ระบบบริการสุขภาพของรัสเซีย

นางสาววัลยา หมอนชูเกษ

วิทยานิพนธ์นี้เป็นส่วนหนึ่งของการศึกษาตามหลักสูตรปริญญาศิลปศาสตรมหาบัณฑิต

สาขาวิชารัสเซียศึกษา (สหสาขาวิชา)

บัณฑิตวิทยาลัย จุฬาลงกรณ์มหาวิทยาลัย

ปีการศึกษา 2555

THE RUSSIAN HEATH CARE SYSTEM

Miss Wallaya Monchuket

A Thesis Submitted in Partial Fulfillment of the Requirements

for the Degree of Master of Arts Program in Russian Studies

(Interdisciplinary Program)

Graduate School

Chulalongkorn University

Academic Year 2012

Thesis Title	THE RUSSIAN HEALTH CARE SYSTEM
By	Miss Wallaya Monchuket
Field of Study	Russian Studies
Thesis Advisor	Assistant Professor Tassana Choowattanapakorn, Ph.D

Accepted by the Graduate School, Chulalongkorn University in Partial Fulfillment of the Requirements for the Master's Degree

.....Dean of the Graduate School

(Associate Professor Amorn Petsorn, Ph.D.)

THESIS COMMITTEE

.....Chairman

(Assistant Professor Theera Nuchpiam, Ph.D.)

.....Thesis Advisor

(Assistant Professor Tassana Choowattanapakorn, Ph.D.)

.....Examiner

(Rom Phiramontri, Ph.D.)

.....External Examiner

(Associate Professor Naruemit Sodsuk)

วัลยา หมอนชูเกษ : ระบบบริการสุขภาพของรัสเซีย. (THE RUSSIAN HALTH CARE SYSTEM) อ.ที่ปรึกษาวิทยานิพนธ์หลัก: ผศ.ดร.ทัศนา ชูวรรธนะปกรณ์, 129 หน้า.

การวิจัยในครั้งนี้เป็นการวิจัยเชิงพรรณนา มีวัตถุประสงค์ คือ 1) เพื่อศึกษาวิเคราะห์ถึงพัฒนาการของระบบบริการสุขภาพของรัสเซียตั้งแต่สมัยจักรวรรดิรัสเซียถึงปัจจุบันและแผนการในอนาคต 2) เพื่อศึกษาวิเคราะห์ถึงความเชื่อมโยงของนโยบายทางการเมืองและสภาพเศรษฐกิจที่มีผลต่อรูปแบบของการวางระบบการบริการสุขภาพในแต่ละยุค 3) เพื่อศึกษาวิเคราะห์ถึงสุขภาวะของชาวรัสเซียในแต่ละยุค และ 4) เพื่อศึกษาวิเคราะห์ถึงความต้องการบริการสุขภาพของชาวรัสเซียในไทย การวิจัยครั้งนี้ประกอบไปด้วยการเก็บรวบรวมข้อมูลจากหนังสือ เอกสาร และเวปไซต์ เกี่ยวกับระบบการบริการสุขภาพตั้งแต่สมัยจักรวรรดิรัสเซีย สมัยสังคมนิยมแห่งสหภาพโซเวียต จนถึงสมัยสหพันธรัฐรัสเซียในปีค.ศ.2011 ร่วมกับการสัมภาษณ์แบบกึ่งโครงสร้างกับชาวรัสเซียที่มาใช้บริการสุขภาพในไทย แล้วนำข้อมูลมาวิเคราะห์ความเชื่อมโยงทางการเมือง สภาพเศรษฐกิจที่มีผลต่อรูปแบบการวางนโยบายระบบการบริการสุขภาพในแต่ละยุค

ผลการวิจัยพบว่าการบริการสุขภาพในยุคแรกใช้การรักษาด้วยสมุนไพรจากแพทย์พื้นบ้าน และในสมัยจักรวรรดิรัสเซียได้นำการแพทย์แผนใหม่มาใช้ในกองทัพเป็นครั้งแรก จนกระทั่งเข้าสู่ยุคสังคมนิยมโซเวียตการบริการสุขภาพเป็นลักษณะที่บริการโดยรัฐตามหลักการปกครองที่เน้นความเสมอภาค และมีการนำวัคซีนมาใช้แก้ปัญหาโรคระบาดจนประสบความสำเร็จ สามารถลดอัตราการเสียชีวิตได้อย่างมีประสิทธิภาพ หลังจากโซเวียตล่มสลายกลายเป็นสหพันธรัฐรัสเซียที่มีการปกครองแบบเสรีประชาธิปไตย รัฐก็ยังคงนโยบายความเท่าเทียมในการให้การรักษาจากรัฐ แต่เปิดกว้างสำหรับการรักษาจากโรงพยาบาลเอกชนได้ ปัจจุบันรัฐบาลรัสเซียได้ปฏิรูประบบบริการสุขภาพและบรรจุไว้ในนโยบายของชาติจนถึงปี2020 โดยเน้นการปฏิรูปโครงสร้าง วัสดุอุปกรณ์ และงบประมาณ ในส่วนของข้อมูลจากการสัมภาษณ์พบว่า ชาวรัสเซียให้ความเชื่อมั่นในคุณภาพบริการสุขภาพของไทย และประทับใจในความสะดวกสบายภายใต้ค่าบริการที่คุ้มค่า แต่ยังคงมีอุปสรรคด้านการขาดแคลนบุคลากรที่เชี่ยวชาญภาษารัสเซีย และการประชาสัมพันธ์เกี่ยวกับบริการสุขภาพของไทยในรัสเซีย

สาขาวิชา รัสเซียศึกษา ลายมือชื่อนิสิต .....

ปีการศึกษา 2555 ลายมือชื่อ อ.ที่ปรึกษาวิทยานิพนธ์หลัก .....

5387564720 : MAJOR RUSSIAN STUDIES
KEYWORDS : RUSSIAN HALTH CARE/ HEALTH CARE SYSTEM / SOVIET HEALTH CARE/ THE RUSSIAN FEDERATION

WALLAYA MONCHUKET : THE RUSSIAN HEALTH CARE SYSTEM. ADVISOR: ASST.PROF.TASSANA CHOOWATTANAPAKORN, Ph.D., 129 pp.

This descriptive research contains of objectives are 1.To analyze Russia's health care system from the Russian Empire to the present time as well as the future plan 2.To analyze the relationship between politics and economy which have affected the formation and policies of their health care system from each period in time of Russian history 3.To analyze the Russians' health status in each period of time and 4.To analyze Russian's medical service demand in Thailand. This research has gathered information from books, documents and websites concerning the medical healthcare services in Russia since the Russian Empire, the Soviet Union, until the Russian Federation in 2011 with semi-final interview structure method to Russian who use health services in Thailand then collecting information from each period, it will be analyzed in order to interpret the relationship of politics and economy to the health care system polices.

The result of research shows that at first Russians relied on traditional medicine until they started to use the modern medicine in the Russian Empire. During the Soviet Union period, the health care system was the government-supervised services so everybody could access to the same standard of services. Also, the vaccine distribution was a success to control epidemic outbreaks. After the collapse of USSR and the transformation to the Russian Federation under the liberal democratic regime, the government still kept the equal opportunity health care services for the Russian population but give opportunity to treatment from private hospitals. As for the present government, the health care services have become one of the priorities for the national policies until 2020 as the strategy is improving the organization of structure, medical facilities, as well as the budgeting. Results of interviews revealed that Russian confidence in the quality of health services and facilities under the impression the property is worth, but there are still obstacles of shortage the personnel who has skilled in Russian language and the publicity of Thailand's health care service in Russia.

Field of Study: RUSSIAN STUDIES Student's Signature .....
Academic Year: 2012 Advisor's Signature .....

ACKNOWLEDGEMENTS

First of all I would like to take this opportunity to express my most sincere appreciation and thankfulness to Assistant Professor Tassana Choowattanapakorn, Ph.D, the thesis advisor, for her warm generosity and hospitality which have been given to me as always. I would like to express my deep appreciation to Rom Phiramontri, Ph.D., for his precious guidance and assistance. Without his kind and thoughtful assistance, this accomplishment would not be possible. I would like to express my gratitude to Associate Professor Naruemit Sodsuk who has given me worthy help and advice. I would also like to acknowledge Assistant Professor Theera Nuchpiam, Ph.D. for his suggestion and time to be one of the committee members.

My thanks go to all my friends who have spent time together with me, mentioned or unmentioned, Miss Suphattra Boriboonchatuporn for their encouragement and support in every process of thesis writing. For preparing and planning everything in order I would like to thank Miss Atchara Kaewwandee, Russian Studies officer.

Most of all, I would like to express my sincerest thanks to my beloved family, Mister Udom Monchuket, Missis Boontun Monchuket also my Russian friends, Mister Jenya Vashuk, Mister Seyran Sahakyan and Missis Olga Sahakyan for their encouragement, understanding and timeless love. They are always beside me, supporting and helping me all through the time.

CONTENTS

Page

Page

LIST OF TABLE

Table Page

LIST OF FIGURES

Figure Page

CHAPTER I

INTRODUCTION

Background and Rationale

Russia, one of the BRIC countries (Brazil, Russia, India, China), is currently receiving international attention because of its continuous economic growth. Russia is considered to be one of the world's most important energy sources: 1st rank for natural gas, 2nd rank for bituminous coal, and 8th rank for its petroleum industry. Also Russia recovered from the economic crisis of 1998 within a short period of time, growing rapidly as a result of investment by other countries, its own domestic consumption growth, all in context of a politically stable country.[1]

One of the indicators which show the economic potential of Russia is its current financial status. For example, poverty rate has decreased from 40 per cent in 1998 to 14 per cent in 2007. As well, the quality of business employees has risen with consequent benefit to Russia's economy. The results of research conducted by MasterCard and Sky Lab, from a sample of 1,000 Russian workers in Moscow and St.Petersburg, indicates that 37 per cent of Russian workers have an estimated income of a million rubles (1 ruble = 1 Thai Baht) as a yearly income. Also a further 8 per cent have incomes between 1.5 to 2.3 million rubles per year. This new generation of nouveau-riche (new money) comes from the rapid growth of Russia's economy in the past 8 years, which refers to GDP (Gross Domestic Product) at a rate of 6 – 8 per cent each year.[2]

The consequence of the continuous economic growth and the increase in Russian workers' incomes has resulted in Russians travelling abroad for pleas

---

[1] Mortished Carl, *Russia shows its political clout by hosting Bric summit The time*, [Online], 25 May 2006. Available from: http://www.business.timesonline.html

[2] Olga Alekseeva and Suzanne Camara, *The future of Russia's millionaires*, [Online], 12 March 2010. Available from http://www.gazeta.ru /financial.html.

population from going abroad. Thailand has become one of the desirable countries for them to visit, thanks to many seaside tourist destinations, the generosity of the Thai people, and the excellent value of the Thai Baht. The number of Russian tourists has grown enormously from 37,000 tourists in 2000 to 1.4 million in 2011. Some of these also come to Thailand for medical service during their vacation.[3] They usually go to hospitals located in the metropolitan areas of Thailand such as Bangkok, Pattaya, Chiang Mai and Phuket. In Bangkok, a Russian interpreter service is available especially for the Russian clientele. A poor and inefficient public health system in Russia is another reason why potential patients are influenced to travel abroad seeking better, faster and world standard health practitioners, hence the rapid growth of the medical tourism.[4]

According to an International Travel & Exhibition, dated 21- 24 March 2010, the medical tourism industry has expanded very fast and continuously. Tourists look for medical services from modern technology, with better and faster service. The majority are from the Middle-East (58%), followed by European (38%), and Asian (5%). TAT realized that there was the opportunity to develop a market for Russians. As a result, TAT launched a "Medical Tourism in Thailand" campaign, introducing and recommending Thailand's medical services in MATIW-Leisure 2011 Fair in Moscow in order to present Thailand as a hub of Asian medical tourism which could offer both tourism and medical services in the one destination. This campaign was successful and interested a large numbers of Russians.[5]

From this information, it has brought interest about reasons of medical tourism in Russian. The aim of this research is to study medical tourism developments from the past to the present. This includes paying attention to certain factors, such as economy and politics, in order to understand the processes and both the positive and negative aspects of the Russian approaches to medical services. This research will give perspective and better understanding to the researchers as well as Thailand's medical tourism operatives whose purpose is to prepare medical services compatible with this clientele and/or the Russian market in the future.

---

[3]The Federal Agency for Tourism [Online]. Available from http:// www.russiatourism.ru

[4]Euro monitors International, "*Global Medical Tourism Briefing: A Fast Growing Niche Market"*, 2011

[5]MITT, *"The Russian Federal travel exhibition Agency 2012",* [Online], 25 July 2011. Available from://www.travelexhibitions.com/documents/MITT2012 Presentation 25.07.11.html

Objectives

1. To study Russia's healthcare service from the past to the present along with future possible developments.
2. To analyze the development of the health care services in Russia.
3. To analyze the relationship of politics and the economy this affects health care service management in each period of time.
4. To analyze the relationship of health care service development policy insofar as it effects the Russian population.

Research framework

Politics has affected the health care service system in Russia from the past to the present. Political influences inflicted absolute and instant changes. For example, changing from an absolute monarchical system to a socialist republic which initiated a "Socialist healthcare system" concept and commenced a healthcare system change, from the traditional medicine to modern science. Also, the impact of globalization in relation to modern technology is relevant in any approach to modern healthcare. This has led to the development of a health care system which seeks to be at the same level as other countries.

A sound economy is the foundation for scientific development, medical research development in medicines and the development in the number and quality of medical appliances, and practitioners of medicine. A healthy economy encourages health care service coverage to expand further towards the village level, which is a big improvement on the difficult times in the Soviet period.

Research questions

1. What are the factors for health care system strategy/policy in each period?
2. What is aim/goal/accomplishment/objective of the health care system policy?
3. How have politics and the economy influenced the health care system programming in each period of time?
4. How do actual health problems affect health care system strategies in the future?

Concepts Framework

This study about Russia's health care system is divided into 2 parts:

1. The basic concept which analyzes the history of the health care system development under "traditional medicine" and "modern medicine" themes.

2. Socialization and globalization which affected political policies and led to health care system modification.

Research Methodology

This research is descriptive research using secondary information in the literature reviews and articles. The research accentuates the influence of politics and the economy which affects all modifications to the health care system policy.

In this research, there are two main of resources data. The first source is publications data from 8 researches are:

1. Ellie Tragakes and Suszy Lessof, "*Health Care Systems in Transition*", The European Observatory on Health Systems and Policies is a partnership between the World Health Organization Regional Office for Europe.(2003)

2. Larisa Popovich, Elena Potapchik, Sergey Shishkin, Erica Richardson, Alexandra Vacroux and Benoit Mathivet, "*Russian Federation Health system review 2011*" The European Observatory on Health Systems and Policies is a partnership between the World Health Organization Regional Office for Europe.(2011)

3. The Stockholm Region office in St. Petersburg. "*Russian Healthcare System Overview"*. Sweden Embassy in Russia. (2010)

4. BusinesStat Market Surveys "Анализ рынка медицинских услуг в России в 2006-2010 гг, прогноз на 2011- 2015 гг(In Russian)".(2010)

5. Ulumbekova Guzel. *"Healthcare in Russia: How to Cope with the Current Challenges"*. Scientific background for The Development Strategy of Health Care in Russian Federation toward the Year 2020". Moscow GEOTAR-Media Publishing Group.(2011)

6. Phiramontri R, Kunwong W, Jarusiriwat P, and Sodsook N. "*New Russia and Prospects for Expanded Relations with Thailand"*. The Thailand Research Fund (TRF).(2008)

7. Annantachai Loahaphan and Sanchai Suwangbhut , *"Russian: Land of the Tsars and the Socialists*". Silpakorn University.(2010)

8. Geoffrey Hosking, Russia and the Russians of Russia. A History (New York: Harvard University Press. (2003).

The researcher got attention in main of 8 books and also the researcher conducted a questionnaire with 10 Russian tourists who have experience of receiving the medical services in Thailand by the semi-final interview structure method.

For clear understanding, the researcher uses the research was written by Ellie Tragakes and Suszy Lessof. Health Care Systems in Transition, This work shows country-based reports that provide an analytical description of a health care system and of reform initiatives in progress or under development. there are four ways that: 1) to learn in detail about different approaches to the organization, financing and delivery of health services 2) to describe the process, content and implementation of health care reform programmes3) to highlight challenges and areas that require more in-depth analysis and 4) to provide a tool for the dissemination of information on health care systems and the exchange of experiences of reform strategies between policy-makers and analysts in different countries.

The Stockholm Region office in St. Petersburg was writing about Russian Healthcare System Overview and The European Observatory team in details of Russian Federation Health system review 2011. This work also show is based on general overview of Russian health care system at the present stage and future plan to 2020, including St. Petersburg case-study and main objective is to provide a general overview of the Russian health care system on the current stage as well as to analyze the main trends for its development in order to make a fundamental background for further specialized studies and analyze the decision making process at different levels within the Russian health care system. This 2 researches also show main analyze as brief introduction to the Russian administrative environment, the financing flows in the public and private healthcare, including the role of mandatory and voluntary insurance systems, the challenges facing by the private healthcare providers as well as the role of private sector in the Russian health care system and find the main differences in healthcare issues between St. Petersburg and other Russian regions.

Another work that attracted the researchers are 2 books of Russian writer as BusinesStat Market Surveys “Анализ рынка медицинских услуг в России в 2006-2010 гг, прогноз на 2011- 2015 гг(In Russian)” and Ulumbekova Guzel. “Health care in Russia: How to Cope with the Current Challenges. Scientific background for The Development Strategy of Health Care in Russian Federation toward the Year 2020”. That were use to particularly note includes the essential data needed to understand the current market situation and assess the prospects for market development. In a review of the statistics of medical institutions, patients, medical services, the prices of services, natural and cost volumes of the market.

For the historical of political , governmental , economic and foreign relations conditions from Pre-Russian Empire until Russian Federation present, the researchers battened in 3 books of "Russian: Land of the Tsars and the Socialists", Geoffrey Hosking writing in Russia and the Russians of Russia and New Russia and Prospects for Expanded Relations with Thailand".

The last source is use on the internet through the official website as Ministry of Public Health and Social Development of the Russian Federation and other concern website in topic of Russian Health care System were studied and examined to support and verify the reliability of information.

Definition and Terms (From World Health Organization)

Health: the state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.

Health system: A structure of primary purpose is to promote, restore and/or maintain health. The people, institutions and resources, arranged together in accordance with established policies, to improve the health of the population they serve, while responding to people's legitimate expectations and protecting them against the cost of ill-health through a variety of activities whose primary intent is to improve health.

Public Health Services: The provision of health surveillance, health promotion, prevention services, infectious disease control, environmental protection and sanitation, disaster preparedness and response, and occupational health.

National health strategy: A process of organizing decisions and actions to achieve particular ends, set within a policy, providing, a model of an intended future situation and a programmer of action predetermined to achieve the intended situation". Refers to the broad, long term lines of action to achieve the policy vision and goals for the health sector, incorporating "the identification of suitable points for intervention, the ways of ensuring the involvement of other sectors, the range of political, social, economic and technical factors, as well as constraints and ways of dealing with them.

Communicable diseases: A comprises clinically evident illness resulting from the infection, presence and growth of pathogenic biological agents in an individual host organism. In certain cases, infectious diseases may be asymptomatic for much or even their entire course in a given host. In the latter case, the disease may only be defined as a disease in hosts who secondarily become ill after contact with an asymptomatic carrier. An infection is not synonymous with an infectious disease, as

some infections do not cause illness in a host. Infectious pathogens include some viruses, bacteria, fungi, protozoa, multicellular parasites, and aberrant proteins known as prions. These pathogens are the cause of disease epidemics, in the sense that without the pathogen, no infectious epidemic occurs.

Non-communicable disease or NCD: A medical condition or disease which by definition is non-infectious and non-transmissible between persons. NCDs may be chronic diseases of long duration and slow progression, or they may result in more rapid death such as some types of sudden stroke. They include autoimmune diseases, heart disease, stroke, many cancers, asthma, diabetes, chronic disease, kidney osteoporosis, Alzheimer's disease, cataracts, and more. While sometimes (incorrectly) referred to as synonymous with "chronic diseases", NCDs are distinguished only by their non-infectious cause, not necessarily by their duration. Some chronic diseases such as HIV/AIDS, while also lasting medical conditions, are caused by transmissible infections. These require chronic care management as do all diseases that are slow to develop and of long duration.

Information analysis

The analysis and interpretation of information requires theorical concepts concerning many aspects. Mainly it is for understanding a clear picture of Russia in the overall, political and economic aspects which influenced medical policy programming in that country. Also, there are national and international factors which have affected the health care policy from the past to the present day as well as future strategy using the socialization and globalization concepts as well as political and economic policy, which will be used to finally summarize the relationship of healthcare system development in relation to political and economic influences.

Research presentation

This study contains 6 parts as follows:

1. Introduction: This presents objectives, questions/hypotheses upon which the study is based, the research frameworks and the expected results, from this study, especially for programming/tailoring strategies about serving the Russian clientele with better and more compatible/successful medical tourism projects.

2. The development of the health care system pre-empire, communism especially to the reformations of Gorbachev: This presents an overall picture of health care system in pre-empire period (traditional medicine), during the reign of Peter The

Great (introduction of European medical treatments), “Socialist medicine” (Soviet communism transformation) and the collapse of the Communist party (Gorbachev’s revolution) which allowed the private sector to take part in the government health care system.

3. Development of the health care system after Communism’s collapse: Boris Yeltsin and Vladimir Putin: This presents policy modifications in Russia development which affects the very foundations of the healthcare system to make them compatible with the new policy of opening up the healthcare system. These modifications coincided with economic developments and the participation of foreign companies in the Russian health care system. This in turn leads to the restructuring and reformation of health care-related organizations.

4. The underlying concept resulting in the reform of the healthcare policy from the present time until 2020: This deals with health actual results of over the past 10 years of healthcare policy and also gives reasons for Russians seeking medical services outside their country. Also, it will deal with new policy reforms as a result of Vladimir Putin’s re-election 2012 – 2020.

5. Results: This deal with analysis the answers of questionnaire with 10 Russian tourists who have experience of receiving the medical services in Thailand by the semi-final interview structure method to understand the character, behavior, and demand of the Russian clientele.

6. Conclusions and Recommendations: These deal with such matters as the similarity and differences in medical health care system and services, traditional and modern healthcare, this will lead to criteria which can improve the quality in serving and expanding the medical tourism market in Thailand for the Russian clientele.

The expected results from the research

1. Understanding and knowledge about the background of the Russian health care system as well as the development processes from studying the health care system upon which future studies in this field will be based.

2. Advantage/Profit/Benefit from the information and knowledge of health care policy strategies and planning as a foundation for further studies.

3. Knowledge from the Russian information and research may be extrapolated and be used as a foundation for improving Thailand’s medical tourism in order to maximize the satisfaction to Russian clientele (whose purpose is for medical tourism).

Plan for Research Activities

Length of time / Research Activities	2011			2012							
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Data Collection process											
Literature Review											
Thesis and analysis writing											

CHAPTER II

THE DEVELOPMENT OF THE HEALTH CARE SYSTENM FROM PRE-EMPIRE TO THE COMMUNISM

The chapter present the development of the health care system pre-empire, communism especially to the reformations of Gorbachev: This presents an overall picture of healthcare system in pre-empire period (traditional medicine), during the reign of Peter The Great (introduction of European medical treatments), "Socialist medicine" (Soviet communism transformation) and the collapse of the Communist party (Gorbachev's revolution) which allowed the private sector to take part in the government health care system.

Russia a country whose history is very complex, and it depends very significantly on politics; the progression is from absolute monarchy to a communist state and finally to liberal democracy.

Russian history started from the Ivanrus Empire, being founded by Eastern Slavs who adopted Christianity from the Byzantine era in 988 A.D. In 1240, the Kivanrus Empire was destroyed by the Mongol empire's invasion. After the 13th century, Moscow became the centre of arts and culture, until the 15th century Moscow reigned supreme.[1] The Russian empire expanded its territory towards Europe, and then announced its independence against Mongolia. During World War I, Russia was obliged to participate and, after the war, this caused difficulty in changing to an industrial society. As a consequence of this change living conditions became very difficult. The military power and the economy were in crisis, and this eventually led to the communist party's revolution in 1917. As a result, Russia became the USSR, the first country in the world whose political regime was Communism, as well as being model of socialist concept.

After World War II, the Union of Soviet Socialist Republics (USSR) became one of the world's major powers its socialist views paralleling with the United States of America and its concept of liberal democracy.[2] During the Cold War, the USSR

---

[1] Annantachai Loahaphan and Sanchai Suwangbhut , "*Russian: Land of the Tsars and the Socialists*" (Thailand : Silpakorn University, 2010), pp. 4-16.

[2] Phiramontri R, and Sodsook N and other. "*New Russia and Prospects for Expanded Relations with Thailand"*. The Thailand Research Fund,2008, pp. 10-13.

armed itself seriously with the great number of military weapon to enhance its defense capacity. Also the USSR at the same time concentrated on industrial development. These two actions dramatically and adversely affected the economy. Once Mikhail Korbachev took over, he commenced reforming policies which were unsuccessful until USSR collapsed in 1991. Many states in the Union achieved their own independence as completely independent countries. The USSR after that turned to be Russia as it is in the present time.

From the history, we can see that Russia has undergone several important changes periodically. As a result, this study will divide these three significant periods of healthcare development and analyze the political and economic influences;

2.1 Pre-Russian empire

2.2 Russian empire

2.3 Communist government under USSR

Pre-Russian empire.

Political and Economic background.

According to archaeological evidence, the indications are that at the steppe plains in southern Russia was where nomadic tribes from Asia immigrated and started living. This area was an important one and resulted in tribal conflict to fight for taking control, because that area was abundant in natural resources and was suitable for animal farming and agriculture.

Russia became a nation state for the first time at the end of 10th century, 988 A.D. At the same time Christianity entered this area and started to expand from Kiev. After that, Ruslagen, a Scandinavian tribe, invaded and gathered all the tribes in this land into one empire which was controlled by the Rurik monarchy. This turned Kiev into the economic and feudal centre in Eastern Europe. As well, it was the first time of opening the country to have diplomatic relationships and international trade with other empires, such as the Byzantine, Western Europe, and Asia. The empire promulgated the first Acts of Law pertaining to customs called “The Russian Justice” (Rusokaya Pravda)[3] in 1306.

In 1238, the empire started to collapse and was attacked many times by other tribes until being conquered by the Mongol. Being governed by the Mongol, both noble classes and townspeople became poor and forced to serve in the Mongolian army. For more than two decades Russia was cut off from western world which

[3] Annantachai Loahaphan and Sanchai Suwangbhut, *Russian: Land of the Tsars and the Socialists*, p.10.

resulted in a lack of cultural and technological developments. The Mongolian influence completely disappeared during the reign of King Ivan III. He announced the independence from the Mongols and incorporated several cities to become Moscow. The Moscow Empire in 1480 under "caesaropapism" king[4], being leader in both political and religious areas according to Byzantine ideals as the Eastern Roman Empire. The title 'Tsar' was first introduced for the empire leader in this period.

