payers to enforce cost savings (WHO, 2011)



## How much is spent on health - now, and in the future - and from which sources?



Source: Financing Global Health Database 2019

\*"Expected" is the future growth trajectory based on past growth.

See related publication: [https://doi.org/10.1016/S0140-6736\(20\)30608-5](https://doi.org/10.1016/S0140-6736(20)30608-5)

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Behold, I will bring to it health and healing, and I will heal them; and I will reveal to them an abundance of peace and truth. *Jeremiah 33:6*