Tsar Vlasilly III, during his reign continued Ivan III's policy by reducing the Princes and noble classes powers. He supported civilians with sufficient knowledge to participate in the treasury department and international administration. Also, these people would be sent to govern the regional cities to reduce noble class's influence and he encouraged the autocracy of the Tsar. In 1550, during the reign of Tsar Ivan IV, the Acts was reformed to be up to date and indicated more clearly the roles and rights of normal peasants. The Acts regulated the collection of agricultural land's rent in a very strict way and began the system of the Serfs roles in return for omitting the land rent. This was the beginning of Russian social change whereby most of the townspeople became serfs. Nevertheless, despite his unfair government during the latter half of his reign, he tried to increase trade with foreign countries under the influence of mercantilism. Despite being unsuccessful, it provided a foundation for Peter the Great in the later time. After the demise of Tsar Ivan III, the fight between Rurik and Romanov monarchy took place. In the end, the Romanov monarchy was chosen to govern Russia under the absolute monarchical system. At the same time, the then Tsar tried to change the political system into Western style one. However, townspeople were still attached to the old style. As of the government development, Russia trailed behind Western countries due to the expansion of the serfs numbers in the country, and this became a major obstacle for developing and changing an agricultural society to an industrial society so as to compete with other Western countries at the end of 17th century.

Health care system.

In the pre-empire period, the medical system was defective in technology and thus was no effective health care system for the disadvantaged classes. As for the noble class, foreign medical practitioners were hired by the Apothecary Bureau to treat them and members of the monarchy.[5] *Traditional medicine*[6] was popular in

[4] Ibid., p.13.

[5] Gale Encyclopedia of Russian, *History: Imperial Health Care Services* [Online]. Available from: http://www.answers.com

Russia using herbs, organic products from plants and animals to cure symptoms. Knowledge was passed down from many tribes living in the area. Traditional medicine was well developed in this period continuously in respect of daily hygiene. There were journals describing the attributes of the various herbal medicines. In some cases, treatments would be undertaken by local expert traditional practitioners; for example, disease of bones and eyes, hernias, physical pain, joints, hemorrhoids, venereal diseases, midwifery, and treatment of children. Illness was very frequent in that period. Townspeople were familiar with herbal / medicines in their own garden. These are examples;[7]

- Garlic:for cooking, as well as using chopped garlic as a disinfector and antiviral agent by leaving in the living room, also using as an immunity booster for consumption during winter.

- Warm milk with honey / butter: for relieving flu.

- Mustard: mixed with hot water for knee-level soaking, then covering both legs with wool socks before bedtime to cure flue and cough.

- Herbal teas: from chamomile, eucalyptus, peppermint etc. to cure the flu and help stomach sickness.

- Fresh cabbage: for reducing sore nipples in breast-feeding mothers, et cetera.

Traditional treatments were officially approved by authorities.

Another outstanding traditional treatment, very authentic and popular until now, is steaming – The sauna or "Banya."[8] It was first brought to Russia from Scandinavia. However, "Banya" is different to a Finnish sauna due to a higher degree of humidity. Some used birch or oak switches body to stimulate blood circulation. "Banya" also helped with hygiene and relieving skin, lungs, respiratory, and joints illness as well as encouraging the digestive system.

Apart from traditional medicine, there was also spiritual / superstitious treatment divided into two major kinds; treatment from priests or religious figures by performing religious rituals for spiritual support along with herbal treatment, and

---

[6] *Russian Folk Remedies*[Online]. Available from: http://www.livestrong.com

[7] *Russian Folk Remedies* [Online]. Available from: http://www.livestrong.com

[8] Irina Titova, *Garlic, Mustard and Herbs: Russian Folk Remedies* [Online], 23 Jun2009. Available from: http://www.sptimes.ru

local healers called "Babki"[9] who was normally an elder female revered in spiritual / superstition healing. "Babki" would be visited as soon as the traditional medicine had not been successful, especially with allergic problems, skin illnesses, nerve-related headaches, or infertility.

Health status.

Medical treatment in the pre-empire period relied on herbal treatments from traditional knowledge passed down from one generation to the next. At this time Russia was facing major problems relating to the founding of the empire, fighting over the land, being colonized and fighting among the noble class members for power. This resulted in Russia trailing behind by comparison with European countries for almost two decades. Despite the beginnings of modern medical technology in Europe by the end of 16th century, Russia was still behind due to these internal problems together with Tsar's manipulation of religion as a governing tool. The majority of the noble class was conservative in the customs and traditions of the Moscow Empire and combined this conservatism with religion. For example, males were not allowed to shave or trim beards because doing so was considered a sin, as was smoking being against Christianity. With such strong beliefs, the conservative high-class negated Western Europe development especially science as it was a severe defiance of God. As a result, modern medical treatment such as it was, was only approached by the noble classes, while normal townspeople were obliged to use limited local knowledge.

Russia Empire

Political and Economic background.

Foundation of Russia Empire, Tsar Peter The Great 1 (1682 – 1725).[10]The reign of Tsar Peter the Great was a new period in Russia history and is known as the Russian Empire. His reforming policy improved Russia to achieve similar to development as Western European countries. Connections were achieved in trading and diplomacy with other countries together with military technological developments, craftsmanship, and science which improved and developed the country in many ways. Russia was divided into 8 areas: Moscow, Ingermainland, Kiev,

[9] Irina Titova, *Garlic, Mustard and Herbs: Russian Folk Remedies* [Online], 23 Jun2009. Available from: http://www.sptimes.ru/story/29326.

[10] Annantachai Loahaphan and Sanchai Suwangbhut, *Russian: Land of the Tsars and the Socialists*, pp. 56-65.

Smolensk, Kazan, Arzengel, and Siberia.[11] He sent trusted subordinates as governors to these cities, except Moscow, in order to manage the administration, justice, treasury, and security. The purpose was to centralize politics and decrease the authority of local noble class vassals. After that, he applied and adopted Swedish public administration principles to increase tax collecting capabilities, the country being divided into 50 regions. Each region consisted of still smaller areas. Also, he initiated the senate system from the Swedish model, as well as terminating the privileges of the noble class as to pass on title and position by inheritance. On the contrary, He encouraged young noble class officials to study abroad in many Western European countries so that they could bring back new knowledge to develop Russia.

In economics he adopted mercantilism the same as Western Europe, and stimulated many industries in the country such as weaving, boat manufacturing, weaponry, metallurgy and so on.[12] He also allowed many experts to move in and live in the country as well as allowing private sector participation in government factories. He even forced the agricultural workers to come and work in the factories. So we can call this period the beginning of the industrial revolution in Russia, which later caused uproar from those forced labors in the factories (especially the poor ones.) He, at the same time, initiated annual budgeting in the transport system and developed agricultural processes until agricultural products became important exports of Russia.

Farmers, the majority of the Russian population, were not different from slaves. They were divided into 2 categories[13]: serfs and state-peasant. Both of them had the same role in the manufacture of agricultural products under strict government control. Other relevant divisions were like merchants, craftsmen and officials.

After the reign of Tsar Peter the Great, during the time of Katherine the 2nd (1762 – 1796) Russia embarked upon a time of unprecedented prosperity.[14] Her government concepts and style were those of an enlightened despot. Under her leadership the Russian empire became stronger and greater until it became one of the major powers in Europe. She continued Tsar Peter the Great's idea of reforming Russia to be developed as Western Europe. However, the military and the economy still depended on the slave system as previous times. And, at the same time, there was an increasing demand for labor by the land owners (vassals) which resulted in unfair

---

[11] Ibid., p. 67.

[12] Ibid., pp. 65-66.

[13] Annantachai Loahaphan and Sanchai Suwangbhut, *Russian: Land of the Tsars and the Socialists*, pp.68-69.

[14] Ibid., pp. 116-123.

treatment to serfs which ultimately led to revolution as serf labors and peasants retaliated.

The end of the Russian Empire dates from the time Tsar Nicholas II decided to participate in World War 1. This decision led to major losses both in soldiers and of the general population which more than a million died. As soon as Russia announced its defeat, turbulence and mayhem resulted in many places because of the problems of social class differences and poverty. In 1917, there was a revolution which removed the Tsar system as well as the Tsar himself. After that, Russia became a communist country under the name of Union of Soviet Socialist Republics or USSR.

Despite the creation of USSR, the major losses occurred War had truly brought misery and peril into Russia. The Red Soldiers (USSR) lost more than 800,000 men. Also, there were about 8 – 10 millions who died from famine, diseases and massacre. The survivors succumbed to grief and depression after the war. The economy and industry sustained losses higher than 50,000 million Rubles. Products from industry and agriculture decreased significantly. As a result, the new USSR economic system was unstable in status.[15]

Health care system.

As for the health care system, Peter the Great paid particular attention to *modern medical* technology[16] especially surgery and dentistry. Before his reign, modern medical technology was limited to members of the monarchy by the Apothecary Bureau which hired foreign practitioners to perform medical services. He introduced the modern medical practices to the military system, and wished to expand this to normal townspeople as well. In the 18th century, there were only 500 modern medical practitioners and all of these were foreigners who were educated in this field from Germany. During this period, Peter the Great approved the project of opening a medical school in a hospital which was his own original idea. There was creation of Faculty of Medicine in Moscow University, St.Petersburg University, Kopel University, Kazan University and other cities as well as concentrating on producing quality surgical practitioners. Most of them were military paramedics, field nurses, gynecologists, orthopedists. At the same time smallpox vaccination were developed.[17] This specialist increase program was carried on in the reign of Katherine II. She also

---

[15] Ibid., pp. 275-278.

[16] Gale Encyclopedia of Russian, *History: Imperial Health Care Services* [Online]. Available from: http://www.answers.com

[17] Gale Encyclopedia of Russian, *History: Imperial Health Care Services* [Online]. Available from: http://www.answers.com

continued these ideas in a practical way to improve the population's health quality. She established a medical college in 1763 after she and her children received smallpox vaccinations which were made available to her people also. She also provided more medical services to townspeople; for example building a gynecology institute at St.Petersburg and many big hospitals and founding orphanage houses. In 1775, she ordered the founding of Boards of Public Welfare for reforming healthcare services in the provinces, to build provincial hospitals, emergency residences for refugees and factories for the poor. However, the next leader, Paul 1st, integrated all municipal healthcare units and provincial hospitals under Boards of Public Welfare under the control of the Ministry of Internal Affairs which was founded in 1803.[18] This organization exercised the control of medical colleges and the supervision of medical services. It resulted in the budgeting administration for the modern medical services being given to normal townspeople who were 80% of the total population in Russia at that period. After, in the 1840s, Tsar Nicholas I commanded distribution of the modern medical services to village areas for state-peasants. This created the Zemstvo system, the first systematic health care system in Russia, in 1864.[19]

Zemstvo is a system of local government, consisting of representation and its administration committee, which administrated together with practitioners whom Zemstvo hired for developing medical care as to reach the villages. Zemstvo itself administrated the budget by the participation of all classes in the community (business owners, religious figures, landlords, peasant representatives) forming the committee. The budget for the systems development and facilities came from government and taxes collected from the community by Zemstvo system itself. This made local healthcare services livelier and stimulated competition in development. By 1912, the number of modern medical practitioners reached 22,772 (2,088 of these were female), 28,500 medical assistants, 14,000 gynecologists, 4,113 dentists, and 13,357 pharmacists.[20]

Despite the continuous increase of medical staff, there was a major problem of cooperation amongst health professionals against cholera and other epidemic diseases spreading around. This resulted in the Russian authorities creating a Ministry of

---

[18] Gale Encyclopedia of Russian, *History: Imperial Health Care Services* [Online]. Available from: http://www.answers.com

[19] Gale Encyclopedia of Russian, *History: Imperial Health Care Services* [Online]. Available from: http://www.answers.com

[20] Annantachai Loahaphan and Sanchai Suwangbhut, *Russian: Land of the Tsars and the Socialists*, pp. 312-315.

Public Health with Dr.Georgy Ermolayevich Rein as the minister but this ministry stopped once the Communist Party took over the country after the revolution of 1917.

At the same time, in 1912, there was introduction of a Bismarckian style of social security in Russia which applied to the labouring classes. This system included 20 per cent of workers in factories, so that laborers could benefit from medical care caused by sickness in the work environment. This project was very well-liked and then expanding very fast. Also, this concept was adopted and used by the Communist Party after political reforms to Communism since 1917.

Health status.

From the industrial revolution at the end of the 18th to mid-19th century, social changes took place with most of agriculturists becoming labourers and relocating themselves from the countryside to slums in the cities. Once an outbreak took place, it resulted in a great numbers of deaths. At least a million died from cholera which came from wastewater treatment problems, contaminated drinking water, a hurried lifestyle, and hard work conditions in the factories resulting in poor quality lifestyles. As a result, epidemic outbreaks were the greatest reason for deaths in Russia of that time, other than war and revolutions casualties.

Communist Government under USSR

Political and Economic background.

After the Bolshevic party brought down the Tsar system under Tsar Nicholas II, socialist concepts under communism were promoted in the development of the country. It was stimulated by both the national revolution and the international revolution. There are divided into two parts.

1. The founding of the Communist government.

During 1870s, Marxist concepts became popular in Russia. Karl Marx's “Das Capital”[21] was translated in 1872, but it was not popular in Russia because Marx's work was considered incompatible with Russian society. As well, Russia couldn't fully develop into an industrially oriented country despite the fact that the member of the laboring classes increased even though the country was moving towards industrialization base on Russia's structure was still agricultural and the majority of populations were the peasant. This contradicted Marx's concept of a social revolution where laboring classes fought to bring down the government, with a revolution

[21] Geoffrey Hosking, *Russia and the Russians of Russia. A History* (New York: Harvard University Press, 2003), p. 310.

leading to democracy. As a result, Russian intellectuals did not pay much interest. Marx's concepts were comprehended at a superficial level. At the same time that was a purge of intellectuals during the reign of Alexander III. The intellectuals hence sought refuge abroad and began to study more about Marxist ideas. They finally accepted Marxist concepts and tried to introduce these to Russia. The intellectuals suggested that Russia was turning to capitalism and the peasant community was decreasing. Also that labor would become the major power to the revolution. These led to the translation and distribution of Marx's writings including concept explanations. The really important one from the many was "socialism and the political struggle"[22] which played on important role in influencing political awareness amongst the laboring classes. As a result, the Marxist party was founded, and one of members was Vladimir Lenin who had major role in forming strategy and processes for revolution against Russia's absolute monarchy under feudalism in 1917. The Soviet Communist party was established to guide the revolution under the intellectuals acting as professional revolutionists while the laboring classes were the power base supporting revolutionary ideas.

Lenin's concept of namely the economy and the socialist state was a state administration and government by the Communist party guidance "dictatorship of the Proletariat." [23]The Communist party was to take over the governing and this the governing power as a sole party in the State. Economy-wise, all resources were taken as the common property of the State and there would be common plan under the socialist committee system called "centralised administration planning".[24] This plan was special because the government would control all investments and the public would own the industrial estate. This plan aimed for intensive economic growth especially that of industrial development rather than the agricultural development, it would develop the metropolis more than the countryside. More importance would be given to heavy industry rather than to light industry, to achieve tangible outcomes. The plan expected a rapid growth of socialist society according to Lenin's "Lenin's strategy of socialist transformation".[25] The Communist party set up measures to limit and control mass thought and behaviors in accordance with the Marxist philosophy of

---

[22] Ibid., pp.3 06-310.

[23] Phiramontri R and other. *New Russia and Prospects for Expanded Relations with Thailand*. p. 9.

[24] Ibid., p.9.

[25] Annantachai Loahaphan and Sanchai Suwangbhut, *Russian: Land of the Tsars and the Socialists*,pp. 259-262.

a socialist state. Then, Lenin launched a new economy policy called NEP [new economic policy [26]to upgrade peasant's quality of life, during that time peasants went against the government as they thought they were in an inferior position after the Socialist party's revolution. The NEP hence allowed the founding of small private business, for example peasants could grow and sell their product and small business could be set up. This measure indicated a modification of reform concepts because of necessity in order to push the Marxists new Society project forward.

During the period of Josef Stalin's (1928 - 1963), he continued more decisively the policy towards administrating centralization of government. The particular Administrative style in this period was that the Soviet Communist Party participated more as a mission centre of political, economic, and social activities in the more intense way. It launched many stricter controlling measures which even led to a violent reaction towards anyone who strongly disagreed with the state. At the same time, many intensive economic measures were launched to push forward heavy industrial development. The absolute control policy was aggressive and strong initiated a "Five Year Plan"[27] to create a socialist economy. This project was aimed to strengthen the military and economic power, while placing importance on self reliance as a principal component. This resulted in the collective farm system, which stirred up great dissatisfaction among the original land owners. Stalin then built "Gulag" [28](detention centres) as prison for those who opposed his way. Throughout the years of the Stalin government, there was an estimated 6 million prisoners who died in the various detention centres. This intensive policy led to a major scarcity of supplies for townspeople. However, Stalin considered this as an important sacrifice to obtain the nation's prosperity and to move forward to become a leading major power in the future.

In 1941, USSR participated in World War 2. It ended in 1945 and though the USSR gained victory, the war left behind great damage. There was approximately 22 - 27 million Russians who died during this war and 25 millions lost their homes.[29] Industry and agricultural production were either seriously damaged or gravely destroyed. This was another period where Russians were facing a great and difficult

---

[26] Geoffrey Hosking, *Russia and the Russians of Russia. A*, pp. 442-449.

[27] Annantachai Loahaphan and Sanchai Suwangbhut , *Russian: Land of the Tsars and the Socialists*,pp. 366-370.

[28] Geoffrey Hosking, *Russia and the Russians of Russia. A*, p.469.

[29] Annantachai Loahaphan and Sanchai Suwangbhut , *Russian: Land of the Tsars and the Socialists*,pp. 392-393.

time. The strict administrating led to paranoia of townspeople towards the government as they feared that they might become government enemy. The then current government under Stalin was trying to spread its power to some of the Eastern Europe countries as to make them subject to Russia authority. The main reason was to build up internal power for opposing the United States of America, the leader of the Alliance. Later, there was a confrontation of the USSR and USA during the "cold war."[30] 1947, was a dispute after world War II of USSR (east side) under the socialist form of government and the United States of America along with the Alliance (west side) under liberal democratic regimes. During this period of time, both sides gathered weapons, space technology, espionage, and strengthened their economies. This resulted in Russia investing the great amounts to possess nuclear weapons.

1954– 1964 was Nikita Khrushchev's period of administration. This was another outstanding Soviet reform period from and was Anti-Stalin in its policy, and which terminated aggressive policies to those whose ideas were opposed to the government.[31] Khrushchev tried to solve the economic problems continuing from Stalin's time, by launching policies of reducing weapons manufacturing and heavy industry (petrochemical, natural gas, bituminous coal, machines and appliance manufacturing especially aviation equipment, ship manufacturing, agricultural machines, chemical products, metal and communication devices.) Instead, he encouraged light industry (food industry and consuming supplies) to solve the problem of consumer utilities scarcity in Russia especially agricultural products. Since Russia could not rely on its own national production importations became necessary, Khrushchev's economy reform policy separated industrial production and agricultural production from each other. Then, the agricultural production was promoted by starting plantations in new areas combined with spreading out the industrial manufacturing centres of the Central government as to promote efficiency. Khrushchev as well planned to recover USSR economic status in order to compete with capitalist countries, such as USA. As a result, the "peaceful coexistence"[32] project was initiated in order to reduce tension with those who opposed the Russian system (1956). In Khrushchev's time, USSR was successful in sending 'Sputnik I',[33]

---

[30] Annantachai Loahaphan and Sanchai Suwangbhut, *Russian: Land of the Tsars and the Socialists*,pp. 414-415.

[31] Ibid., pp.454-467.

[32] Phiramontri R and other.*New Russia and Prospects for Expanded Relations with Thailand,* p.11.

[33] Annantachai Loahaphan and Sanchai Suwangbhut, *Russian: Land of the Tsars and the Socialists*,p. 432.

the satellite, to the world's orbit in the interests of space research and nuclear development.

Once Leonid Brezhnev became the USSR leader, his style was similar to Stalin's way especially in relation to working with foreign countries. His methods were fairly aggressive and included exercising operations such as Afghanistan interference, Czechoslovakia's invasion, Vietnam's support in the war against USA. Brezhnev's policy showed his influence and his idea as directly going against the capitalistic world but he did not only rely in brute force. There was also the usage of soft strategies to compromise with the USA, especially during the "detente" [34]diplomatic strategies from USA to the socialist communism country. There was the first signing for agreement of limiting strategic firearms (weapons) with President Richard Nixon (1972) and the second time with President Jimmy Carter (1979) which became common public security profit about decreasing military weapons gathering as well as limiting the amount of the nuclear warheads. There was an analysis about the background for the reason why USSR agreed to make an agreement with the USA, and this was because there was a major agricultural production failure in 1973-1974. As a result, USSR was obliged to cooperate with USA hoping to buy food supplies to relieve the national famine so as to prevent national rebellion. Also, Russia expected to persuade American entrepreneurs to invest in the country as an indirect advantage of learning new technology from USA and other western countries. Apart from agricultural products shortages, the USSR decided to comply with all these agreements for the purpose of expanding investment within the country. The Communist Party foresaw the importance and necessity to manage utilities shortages so they decided to solve this by reducing capital growth rates. As a result, it was obliged to find alternatives to increase the investment ratio.

Another problem of the Soviet's economy which resulted in continuous decreasing efficiency was from an old-fashioned production system, lack of modern technology, as well as lack of proper persuasion to stimulate production efficiency. All of these happened because the government poured excessive amounts of its budget onto military weapons development and army support about 3.5% per year on average. This was an important element which blocked Russia's economic development which was obviously perceivable by the Gross National Product rate

[34] Ibid., p. 470.

being reduced from 12.3% in Stalin's time to 3.8% per year[35] at the end of Breschnev's.

During 1981 – 1985, the USSR was under Yuri Andropov's government. Despite working in the KGB for a short period of time, his background as the KGB director resulted in a strict and very aggressive political style – both nationally and internationally. However, he was also trying to reform some things because he thought that the Russian economy in that time lacked of capacity tremendously, especially as the growth rate was slow. Production was decreased through lack of raw materials. Unluckily, his ideas were opposed by the Communist Party, academics, and central strategists. This was because they were worried in losing their leading roles in social and economic orientation resource management power as well as military and government authority. Hence they forced the retention of the same old system. This resulted in the administration in the organizations and in government factories failing to apply modern business administrative principles. Government authorities were afraid of the free market system which operated on the basis of supply and demand for this determined product pricing policies rather than the being determined by the government.

2.Gorbachev's period.

After Andropov, the USSR was under the leadership of Constantin Chernenco for a short time. After that, the USSR underwent an important reform in the period of Mikhail Gorbachev. In 1985, the socialist Soviet status had many problem elements which led to a challenge of reforming. For example, principal party members were conservative and anti-reforming and they usually used their absolute power to interfere and direct the economy and society. As for foreign affairs, the USSR took a wrong strategy until it lost a huge amount of resources instead of using them for developing other aspects in the country. Examples of wrong strategies are interference with the national politics of Afghanistan and Vietnam, as well as going against China and starting a military power strategy conflict with USA. In economics and social aspects, the overall economic status of USSR was going down dramatically. Not only the economic growth was lower than 2% for a long period of time,[36] but there were also trade deficit problems, both in budgeting and trading, along with large scale shortages of utilities. Society itself was a closed one, and both political participation

---

[35] Annantachai Loahaphan and Sanchai Suwangbhut , *Russian: Land of the Tsars and the Socialists*,pp.457-459.

[36] Annantachai Loahaphan and Sanchai Suwangbhut , *Russian: Land of the Tsars and the Socialists*,pp.504-505.

and relevant information were very limited. This prevented Russians from being enthusiastic and creative in developing their country, together with a lack of knowledge of science and technology. To deal with those problems, Gorbachev decided to initiate an important reform called “Glasnost” and “Perestroika” as mind-guiding basic concepts.[37]

Glasnost (openness) is to let oneself speak with clarity and clearness. It was a method to open the systems which were closed in order to be more fluid both inside and outside the country. This would make USSR change from a central government who had the majority of the power to share information to the public. Also, the public had a right to ask for information and the debate was considered possible. Mass media could broadcast news and information of the Communist Party’s meetings. It was first applied at the local level until the states could participate in politics in a more democratic regime.

Perestroika (restricting) is to restructure the socialist economic organization to be more efficient, which led to self-reliance. Later it applied for other restructurings in many aspects such as science, mass communication and politics.

Gorbachev was successful in bringing these policies of reform to make the governing system more democratic. The government gave opportunities to Russia to vote for committee representation in 1981 for the first time. After this step, Gorbachev was elected President in an attempt to solve national problems. But, Gorbachev was not successful with the economy and social development. Russians were still living in the poverty. Food and supplies became scarce and the situation got worse. There was financial inflation which brought prices up. At the same time, the result of the Glasnost policy brought a definite impact on the USSR. Many communist countries in Eastern Europe under the Glasnost and Perestroika policies brought down socialist communism in Europe. This led to ethnic conflict in the Soviet later because the 15 states of USSR consisted of people with diversity of ethnics, religion and culture and once the opportunity was given, the hatred resulting burst into wars and fighting in public. The clear picture of this is the fight between Azerbaijan (Muslim) and Armenia (Christian) over the holy land Nagoma-Karakakh which has not been solved until the present day. Glasnost and Perestroika were a double-edge policy which put President Gorbachev in a difficult situation if he was to compromise with all demands from the states. As a result, USSR remained only Moscow and the related areas. All the small states separated themselves completely

[37] Ibid., pp. 506-515.

out of USSR's control. Finally in 1991, Gorbachev agreed to transfer all administrative power from USSR President to the Russia Federation. This meant a complete end to the USSR.

Healthcare system.

Healthcare system of the USSR was related to the Russian Empire's system dating from the Tsar Nicholas II called the Semashko System.[38] This system's purpose was to take care of peasants, the majority of Russian population in that period of time, in the rural areas. This was an important turning point in the healthcare service in terms of liberal reforms, which led to the foundation of healthcare facilities, hospitals, and medical practitioners. Thus development was based on European standards, which became the basis of the modern healthcare system networks. This step was an important policy base for Socialized Medicine in terms of a one fixed-price treatment fee system for all services. Also, the Semashko system was effective in preventing epidemic outbreaks and controlled many serious epidemics in Russia for many years such as tuberculosis, typhus fever, malaria and cholera. The rate of spreading decreased and disease control succeeded partially as a consequence of the continuing decrease rate. Despite this success, the healthcare structure was not sufficient and lacked of long-term development because, after World War 1 and Civil War at the beginning of 20th century, there were 20 – 30 million typhus fever infection from a population of 80 million. [39] Three million out of the infected died. This caused the Communist Party improve and reform the new healthcare system under Nikolai Semashko concepts as following:[40]

- Government responsibility for health
- Universal access to free services
- A preventive approach to "social diseases"
- Quality professional care
- A close relation between science and medical practice
- Continuity of care between health promotion, treatment and rehabilitation.

The health care system which developed under Nikolai Semashko's concepts started from 1918 when he was a member of People's Commissar of Public Health

---

[38] Ellie Tragakes and Suszy Lessof, *Health Care Systems in Transition* (The European Observatory on Health Systems and Policies is a partnership between the World Health Organization Regional Office for Europe.2003), pp. 20-23.

[39] Ellie Tragakes and Suszy Lessof, *Health Care Systems in Transition*, p. 22.

[40] Ibid., p.23.

when he improved the quality of the system by his participation. In 1923,[41] there was founded the Ministry of Health of the USSR for administrating the health care system in the Republics of the Soviet Union which consisted of the 15 following states as Table1 on below.

Table1. Republics of the Soviet Union.

Soviet Socialist Republic	Member since	Population in 1989 (millions)	Population / USSR population (%)
Russian Soviet	1922	147	51.40
Ukrainian Soviet	1922	52	18.03
Byelorussian Soviet	1922	10	3.54
Uzbek Soviet	1924	20	6.94
Turkmen Soviet	1924	3.5	1.23
Tajik Soviet	1929	5	1.78
Georgian Soviet	1936	5	1.78
Azerbaijan Soviet	1936	7	2.45
Kazakh Soviet	1936	17	5.83
Kirghiz Soviet	1936	4	1.48
Armenian Soviet	1936	3	1.15
Lithuanian Soviet	1940	4	1.29
Moldavian Soviet	1940	4	1.51
Latvian Soviet	1940	3	0.93
Estonian Soviet	1940	2	0.55

Sources: Adapted from Wikipedia, Republics of the Soviet Union, Available from: http://en.wikipedia.org

[41] Ibid., p. 24.

According to the Communism Commissar, all union republics had to be improved in development and medical technology to the proper level under the supervision of The People's Commissariat of Health of the USSR founded in 1917.[42]

MOH had the responsibility as following;[43]

1) The main duty of the Ministry was to develop and to prepare appropriate legislation and to maintain a decent level of health organization in the USSR.

2) The Ministry Missariat monitored and supervised the application of standards and measures to improve Soviet health care by under policy of the People's Commissariat for Health and had control over all financial assets related to, or linked, to health care. As such, the Ministry controlled all financial functions regarding health. It coordinated medical personnel all over the country, and also local council deputies.

3) MOH was obliged to take active measures against deficiencies in the health care system, and to further develop and implement measures to improve.

4) The MOH got the support of other ministries and institutions of the Soviet Union. It was responsible for the construction of new medical institutions around the country. Maintenance of hospital and other medical institutions were carried out by the MOH and State committee for Construction.

5) According to the Regulations of the Ministry of Health of the USSR, MOH was responsible for maintenance and construction of public health care services, and organizing and conducting forensic medical and forensic psychiatric examinations and establishing public pharmaceutical services. Its main assignment was to develop and publish guidelines or organizing and improving curative and preventive care, maternal and child health and to oversee the formulation of therapeutic and preventive work in health care.

6) The competence of the MOH was within the jurisdiction of the USSR and was periodically reviewed by the Council of Ministers.

---

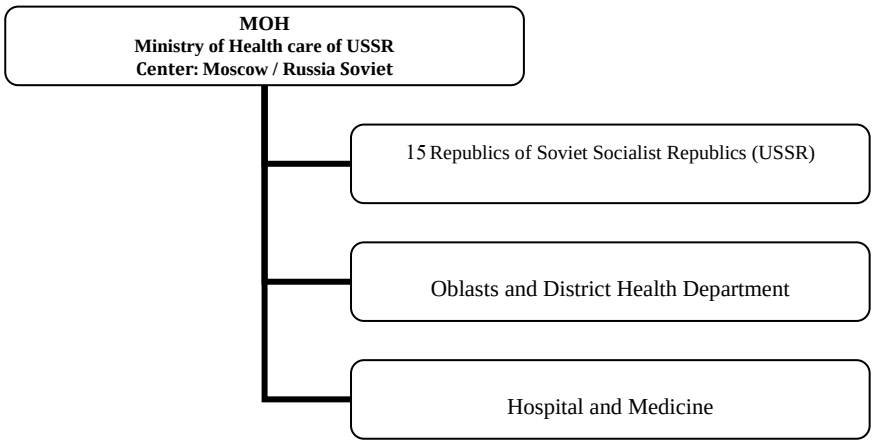
[42] The Stockholm Region office in St. Petersburg, *Russian Healthcare System Overview*(Sweden Embassy in Russia,2010),pp. 52-80

[43] Ellie Tragakes and Suszy Lessof, *Health Care Systems in Transition*, pp 25-28.

The organization structure

(1) Regional structure

Figure 1. Ministry of Health care of USSR in Regional structure.

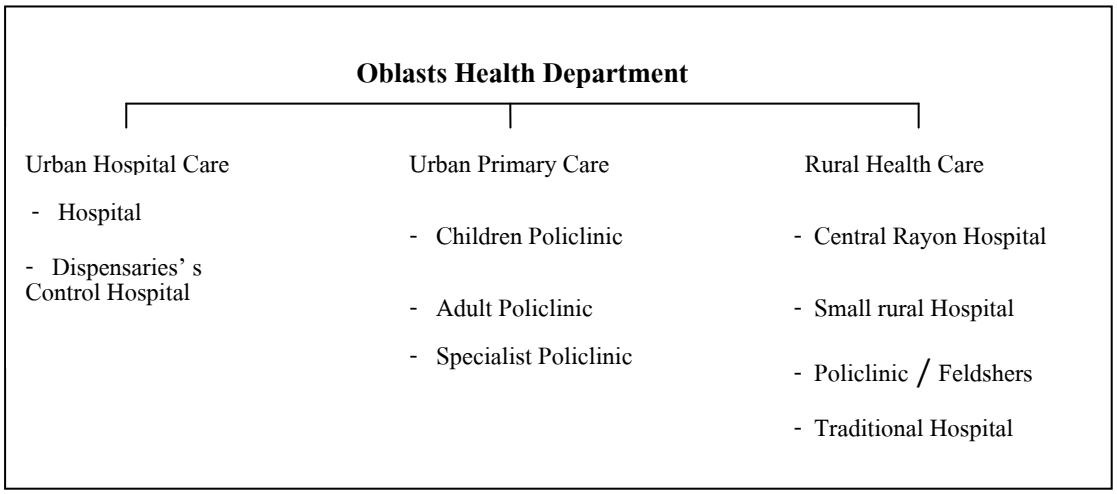


Sources: Adapted from Wikipedia, Republics of the Soviet Union, Available from: http://en.wikipedia.org/ wiki/Soviet_Socialist_Republics.

The MOH in Moscow was the centre for issuing policies towards the 15 member states, for administrating the health division in communities (regions and districts). Oblasts and District Health Division held responsibility for the local healthcare facilities and hospitals under the conditions of MOH.

(2) Oblasts (local) structure

Figure 2. Ministry of Health care of USSR in Oblasts structure.



Source: Adapted from Ellie Tragakes and Suszy Lessof, *Health Care Systems in Transition.* p 48.

The regional structure of the healthcare system can be divided into 3 main parts.[44]

(1) Urban hospital care

1.1 There were mainly 3 kinds of hospitals in the big regions; adult hospitals, paediatric hospitals and maternity hospitals. In each region, there had to be at least one of these as a centre in case of connecting or transferring patients to receive treatment from the neighboring regions. Apart from the three specific hospitals as mentioned, there should be additional hospitals for other sickness such as emergency care, ophthalmology, cardiology, endocrinology, etc. In total, each region should have at least 6 of the hospitals.

1.2 There was separated administration for four special sickness which required particular treatment and medicine.

- Tuberculosis
- Sexually Transmitted Diseases (Dermato-venerology)
- Psychiatry and drug abuse (narcology)
- Oncology

The government provided specific care to all of these sicknesses in these hospitals. Also, there was the separation of outpatients and admitted patients for the proper treatment. In each region, it was obliged to have at least one of these specific four hospitals for people in its own region as well as the neighboring region. Sometimes, the bigger regions had to be service centre for the smaller neighboring regions.

(2) Urban Primary Care

This healthcare facility which was for the primary service, clearly separated the adult polyclinic from the children polyclinic. Usually the polyclinic was located in rural areas which were far metropolitan centres and its coverage included villagers. Medical doctors in these units had to deal with a variety of patients, such as heart disease, lung sickness, digestive system sickness, nervous system sickness, larynx and nasal sickness, eye sickness, and so on. Besides, the urban primary care provided consulting centres for women about pregnancy and giving birth. However, these polyclinics had problems of categorizing patients due to the population's dispersion. Thus each polyclinic lacked specialists which resulted in the problem of transferring patients to a branch where specialists were available. Despite some inconvenience,

[44] Ellie Tragakes and Suszy Lessof, *Health Care Systems in Transition*, pp 30-42.

certain polyclinics provided unexpected services such as laboratory services, X-Rays, functional diagnostics, electric and magnetic therapy.

(3) Rural health care

It was a rural medical network system for urban area on the far reaches of the regions. Each hospital had around 20 – 60 beds for simple sicknesses which did not required complicated medical appliances. As for further areas, there would be polyclinic where Feldshers (medical assistants) were on duty. In case of the very far locations, traditional hospitals (using herbal traditional treatments) certified by MOH were accepted.

Based on these principles, the state developed a unified health system which provided free medical services for everyone. Enormous emphasis was placed upon epidemic control and prevention of infectious diseases from 1920 onward. Small hygienic units were set up and later became "sanitary-epidemiological stations". Under the first Five-Year Plan of 1928, the Ministry of Health intensified efforts for the organization of health services in the form of polyclinics for industrial workers and farmers, and set out to establish medical school facilities so as to expand the health care workforce. In 1937 the social insurance funds were abolished. Hospitals, pharmacies and other health facilities were nationalized and brought under district health management. Parallel health care services were set up for certain industries and ministries and other categories (party leadership, defense, security, miners, heavy industry workers, transport workers, and others).

The health care system was under the centralized control of the state which financed services by general government revenues as part of national social and economic development plans.[45] All health care personnel became employees of the centralized state which paid salaries and provided supplies to all medical institutions. The Ministry of Health under strict regulation by the Communist Party enacted compulsory norms for facilities and manpower. The main policy orientation throughout this period was to increase numbers of hospital beds and medical personnel.[46]

---

[45] Ellie Tragakes and Suszy Lessof, *Health Care Systems in Transition*, pp 49-53.

[46] Ibid., p.57.

By 1941, when Russia entered the Second World War, the health care system was well developed and had succeeded in bringing comprehensive health care services to the entire population. During the war it was able to meet the massive demands of providing care for huge numbers of military and civilian casualties. Moreover, no mass epidemics occurred in spite of extremely harsh conditions for the population. The emerging health infrastructure was devastated and enormous loss of life was incurred. Following the Second World War, attention was focused on rebuilding and expanding human and physical capacity, as well as achieving equal access to health care services. Thus a system emerged whereby each district supported treatment facilities in accordance with centrally set norms according to population.

The postwar governments of the Soviet Union were influenced both by the experience of epidemics consequent to war and famine and by their political belief in the pre-eminence of the worker. They tended to focus activities both on control of infectious diseases and delivery of health care through the workplace. There was also a strong pro-natalist policy[47] in an effort to stem Russia's demographic crisis. The government implemented a number of programs designed to increase the birth rate and attract more migrants to alleviate the problem. The government doubled monthly child support payments and offered a one time payment to women who had a second child. This bias and emphasis on maternal and child health, prompted in part by Russian traditions and in part by a sense of nation building. The Semashko system dominated the national conception of public health and led to extensive epidemiological monitoring networks, a focus on "sanitary" medicine[48] and the institution of systematic checks on the health of children and workers. Medsanchest (Medicine Unit) clinics attached to industrial plants provided occupational health services. Networks of rehabilitation and recuperation centres were fully resourced and were regarded as an essential corollary to standard provision. The focus on infectious diseases led not only to extensive preventive measures but also to the creation of an enormous bed capacity which allowed for the isolation of infectious cases. However, the epidemiological shift of the 1960s saw the government unprepared psychologically and lacking adequate infrastructure to respond. There was a reluctance to accept the growing impact of non-communicable diseases and an institutional inability to improve the health system. Rather than review their approach,

---

[47] The Stockholm Region office in St. Petersburg, *Russian Healthcare System Overview*, pp.18-20

[48] Ellie Tragakes and Suszy Lessof, *Health Care Systems in Transition*, p 55.

governments chose to suppress data and to create yet more beds. With chronic diseases on the rise, the Brezhnev era saw annual health checks extended to the entire population and wanted to check involvement of a project for the entire population that was provided in polyclinics, hospitals and specialized clinics. The procedure of check-ups and treatment included clinical care, and follow up the ambulatory or hospital care, sanatoria and if necessary change of work. However, as additional financial resources were not made available for this project, the primary care system was overstretched, with demand for care spilling over into hospital services. The focus on bed and personnel numbers and the strong bias toward hospital care continued until the late Soviet period. In the mid-1980s, the Ministry of Health stated that health policy would continue to concentrate to development of preventive medicine and improvement of health care facilities through a project for building general and specialized hospital establishments. The consequences of many of the Soviet preoccupations can still be seen in the post-Soviet health system. The facilities for rehabilitation remain as does a marked over-provision of beds. The tendency to carry out mass screening has also persisted with little thought as to how any detected needs will be met. A further legacy of the state's past attitudes is the undervaluing of medical staff. The Soviet era held doctors and nurses to be part of the non-productive sector of society and consequently was disagreed their pay and conditions. The fact that he majority of doctors were women tended to exacerbate this situation. This has left a long-standing tradition of underpayment of medical staff relative to industrial workers but the Soviet system in spite of a number of flaws and represented a very real achievement. It succeeded in conquering communicable diseases; it made comprehensive health care services available to a huge population, parts of which lived in sparsely populated areas; it provided a basis for community health activities including mandatory immunization and periodic health checks and it fostered a generation committed to solidarity in health care provision.

In the 1950s it was emulated in Eastern Europe and in many newly independent states in Africa, Asia, the Middle East and Latin America.[49] Further, it has influenced the development of the Alma Ata approach to primary health care. Despite the enormous challenges facing the country at present, the belief in a health care system centered on need rather than ability to pay remains intact. There is growing awareness of the necessity to improve efficiency and a real desire to enhance user satisfaction while urgently addressing the pressing issues of the demographic and

[49] Ellie Tragakes and Suszy Lessof, *Health Care Systems in Transition*, p 58.

health crises. These concerns coupled with recognition of the need to confront issues of sustainability, have prompted a major reform of the health system centered on financing mechanisms. Funding which was previously from general taxation has shifted in part to a social insurance system, and it is this shift which provides the background for the health care reform process of the Russian Federation.

1.Organization

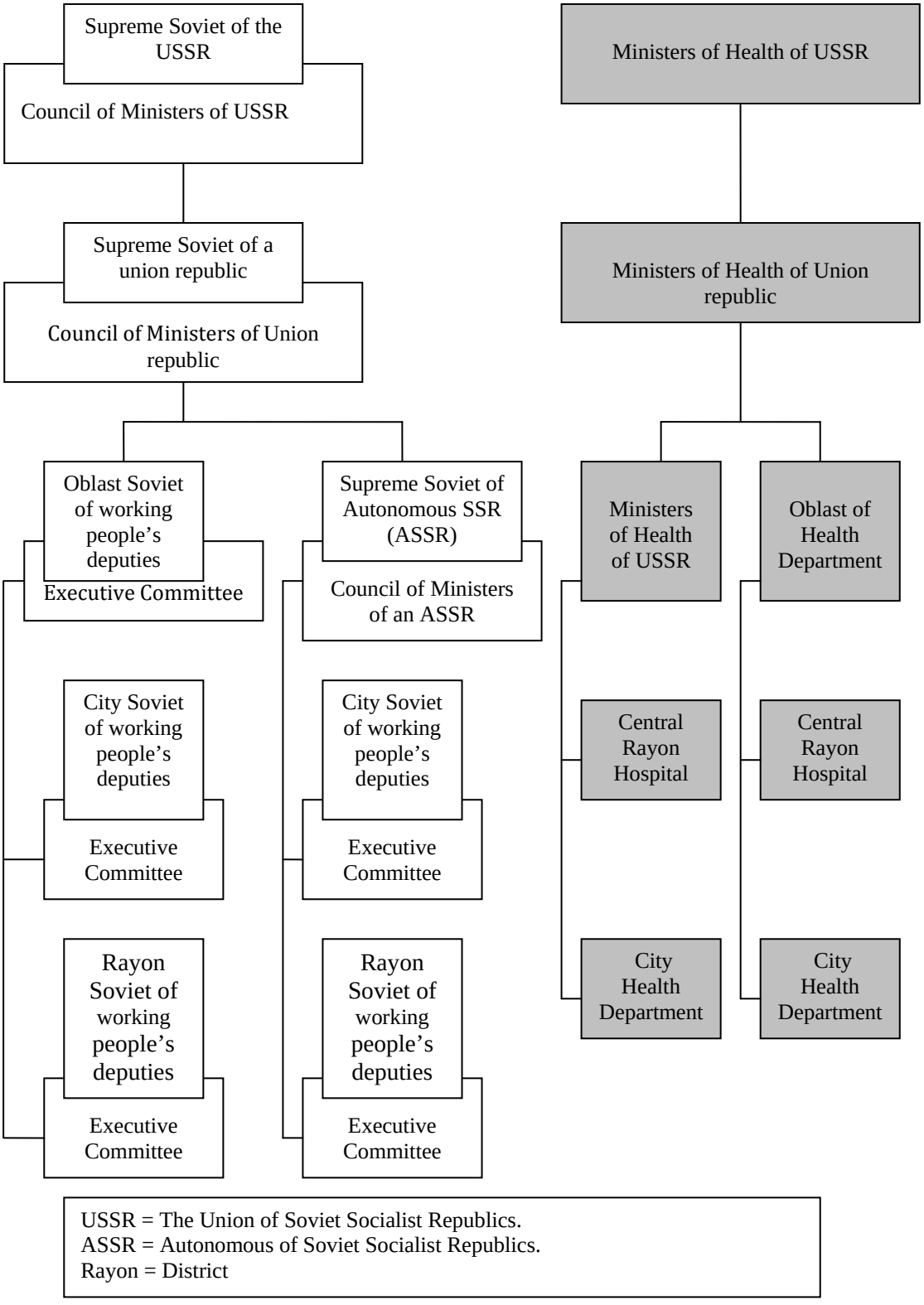
The health system of the Soviet Union was organized along highly centralized[50] lines with the Supreme Soviet holding ultimate authority. Responsibility for health care provision was delegated to the Ministry of Health of the USSR which regulated management and resource allocation through the Ministries of Health within the 15 Soviet Socialist Republics, including that of Russia. Russian health care, then, was subject to the supervision of the Russian Soviet Socialist Republic's Ministry of Health, which covered more than 80% of the territory of the Soviet Union. However, it took little part in policy formation and tended to carry out nationally determined supra-soviet directives. Departments within the All-Soviet Ministry included:[51]

1) Curative health care services
2) Maternal and child health care
3) Medical and nursing education
4) Sanitary epidemiological services
5) Sanatoria and resorts.

The Ministry also directly supervised special, All-Soviet health services and institutions (largely highly specialized and research oriented) and oversaw the Plague Research Institutes and the USSR Academy of Medical Sciences, which in turn regulated individual republican research institutes.

[50] Ellie Tragakes and Suszy Lessof, *Health Care Systems in Transition*, p 62.
[51] Ibid., p. 66.

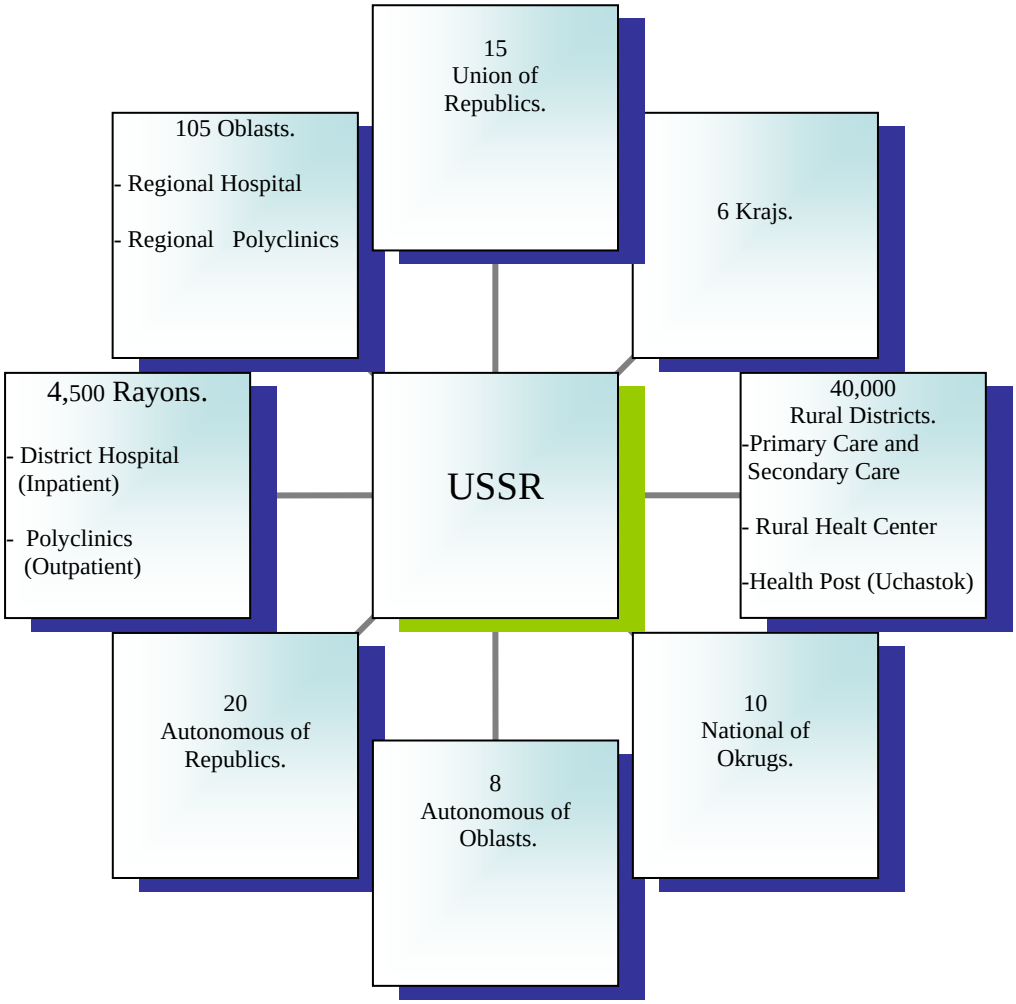
Figure 3. Structure of public health administration in the Soviet Union (USSR).



Source: Adapted from WHO, *Postgraduate Education for Medical personal in the USSR(1970)*, p 13.

This structure was broadly replicated within Ministries at the republican level. The Russian Ministry through the agency of its various departments to provided both special republican health services and institutions again with a tertiary and research focus and supervised regular health services. These republican organizations included medical educational institutes and research centre (some with beds and clinics), specialist republican hospitals and polyclinics (outpatient centers), nursing schools and sanatoria. The republican administration also directly controlled oblast (regional) san-epic centers responsible for monitoring infectious disease and environmental hazards, and oblast nursing schools.

Figure 4. Health care system's structure of the USSR.



Source: Adapted from Ellie Tragakes and Suszy Lessof, *Health Care Systems in Transition*.p75.

The mainstream health service delivery was mediated through a series of local government structures and all incorporated within the formal local government organization which provided responsibility through the elected nature of local assemblies. City health authorities managed city hospitals and polyclinics for adults, women and children. Regional (oblast), autonomous republic or krai governments (Krai was a type of an administrative division in the Russian Empire) provided both tertiary and secondary hospitals, and outpatient services at a 'state' level. They also monitored "rayon(district) bodies", the next tier of administration down. Rayons oversaw smaller territories or districts and provided a central hospital and outpatient service (polyclinic). There were further rural councils providing uchastok (micro-district) hospitals and in remote areas either doctor-led ambulatory clinics or feldsher-midwife stations.(Feldsher is the name of a health care professional who provides various medical services in Russia and other countries of the former Soviet Union, mainly in rural areas. For example, feldshers provide primary, obstetrical and surgical care services in many rural medical centre and ambulatories across Russia)

2.Health care delivery system[52]

The Russian Federation inherited a health care system dominated by the Semashko model and the particular history of the Soviet Union. Planners and policy makers were heavily influenced by a very real fear of infectious diseases by a belief in the primacy of the industrial worker and by a commitment to pro-natalist policies and mother and child health which were to secure the next generation of workers and citizens. The fear of infectious diseases was a result of the epidemics that raged through the Soviet Union after the Civil and Great Patriotic Wars. Creating enough hospital beds to isolate sufferers from infection had unfortunate consequences. However, it led to the over-provision of beds and created a longterm imbalance in the structure of health sector spending. In addition, it led to an underestimation of the role of non-infectious disease. The attempt during the Brezhnev era to provide annual health checks only exacerbated this tendency. On the positive side, the fear of epidemics was to a large extent responsible for the development of the san-epid network, which was highly effective in monitoring disease outbreaks and played a positive role in wider public health issues. However, encourage neglect of non communicable diseases and left the system unprepared for the demographic and

[52] Ellie Tragakes and Suszy Lessof, *Health Care Systems in Transition*, pp. 224-231

epidemiological shift in disease patterns from the 1970s onwards. The commitment to the worker had many positive consequences, including the development of health and safety standards and early attempts to introduce monitoring of environmental conditions. It also saw the creation of a network of work-based clinics providing on-site primary care. Anyway, there was perhaps a tendency to commit resources to the industrial workforce out of proportion to real health needs. Curative and rehabilitative the rest homes and continue to be included in mainstream health services provision. While this is not bad in itself, these areas are excluded from many western systems because of cost and because they are not considered a genuine part of health care provision.

3.Structure of the Soviet health care system.[53]

The Soviet health service infrastructure delivered care through a hierarchy of facilities on specific administrative levels. The basic administrative unit at the bottom of the hierarchy was the “uchastok” (micro-district) which, in rural areas, covered a population of approximately 7000 to 30 000. Their primary care needs were met by the health post, which was often staffed by nurses or feldshers. Any problems that required more complex help would be referred to a rural health centre, hospital or ambulatory, which would normally employ a general physician/internist or therapeutist (first level internist/general physician) and a first-level pediatrician in addition to nursing staff. These centre provided a mixture of primary and routine secondary care and often had a small number of inpatient around 20 -25 beds. More complex cases would be referred to rayon (district) polyclinics or hospitals. These were district-level facilities offering specialist secondary services on either an outpatient (polyclinics) or inpatient basis (hospitals). These fed into the oblast or regional polyclinics and hospitals, which in turn could refer to republican-level or All-Soviet centres of excellence. The urban population was in principle covered in the same way except that the network of primary care givers was made up of doctors working out of polyclinics. Like the rural health posts, they were meant to deal with the basic needs of the population and to refer upwards to rayon or oblast polyclinics or hospitals, which in turn could refer on to tertiary facilities. However, the provision of ambulatory secondary care was slightly more complex in the urban setting. In addition to housing uchastok doctors, each polyclinic tended to employ key consultants to offer specialist outpatient services. In the furthermore, primary careers often shared the same building as rayon polyclinics where a full range of specialist

[53] Ibid., pp.231-233.

outpatient clinics were held. The physical proximity of primary and secondary providers meant that patients often referred themselves directly to specialist clinics. In larger towns or cities patients could access oblast level clinics as easily, and there were also polyclinics exclusively for women and specialist paediatric polyclinics. All this further undermined the gate keeping principle, blurring the boundaries between primary and secondary care.

The links between primary and secondary care in polyclinics and hospitals were also got problem. Whereas the structure of the system was appropriate for the development of such links, in practice it did not occur. Ambulatory care was offered through the polyclinic, in isolation from the provision of inpatient care in hospitals. This meant that patients admitted from a polyclinic to a hospital and then discharged back to the outpatient clinic often experienced a lack of continuity of care. The varying criteria used by doctors in the different settings and the failure to communicate also allowed inappropriate referrals to take place, while poor coordination encouraged the duplication of services in both parts of the system. Ultimately on going and follow-up care, which ought to have been within the domain of primary care, remained in the secondary and specialist sector. In addition to the primary and secondary facilities based on residence, health care was also made available through the work- place. Large enterprises supported Medsanchasts or work based clinics to provide primary care onsite, and sometimes smaller undertakings combined resources to set up a polyclinic. Although it was rare for there to be inpatient facilities, these were offered in some of the large collective farms and it was not unusual to find specialist outpatient clinics as part of the care package. An employee were entitled to care both at work and from their home address but again coordination between centers of care was poor and there was duplication of services. Finally, public health surveillance was through the network of san-epid stations which reported upwards to the Ministry of Health (see the section Public health services). They played an important role in collecting epidemiological data, managing outbreaks of infectious disease and regulating sanitary and environmental conditions. They were also part of the distribution and delivery network for immunization project and were responsible for ensuring compliance in primary health care centres and in the schools delivery system. The profusion of care-giving institutions and the complexity of the links between them have continued in the Russian Federation. The number of facilities has changed relatively little since Soviet times and polyclinics continue to offer primary care and specialist outpatient services side-by-side. The reform of the

financing mechanism has yet to prompt rationalization of the system or a redefinition of the boundaries between primary and secondary care.

(1) Primary health care and public health services[54]

The uchastok (micro-district) provides the basic unit of primary health care. As in the Soviet era, this means that in rural areas patients are covered by health posts staffed by feldshers and/or midwives and in urban areas they present to the primary care physician in the local polyclinic. There is also the same hierarchy of clinics and hospitals at the rayon, oblast or republican level to which complex cases can be referred.

Rural health posts/feldsher-midwife stations cover a population of about 4000 people and offer immunization, basic health checks and routine examinations, as well as care during pregnancy and for the newborn. They are also able to treat minor injuries and make home visits, but cannot prescribe. Staff (i.e feldshers / midwives) are normally trained for two years beyond the basic nurse training, are employed by the local government body and supervised via the nearest health centre or polyclinic.

Health centres cover a number of *uchastoks* or larger rural populations of 7000 people or above. They are staffed by a therapeutist, a paediatrician and sometimes an obstetrician or gynaecologist, as well as nursing staff and midwives. They offer a range of primary care services, including immunization, screening, treatment of minor ailments and supervision of chronic conditions, as well as prescribing, sickness certification and twenty-four hour cover. Health centres tend to have a number of beds and are able to carry out inpatient deliveries and perform minor surgery. Many of the beds, however, are used for social care and tend to be occupied by the frail and elderly rather than the acutely ill. Staff are employed by local health committees who also own the facilities, and again there is no effective patient choice because of the limited size of the staff team and the distances between health centres.

Urban polyclinics serve areas divided into *uchastosk* of about 4000 people and every polyclinic covers several uchastok depending on the administrative division. Several polyclinics correspond to a municipal hospital. Polyclinics house a number of therapeutists and auxiliary staff who provide the range of cover associated

[54] Ibid., pp. 234-240.

with general practice including screening, first line treatment of acute and chronic illness, and ongoing care of chronic cases. Doctors normally have approximately 1700 patients on their list. In small towns paediatric generalists may also share the same polyclinic facilities, although they cover only 800 patients on average. Patients are assigned a doctor on the basis of their postal address. As in the Soviet era, patients have a technical right to change their doctors, but this requires the approval of the head of the polyclinic and is not widely exercised. The fact that doctors continue to be allocated without choice undermines confidence in the primary health care system and explains why there are so many self-referrals to secondary, ambulatory care. The situation is exacerbated by the fact that under the Soviet system there was no special training for *uchastok* physicians and generalist care was regarded as the least prestigious end of medicine. In addition to housing therapeutists, polyclinics tend to employ three to four specialists depending on their size and profile. The specialties most commonly represented are obstetrics/gynaecology, cardiology, rheumatology and oncology. These doctors provide secondary outpatient care only, although the boundaries between primary and secondary care become confused as patients self-refer for specialist consultations.

Independent dispensaries Apart from the providers of primary health care listed above, there are independent dispensaries in urban areas that offer an equivalent of the care available through rural health posts/centres, ambulatory clinics and accident and emergency centres attached to hospitals. Some primary care also takes place within the specialist (secondary) care setting, both outpatient and inpatient, as a result of failure to coordinate care or to hand over follow-up of cases effectively. Further health promotion and disease prevention activities are listed under public health services. Roughly three fourths of dispensaries, polyclinics not attached to hospitals, as well as the outpatient departments of rayon hospitals are owned and managed by rayons.

Special focus polyclinics in towns, cities and large settlements throughout the country, there is a network of children’s polyclinics where generalist pediatricians and specialists in ambulatory pediatric care mirror the normal polyclinic patterns of provision but treat only children up to the age of 19. Likewise there are polyclinics devoted exclusively to women (and in particular to gynecological and obstetric services) in areas large enough to sustain them.

Enterprise polyclinics. There are some Medsanchast facilities survive and through their own doctors provide the staff of enterprises with the standard package of basic primary provision, although with an increased emphasis on occupational health. There are also work-based polyclinics with outpatient specialists and a very few examples of inpatient beds attached to industry. These clinics are a legacy of the Soviet focus on the industrial worker. Previously, both local government health committees and the enterprises themselves contributed to the costs involved. However, the position of employers has been compromised by the need to make payroll contributions on the monthly salary of all employees, so that they are unlikely to continue to fund special provision of health services. Thus polyclinics continue to operate in the economically stronger enterprises, while the smaller ones are increasingly losing interest.

Health professionals at the first contact level. The most doctors in practice now qualified in the Soviet era and so tend to be associated with the negative image of primary medicine based on general practice. Uchastok doctors are therapeutists (or first category specialists in internal medicine) who are not highly respected and are declining in numbers because of the belief that they will eventually be replaced by general practitioners.

In part, the public's perception has been influenced by confusion between the terms "general practitioner" and "family practitioner". Whereas in international terminology these two terms are synonymous, in the Russian Federation a general practitioner is held to be one who covers all specialties for adults except paediatrics and gynaecology. A family practitioner, by contrast, is thought to be one who covers all specialties, including gynaecology and paediatrics. Thus there tends to be an equation in people's minds between general practitioners and therapeutists who are not particularly well respected. Training for general practitioners to date seems to be geared more toward the concept of "GP" as defined narrowly above, even though this is in contrast to the official position of the Ministry of Health endorsing the concept of GP in the sense of "family practitioner" (i.e. covering all specialties). In support of the development of primary care based on general practice, a Ministry of Health order in 2000 defined training requirements, rights and obligations of general/family practitioners. It further specified the legal, organizational and financial mechanism upon which family medicine is to be based. In the context of primary care development, there are plans to place general practitioners in polyclinics to replace therapeutics, while gynecologists and pediatricians will continue working in specialist

polyclinics. The objective is to use the existing volume of polyclinics and ambulatories as primary care settings to the maximum extent, while development of new facilities should be the exception rather than the rule.

Public health services. The san-epid network was responsible for core public health services during the Soviet era. It was made up of a series of facilities (sanitary-epidemiological stations) reporting upwards from the rayon to the oblast, from the oblast to the republican level, and ultimately to the Ministry of Health of the USSR. This system of accountability had the benefit of ensuring uniform standards (at least in theory) but the disadvantage of inhibiting links with local government bodies. Its core duties included delivering immunization project through its local branches, controlling of outbreaks of infectious diseases, collecting epidemiological data, monitoring and regulating sanitation, hygiene and environmental health, and disaster relief. Responsibility for health promotion, health education and prevention largely belonged to the Ministry of Health. Since then the ministry has retained some health education functions, and the san-epid system has taken on responsibility for implementing federal, regional and local regulations for health promotion and disease prevention. During the Soviet period, prevention and promotion activities were also partly undertaken by medical and recreational facilities owned by industrial plants. These facilities, which were exclusively available to the respective workers, provided a variety of on-site medical and occupational care, rehabilitation services, sanatoria and vacation benefits. Responsibilities of the san-epid system currently include the following :[55]

- To communicable disease prevention and control.
- To immunization.
- The hygiene of children and teenagers, health and nutrition in kindergartens and schools.
- The Food safety
- The Radiation safety
- The occupational disease prevention
- The environmental health
- The epidemiological control and analysis
- To control of working conditions
- The health education and promotion of healthy lifestyles.

[55] Ibid., pp. 242-270.

Physicians working in the san-epid system undertook a designated "hygiene" stream during their undergraduate training in the medical universities. This was somewhat less popular than streams training future medical specialists, so those following it were often the least able students. Physicians in the san-epid system now undergo a postgraduate training project. The 2,000 specialist doctors graduate per year. There are more than 26,000 doctors working in the system and the 63,000 medium level staff and about 130,000 people in the entire service. The san-epid system performed an important role prior to the 1960s. It was able to deliver basic interventions, such as immunization and vector control, to dispersed populations. It has not, however, been able to adapt to changing circumstances. Many laboratories are obsolete, thus unable to respond to increasingly important complex infectious agents (e.g. antibiotic resistant or requiring special laboratory conditions). The methods used to investigate outbreaks are also largely obsolete, based on laboratory investigation rather than epidemiological investigation using case-control studies and modern surveillance systems. The system's laboratory focus has also left it with very few staff trained in modern public health and poorly prepared for its new tasks in relation to non communicable diseases.

The scientific isolation of Soviet medical science during the 1970s and1980s prevented access to Western developments in both methods of treatment and the concept of evidence-based medicine. As a result, many widely-used interventions are ineffective and those that are effective are often unused. In the 1980s, although epidemiological data continued to be collected and analyzed, they were no longer published because of what they conveyed about the deterioration of Soviet society. As a result, health professionals were denied the data along with an appropriate forum and authority to conduct discussions. The central authorities treated non communicable diseases as "social diseases". The policy response was to step-up the provision of routine check-ups, and to increase hospital bed numbers, thus it failed to address the epidemiological transition that was occurring. No efforts were directed toward reducing risk factors for non-infectious diseases, and this approach continues to the present day. In particular, with the exception of the 1985 anti-alcohol campaign to initiate mainly because of the consequences of widespread drinking on industrial output – there has been almost no attempt to tackle the high toll of premature death due to alcohol response to alarm caused by news of the poor health condition of children.

(2) Secondary and tertiary care.[56]

The network of secondary and tertiary facilities combines hospitals, hospital outpatient clinics and specialist ambulatory centres based in polyclinics. The infrastructure inherited from the Soviet era remains largely intact, despite some bed and facility closures, and it is still organized on a territorial basis. The basic units that provide secondary care are as follows:

Uchastok hospitals/health centres: these are small 20–50 bed units in rural areas offering fairly basic inpatient cover, often with a staff team of a single surgeon, therapeutist and paediatrician. Much of their work falls into the primary or social care categories, but some straightforward surgical procedures may be carried out and uncomplicated chronic and acute cases may be treated.

Rayon (district) hospitals: each rayon, whether rural or urban, is served by a district or rayon hospital with between 100 and 700-odd beds. They are intended to meet the secondary and inpatient care needs of 40 000 to 150 000 people and offer a full range of general medical and surgical specialities. They also provide paediatric, obstetric and gynaecological care unless they are in the same catchment area as a dedicated children's or women's hospital.

Rayon (district) polyclinics: every rayon also provides an outpatient care centre with a full range of specialities to treat those who do not require hospitalization. Rayon hospitals may also run outpatient clinics to provide some follow up care. Coordination between the two outpatient systems and between the primary and secondary sectors is not always satisfactory.

Oblast (regional) hospitals: Each oblast has a hospital that accepts referrals of complex cases from rayon hospitals and polyclinics. All specialities and sub-specialities are represented and the qualifications of staff and the care offered are more sophisticated than at the rayon level. The oblast hospital also serves as the teaching unit of the local medical school.

Oblast polyclinics: Specialist outpatient services are also provided at the oblast level. These are distinct from the follow-up outpatient clinics provided by hospitals, and again there are issues of the coordination and continuity of care.

---

[56] Ibid., pp. 270-285.

Special focus hospitals and polyclinics: These are devoted to paediatrics with a full range of specialities and sub-specialities offered. There are also hospitals (and polyclinics) exclusively for women, although these tend to specialise in obstetric and gynaecological care only. They will take referrals of more complex cases from lower down the system, both for inpatients and outpatients.

Enterprise and other Ministry hospitals and polyclinics: Enterprise polyclinics offer some specialist or secondary outpatient services. Very few enterprises offer inpatient facilities although there are some beds, often on former collective farms, that admit patients, albeit for fairly rudimentary care. Those enterprises that are economically sound finance their facilities exclusively out of their own resources, and in some cases provide high quality care. According to the health insurance legislation, even enterprises with their own parallel system were intended to contribute to the health insurance system for their employees, who would be covered by the insurance system and the enterprise system. However, many enterprises facing severe financial pressures have closed down their facilities. The parallel health care systems of the various ministries also tend to concentrate their secondary care services in the outpatient setting. The Ministry of Defence, which provides medical facilities for the Army, is the major exception, offering a full range of secondary care other than obstetrics and gynaecology and supporting its own hospitals. There are also other examples of inpatient secondary, and indeed tertiary, care offered by ministries in what was the closed system. Most of these institutions now contract out a portion (usually small) of their services to the health insurance system for the use of the corresponding services by the broader public.

Federal hospitals and polyclinics: offer the most complex care at large and highly specialized hospitals or polyclinics, mostly in Moscow. These are often associated with research institutes in their respective fields and offer highly sophisticated secondary and tertiary services.

Day-care hospitals: These emerged at all levels during the 1990s, and are units attached to hospitals and polyclinics, where an entire procedure is done in one day.

Curative and rehabilitative sanatoria: Rehabilitation, a Soviet tradition, is an integral part of the health care system. Curative and rehabilitative sanatoria made it possible to adapt the workers to particular conditions, distract them from drinking, or

treat particular disorders, and in serious cases to prevent invalidity. Treatment includes physical exercise, massage, acupuncture, etc. by specialized nurses under the direction of doctors. Some oblasts have specialized hospitals. All the above remain in public ownership, with title vested in the appropriate administrative tier of government. Staff contracts are with the employing institution and are ultimately underwritten by the local health committee. Both inpatient and outpatient facilities are expected to receive a subsidy from general taxation – passed through local government structures – and to enter into contracts with insurance funds for the treatment provided. The way this works in practice varies enormously across the country. There are areas where insurance schemes do not function and play no part in financing secondary provision and others where they are believed to contribute up to 80% of hospital or polyclinic costs. The contribution of under-the-table payments is also believed to be enormous. There is an emerging legal private sector but it is very small. The facilities include fee-for-service polyclinics, offering a mixture of primary and secondary care, private diagnostic facilities, and a very few private hospitals. The majority of paid services are commissioned through voluntary insurance schemes and managed by private insurers rather than by individuals. The clinics and hospitals of the parallel system absorb most of such private care provision.

4. Health resources.[57]

On the face of the statistics, the Soviet Union appears to be a relatively resource-rich nation with among the highest number of physicians and hospital beds per capita however, the level of resources is not equal throughout the republics, despite the central government's ability to allocate and control resources through the centralized planning function. Physician supply ranges from a low of 2.7 physicians per thousand citizens in the Central Asian Republic of Tadzhikistan to 5.7 physicians per thousand in Soviet Georgia. The Asian and more rural republics also have fewer hospital beds per thousand. Increasing the supply of health providers and facilities has been a priority in Soviet health planning, with greater emphasis on quantitative rather than qualitative goals; thus, health resources have continued to increase over the past twenty years. Today, to complement the 1.3 million physicians, health personnel include 3.4 million mid-level health practitioners, 114,000 pharmacists, and 194,000 pharmaceutical aides. These providers are employed by the state and work in state-run ambulatory care facilities, emergency. care systems, and hospitals and sanatoria. The overall system has 42,800 ambulatory care facilities and 23,700 hospitals comprising

[57] Ibid., pp. 286-297.

3.8 million beds. However, the quality of facilities and the skill level of personnel vary widely.

The hospital sector is regionalized and divided between general and specialized hospitals. It includes 9,000 local community hospitals serving communities of about 5,000 residents; 3,800 rural and urban district hospitals serving areas of about 50,000 residents; 4,500 central-city hospitals serving a population of about 200,000; and 302 regional hospitals serving two to three million people. Hospital size ranges from an average of thirty-six beds in a local community hospital to over 900 beds in a regional hospital. Regional hospitals have the most sophisticated equipment and also serve as teaching centers. In this system, the more complicated cases are admitted to regional centers for treatment.

The ambulatory care system is one of the most distinctive features of the Soviet health system and has served as a model for the health delivery systems in many socialist countries.[58] The backbone of the Soviet ambulatory care system is a network of polyclinics and feldshers' offices. Together, they represent 40 percent of all ambulatory care facilities, with the remainder being outpatient clinics in hospitals and dispensaries. In 1987, there were over 2,000 polyclinics in the Soviet Union, each with a population base of about 30,000 to 70,000 people. Every urban resident is assigned to and required to register at a specific local polyclinic for ambulatory care and treatment. Polyclinics have both adult and pediatric components. Prenatal and postpartum care is provided through consultation offices that are located within the polyclinics and maternity hospitals or that operate as freestanding entities.[59]

The key element of ambulatory care services in the rural areas, where one-third of Soviet citizens live, is the feldsher's office. A feldsher is a mid-level practitioner with responsibility for immunizations, primary care, normal childbirth, and minor surgery. More complicated cases are referred to district hospitals. In the unevenly populated rural areas of the Soviet Union, the feldsher's services substitute for physician care. The feldsher is similar to the American nurse practitioner but performs many services that are restricted to physicians in the United States.

A recent innovation in the Soviet health system is the medical cooperative. These cooperatives exist as "independent" providers outside the polyclinic system but are dependent on local authorities for start-up permission and leasing. However, medical practice is less regulated and operates as a competitor to the fully state-

---

[58] The Stockholm Region office in St. Petersburg, *Russian Healthcare System Overview*, p.32

[59] Ibid., pp. 286-297.

controlled system. Soviet citizens can elect to use medical cooperatives instead of their assigned polyclinic, but care from the cooperatives requires payment. As of 1 January 1990, there were 3,300 medical cooperatives with 20,400 fulltime and 40,800 part-time physicians and health professionals.

The mix of health personnel has changed over time both in the physician-to-support-staff ratio and the specialty distribution of physicians. In 1989, there were 2.7 mid-level practitioners per physician, compared with 3.2 per physician in 1970. This reflects the shortage of nurses and engineering, maintenance, and laboratory staff in the Soviet Union; as a result, physicians increasingly have to fill in for mid-level and auxiliary personnel. Within the physician corps, the number of therapists and psychiatrists has increased, while the number of physicians trained in dentistry, tuberculosis treatment, and sanitation has decreased.

The rapid increase in the supply of doctors and other health professionals continued until the late 1980s. The physician supply increased from 4.0 per 10 000 population in 1913 to 18.6 in 1960; the figure had nearly doubled again by 1989. As a result of losses in World War II, women as a percentage of all physicians increased to 75% in 1950; since, however, the figure has fallen back to 60%. Salaries for physicians and other medical personnel are below those of industrial workers.

The hospital bed supply also increased dramatically, from 15 per 10 000 population in 1913 to 91 in 1963. This trend continued in the 1970s and 1980s; the hospital bed ratio was 139 per 10 000 in 1989, of which 85% were acute care beds. The mean hospital bed ratios in Organization for Economic Cooperation and Development countries in 1989 were 90 per 10 000 population for total beds and 50 per 10 000 for acute care beds, with a trend toward reducing hospital bed supplies.

Table 2. Health Care Providers. Soviet Union, Selected Years. 1970-1989.

								Growth index (a)	
	1970	1980	1985	1986	1987	1988	1989	1971 - 1980	1981 - 1989
Personnel(b)									
Physicians(c)	668	997	1170	1202	1231	1256	1278	149	128
Mid-level personnel	2,123	2,814	3,156	3,227	3,286	3,352	3,386	133	120
Pharmacists									
School of Medicine graduates	48	75	91	95	100	103	114	156	152
Mid-Level	120	165	180	185	186	188	194	138	118
Facilities(b)									
Number of hospitals	26.2	23.1	23.3	23.5	23.6	23.5	23.7	88	103
Number of beds	2,663	3,324	3,608	3,660	3,712	3,763	3,022	125	115
Ambulatory care facilities(d)									
Number of facilities	37.4	36.1	39.1	40.1	40.8	41.3	42.8	97	119
Visits per work shift	-	4,333	4,074	4,980	5,134	5,270	5,442	-	126
Free-standing stations (departments) of ambulance and emergency service	3.3	4.4	5.0	5.1	5.1	5.2	5.3	133	121

Source : D Rowland and A V Telyukov, Soviet health care from two perspectives Health Affairs, 10, no.3 (1991), p79

Note: (a) Base year equals 100.
(b) Thousands.
(c) Including dentists (42.000 in 1989).
(d) All types of institutions where patients see a doctor or a paramedical

Health Status.

The Health Status of Soviet People (1917-1991), The number of 280 million Soviet inhabitants under the government healthcare system which is financially stressed has resulted in many difficulties such as deteriorating facilities, insufficient and old-fashioned medical appliances, lack of budget for medical practitioners, and lack of confidence by patients to receive medical services. However, the Semashko

System healthcare system reduced the spreading of tuberculosis, typhoid, malaria, and cholera greatly.[60]

(1) Population

The integration of USSR caused 170 million in population become 147 million in 1926 from deaths during the Russian Revolution and epidemic disease outbreaks, and became 280 millions in 1986.

The population in Russian Soviet possessed the spreading rate increase from 52% (in 1959) to 73% (in 1989) of immigrants working in the metropolis from the industry development policy.

Table 3.Population

Year	Population (millions)	In metropolis (millions)	In the countryside (millions)	In metropolis	In the countryside
1959	117.23	61.14	56.09	52%	48%
1970	129.94	80.63	49.30	62%	38%
1979	137.40	94.94	42.46	69%	31%
1989	147.02	107.95	39.06	73%	27%

Source: Federal Statistics Service, 2011

(2) Life Expectancy

Life expectancy in males increased from 43 (1938) to 64.3 (1965), lowered to 62.5 (1978) and became 64.2 (1986). As for females, the number was a bit higher than for males; 71.5 (1959), 73.4 (1965), and 73.3 (1986).

Table 4. Life Expectancy

Life expectancy /Year	1938	1958	1978	1986
Male	43	64.3	62.5	64.2
Female	44	71.5	73.4	73.3

Source: Federal Statistics Service, 2011

The increase of life expectancy came from the medical healthcare system which spread to the countryside level, and included sanitation improvements in towns,

[60] The Stockholm Region office in St. Petersburg, *Russian Healthcare System Overview*, p. 44

hygiene improvement and epidemic disease controls which was the greatest cause of death after World War I. The epidemic controls reduced the outbreak of tuberculosis, typhoid, malaria, and cholera which resulted in death rate ratio of epidemic decreasing from 87 per 100,000 (1960) to 21 per 100,000 (1980) and 12 per 100,000 (1991) respectively. But, at the same time, there was discovery of new problem of non-communicable diseases, food shortages, lack of healthcare from hard work, and stress from living which led Russians to excessive amounts of consuming alcohol and cigarettes as recreation.

(3) Deaths in newborn babies

Deaths in newborn babies in Russia was still higher compared to USA in 1986; 25.1 per 1,000 of Soviet Union and 10.4 per 1,000 in USA. However, the death rate of newborn babies in Russia in 1970 still decreased by 10% compared to the number before Russian Revolution in 1917 thanks to vaccination developments, basic public health, and attention to the healthcare of mother and child.

Table 5. Deaths in newborn babies

Infant mortality (deaths per 1,000 live birth)	1970	1980	1987	1990
	24.7	27.3	25.4	17.4

Source: Federal Statistics Service, 2011

The majority of deaths in 1970 took place in rural area such as Turkmenistan (12%), Tadzhikistan (11%), Kirghizia (10%), while it was only 5% in Russia.

(4) Cause of death rate

Epidemics as a cause of death decreased from the World War II time thanks to coverage of medical healthcare, vaccine distribution, and free medical services under The Semashko system. (1) But, in 1960, the USSR faced a health problem from non-communicable diseases from the 5-year-plan of the intensive economic development plan which forced Russia to grow faster in industry and resulted in making workers work harder for 6 days a week and 12 hours a day. The non-communicable diseases which caused death in 1988 for 2,889 out of 100,000 were circulatory diseases (23.3%), Ischemic heart (12.5%), and cerebro-vascular disease (7.9%).

(5) Life style[61]

The food in Russian's daily consumption is bread, potatoes, cabbages, carrots and beets. Potato was the main vegetable for Russian's consumption style. Russians also had soup, stews, and salads which included garlic and onions in seasonings. As for meat, since sausages, pork, beef, lamb, and chicken were expensive, Russians chose salted fish instead because of the cheaper cost. For industrial and agricultural workers, potatoes, bread, cheese, and vegetable pickles were the foods most consumed.

Restaurants were not well developed under Communism. Even though restaurants and coffee shops were allowed to open before 1989,most Russians rarely ate out due to cost. People thought that food prepared at home or meals in the factories were better both in quality and price.

As economy deteriorated, the government developed the industry for military purposes which kept Russian's living quality at a low level. Sometimes the government could not pay salaries to workers. Also, utilities and food were very scarce. For one loaf of bread, they needed to queue up for almost half a day. As a result of these shortages, some government officers were corrupted and claimed that they could provide things provided higher payment. This also applied for faster healthcare services if additional commissions were paid to the authority's service by paying the commission to the authorities.

Conclusion

1.The health care system in the Russian Empire (14th Century – 1917)

Heath problems.

The Russian Empire started as a small empire in the 14th century and became the biggest empire in the 17th century when Tsar Peter the Great integrated Russia to be strong and led it into a European State style. Its territory expanded from Eurasia, the Baltic Sea to the Pacific Ocean with an estimated 14 million population. Most of the population was rural and lived on agriculture. Because of its north hemisphere location, the cold weather conditions limited agricultural production in the south to only 6 months each year. Agriculture production was mainly grains and tuber crops. Living depended on these agricultural products and there had to be product accumulation for the winter time, but this resulted in scarcity. The mainly food was grains, milk, cheese, and fish. Pickled vegetables were used for winter consumption.

[61] Geoffrey Hosking, *Russia and the Russians of Russia. A*, pp. 470-441.

Insufficient food and nutritional problems, as well as poor hygiene in lifestyle caused fatal epidemic outbreaks which were one of the great causes of death in Russians between the 14th and 16th Centuries. Also, traditional medication, along with herbal medicines could not support the epidemic prevention effectively. In 17th – 18th century, cholera, typhus fever, and smallpox caused millions of deaths in Russia once more.

From the industrial revolution at the end of the 18th to mid-19th century, social changes took place with most of agriculturists becoming labourers and relocating themselves from the countryside to slums in the cities. Once an outbreak took place, it resulted in a great numbers of deaths. At least a million died from cholera which came from wastewater treatment problems, contaminated drinking water, a hurried lifestyle, and hard work conditions in the factories resulting in poor quality lifestyles. As a result, epidemic outbreaks were the greatest reason for deaths in Russia of that time, other than war and revolutions casualties.

Social and economic elements of the health care system.

During the imperialism period under an autocratic regime, with the Tsar as supreme and centralized leader, he would send trusted governors to administer the local towns. Most of them were noble class members or governors whom he trusted in order to collect land tax from townspeople who were agriculturists and peasants. In the 17th century, Tsar Peter, who intended to develop Russia in a European style also aimed to develop military power and issued stricter measures for tax collecting. The peasants who could not pay would become state-peasants; some became labourers in factories or became serfs. Despite many progressive developments in European countries, the townspeople in 18th century suffered from national problems about political conflicts and ignorance of royal families who splurged tax for their own satisfaction. Technology, society, and the economy in Russia fell behind all nations of Europe. These frustrated Russians, especially labourers and serfs, led to many revolution attempts in Russia. In 1914, Tsar Nicholas II decided to participate in World War I which resulted in large numbers of casualties, both soldiers and civilians, during the war. Famine, food shortages, epidemic outbreaks and war caused more than 5 million deaths. As soon as Russia surrendered and pleaded for the ending of the war, disturbances took place all over Russia and the Communist Party took over the country with the support of serfs and labourers in 1917. This revolution terminated the Tsar system in Russia but still resulted in 8 – 10 million casualties for the revolution. The consequences of WWI pushed the population into a state of

despair from the famine as well as grief during the long-lasting torment. This difficult situation resulted in epidemics which spread around in very large areas.

Concerning the economy in 14th – 16th centuries, most of the population stayed in the countryside. They lived on agriculture from field crops such as malt and barley while a few lived in the cities. In the 17th century, trading and diplomatic relationships started. The economy within Russia was under mercantilism influence as in the western world. The weapons and ship manufacturing industries were the beginning point of the industrial revolution in the Russian Empire. Agriculturists were called to become labourers in factories in order to increase producing capability so as to export products to western countries. Also, agriculture was developed into better styles and methods until it also became an important export product. From this economic reform, most of peasants became state-labourers under very strict supervision. Their living quality was poor while they worked very hard. The fact that Russia forced industry to reach the same level as Europe caused most of the peasants to become state-labourers for a long period of time. In the beginning of the 20th century, the Russian economy underwent a difficult including famine from WWI problems. Despite the end of the war, Russia's economy did not recover which resulted in the continuous failure of the economy. The population was in this difficult situation for many decades until the country's reform under Communism.

Health care services

Traditional medicine was the principal medical alternative in the beginning of the Russian empire. It was mainly a symptom treatment more than preventive measures. These methods were passed along from one generation to the other, by using herbs, minerals and natural ingredients for treatment and therapy. Traditional medicine was an integrated treatment, both mental and physical cure, from local experts. In some fields, the practitioners had to be certified by the government for herbal treatment such as bones, eyes, hernia, midwifery, and so on. The local practitioners were local people or Orthodox priests. Besides, there might be an integration of superstitious therapy with religious rituals/belief. The outstanding local therapy was the Russian sauna called "Banya" which has been popular until the present day. At the household level, townspeople applied knowledge about herbs to improve daily sanitary conditions both in relieving and curing sickness. However, this could not prevent epidemic outbreaks, both at prevention and curing, which was the main cause of death. Also, the military had problem in treating soldiers during the wars which expanded territory. Tsar Peter hence decided to expand modern medicine to include normal people instead of limiting it only to within the royal family.

Modern medication was first introduced to Russia in the 16th century after it was successfully developed in Europe. But it was limited only within the royal family and noble class members by hiring practitioners from Europe to staff the palace. Once Tsar Peter the Great saw the efficiency of this treatment, he ordered its expansion to military and townspeople. This resulted in the sending of many young noble members to Europe for medical technology studies who then came back to develop their own country. He ordered the establishment of hospitals for modern medication in the main metropolis as well as modern medicine program in universities in Moscow, St.Petersburg, Dopel, Kazan, and so on for the purpose of producing qualified medical staff mainly for the military. Most of these were surgical doctors, orthopaedists, gynaecologist, nurses, and paramedics.

Modern medical services for townspeople first started in the period of Tsarina Katherine II. There was the establishment of medical colleges to supervise medical services and to improve the populations sanitary and hygiene conditions. Also, there was the establishment of large-size hospitals and orphanage houses. This period was the first time of vaccine distribution to normal townspeople so as to prevent epidemic outbreaks (Smallpox) and the founding of the Board of public Welfare to distribute the service administration to the town level in 1775. This organization could be called the first official medication organization of modern medicine technology in the Russian Empire. But it was demoted after her period, and commenced again in the middle of the 19th century as soon as the medical system decentralization was promoted and adopted. The most efficient system in this period was the “Zemstvo system” which encouraged people in the community to assist in planning and managing the program. As a result, epidemic outbreaks started to decrease and were systematically controlled by vaccine distribution, daily sanitation development in the community, and the founding of hospitals and clinics in each community. Modern medication became popular among townspeople while traditional medicine had a reduced role but was still available in the community as alternative treatment.

At the end of 19th century, before WWI, during the intense industrial revolution in the Russian Empire, Tsar Alexander II adopted the German healthcare system under a policy of liberalism to apply in Russia, namely the “Semashko System” so as to take care of peasants in the countryside (for agricultural production department) and of the labour in cities (for the industrial production department) by adding healthcare centres and medical practitioners as well as vaccine distribution to labourers under government support which resulted in the decrease of the deaths from epidemics.

2. Health care system in the Soviet Russia (1917-1991)

Health problems.

From the union of the Soviet leading to 280 million of population and the expansion of territory to Europe and Middle-East, most of population migrated to cities as labourers in industries from the industrial development programmes from the government. They had to work 6 days per week, 12 – 14 hours on average a day. For accommodation, the government provided one unit of an apartment which would be divided for 3 families to stay together. The workers in the factories would be provided with free lunch, mainly potatoes and salad from cabbages or beetroot. The agricultural labourers also suffered from hard working conditions as much as the industrial group did. Their products would all be for the government and the situation became worse and tenser due to food shortages and overloaded burdens as well as repeated failures from the economic policy. The government also decided to spend more budgets onto military projects, nuclear development, and space technology against the opposition. This became, during the 20 century, major cause of death from non-communicable diseases and suicide. Also Russian consumed more alcohol and cigarettes. Despite the healthcare support from the government, many couples did not want to have a child, and this resulted in the low rate of birth. The government then issued the Natalia's policy in order to increase the population for industrial support and increase the general population.

Social and economic elements in the health care system.

The Soviet Union transformation in 1917 from taking down Tsar Nicholas II changed Russia into a Communistic regime under the control of the Communist Party of the Soviet Union. Its concept was about common property for all people and producing income from its own production, so that all people would be of the same status. However, after the Communist Party started governing the USSR, the policy became aggressive and dictatorial in order to become the focus of Communism and to spread it around. Most of the population was forced to become labourers in order to stimulate development and increase the income to be used for military activities. Until 1941, USSR participated in World War II which was won, in spite of major losses. There were about 20 – 27 million casualties. The rest of population suffered loss of residences and production was greatly destroyed. This made Russians live in a very difficult status. The end of WWII led to the Cold War between the USSR and the USA, which led to numbers of military projects so as to intimidate the opposition, such as space development and exploration projects, and nuclear warhead collections which required a great amount of money and labour.

Because of this need of financial support, the Communist government decided to adopt modern industrial development policies the same as at the end of the Russian Empire in order to increase most of its budget for supporting military projects. This also expanded weaponry and military supplies as exported products. The economy was a centralized administration of the government, which resulted in a lack of desire and enthusiasm in developing the country. It resulted in a failure of production and exports in spite of the government's attempts to issue many development plans for solving the economic problems and utilities shortages. It was because all the policies could not manage to inspect the smaller regional departments. Hence the USSR was facing economic instability throughout the 60 years of the Communism. Also, the Communist government spent too much of the budget on the army and military operations, which resulted in a budget shortage at the end of 20th century. This was a reason for the revolution to liberalism in 1991. The fact that Russia was forced to develop very fast in both economics and industry tremendously affected the Russians' living quality: they needed to work hard but lacked consuming utilities. The stress from daily living caused Russians many health problems, such as alcoholism, narcotics use, and an increase in psychiatric problems.

Health care system.

The health care system under Communism benefited from the influence of a modern medical system from Russian Imperialism called the "Semashko System" which adopted medical technology and knowledge from Europe since the medical reforms in the 19th century. The Communist government applied the modern medical system (the first phase) from the European system in Russia: founding the Ministry of Health to administrate medical organizations to be more systematic and well-organized, creating principles of making policies about the medical healthcare system for people with the financial support from the government (socialized medicine) under six concepts as follows;

1) Government responsibility for free services
2) Universal access to free services
3) A preventative approach to "Social disease"
4) Quality professional care
5) A close relation between science and medical practice
6) Continuity of care between health promotion, treatment, and rehabilitation

These concepts led to the founding of the Ministry of Health (MOH) of USSR in 1917, and were finally achieved as a Communist Party objective in 1923. This ministry issues all the policies centrally out of Moscow to all the 15 Soviet States.

They were obliged to follow these policies and apply them to local regions, cities, and districts as well as expecting the local healthcare organizations to follow properly and seriously the issued policies from the MOH.

The healthcare system decentralization was divided into 2 major groups:

Central departments: these organizations were under the supervision of MOH. Their roles were to issue the administrative policies, healthcare development projects, and administration plans for the member countries. All were obliged to follow the condition that all the population would be supported medically by the government, with budget and expenses from the Communist Government. MOH would be the policy planner in developing medical technology, medical practitioners, medical facilities, and medical appliances to the member countries as a centralized control of the Healthcare System.

Local departments: these organizations supervised the healthcare system in the member countries according to the central policies. It is divided into 3 categories.

(a) Urban hospital care: this division was the main healthcare service facility and medical centre in each region. There was the establishment of specific care hospital such as emergency care, ophthalmology, heart diseases, tuberculosis, sexually transmitted diseases, oncology, and psychiatric as well as narcotics problems.

(b) Urban Primary care: this division was the primary aid for townspeople in the community: polyclinics for adults and children separately. Patients with certain illnesses, after being diagnosed, would be transferred to an Urban Hospital.

(c) Rural Health Care: this division was hospitals in the further countryside areas which could provide medical services for uncomplicated cases. In the very remote areas, there would be polyclinics with a medical assistant on duty or MOH-certified herbal therapists as an alternative treatment.

Besides these, there was also a medical service especially for labourers namely ‘enterprise polyclinic’ to provided basic healthcare service, under MOH standard, to labourers. The employer was responsible for service expenses such as hiring of medical practitioners. The number of clinics, doctors, and nursery facilities would follow the government standard ratio as well as compelling the vaccination and epidemic prevention upon MOH announcements.

CHAPTER III

THE DEVELOPMENT OF THE HEALTH CARE SYSTENM AFTER CUMMUNISM'S COLLAPSE UNTIL RUSSIAN FEDERATION

After Mikhail Gorbachev was not successful with the parallel reform (politics and economy) which led to the collapse of USSR in 1991, Boris Yeltsin had a major role in creating the Russian Federation as a democratic regime under a federal system.[1]It consisted of 89 free governing units; 21 republics, 4 Krais (governing zones), 49 Oblasts (regions), 2 federal cities (Moscow and St.Petersburg) which are equal to 10 autonomous Okrugs (self-governing regions), and 1 autonomous Oblast under the president as leader as well as being the government leader. The Prime Minister was the administrative leader. The president of Russia holds absolute governing power over the country. The President can hold power for 4 years renewable for a further 4 years – that is 8 years maximum.[2]

Political and economic background.

This chapter presents the development of Russia's political policies, administration, economy and country development strategies to become a Free World country. This process led to healthcare system modification from Socialized healthcare to Decentralized Healthcare. The chapter will be divided into 2 parts as follows:

- Boris Yeltsin
- Vladimir Putin
- Dmitry Medvedev

Boris Yeltsin (1991 - 1999).

His primary missions were to sustain and develop Russia to become an efficient and stable democracy. This change needed to be undertaken without holding

---

[1] Mikk Titma and Nancy Brandom Tuma, *Modern Russia* (New York: McGraw-Hill, 2001), pp. 95-98.

[2] Annantachai Loahaphan and Sanchai Suwangbhut , *Russian: Land of the Tsars and the Socialists* (Thailand : Silpakorn University, 2010), p. 525.

the country back by reversing to the previous turbulence, which could have the country back to Communism. This chapter will explain three different aspects.

(1) Politics. There were 6 major events at his time which influenced the country.[3]

(a) Political reform and confrontation with the opposition party.The fact that Yeltsin wished to change Russia to a liberal democracy at a fast pace led him to apply all kinds of strategies to push forward Russia in many dimensions for this purpose. His methods brought up contradictions and then confrontation against conservation groups from the Communist Party which was the majority vote of the parliament. This resulted in his reforms being hindered by the opposition in the parliament, also the Russian people, who were affected by these reforms, went against the government and so this became a further obstacle for Yeltsin throughout his term in office.

(b) Constitution improvement as to increase presidency's power regarding reforming support. Because of his policies were hindered by the opposition party (Communist Party) and many attempts to remove him from his position, Yeltsin decided to have the constitution modified in order to increase presidential power. However, the fast-pace improvements led to many conflicts between his side and the opposition party. The conflicts grew further into many violent clashes between Yeltsin's supporters and their opposers. The problem regarding the constitutional reform and disputes between the parliament and the administration resulted in a major obstacle for Yeltsin in developing Russia as he planned.

(c) The internal problem regarding Chechnya's War.The conflict in Chechnya became an issue for the regional council. Chechnya was one of the 89 government units of Russia which did not give its consent until Russia needed to use the strong measures in 1991. Chechnya announced Islamism as a constitution because Chechnya itself was full of criminal syndicates and international criminals. After the collapse of the USSR, General Dzhokhar Dudayev took over Chechnya and announced the country to become an Islamic state, under his leadership, which was not under Russian government. Russian law as a result could not be applied in this territory. So the Russian government decided to use military power to take over and this decision led to a number of military operations in Chechnya, an economic strategy point and the passage for an oil pipeline, which resulted in 40,000 casualties

---

[3] Phiramontri R, Kunwong W, Jarusiriwat P, and Sodsook N. *New Russia and Prospects for Expanded Relations with Thailand*. The Thailand Research Fund ,2008, pp. 26-40.

including civilians. Finally Yeltsin's government decided to alleviate the violence and initiate the negotiations which brought Chechnya to be an independent state in 1997. The fact that Yeltsin's government was unable to solve problems in Chechnya and the Caucasus area along with poor economy management escalated doubt among Russians. However, he could convince those with a variety of well-made strategies and won the second election again.

(d) The anti-corruption policy to support the government's legitimacy. After Yeltsin's re-election as president, he pushed the reforming policies intensely until many affected parties started demonstrating to force him to resign and to re-establish the minister board. As a result, he needed to comply by establishing a new board and initiated many policies to gain trust, especially one for the government authorities to show their personal (as well as family members') financial status. Nevertheless, this policy was not fully successful. So the pressure kept going on with recurrences to remove him from presidency. Because of these complications, Yeltsin's government could not properly develop Russia into the planned track because they were obliged to solve the repeating urgent problems which meant the major long-lasting national problems couldn't be properly solved.

(e) Determination to solve economic crises. So as to properly solve the accumulated economic crisis in Russia, Yeltsin's government issued strict policies and measures pertaining to the economy such as tax payments. However, this led to an even worse situation and cause negative impact to the national monetary status in Russia. The effect of South-East Asia's economic crisis worsened Russian's crisis dramatically. Despite the success from the unity and industrial support within the country, Yeltsin and his team were repeatedly challenged to be removed and could not properly develop appropriate strategies.

(f) National disturbance from the new Chechnya dispute. Vladimir Putin was appointed as a director of Federalnaya Slyuzhba Bezapasnosti – FSB, to solve problems from the dispute arising with Chechnya. His performance was superb in pushing back the separatist armies into Chechnya many times. With his decisive actions and fast operations, Putin hence became popular among Russians and Yeltsin decided to support him as his successor in the presidency at a later time.

(2) Economic aspects

Because of the political instability, Yeltsin made an attempt to reform Russia's economy along liberal lines. According to the compromising strategy with western countries, he expected to have support and cooperation mainly from USA and Europe. The fact that Yeltsin was determined to improve the economic reforms was the main

reasons for reconstructing Russia in the new era. His economic reforms may be divided into 3 aspects[4] as follows:

(a) Opening free trade and transforming of state enterprises

To lead the Russian economy into liberalism, it was necessary to terminate the absolute control of government. Thus the private sector could take part in administrating various organizations. But it was difficult because during that period Russian's economic status was rather weak and there was not sufficient capital investment from the Russian private sector and this left the first period of the reformation into a very difficult phase. Since it was a centrally planned economy in the Communist period, Yeltsin planned to turn it into a market economy by transforming state enterprises with privatization method. The result of this reform was that the private sector entrepreneurs as well as public investors became the major supporters for the president for the common interest. The essential feature of this policy was price liberalization, free trade opening and release of currency control. After that, the government started transforming state enterprises known as "Gaydar's reform"[5] derived from ones in Poland which was considered as "Shock Therapy."[6] The result after this reform was far more dramatic than predicted: product prices rose 26 times (should be 3 times of the price in 1990 – 1991, according to the prediction) while salaries rose only 12 times. Besides, it impacted on the savings of 70 Russian populations which resulted in 11 billion Rubles that Russian people used to purchase goods. Nonetheless, partially this reform was successful.

Another policy to solve the increasing inflation was state enterprise transformations. The main purpose was to compensate the government's financial support and foreign investment. However, according to a survey in 1992, the transformation led to a takeover by the private sector. Also, most of the transformed organizations were under the control of the financial business sector which bought up shares at a very cheap price from civilians. The negative impact on Russia was the inflation problem with 44 per cent of the Russian population having incomes under the average. As a result, Russian society fell into crisis. In Gorbachev's government, the popularity fell down to its lowest point.

(b) Financial stabilization by increasing national productivity and exports

---

[4] Ibid., pp.40-43.

[5] Ibid., p.44

[6] Annantachai Loahaphan and Sanchai Suwangbhut *Russian: Land of the Tsars and the Socialists*, p. 522.

During 1993 – 1996, the government aimed to reform many aspects in Russia such as financial stabilization in order to decrease inflation within the country. Besides, the government tried to support the production at the national level in order to compete and lower the import of products from outside Russia, as the import prices and amounts kept on rising continuously. At the same time, the government hoped to export several natural resources demand by the other countries which could be sold profitably, such as petroleum, gas and metal. This policy of Yeltsin's was considered a big advantage to the Russian economy quite well. However, other businesses not related to these fields were still in difficult situation.

(c) The balance of government income collection and the budget

The lack of income for the government resulted in a lack of budget to improve the reforming process. The government then needed to find an alternative to sustain the budget. Also, the government was obliged to modify many policies and measures to clear the problem after reforming the economy. For example, requesting for a loan from foreign countries (Paris Club) for the social budget, selling the government savings bond, cutting down the military budget, and so on. This resulted in small increase of GDP while the government's debt rose dramatically. So, in 1998, the government launched a strict policy of tax collection which led to a 10 per cent increase in product prices.[7] The Russian monetary market went into serious crisis until the Central Bank of Russia announced the country's bankruptcy because Russia was unable to pay off the debt to other countries. After this announcement, product prices rose more than 4 times higher which resulted in 33 millions of the Russian population becoming poor according to the government standards.

(3) International policies

After the collapse of the USSR, the Russian Federation was the biggest federation with the greatest potential amongst the 15 former-USSR states of the federation. Hence it became representative for these federations in the international situation. However, those countries in the federations were in a weak status because of instability of politics and economies from disputes within the USSR.

Yeltsin's mission, as a successor to former president Gorbachev, was to reinforce the politics, economy, society and the international policy of Russia. He announced that Russia needed to open its own country in order to win the others' trust to develop relationships with Russia. This would be an important element to support the country's reform and development.

---

[7] Ibid., p.524

In the international aspect, Russia, defeated in the Cold War, was obliged to reduce its role. This changed turned the situation of a Bipolar System to a Multipolar system.[8] Nevertheless, Russia tried to maintain its role as one of the major powers under the name of the Commonwealth of Independent States.

The international policies in Yeltsin's government were:

- To modify Russia's international policy by befriending and being in partnership with Western countries
- To modify the international policy concerning the defense, security and strategy
- To modify the international policy by expanding the relationship towards Eastern Asia and the Pacific

Vladimir Putin (2000 - 2008).

Putin, the successor of Yeltsin, had an important mission to carry on the reform until it was successful. He was then expected to accomplish all goals so as to reclaim Russia's prosperity as it used to be. Putin's strategy could be divided into 3 aspects as follows:

(1)Politics. When Putin was elected as president on 14th March 2000 and was reelected in 2004, he continued to reform Russia as planned. Thanks to his popularity and his background from intelligence work, he could strategize for politics and economy properly. His good preparation led to their successful development during his presidency. Also, many of his planning policies became firm administration policies. For example, appointing close colleagues to high-ranking positions, creating a new political party, creating economic foundations, appointing the presidential representatives, removing the opposition and politically influenced individuals, and reforming the administration system et cetera.

Administration reform: this was one of several reasons that Putin used to remove Mikhail Casianov out of his position as prime minister. Then he merged the ministries into proper categories in order to reduce the redundancy; from 24 ministries 27 ministers 4 deputy-ministers to 14 ministries 15 ministers and 1 deputy-minister. Putin aimed to increase the efficiency of the administration as to processing times. As a result, there had to be 73 national divisions (from 58) but the workers were decreased for more than a million.

[8] Ibid., p.526

The administration policy in the later period: After his second nomination as Russian president in 2004, Putin carried on his reforming policies in order to make Russia stable and able to attain its power as before. The executing policies can be divided into 3 categories[9] as follows:

(a) Economic and social development as a second phase

The concept of this plan was:

(1) Aims and principles of the plan

(2) Diverse economic structures and capacity increase in competition

(3) Business opportunity enlargement

(4) Elimination of institutions and basic structures which would prevent development

(5) Government's administrational reform

(6) Tax and budgeting reform

(7) Policies of regions and local autonomous governing development

(8) Social policies efficiency upgrade

The aims and principles of this policy consisted of long-term goals, economic problems and limits of development, as well as common aims and a middle-phase intensive policy. The diverse economic structure and competition upgrade were the resources policies and motivation to create innovations, competition policy, small-size business development, 'new economy' development policies in telecommunications, information technology, and intellectual property, as well as agricultural products and military industry development.

The business opportunity enlargement was about participation in the World Trade Organization, upgrading import and export taxes, exportation support and protection of the national market, and prioritization of international economic policies.

Elimination of institutions and basic structures which would prevent development consisted of monetary basic structure and currency exchange development as well as the bank reforms; investment markets, investment institutions, insurance markets development; real estate and land structure development; basic transport structure; and basic monopolizing structure reform in electric energy, railway transport, and natural gas industry and gas development.

Also, there was governmental and budgeting administration reform. It consisted of complete use of law enforcement, processing of administration reforms, minimizing of governmental service processes, governmental property management,

[9] Ibid., pp. 52-55.

as well as natural resources usage reforms. As for budget and tax system reforms, these consisted of tax system reforms, budget policies, and continuous budgeting policy reforms.

Policies of regions and local autonomous governing development consisted of social and economic policies of the region and the federation, economic basic development for local administration, housing and residence policies development reforms.

Finally, the special policy for developing the economy and society at the upper-northern regions consisted of building a stable of population; public health reforms; policies pertaining to education, labors, unemployment and immigration of population, social support for people, pension system reform and cultural policies.

(b) Intensive development plan or national policies

Since there were many problems from the collapse of the USSR, there was the necessity to initiate the intensive policies. In 2003, Putin as president initiated 16 intensive policies[10] and measures to help solve these accumulated obstacles in Russia:

- Public health
- Education and technology
- Economic growth
- Military reform
- Relationship of Russia in the global level
- Relationship of Russia and its dependent (colonized) states
- Relationship with ethnics in the same region
- Measures against threats and intimidation
- Relationship within the Federation
- Legislation and court system reform
- Tax reform
- Pension system reform
- Real estate / land management
- Government authorities reform
- Housing policy
- Peace negotiation with Chechnya

[10] Ibid., pp.56-63

In the latter half of year 2004, President Putin got a satisfactory evaluation from some of his intensive programs. So he then proceeded with the unsuccessful aspects with these four short-term policies.

(a) Government efficiency policies
- Relationship within the Federation
- Court system reform
- Authorities system reform

(b) Living quality policies
- Housing policy
- Public health
- Education
- Pension system

(c) New-Economy policies
- Technology
- Basic structure
- Tax reform
- Real estate / land

(d) National security policies
- Military upgrading
- Policies against threats / intimidation
- Peace negotiation with Chechnya

(c) The Federation relationship policies

The conflict between the federations and the federal government can be divided into 3 categories[11] as follows:

(1) Unequal relationship of the federation government and government zones

This problem occurred after the collapse of USSR. The states that possessed intense ethnicism announced their independence from the Russian Federation. The government tried to solve this problem in various ways within each state. The best solution was to make Federative Agreements. The disadvantage was that the conditions and negotiations would depend upon the abundance of natural resources in each state. One which possessed more resources would be able to negotiate better than another.

(2) Interference from the federal government in local authorities

[11] Ibid., pp. 64-70.

This problem of interference affected the trust of investors who planned to invest in Russia. The interference would easily cause conflict which could lead to dispute among authorities. As a result, Putin decided to modify all regulations concerning to the jurisdiction of each organization and division as well as modifying the treasury policies to be systematically concordant from the local to the federation divisions.

(3) Autonomous administration and appointment of power to the local governments

The government, in the first place, would allow partial administration power to the local government. Once President Putin became the president of Russia, he solved this problem of jurisdiction governing problem by reforming the regulations related to the local and federation jurisdiction and the ability to administrate each region. Also, he appointed 7 president representatives to monitor the jurisdiction and administration in 7 Federal Okrugs of Russia.

Overall, the policies in this phase were covering all aspects. The federal government tried to justify the relationship to the smaller administrating units widely at the political, economic, and social levels. This facilitated the country's development into a liberal democratic regime.

(2)Economy

As Boris Yeltsin's successor and his success of solving the dispute with Chechnya, Vladimir Putin improved the overall situation of Russia in a promising way. With peace talks and negotiation policies, he could develop the country with stability.

However, the economy in Putin's time did not develop as well as expected. So the government was obliged to initiate development plans for sustainable progress. Since Russia possessed several valuable natural resources, the government decided to use them as an advantage to attract the investors. There were 2 aspects to consider in the economy in Putin's government[12]

1. Economic stabilization by gas and petroleum industry control.
2. Analysis of plans, policies and execution for the economy.

2.1 Economy stabilization by gas and petroleum industry control.

Despite his intention to let the Russian economy be liberal, President Putin had to take control of the natural gas and petroleum industries as to manage the

[12] Annantachai Loahaphan and Sanchai Suwangbhut , *Russian: Land of the Tsars and the Socialists*,pp.501-503.

clearing of the debt and assisting the national budget especially the debts from the international monetary institutions and expenses of the dispute with Chechnya.

When Putin started his presidency in 1999, Russian economic status was still unstable from the severe damage and the crises in the past. After studying the overall picture, he decided to make this issue the leading priority to solve. Firstly, he sought loans from other countries but this was a temporary solution, since the loan was given in separate times. Most of the loans were used for the short-term loaning rate payments. In 1999, Russia had to pay 13,741 million US Dollar back to foreign countries. The requested loan also took a long time to transfer because some used the conflict issue with Chechnya as an accusation about human rights. As a result, Russia was in difficult situation.

Besides paying debts, military operations, and administrating the country, at the end of 1999 to 2000 Putin's government needed money for voting campaign. So Putin decided to announce that he was to remunerate unpaid salaries which the government held back from April 2000 as one of his projects. Since this money was from a loan, it increased the financial burden respectively.

In 2002, Russia was accepted by the USA and the EU that the country was progressing well into a free-market economy. Yet, it could develop better: USA suggested that Russia should refrain from energy product's price supporting, upgrading machinery to be more modern, reforming the banking system, encouraging the investment environment, eliminating corruption, the local and federation government should stop interfering the courts, processing measures as to increase trust to the institution, as well as reducing government influence in the economy.

Russia at the present time can be considered as having several elements which encourage itself to be a developed country. President Putin mentioned these in one of his speeches to the parliament:

> *"…in the past 4 years, Russia's economy has developed to be in a better status. The people's cost of living has risen. During that period of time, Russians' income has risen 1.5 times. The population whose cost of living is lower than average has decrease for one third within this year. The economic growth has risen to 7.3% and in the first quarter of the year increased by 8%. Today is the first time after many years that we could predict how our life will turn out in the future, not only for tomorrow or next year, but for the next ten years. The development in the previous years is the element which allows us*

to solve many problems. And this element is the economic potential, political stability, and strengthened civil society."[13]

Natural resources, the main income source of Russia, are an important production factor for the country and the world in the near future. Considering its reserves, Russia can be claimed as the most prosperous in the world. According to geologist's surveys, the natural resources in Russia can be cost at 2,900 billion US Dollar (2,900,000,000,000 USD) while it is approximately 150 trillion USD according to the Earth Observation Satellite.[14]

2.2 Analysis of plans, policies and execution for the economy

The international policies in Putin's government can be divided into 3 groups.

(1) Encouragement to other countries to respect United Nation's role

Russia was afraid of being politically and economically isolated by the USA's strategies. Membership expansion of NATO and the decision to use the military option in Kosovo from USA showed the intention of cornering Russia. As a result, Russia and China, two of the 5 permanent members of United Nations, started to encourage the United Nation Charter concerning the military actions as to interfere with USA's decisive decision. This led to the defensive strategies of Russia in its international role.

(2) Policy adaptation to be defensive and relevant to USA's requirements

The globalization impact caused problems in the developing countries, especially the new independent state countries (former USSR) where the economic management was not stable. After the Cold War, Russia's international relationship remained the same as during the Cold War while Russia's influence was deteriorating.[15] The fact that Russia kept the same strategies while its military power was weakened made itself defensive and necessary to back off. After Putin's presidency, he initiated a defensive strategy and complied with USA's requirement in order to participate in international negotiations. This was the first step to improve international policies.

(3) Expectation of profits according to defensive strategies

---

[13] Olga Alekseeva, Suzanne Camara (*the future of Russia's millionaires*) [Online], 30 December 2010Available from http://www.gazeta.ru.

[14] Phiramontri R and other. *New Russia and Prospects for Expanded Relations with Thailand*, p 65.

[15] Ibid., p.72.

The profit which Russia aimed to attain was the right of discussion with the USA about problems, an opportunity to offer Russia as a petroleum resource at the global level, and the modification of strategies about the relationship of Commonwealth of Independent States (CIS).

President Putin made an attempt to fortify economy stability and carry on the development in Russia until the progress went properly. This would become a guarantee for foreign investors to trust Russian potential, especially when the petroleum product price in the global level was increasing, and this would lead Russia to develop further in a stable manner.

Dmitry Medvedev (2008 - 2012)

On 1999, Putin became prime minister. He invited Medvedev to join him in Moscow as head of the government administration. One month later, following Yeltsin's resignation and Putin's promotion to president, Medvedev was appointed deputy head of the presidential administration. Medvedev also ran Putin's 2000 presidential election campaign. In the early years of Putin's first presidential term, Medvedev headed a commission which oversaw drafting legislation to overhaul the civil service and judicial system.

(1) Politics. Medvedev's Presidency is seen as a more liberal leader than his predecessor, stressing modernization of the economy and the need for improvements to Russia's human rights record. The first year of Medvedev's presidency, 2008, was dominated by two major issues as the economic crisis which hit Russia and Russia's involvement in the South Ossetian War. Following the end of hostilities in the South Ossetian War, Medvedev recognized the independence of Abkhazia and South Ossetia by presidential decree. In November 2008, Medvedev passed amendments to the duration of presidential and State Duma terms, increasing them from four to six and five years respectively. Already in force, the amended terms will apply to those elected to office in parliamentary elections in December 2010 and presidential elections in March 2012. In March 2009 Medvedev announced plans to reform the civil service in line with his mission to stamp out corruption. He has also pushed for the removal of state officials from major state-controlled corporations. He increased presidential influence over the Constitutional Court in summer 2009, amending the law so that the chairperson of the Constitutional Court and his deputies would be nominated by the president, rather than elected by fellow judges as was previously the case. In May 2009, Medvedev set up the Presidential Commission of the Russian Federation to Counter Attempts to Falsify History to the Detriment of Russia's Interests. He also created the Department of Counteraction to Extremism in 2008, a

subdivision of the Interior Ministry. On September 24, 2011 during the United Russia party conference, Medvedev announced that he will back Vladimir Putin for president in 2012 elections. In turn Putin then announced that he would appoint Medvedev prime minister in a new government if his bid to return to the presidency is successful. Medvedev's popularity was probably boosted by his high-profile role in the National Priority Projects. In his first speech after being endorsed, Medvedev announced that, as president, he would appoint Vladimir Putin to the post of prime minister to head the Russian government. Although constitutionally barred from a third consecutive presidential term, such a role would allow Putin to continue as an influential figure in Russian politics. Putin pledged that he would accept the position of prime minister should Medvedev be elected president. Although Putin had pledged not to change the distribution of authority between the president and prime minister, many analysts expected a shift in the center of power from the presidency to the prime minister post when Putin assumed the latter under a Medvedev presidency. Election posters portrayed the pair side-by-side with the slogan "Together We Win".[16] Medvedev vowed to work closely with Putin once elected. Journalists quickly dubbed the new system with a practically dual-headed executive as "government by tandem" or "tandemocracy", with Medvedev and Putin called the "ruling tandem".

In 2008 South Ossetia war The long- lingering conflict between Georgia and the separatist regions of South Ossetia and Abkhazia, which were supported by Russia, escalated during the summer of 2008. In the night of 7–8 August, Georgia launched a surprise attack, codenamed "Operation Clear Field", against South Ossetia with 10,000–11,000 soldiers and 75 tanks. Several Russian peacekeepers were killed in the attack, and many South Ossetians who had Russian citizenship. In the early hours of 8 August, Russian military forces launched a counter-offensive against Georgian troops. After five days of heavy fighting, all Georgian forces were routed from South Ossetia and Abkhazia. On 12 August, Medvedev announced an end to the Russian military operation, entitled "Operation to force Georgia into peace". Later on the same day, a peace deal brokered by EU President Nicolas Sarkozy was signed between the warring parties. On 26 August, after being unanimously passed the State Duma, Medvedev signed a decree recognizing South Ossetia and Abkhazia as independent states. The five-day conflict cost the lives of 48 Russian soldiers, including 10 peacekeepers, while the casualties for Georgia totaled 170 soldiers and 14 policemen.The Russian popular opinion of the military intervention was broadly

[16] Mikk Titma and Nancy Brandom Tuma, *Modern Russia* (New York: McGraw-Hill, 2001), pp. 15-20.

positive, not just among the supporters of the government, but across the political spectrum. Medvedev's popularity ratings soared by around 10 percentage points to over 70%,due to what was seen as his effective handling of the war. Although Putin also had a visible role during the conflict, hurrying, for example, home from the Beijing Olympics to meet refugees arriving from the conflict zone, it was Medvedev who made the key decisions, authorizing the use of force and leading the peace negotiations. Western media coverage of the war was, however, very critical of Russia. Especially the American media was quick to take the side of Georgia. For example, early reporting by the New York Times credited Georgian claims blaming Russia for starting the war, which later turned out to be unreliable. In September 2009, an international fact-finding mission headed by Swiss diplomat Heidi Tagliavini confirmed that it was Georgia who started war, although according to it Russia responded with "disproportionate" measures.

In July 2008,Medvedev's National Anti-Corruption.[17] It suggested measures aimed at making sanctions for corruption more severe, such as legislation to disqualify state and municipal officials who commit minor corruption offences and making it obligatory for officials to report corruption. The plan ordered the government to prepare anti-corruption legislation based on these suggestions. The bill that followed, called On Corruption Counteraction was signed into law on 25 December 2008 as Federal Law N 273-FZ.According to Professor Richard Sakwa, "Russia now at last had serious, if flawed, legislation against corruption, which in the context was quite an achievement, although preliminary results were meager." Russia's score in Corruption Perceptions Index rose from 2.1 in 2008 to 2.2 in 2009, which "could be interpreted as a mildly positive response to the newly-adopted package of anti-corruption legislation initiated and promoted by president Medvedev and passed by the Duma in December 2008", according to Transparency International's CPI 2009 Regional Highlights report.

(2) Economy. The crisis in September 2008, Russia was hit by repercussions of the global financial crisis. Before this, Russian officials, such as Finance Minister Alexei Kudrin, had said they believed Russia would be safe, due to its stable macroeconomic situation and substantial reserves accumulated during the years of growth. Despite this, the recession proved to be the worst in the history of Russia, and the country saw its GDP fall by over 8% in 2009.The government's response was to

[17] Ibid., pp.22-23

use over a trillion rubles (more than $40 billion)[18] to help troubled banks, and initiated a large-scale stimulus program, lending $50 billion to struggling companies. No major banks collapsed, and minor failures were handled in an effective way. The economic situation stabilized in 2009, but substantial growth did not resume until 2010. Medvedev's approval ratings declined in wave of the crisis, dropping from 83% in September 2008 to 68% in April 2009, before recovering to 72% in October 2009 following improvements in the economy. According to some analysts, the economic crisis, together with the 2008 South Ossetia war, delayed Medvedev's liberal program. Instead of launching the reforms, the government and the Presidency had to focus their efforts on anti-crisis measures and handling the foreign policy implications of the war.

In the economic sphere, Medvedev has launched a modernization programmed which aims at modernizing Russia's economy and society, decreasing the country's dependency on oil and gas revenues and creating a diversified economy based on high technology and innovation. The programmed is based on the top 5 priorities[19] for the country's technological development as below:

1. The efficient use of energy and resources. Currently the energy intensity of the Russian economy is estimated to be about 2.5 times more than the world average. The government has set an aim of 40% decrease of the energy intensity by 2020. It is estimated that the main potential of achieving this aim lies within the housing sector and the budget organizations. The following state projects are initiated to increase the energy efficiency.

2. Nuclear technology. Russia was the first country to develop civilian nuclear power and to construct the world's first nuclear power plant. Currently the country is the 4th largest nuclear energy producer. Russia has a strong industrial and scientific base in the area of nuclear technology, but much needs to be done for the full use of the technological potential that had been amassed in the Soviet era. Nuclear power in Russia is managed by Rosatom State Corporation. The sector is rapidly developing, with an aim of increasing the total share of nuclear energy from current 16.9% to 23% by 2020. The Russian government plans to allocate 127 billion rubles ($5.42 billion) to a federal program dedicated to the next generation of nuclear energy technology. About 1 trillion rubles ($42.7 billion) is to be allocated from the federal budget to nuclear power and industry development before 2015.The programme aims

---

[18] Olga Alekseeva, Suzanne Camara (*the future of Russia's millionaires*) [Online], 30 December 2010Available from http://www.gazeta.ru.

[19] Olga Alekseeva, Suzanne Camara (*the future of Russia's millionaires*) [Online], 30 December 2010Available from http://www.gazeta.ru.

to establish secure, cheap and long-term nuclear energy supply in Russia as well as increase Russian exports of nuclear energy and technology abroad.

3. Information technology. The recent decade saw a rapid spread of information technology in Russia. Over 42% of population in Russia have personal access to the Internet, and all schools and universities were provided Internet connection by 2007 as a part of the National Priority Project in Education supervised personally by Dmitry Medvedev, then vice-Prime Minister. Russia is a leading developer of software and the country enjoys a large amount of IT talent. Russian youth dominate international technology competitions like the ACM International Collegiate Programming Contest, where Russian universities have won five of the last 10 contests. Despite this, Russia faces a shortage of IT specialists due to high demand. In 2009, Russian companies employed more than 1 million IT specialists, making up 1.34% of the country's workforce. However, the figure is lower than in some other major economies, such as the United States (3.74%), United Kingdom (3.16%) and Germany (3.14%).

4. Space technology and telecommunications. Currently the country is the largest satellite launcher and the only provider of transport for space tourism services. However, much of the potential achieved in this area still awaits large-scale commercialization. This can be achieved by the combination of space technology and telecommunications.

5. Medical technology and pharmaceuticals. Russia is significantly behind the world leaders in medical technology and pharmaceutical production. The country produces only 20% of the drugs used domestically, while 80% is imported. President Medvedev has said he is confident that Russia can overcome the problem, and has called for a restoration of Russia's pharmaceutical industry, through the principles of mixed financing, both government and private. He has stressed the need for serious investment, saying that hundreds millions of dollars are needed, as well as investment into personnel. Currently, the specific major state projects in the area of medical technology and pharmaceuticals are not yet defined or announced. The government aims to achieve the primarily domestically production of the most needed types of medical equipment and pharmaceuticals, as well as support the development and commercialization of new innovative products, especially those related to biotechnology , cell and nuclear medicine, and nanotechnology.

The consequences from the economic crisis in the beginning of 1990 from the Glasnost and Perestroika policies as well as failure in managing economic issues from Gorbachev’s government which affected directly Russians’ living quality led to an

increase in alcohol consumption due to stress. Non-communicable diseases and chronic diseases became very common such as diabetes, tuberculosis, cardiovascular sickness, AIDS as well as an increasing tendency of suicide.[20]

Non-communicable diseases are groups of chronic diseases which possess public health importance since these diseases inflict sickness, handicapped status and premature death. Examples of these diseases are heart and blood vessels diseases, cancer, diabetes, lung diseases (asthma, and chronic respiratory diseases) bones and joints diseases (bone degenerative disease, osteoporosis), heart dysfunction etc. This group of diseases is caused by many risk factors such as smoking, improper food consumption, lack of exercise, stress etc. based on lifestyle and the environment which is not compatible to creating quality health.

The change of the Soviet Union healthcare system from Socialized Healthcare to Decentralized Healthcare in 1991 was considered as a major change in Russian healthcare. It can be divided into 2 aspects;[21] reform of the public healthcare system and reform of the private healthcare system.

Health care system.

Reform of the public healthcare system

After the collapse of the USSR until the separation of former-USSR countries and the Russian Federation remained, the healthcare services were obliged to change so as to adapt to the new country. This can be categorized into 3 aspects as

(a) Federal legislation

The defects and problems from the Soviet Union healthcare system policies led to reforming new policies and law, from the parliament of the Supreme Soviet of the RSFSR under the constitution of the Federal Assembly of the RF which was first announced on 12th December 1993. There were 2 articles which concerned the healthcare system: article 1 and article 46 as well as issuing laws on the fundamentals of legislation on citizen's health protection under the federal government as follows;

---

[20] Ellie Tragakes and Suszy Lessof, *Health Care Systems in Transition*(The European Observatory on Health Systems and Policies is a partnership between the World Health Organization Regional Office for Europe.2003), pp.45-47.

[21] Ibid., pp. 217-250.

Constitution of the Russian Federation[22]

The Constitution of the Russian Federation was adopted at national voting on 12 December 1993. It contains two articles related to the healthcare system:

Article 7:

1. The Russian Federation is a social state whose policy is aimed at creating conditions for a worthy life and the free development of man.

2. In the Russian Federation the labor and health of people shall be protected, a guaranteed minimum wages and salaries shall be established, state support ensured to the family, maternity, paternity and childhood, to disabled persons and the elderly, the system of social services developed, state pensions, allowances and other social security guarantees shall be established.

Article 41

1. Everyone shall have the right to health protection and medical aid. Medical aid in state and municipal health establishments shall be rendered to individuals gratis, at the expense of the corresponding budget, insurance contributions, and other proceeds.

2. In the Russian Federation federal programmes of protecting and strengthening the health of the population shall be financed by the State; measures shall be adopted to develop state, municipal and private health services; activities shall be promoted which facilitate the strengthening of health, the development of physical culture and sport, ecological and sanitary-epidemiological well-being.

3. The concealment by officials of the facts and circumstances posing a threat to the life and health of people shall entail responsibility according to the federal law.

Legislation entitled "Fundamentals of the Russian Federation legislation on citizens' health protection" of 1993 defines the following as the responsibilities of the federal government:[23]

- Protection of human and citizen rights and freedoms in the area of health protection;
- Elaboration of a federal policy to protect citizens' health;

[22] *Constitution of the Russian Federation* [Online], 15 July 2012. Available from:15 July 2012. Source http://www.constitution.ru/en/10003000-03.html

[23] *Constitution of the Russian Federation* [Online], 15 July 2012. Available from:15 July 2012. Source http://www.constitution.ru/en/10003000-03.html

- Elaboration and implementation of federal programmes on health care development, disease prevention, medical care delivery, public health education and other issues to protect citizens' health;

- Definition of the percentage of expenditures for health care within the federal budget; elaboration of a fiscal policy (including tax exemptions, duties and other payments to the budget) in relation to health protection;

- Management of federal property used in health protection;

- Establishment of a common federal statistics and accounting system in health protection;

- Development of common criteria and federal education programmes for medical and pharmaceutical training, determination of a list of specialties in health care;

- Establishment of medical care quality standards and control over compliance with them;

- Development and approval of a basic programme of compulsory health insurance and establishment of tariffs for its premiums;

- Defining benefits for certain population groups receiving medical-social care and pharmaceutical supplies;

- Organization of the State Sanitary Epidemiological Surveillance (SSES); development and approval of federal sanitary regulations, norms and hygienic standards; securing state-sanitary epidemiological surveillance; organization of the system for the sanitary protection of the RF territory;

- Coordination of the activity of state and administrative authorities, sectors of the economy, and of the state, municipal and private health care systems;

- Establishment of procedures for medical expertise;

- Establishment of procedures for licensing of medical and pharmaceutical activity.

According to the same legislation, the regions' responsibilities are defined to be the following:

- Development and allocation of the regional budgets;

- Material-technical supply for the health care facilities under the ownership of the region;

- Approval of territorial compulsory health insurance programmes;

- Establishment of additional benefits for certain population groups receiving medical-social care and pharmaceutical supplies;

- Coordination of activity of state authorities, municipal and private health care systems' subjects in the area of health protection;

- Organization and coordination of training of health protection personnel;

- Licensing of medical and pharmaceutical activity within the regions. Finally the legislation stipulates the following responsibilities for the municipal (rayon) level: 15

- Organization, maintenance and development of municipal health care facilities;

- Securing the sanitary wellbeing of the population;

- Development of the local budget for health care expenditures.

The legislation is vague concerning the precise delineation of responsibilities of the federal level toward the regional, as well as of the regional level toward the municipal.

Issuing the law of fundamentals of the Russian legislation on citizen's health protection under federal government indicated the division of responsibility from the federal government to regions, and from regions to municipal level.

As for the municipal healthcare system, it consisted of local governmental departments, authorized to realize the managing process in the healthcare sphere and medical, pharmaceutical and drugstore organization and places as municipal property. However, the law in 1993 was still unclear about how to divide the responsibility between the federal government and the regional part due to an attempt to integrate many divisions from the USSR into the smaller categories in the Russian Federation government.

(b) Organization structure

In November 1991, the Ministry of Health of the USSR was cancelled and replaced by the Ministry of Health and Social Development of Russian Federation from combining 2 ministries, All-Soviet Ministry and Russian Republican Ministry. In the same year, The Academy of Medical Sciences of USSR which was responsible for medical researches was integrated into an independent organization under the Russian Federation by the name of Russian Academy of Medical Sciences.[24]

[24] Ellie Tragakes and Suszy Lessof, *Health Care Systems in Transition*. pp 252-255.

The structuring of healthcare system was placed at the national administration level.

(1) The federal level

(2) The regional (Oblasts) level : 21 republics, 6 Krais, 49 Oblasts, 11 Autonomous and special area (Moscow and St.Petersburg)

(3) Municipal (Rayon) level : Rayons (municipals), cities, towns, villages and rural settlements.The three-level of healthcare administration was under the concept of decentralization of the healthcare system[25] under the supervision of the Ministry of Public Health and Department of Social Development :

(1) The federal level

The minister of Health was appointed by the Prime Minister and authorized by the parliament. *Ministry of health and social development* was to indicate the central policies formulating body and to supervise the rights and roles of execution as well as to make decision for the appointed policies for the regions.

Ministry of health and social development had responsibility for the following 12 subjects as well as to set goals of management.[26]

− Developing and implementing state policy in healthcare;

− Developing and implementing federal health programmes, including initiatives on diabetes, tuberculosis, health promotion, health education, disease prevention etc;

− Developing draft legislation and presenting it to the State Duma;

− Governance of federal medical facilities;

− Medical education and manpower development;

− Epidemiological and environmental health monitoring and health statistics;

− Control of infectious diseases;

− Development of health regulations;

− Development of federal standards and recommendations for quality assurance;

− Development and implementation of federal health programmes (TB, AIDS, health promotion, etc.);

− Control and licensing of drugs.

---

[25] Ibid., pp. 256-260.

[26] Ibid., pp. 261-263.

Ministry of Health has federal targeted programmes which normally deal with the following issues:[27]

- Diabetes
- Tuberculosis
- Immunization
- High technologies
- HIV/AIDS
- Emergency medicine
- Mother-and-child care
- Medical industry development
- Medical-sanitary provision to the nuclear energy complex and other dangerous industries.

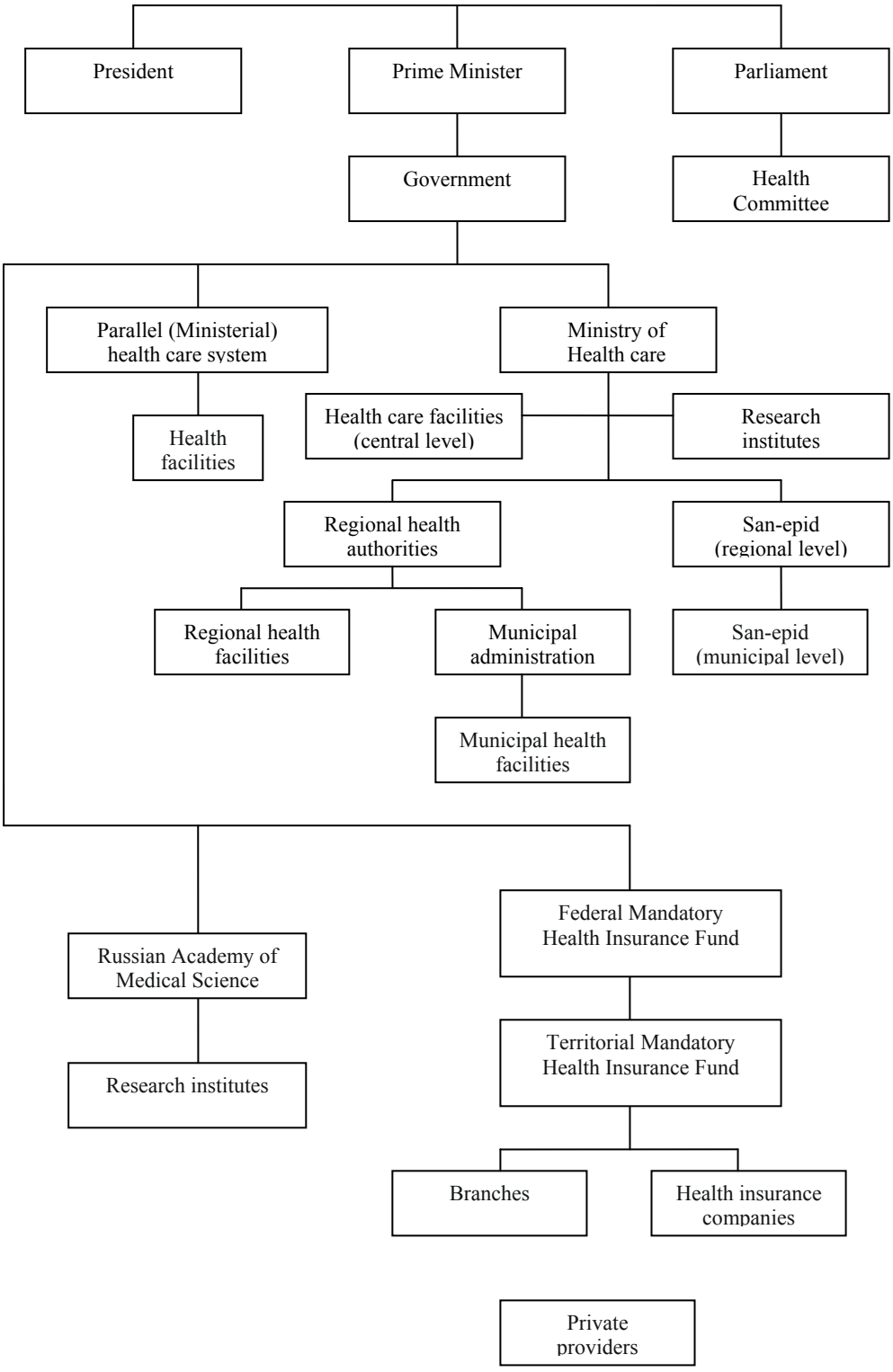
San-Epid system (The State Sanitary Epidemiological Surveillance system) was categorized as an independent service within the Ministry of Health

The organizational structure of the Federal Ministry of health was modified several times in order to control and follow the prosecution of the reform, as well as to increase unity of coordination and efficiency within the organization.

The Ministry of Health received the administrating budget from the Ministry of Finance. This budget would be used for the funding of scientific and research institutes, activities of launching clinics of the Russian Academy of Medical Sciences, scientific centers and medical schools. The federal level would administrate and control only s small part of the public health resources which were only 5% from the total sum.

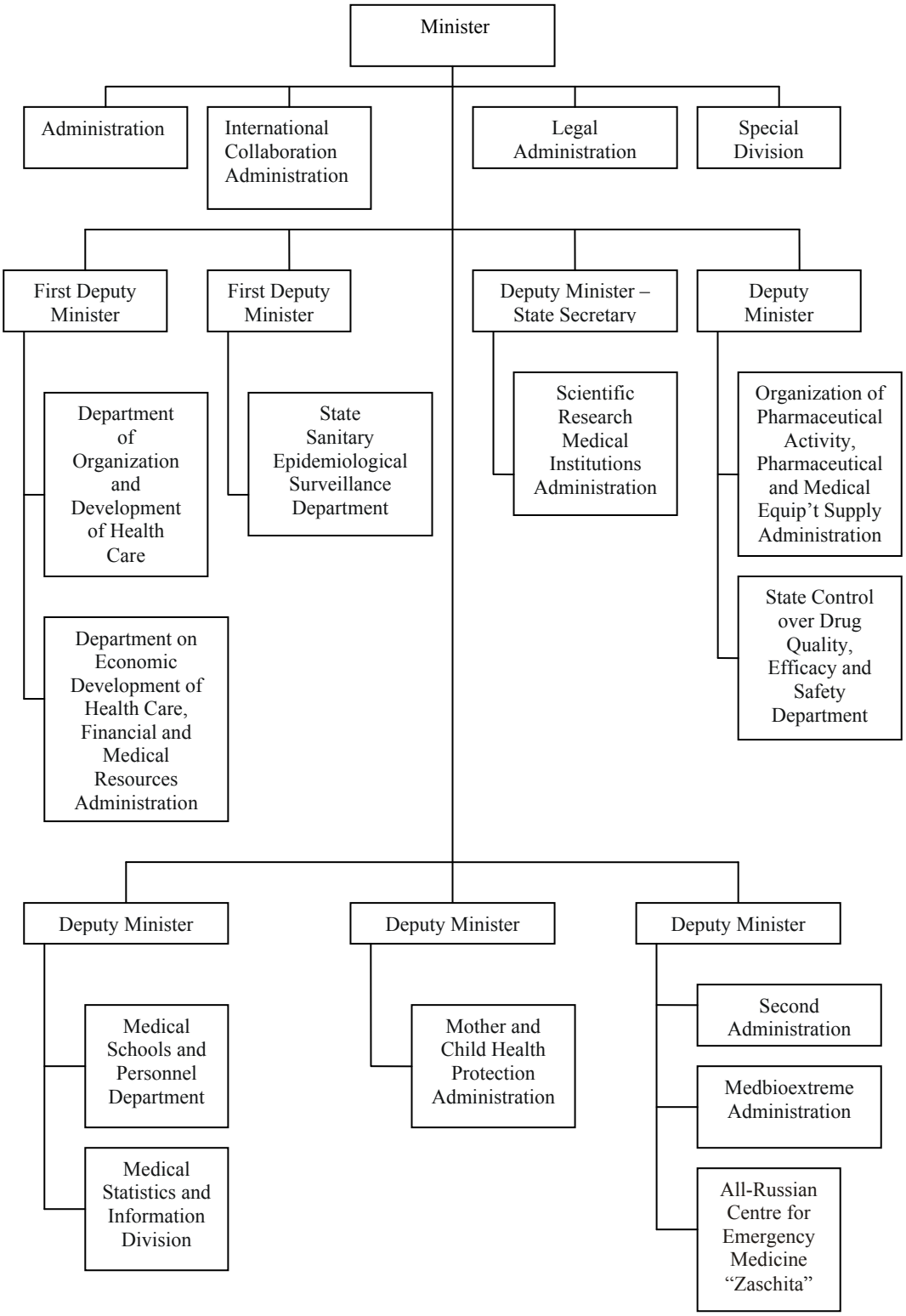
[27] Ibid., pp.265-266.

Figure5. Organizational structure of the health system of the Russian Federation.



Source: Adapted from Ellie Tragakes and Suszy Lessof, *Health Care Systems in Transition*.p 33.

Figure 6:.Organizational Structure of the Federal Ministry of Health of the Russian Federation.



Source: Adapted from Ellie Tragakes and Suszy Lessof, *Health Care Systems in Transition*. p 34.

(2) The regional level

This administrating unit took care and controlled the health care system at the regional level. Before 1993, during the Soviet Republic, the regional level possessed the full power of administrating the public health budget. But once the Mandatory Medical Insurance System (OMS) was first active in 1993, OMS took complete control on managing budget. The regional and local organizations were responsible for administrating and managing the policies to be relevant to the federal level's policies, especially the infectious diseases control which was prioritized as an important issue to society. However, it was not necessary to report the situation to the Ministry of Health from the decentralization policy. As a result, the local public health organizations possessed full authorization to administrate on their own.

As for local public healthcare's and hospital's facility, there were generally about 1,000 beds and about 400 beds for a children hospital; this did not include outpatients department. Besides, there was also special preparation for infectious diseases, Tuberculosis, psychiatric diseases and other diseases.[28]

(c) The municipal level

In the health care system reform, the regional organizations actively participated and the administrating authorization was with the central hospital in each district. The federal government allowed fully-fledged power for administration but obliged to follow the Ministry's regulations and policies. These units' roles were to provide medical services according to the law within their own areas and jurisdictions.

As for the medical facility, the hospital would have 450 beds while a smaller hospital had approximately 200 beds. For the further rural areas would provide polyclinics and diagnostic centers for the primary aid or having a 100-bed hospital for providing service. Also, a few local healthcare places would provide special treatment for infectious diseases and tuberculosis as well as maternity hospitals, psychiatric hospitals and hospitals for handicapped individuals.

(d) Public procurement

The financial support for medical purpose was funded from OMS funds according to mandatory medical insurance and the budget of every public healthcare unit at all levels followed the federal protocol of free medical-care

[28] Ellie Tragakes and Suszy Lessof, *Health Care Systems in Transition*.p277.

insurance. [29]There was budget distribution to the regional and local level from the federal level and they administrated the received budget to support the activities in each area. The budget calculation would be from the amount of population and the amount of medical practitioners in the medical facilities responsible from OMS funds budget received.

Mandatory Medical Insurance was founded in June 1991 from the law concerning healthcare guarantee of the Russian Federation with the responsibilities as follows[30];

- Supply of goods, execution of works, and provision of services that fall within the sphere of activities of natural monopolies;
- Services in the spheres of water supply engineering, water disposal, sewage, heating, gas supply (except for services related to the sale of liquid gas) are rendered in accordance with prices specified in the legislation of the Russian Federation;
- A production or service necessity arises, which execution or rendering can be fulfilled exclusively by an executive body according to their powers or by their subordinate state institutions, state companies the respective powers of which are determined by regulatory legal acts of the Russian Federation, and by the legal regulatory acts of the constituent entity of the Russian Federation. In such a case, a customer is obliged to inform the FAS (if procurement is carried out for federal needs) or other supervision authority (if procurement is carried out for the needs of a constituent entity of the Russian Federation or a municipal entity) not later than within one working day of signing the contract;
- orders for the supply of goods, execution of works, rendering of services for state needs are placed with a supplier (executor, contractor) who has been assigned by an order or regulation of the President of the Russian Federation.

Reform of the private healthcare system.

Private Medical is an alternative medical service of the private sector founded by people or organizations as well as healthcare insurance under the agreement, by consent to follow the government standard under the constitution of the Russian Federation, and to provide the equivalent services to public hospitals / facilities to

---

[29] Ibid., pp281-285.

[30] Ibid., pp286-287.

people. Medical practitioners in Private Healthcare were obliged to receive a medical certificate of medical knowledge from experts and obtain the medical license to perform medical treatment and activities.[31]

Medical treatment from the private sector first started at the end of the 1980in Moscow from the medical cooperative, because people in Moscow could afford to pay medical fee more easily than ones in the other cities in order to receive better and faster services than were available public healthcare. This resulted in medical practitioners fluidity from the public practitioners, who received limited remuneration from the government, to become private practices for requested clients.

In 1996, the Russian government initiated the law of healthcare service fee control in the private sector with the necessity of possessing a government certificate. This resulted in 4 million of people[32] who chose the private healthcare in Moscow and approximately 10 million in the regions in which there was a fast expansion of private services, especially in dentistry. In Moscow, there were 3,000 private dentist clinics.[33]

Some of the private healthcare facilities also had affiliation with OMS, with the agreement that patients would have to pay the additional fee issued. However, this was somehow seen as a contradiction of the constitution which indicated free medical-care service.

In 1991, there was an approval for Voluntary Medical Insurance (DMS) which normal people or the employees in organizations could receive additional medical services further than the ones in the basic package indicated by the government.[34]

Health resources[35]

Since independence in 1991, the size of the network of medical facilities has decreased in all levels of medical care. While in the first decade there was a gradual reduction in the number of both hospital and outpatient facilities, during the second

---

[31] The Stockholm Region office in St. Petersburg, *Russian Healthcare System Overview*pp.71-75

[32] Ibid., p77.

[33] Ibid., p77.

[34] Ibid., pp81-85.

[35] Larisa Popovich, Elena Potapchik, Sergey Shishkin,et al., *Russian Federation Health system review 2011*. The European Observatory on Health Systems and Policies is a partnership between the World Health Organization Regional Office for Europe, 2011.p96

decade there was a sharp contraction in the size of the network. During 1990–2000 the number of inpatient facilities decreased by 16%, and the number of outpatient facilities remained unchanged; during the next decade the number of inpatient facilities decreased by 40%, and outpatient facilities by 28%. The capacity of these facilities also decreased both absolutely and relatively, as calculated per 10 000 population. The decline in 1995–2000 was the result of both voluntary policies linked to the introduction of MHI reforms and involuntary reductions caused by severe resource constraints. The most recent contraction in 2005–2009 reflected the closure of the vast majority of small rural (uchastkovye) hospitals.

Obsolescence and maintenance remain persistent problems among a significant number of health facilities under the control of the MOHSD. The condition of facilities under the MoHSD is surveyed on an annual basis and the surveys are used to inform capital investment funding; however, the funds available are very limited even when there has been significant economic growth in the country. The lack of such basic services as mains sewerage and hot water undoubtedly impact negatively on quality of care, and the lack of telephone connections has significant implications for the development and maintenance of information systems. Those facilities most likely to lack such basic services are predominantly in rural areas, where few other buildings locally would have access to such services either.

Table 6. Health Care Providers in Russian Federation, Years. 1990-2009

Year	**1990**	**1995**	**2000**	**2001**	**2003**	**2005**	**2007**	**2009**
No. hospitals (thousands)	12.8	12.1	10.7	10.6	10.1	9.5	6.8	6.5
No. hospital beds, total (thousands)	2037.6	1850.5	1671.6	1653.4	1596.6	1575.4	1522.1	1373.4
Hospital beds, (per 10,000 population)	137.4	125.8	115	114.4	111.6	111.3	107.2	96.8
No. outpatient facilities (thousands)	21.5	21.1	21.3	21.3	21.5	21.8	18.3	15.3
Outpatient facility capacity,(a)total (thousands)	3221.7	3457.9	3533.7	3548.4	3557.8	3637.9	3674.6	3657.8
Outpatient facility capacity,(a) (per 10, 000 population)	217.3	235.1	243.2	245.4	248.7	256.9	258.8	257.7

Source: Federal State Statistics Service, 2011.

Note: (a)Capacity as visits per shift

In conclusion, the medical healthcare reform in Russia was a difficult issue because of the vast area. Hence it was difficult to evaluate and administrate the progress of the smaller organizations in the rural areas despite the attempt to encourage the decentralization policies. The financial problems which were

accumulated from the USSR period still interfere and led to inequality of managing resources to further areas. Also, in the first period of the Russian Federation, the political situation was not stable combining with the economy which also was not stabilized. This led to the healthcare reforms being unable to attain its goals in the first place as planned in the constitution. This led to Russians who could afford to travel abroad and pay for personal medical service travelling for medical purposes. Mostly the destination was Europe because of the short distance and the modern technology. The second choice was the Middle-East where the medical service was cheaper and more developed than in Russia. Despite the fact that, in Putin's government, there was economic growth, the healthcare system was not well developed; some hospitals became private hospitals from the privatization which required patients to pay additional charges which OMS insurance did not cover; corruption problem of medical[36] appliances purchasing since the government could not conduct an inspection due to decentralization policies; problem of changing or resigning of medical practitioners to the private hospitals or abroad because the free-trade policy which rose the cost of living but the government couldn't provide additional salaries which led to a lack of practitioners in the government facilities.

As for the health status of Russians, there was an expansion of non-communicable diseases from the opening of the country which led to a great amount of addiction-induced products distribution such as cigarettes, alcohol, and wine in Russia. Also Russians' consumption trend was to eat more sweet, greasy and salty food from the selection of products. These consumption habits led to tendency of cancer, heart diseases, cholesterol problems, and diabetes which have increased every year since the Russian Federation.

Health status.

The Health status in (1991 - 2010)**,** after becoming the Russian Federation in 1991, the Russian healthcare system still adopted the previous style as USSR system but it allowed the participation of the private sector under Gorbachev' policies. All of the appliances and facilities were the same as the USSR without any improvement because the government paid more attention to politics and economy. In 2006, President Putin announced the NHPP healthcare reform which improved it but not so much. Most of the health problems came from non-communicable diseases caused by the difficult lifestyle of Russians as well as the lack of consuming health care, alcohol and cigarette consumption. Another cause was psychiatric illness and suicide.

[36] Ibid., p88.

(1) Population[37]

The population of the Russian Federation peaked in 1992 at 148.3 million and it has been shrinking ever since (WHO Regional Office for Europe, 2011). This has been caused by a falling fertility rate and relatively low birth rate, coupled with a high death rate. The low birth rate and low fertility rate are common to other countries that have been going through social, economic and political transition; however, the high death rate has been more severe in the Russian Federation than in neighbouring states, and it has most seriously affected men of working age. The underlying reasons for this demographic situation and its implications are outlined below.

Table7.Population in 1980 - 2009

Population (millions)	**1980**	**1990**	**1995**	**2000**	**2005**	**2009**
Total population	139.00	148.30	148.10	146.30	143.20	141.90
Population, female	74.92	78.90	78.64	77.98	76.76	76.34
Population, male	64.08	69.40	69.46	68.32	66.44	65.56
Population aged 0–14 years	30.02	34.11	31.69	26.63	21.62	21.00
Population aged ≥65 years	14.18	14.98	17.62	18.14	19.76	18.59

Source: World Bank, 2011c, WHO Regional Office for Europe,2011.

In 1959 there was 117.23 millions of population in Russian Republic was 52% of population in the metropolis. After the collapse of USSR and the immigration to Russia due to economy and job reasons, the ratio of population in the metropolis became 73% in 1995.

[37] *The Ministry of Healthcare of the Russian Federation*, [Online]. Available from: http://www.minzdravsoc.ru/eng

Table8.Ratio of population in the metropolis and countryside.

Year	Population (millions)	In the metropolis (millions)	In the countryside (millions)	In the metropolis	In the countryside %
1959	117.23	61.14	56.09	52%	48
1980	139.00	97.02	30.20	70%	30%
1990	148.30	108.85	26.60	73%	27%
1995	148.10	108.71	26.60	73%	27%
2000	146.30	107.38	26.60	73%	27%
2005	143.20	104.39	27.10	72%	28%
2009	141.90	103.30	27.20	72%	28%

Source: World Bank, 2011c, WHO Regional Office for Europe, 2011.

(2) Life expectancy

Life expectancy of males decreased from 1986, from 64.2 to 58.1 (1995), and one of females from 73.3 to 71.6. However, it increased in 2006.

Table9. Life Expectancy

Average age	1986	1990	1995	2000	2003	2006	2009
Total average	-	69.2	64.5	65.3	64.8	66.6	68.7
Males	64.2	63.7	58.1	59.0	58.6	60.4	62.8
Females	71.6	74.3	71.6	72.3	71.8	73.2	74.7

Source: Federal Statistics Service, 2011

The decreasing life expectancy came from the non-communicable diseases such as cardiovascular diseases and neuropsychiatric condition. These were main cause of death both for males and females from the information of 2002.

Table10. Five leading disability groups as percentages of total DALY in 2002

Rank	Males (total DALYs%)	Females (total DALYs%)
1) Cardiovascular diseases	26.1	31.2
2) Unintentional injuries	20.6	9.3
3) Neuropsychiatric conditions	11.6	16.5
4) Intentional injuries	11.5	3.7
5) Malignant neoplasms	6.9	9.3

Source: Background data from WHO (2003)

(3)Death of newborn babies.

Death of newborn babies decreased dramatically from Soviet period. It became 8.1 per 1,000 in 2009 from 25.4 per 1,000 in 1987 thanks to maternity and child care in Soviet time.

Table11. Death of newborn babies.

Infant mortality	1987	1990	1995	2000	2003	2006	2009
Death per 1,000 live birth	25.4	17.4	18.1	15.3	12.4	10.2	8.1

Source: Background data from WHO (2003)

Also, the birth rate decreased due to economy crisis.

Table12.Birth rate

Birth rate	1980	1990	1995	2000	2005	2009
(per 1,000)	15.90	13.40	9.30	8.70	10.20	12.40

Source: Background data from WHO (2003)

(4)Cause of death rate

The death from non-communicable disease increased every year because of the choice of consumption after opening the country as well as the tendency of consuming sweet and greasy food. This included alcohol and cigarette consumption and suicide became another interesting case since the rate rose up after a period of opening the country for 5 years.

Main cause of death (all ages per 100,000 population), 1990-2009 (selected years)

Table13.Cause of death rate

Main causes	**1990**	**1995**	**2000**	**2005**	**2006**	**2007**	**2008**	**2009**
Communicable diseases								
Infectious and parasitic diseases (A00-B99)	12.1	20.7	24.9	27.2	25.1	24.2	24.3	24.0
Tuberculosis (A17-A19)	7.9	15.4	20.5	22.5	20.0	18.4	17.9	16.8
Non-Communicable diseases								
Circulatory diseases (I00-I99)	618.7	790.7	845.1	908.0	864.7	833.9	835.5	801.0
Malignant neoplasms (C00-C97)	192.9	200.9	202.9	199.4	200.9	201.2	201.9	204.9
Digestive organs, malignant (C15-C26)	81.0	80.6	78.0	76.0	75.6	76.2	76.2	76.8
Respiratory diseases (J00-J99)	59.4	73.9	70.2	66.2	58.1	54.8	56.0	56.0
Digestive diseases (K00-K93)	28.7	46.1	44.4	65.5	62.8	61.7	63.7	62.7
External causes (V01-V89)	134.0	236.8	219.0	220.7	198.5	182.5	172.2	158.3
Transport accidents (V01-V99)	29.2	26.3	27.2	28.1	26.8	27.5	25.0	21.2
Suicide (X60-X84)	26.5	41.4	39.1	32.2	30.1	29.1	27.1	26.5

Source: Federal State Statistic Service, 2010b.

Note: A cause from the ICD-10 classification (WHO, 1994).

According to WHO survey in 2002, cause of non-communicable diseases were alcohol, cigarettes, high blood pressure and cholesterol problem. The 10 leading risk with their relative contributions, in descending order, to burden of disease in the male and female populations of the Russian Federation. According to DALYs, alcohol and tobacco use place the greatest burden on males and high blood pressure and high cholesterol on females.

Table14.Ten leading risk factors as causes of disease burden measured in DALYs in the Russian Federation (2002)

Rank	Males		Females	
	Risk factors	Total DALYs (%)	Risk factors	Total DALYs (%)
1	Alcohol	22.8	High blood pressure	19.6
2	Tobacco	20.5	High cholesterol	12.7
3	High blood pressure	14.1	High BMI	10.7
4	High cholesterol	12.0	Low fruit and vegetable intake	7.0
5	High BMI	7.1	Alcohol	6.8
6	Low fruit and vegetable intake	7.0	Physical inactivity	5.2
7	Physical inactivity	4.3	Tobacco	2.5
8	Illicit drugs	2.7	Unsafe sex	1.8
9	Occupational risk factors for injuries	1.3	Illicit drugs	1.3
10	Lead	1.2	Lead	0.9

Source: WHO Regional Office for Europe, Highlights on health in the Russian Federation 2005,p11.

(5) Life style

After opening the country of Russia and the changing political regime as a liberal state, the Russian market attracted a considerable amount of products and services. This turned Russia into a consumerism country. We could see from the increasing consumption statistics index of Russia. It became 112.9% in 2010 compared to 26.3% in 1992. As for alcohol and cigarette consumption, it became 108.3% from 24.7% and 119.5% from 36.8% respectively. At the same time, the medical expenses index increased from 2.6% (1995) to 108.4% (2010) in order to get faster and better services.

Table15.Consumer price indices (December of previous year; percentage (%)

	1992	1995	2000	2005	2006	2007	2008	2009	2010
Food product	26.3	2.2	117.9	109.6	108.7	115.6	116.5	106.1	112.9
Vegetable oil	35.7	1.9	90.7	102.1	98.8	152.3	122.1	80.2	127.6
Butter	42.8	1.5	104.1	108.2	106.8	140.3	110.5	107.9	123.3
Cheese	35.8	2.4	113.6	112	104.2	156.3	93.3	100.9	119.9
Alcoholic beverage	24.7	2.3	125	107.6	110.1	107.7	110.9	108.9	108.9
Tobacco product	36.8	2.8	103.6	105.3	108.1	107.7	116.1	118.7	119.5
Public health	-	2.6	122.9	118.7	113.6	113.9	116.3	113.9	108.4

Source: Federal State Statistic Service, 2010b.

Table16: Out-of-pocket expenditure on fee-paying services and purchasing drugs.

Year	Paid medical services (billion roubles)	Purchasing drugs (billion roubles),
2000	20.5	70.1
2001	24.7	94.2
2002	34.8	120.1
2003	44.4	147.9
2004	56.0	173.2
2005	74.5	206.9
2006	96.9	248.4
2007	114.3	315.0
2008	136.5	405.0
2009	154.2	494.0

Source: Federal State Statistics Service, 2010.

Conclusion

Health care system at the present time (1991 – 2011)

Health problem.

In 1991, after the collapse of the USSR and the announcement of independence from the 15 member countries, there remained only the Russian Federation with 140 million inhabitants. But the way of living and public utilities were the same as in the USSR period. In the first period after the transformation, Russians had to make an effort to adapt a new lifestyle within a short time. Their lives under strictly regulated now suddenly became free under liberalism. But the situation was still hard. With the pressure of a low economy and utilities shortages, people were even more stressed when adapting themselves to this change. It resulted in consuming alcohol and smoking cigarettes in a recreational way. Accumulated health problems from hard work in the Communist period resulted in non-communicable diseases becoming the major problem in the first decade after the opening up of the country. In the second decade up to now, the most frequently found non-communicable diseases were cholesterol-related, heart diseases, and high blood pressure because of their consuming habits. The larger choices in the market combined with more alcohol consumption raised the death rate exponentially, especially accidents involving teenagers. Psychiatric problems also increased in numbers from the competing lifestyle, which never happened before in the Soviet period, and resulted in stress in adaptation to this.

Social and economic elements in health care system.

The Russian Federation was founded after the collapse of the USSR. From a communist country, it became a liberal democracy with the president elected as the country's administrator under the constitution, under decentralization. In the first place, President Yeltsin had to face a tremendous amount of resistance and disagreement from the conservative Communist Party. This made the political reform progress rather slow. Corruption also prevented the progress and transformation of all government organizations into the new liberalised style. Also there were large numbers of violent secession from many ethnics groups from the former USSR which announced their own independence. This caused the government to concentrate more on political and economic issues seriously.

In the international sphere, Russia had to participate in many activities in the place of the former USSR. This made Russian politics difficult and full of challenges. Once Putin became President of Russia, politics became more stable and were able to develop other aspects. In 2006, educational reform, salary promotion for civil servants, population's living quality improvement, and healthcare system reform were initiated at the policy level. These politics were officially carried out in the President Medvedev's period in 2010.

The Russian economy after the collapse was mainly the recovery from the long-lasting troubled time in the USSR period. The government then needed to launch strict financial policies, which caused more trouble to the financial market in combination with "Tom Yam Kung" economic crisis in South East Asia. The fact that Russia opened up the country also led to economic reforms. Once it turned into an open market, influential people monopolised the economy for their own profit which had previously been centralised under the Communist government.

Privatization, import and export tax reductions, foreign investment in Russia, and membership of the World Trade Organization (WTO) gave Russia more income. The most important export product was energy resource products. In 2007, Russia was ranked as the 6th of the highest GDP in the world, and was categorized into the BRIC group which was under world attention. From this development, the living quality in Russia improved and it led to a consumerism trend which resulted in an increasing rate of non-communicable diseases.

Health care system.

The health care system of the Russian federation still shared the same concepts and structures as in the Soviet period. However, the administration system became a decentralized healthcare system so as to coordinate with the democratic

regime of the federation. There were 2 important steps of healthcare reform as follows:

(a) The reform of the public healthcare system

After the former USSR countries separated themselves from Russia, the Russian Federation needed to minimize the organization during the Yeltsin's period in 4 ways:

(1) The Code about heath care

(2) The infrastructure of the healthcare system

(3) The financial system of the healthcare system

(4) Healthcare appliance purchasing

We can assume that medical appliances and medical practitioners were the same as in the Soviet period, but there was an addition of social welfare services for the population provided by the government tax collection system. In cases of exceeding the indicated services in the law, each individual had to take responsibility for the cost.

(b) The private health care reform

The government approved the service of private practitioners from private sectors under the government's supervision according to the constitution. The quality control of medical staff and facilities were very strict. The government had agreements with the private sector about its participation in social welfare services (OHs) for the Russian population which covered only the basic treatments listed by the government. This was the first step for medical services to become a business in Russia as well as the founding an insurance company which could manage the population's health issues in 1992.

In 2006, during Putin's period, there was health policy reform (NHPP) but it was considered a small improvement, because after the collapse of USSR the Russian government was occupied with solving economic and political problems as its main priority. During President Medvedev's period in 2008, he ordered the renewal of Putin's healthcare policy and included it in the modern economic development plan by planning the NHPP from 2010 to 2020 with the principal aim of increasing the numbers of Russia's population, developing healthcare services, assuring the government's responsibility to public healthcare services, improving the social welfare system to dispense medicines to outpatients, increasing the efficiency and quality of medical practitioners, developing medical technology and knowledge, and applying the information technology to the healthcare services.

CHAPTER IV

THE REFORM OF HEALTH CARE'S POLICY IN RUSSIAN FEDERATION TOWORD THE YEAR 2020

The chapter is present the underlying concept resulting in the reform of the healthcare policy from the present time until 2020. This deals with health actual results of over the past 10 years of healthcare policy and also gives reasons for Russians seeking medical services outside their country. Also, it will deal with new policy reforms as a result of Vladimir Putin's re-election 2012 – 2020.

In 2006, the following National Priority Project (NPP) was launched under supervision of the President of the Russian Federation in Health care system. The most important in NPP with also included some arrangement in the nation demographic policy. The main directions of the NPP of Health care are show as in Figure 7. The NPP of health care showed that annual extra increment of government spending for health care (on the average, 10% in a year during the period 2005-2009) really improved population health in Russian Federation : LEB increased by 3.6 years and CDR decrease by 12% .The continuous decrement in mortality save 820 thousand Russian people during these years.[1]

However, there was certain shortcoming in realization of NNP Health care. It was focused on investment in high technologies and infrastructural component of health care system. With this approach, the capitalized purchases of expensive equipment for Medical Prevention Intuition, construction of the medical high-tech centers made up 40% of the project budget.[2] The investments in the sustainability of primary health care and preventive medicine, which are the most economically efficient measures to improve population health, accounted for only 60%.[3] Here one

---

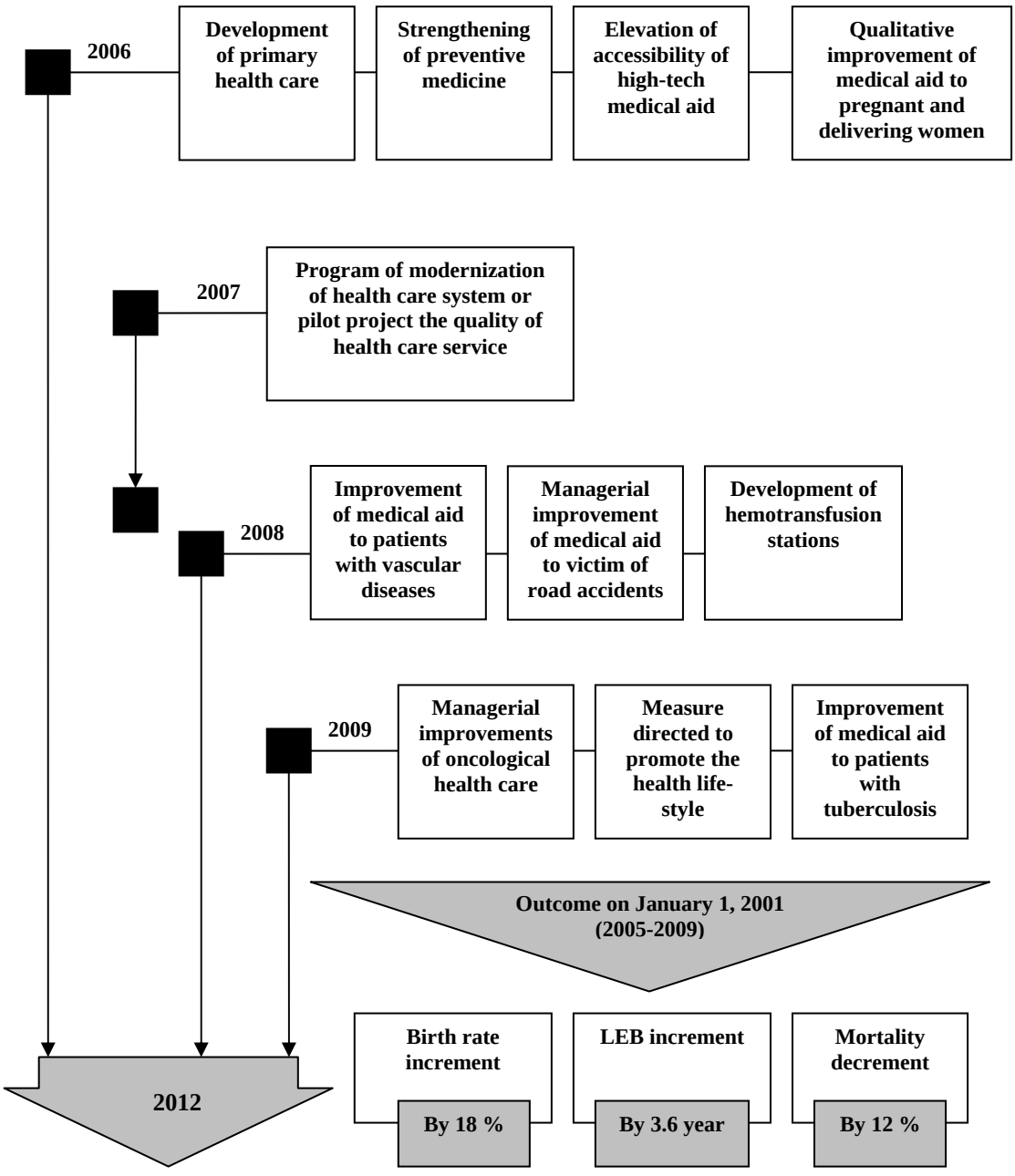
[1] Ulumbekova Guzel."*Healthcare in Russia: How to Cope with the Current Challenges*. Scientific background for The Development Strategy of Health Care in Russian Federation toward the Year 2020". MoscowGEOTAR-Media Publishing Group.(2011), p59

[2] Ibid., p.59

[3] Ibid., p.59

can mark a stable Russian trend to spend maximum money on construction of the new centers and acquirement of the expensive medical equipment.

Figure7.The basic directions of NNP Health care in 2005-2009 and its results on January1,2012



Source : Ulumbekova Guzel. *Healthcare in Russia: How to Cope with the Current Challenges*. p.58

Healthcare Development Concept 2020[4]

The new legislation goes beyond the traditional focus on healthcare delivery to include a concern about population health, setting out the goals of reducing mortality in working ages, especially by lowering rates of injuries and alcohol poisoning, as well as reducing infant and maternal mortality. It also highlights the need for effective action against the socially determined conditions such as drug addictions, smoking, hazardous drinking, sexually transmitted diseases, tuberculosis, and AIDS. The Russian government made emphasis on high technology, greater primary care, to reduction of hospital capacity, to improvement of management, introduction of new systems of payment for facilities and individual providers of services, construction of cardiology centers and transition to insurance-based healthcare. The major priorities for reform include closing the gap between formal commitments to the population and available resources; shifting the structure of provision towards greater reliance on integrated primary care; adopting payment schemes in the healthcare sector that encourage more cost-effective therapeutic choices; and modernizing the system of mandatory medical insurance. The main objectives and goals of concept to development can see as below.[5]

Objective:

1. The population growth up to 145 million people. (from 142 million people in 2007)
2. The increasing of life expectancy to 75 years. (from 67.5 years in 2007)
3. The decreasing of infant mortality to 7,5 per 1000 born (20% decrease compared to 2007)
4. The decreasing of maternal mortality to 18.6 per 100 000 born (15.7% decrease compared to 2007)
5. The formation of healthy lifestyle, incl. curtailment of tobacco and alcohol demand.
6. The improvement of quality and accessibility of healthcare services, guaranteed to the population of the Russian Federation.

[4] The Stockholm Region office in St. Petersburg, *Russian Healthcare System Overview* (Sweden Embassy in Russia,2010),pp.101-10

[5] Ibid., pp.115-123

The goals:

1. Plan to creation of conditions, possibilities and motivation of population for healthy lifestyle.
2. Plan to development of the healthcare system.
3. Plan to specification of state guarantees of free medical services provision to the population.
4. Plan to improvement of pharmaceutical supply at the outpatient departments within the frames of the OMS system.
5. Plan to creation of an effective management model of financial resources of the state guarantee Programme.
6. Plan to further training of medical staff and creation of motivation system for quality work.
7. Plan to development of medical science and innovations in the healthcare sector.
8. Plan to IT development in healthcare.

One the most interesting statements in the concept is the ambition of the government to increase the size of insurance premiums to the Mandatory medical insurance system (OMS) both for working, and the non-working population as well as transfer to a single channel financing model (via OMS). Then tariffs for the medical care should include all expense items connected with maintenance of activity of corresponding healthcare facilities. With introduction of single-channel financing model the insurance medical organizations will become ‘buyers’ of medical services signing contracts on purchasing medical services with the medical organizations of various organization-legal forms and pattern of ownership. There are 8 major concept of development were health promotion and guaranteeing the provision of high-quality medical care to the population as follow:

1.Health promotion

In the field of health promotion, the aim is to drastically reduce risk factors for non-communicable disease: improving health education, installing an efficient system of measures to combat harmful behaviors , providing healthy food, developing mass physical activity, mitigating the risks associated with adverse environmental factors, enhancing the motivation of secondary educational establishments to shape healthy lifestyles among students, encouraging citizens to lead healthy lifestyles and getting employers to participate in the protection of their workers’ health. These measures will be introduced in two stages. The first stage

(2009–2015) will see the development of a health assessment system, the definition of basic indicators such as public health potential and a health promotion index, development of pilot methods and production of standards for various risk groups at different stages of introducing particular medical prevention technologies. The second stage (2016–2020) will include the specification of government guarantees for the provision of free medical care, improved organization of medical care, a better system of drug provision for outpatient treatment, better human resources policy, a modernized system of health financing, innovative development of health care and a greater use of IT in the health system.

2.Government guarantees of standards

The Concept suggests using unified national standards of care provision as the basis to specify government guarantees. It is expected that the standards will enable the calculation of the real cost of medical services in each region, determine the implementation costs of federal and regional free medical care programmes, define the required drug provision for these programmes (the lists of vital and the most important drugs), justify per capita financing rates and choose the best options for health network restructuring. The development and introduction of care provision techniques are also planned, which will help to optimize the sequence of stages, provide proper algorithms for the interaction between health and social security facilities and ensure consistency in patient management at all stages. The standards and techniques under approval will lay the basis for the quality management of the medical care. Within this area of development, the first stage (2009–2010) was to pass laws on government guarantees and OMS; to set up a system of monitoring for the implementation of the government guarantees programme; to elaborate rules, standards and performance indicators for socially important diseases and conditions; and to carry out the pilot introduction of registers for patients with cardiovascular diseases and cancers. Most of these measures for the first stage have been completed, except for the law on government guarantees.

3.Improved organization of medical care

Improved organization of medical care covers a number of policies focused on developing primary care, improving emergency care, refining inpatient treatment, developing a home-based nursing care and rehabilitation service, developing and introducing a quality management system based on medical care rules and standards, standardizing the equipment of medical facilities in compliance with

standards and rules of care provision, empowering health care facilities and raising their liability for performance results.

Within this area of development, it was planned that in 2009–2010 a system of prompt accounting for medical care, medical facilities and medical personnel would be set up; planning in the health network and health care resources would be improved; the NPPH (National Priority Project – Health) activities on prevention and the development of primary care would be implemented; the accessibility of tertiary care would be improved; the accessibility and quality of medical care for cardiovascular diseases, cancer and road accident victims would be gradually raised; and the blood service improved. Much has been achieved at this stage. Unified methodological approaches to compiling plans for the modernization of regional health systems were elaborated and the regions submitted relevant plans to the MOH in late 2010. A law was passed in late 2010 providing for more types of ownership among medical facilities.

4. Drug supply

A better system of drug supply for outpatient treatment entails the introduction of a programme of general compulsory drug insurance aimed at reaching a balance between effectiveness and cost of treatment along with the rational use of resources. The drug insurance programme will rely on the following principles: total coverage and mandatory incorporation into the OMS programme and joint participation of citizens through their co-financing of supplied drugs. This is viewed as a long-term objective.

5.Human resources

Better human resources policy encompasses the following measures: bringing the number and structure of medical personnel in line with the required assistance volumes; redistributing functions between various professional groups (physicians and nurses); raising the quality of medical and pharmaceutical training; enhancing continuous medical and pharmaceutical education; training professionals in health management and economics; improving regulations for professional medical and pharmaceutical activities; and strengthening the role of professional associations in education and innovation.

During the 2009–2010 phase, the development and introduction of a unified register of medical workers was planned as well as regional health personnel profiles; the elaboration of training standards for health managers of all levels; federal educational standards for higher and secondary professional training, as well as

federal requirements for postgraduate medical education; the production of a methodological basis for continuous medical education and the launch of pilot projects; the development of requirements and procedures for accessing clinical procedures; the optimization of personnel policy implementation through the employment of mainly freelance professionals, research experts and consultants, professional medical associations and societies; and draft regulatory documents related to the establishment and development of professional associations. The results that have been so far achieved in this area are more limited than in others.

6.Financing

A modernized system of health financing presupposed a transition to predominantly one-channel financing through the OMS system; raising employers' insurance contributions; a single procedure for calculating OMS contributions for non-working citizens; a shift from subsidies to cover MHI regional programme deficits to equalization on the basis of a minimum per capita rate; the introduction of a full tariff for services provided; and introduction of new progressive payment methods for medical care. It was planned that in 2009–2010 requirements for medical insurance companies would be defined; economic mechanisms for encouraging the performance of medical insurance companies would be created; and mechanisms for the equalization of regions would be elaborated. All the planned measures were implemented and the Law on Mandatory Health Insurance was passed in late 2010.

7.Research and development

Innovative health care development entailed creating conditions for fundamental and applied biochemical research; improving the planning of scientific research by identifying priorities and concentrating resources on key research areas; shaping a government assignment for the development of cutting-edge medical technologies and new programmes of fundamental research based on interagency cooperation between research teams; putting research findings into practice while using public–private partnerships; and supporting small and medium-sized enterprises in medical sciences. It was planned that in 2009–2010 the key areas of scientific research would be determined, a government assignment for relevant research institutions would be shaped, mechanisms for monitoring scientific research and innovative development analysis would be identified and methods for encouraging and supporting the development and introduction of innovations into the health system would be elaborated. Nearly all activities planned for this phase were fulfilled except for the last.

8.IT

Use of IT in health care entailed setting up a government information system for personal medical records to help to keep a prompt account of medical care, health facilities and medical personnel as well as laying down a reliable basis for solving key managerial issues for the health sector. The first stage (2009–2015) envisaged implementing a system-wide project by approval, drafting technical documents and setting pilot zones to test standard automated facilities.

Steps on restructuring the health system that have been taken since 2009 are in full conformity with the Concept's major provisions, for example the laws passed in 2010 on OMS and on expanding forms of organization for social facilities, the procedures for medical assistance provision elaborated by the MOH, and the Concept for IT in health care. However, although the Concept was approved in principle in 2009, as of 2011 it had still not been actually ratified at the government or ministerial level.

Expected results from health care development Strategy.[6]

The improvement of population health due to develop of health care system is a factor promoting the economic grow and strengthening the stage security, social and political stability. Moreover, this factor is highly profitable for the stage in the matter of financial investment.

1. Effect of health care on economic develop.[7]

The direct contribution of population health improve into economy result from the following factor.

1.1 Decrease of mortality among employable population. There are 2 fold decrease in mortality among employable population during the year 2008-2020 would save 2 million live. The extra contribution of these works to GDP during this period would amount to 1.059 trillion ruble.

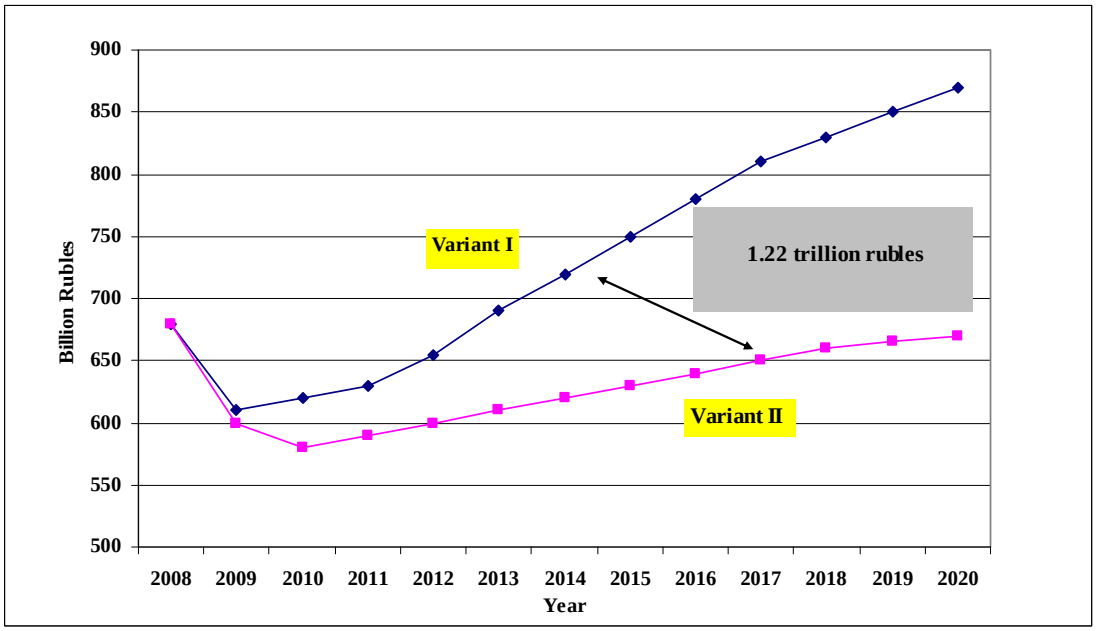
1.2 Decrease in the number of disability days. This decrease during the year 2008-2020 by 25 % (i.e., from 361 million days to 270 million per days per year) will yield the extra grow GDP by 1.22 trillion ruble during this period or 2.9% GDP in 2008 show in Figure8.

---

[6] Ulumbekova Guzel. "Healthcare in Russia: How to Cope with the Current Challenges (2011), p78

[7] Ibid., pp.78-79

Figure 8.GDP losses at two variants of yearly number of disability day.



Source : Ulumbekova Guzel. *Healthcare in Russia: How to Cope with the Current Challenges*. p.80

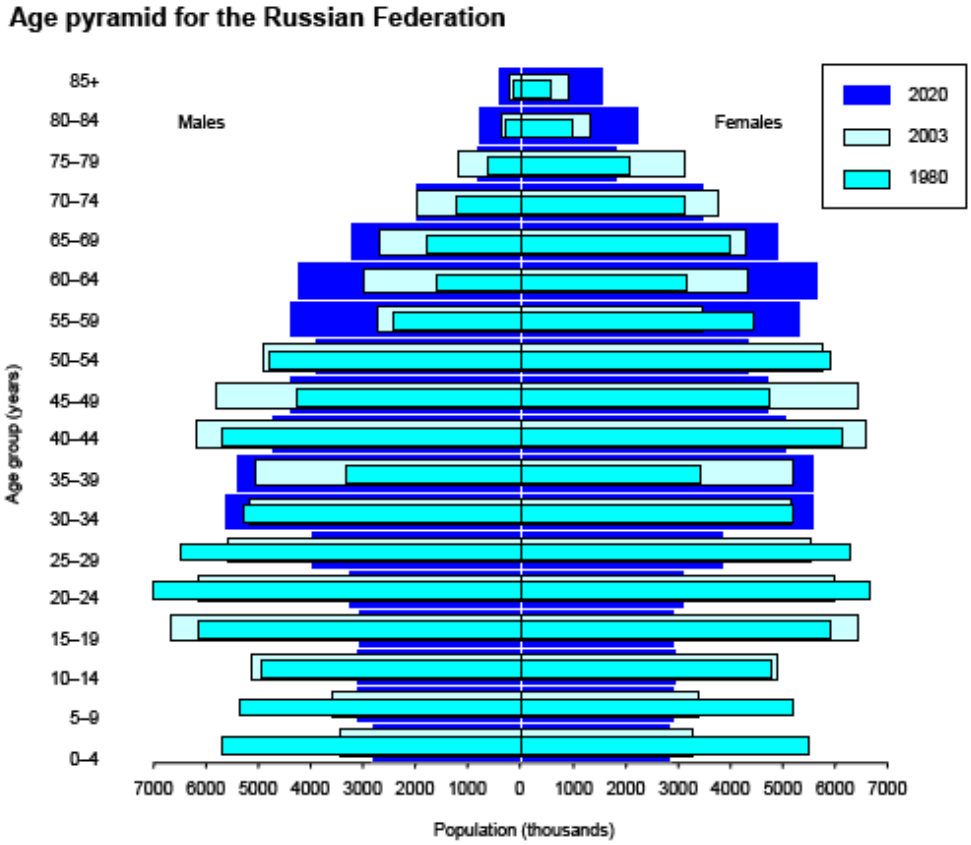
1.3 Increase of the employable age; which increases of men and women in comparison with the present retirement term is the main reserve of the economic growth in Russian Federation. This measure will result in extra GDP of 32.5 trillion ruble as show in Figure 9.

2. Assessment of economic efficiency of health care investment.[8]

To improve population health, it is necessary to increase spending for health care at least to 6 % GDP or to 1200$PPP(Purchasing-Power Parity), which is equivalent to 20,000 rubles per capital in the price of year 2007. The total amount of money needed to finance to the health care system to the level of 6%GDP during the period from 2008 to 2020 is 11.33 trillion rubles. This value is calculate as the difference between to variants of health care funding show in Figure 9 : variant I assumes as step by step increase of health care funding to 6% GDP in 2010 with subsequent maintenance of funding at this level; variant II implies funding at the level of 3.5%(dynamics of GDP increase is given in section 1.2)

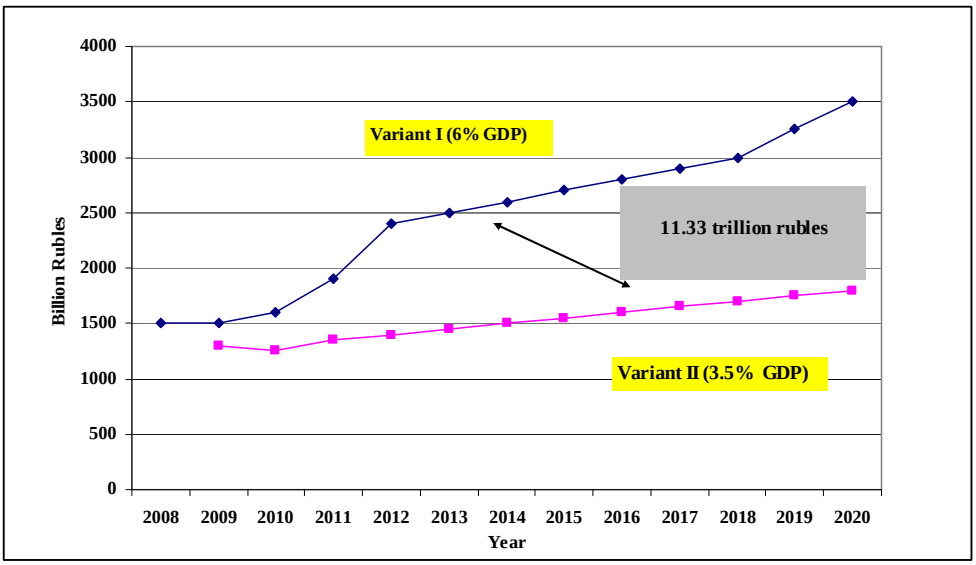
[8] Ibid., p.80

Figure 9. Age pyramid for the Russian Federation.



Sources: WHO Regional Office for Europe (2005) and United Nations (2005).

Figure 10: Two variants of spending of health system



Source : Ulumbekova Guzel. *Healthcare in Russia: How to Cope with the Current Challenges*. p. 81

3. The beneficial from realization of development strategy.[9]

The expected from actualization of development strategy for the major player of health care system can be description in 5 majors as below.

3.1 Population.

Benefit of access to quality medical services and to more professional and benevolent medical setting. Decrease of the private spending on medical aid. Possibility of prevent the development of diseases thereby avoiding the chronic diseases, premature death, and therefore the possibility to make greater income.

3.2 State.

Benefit to preservation of life and health of the citizens. Creation of powerful impetus of develops economy and gaining extra contribution to GDP with economic efficiency of 200%. Preservation of social and political stability in the country. Creation of the condition for long-tem nation security.

3.3 Medical personnel.

Greater salaries and higher social status, the free access to the modern informational source at the workplace, the possibility to regular advance tinning with participation in the conferences, exhibition, and in the distant forms of learning.

3.4 Suppliers of medical service.

Larger state orders for the medical aid with higher tariffs and the possibility of open competition for government contractual work (in exchange for improvement of medical aid quality). Possibility for the governmental and municipal entities to administers their resources with greater independency and to enhance efficiency of its work.

3.5 Producer of medical apparatuses and medicinal drugs.

Larger state orders for their produces, transparency of the procurement market and correspondingly fair condition for competition. The possibility to plan the production capacity balanced to the government contracts. (in exchange for the state control over the price and centralized planning of equipment purchasing)

[9] Ibid., p.82

CHAPTER V

RESULTS

The chapter is present results of the interview 10 Russian tourists who come to Thailand for medical services in order to understand the character, behavior, and demand of the Russian clientele as below.

Russian's medical service demand in Thailand

According to the study of the Russian healthcare system, we have discovered that Russians have an increasing tendency to travel abroad to receive medical services each year due to the lack of constant development for long period of time in their home country. Despite the availability of the private hospitals and clinics, Russians still feel that the services and quality is not advanced enough and is too expensive. Also, travelling abroad is a preferred activity for Russians. As a result, they combine travelling and getting medical services into one trip and this medical tourism has become very popular. The researcher would like to understand their demand as to be the advantage for those who are interested and for further researches in the future. Hence, the researcher conducted a open-ended questionnaire with 10 Russian tourists who have experience of receiving the medical services in Thailand by the semi-final interview structure method (see open-ended questionnaires at Appendix)

The result of the interview can be divided into 4 different categories as follows:

1. Categories of services

According to 10 Russian tourists, four of them travel to Thailand mainly to receive the medical services, three of them received the dental services while the other three receive the services from an accident during their travel. The services received by Russian tourists can be divided in groups as follows:

1.1 Cosmetics: 3 from 10 received the dental services during their travel in Thailand. One received the full abdominoplastry surgery. The reasons for having this service in Thailand are as the following quotation;

> *"For myself, I quite deliberately chose Thailand for many reasons are: I do not trust Russian specialists. Nor those who work in public clinics, or those who operate in private clinics and I know that in*

Russia, no one is responsible for the results of the operation and in the event of an unfavorable outcome we never we will achieve correct medical errors or compensate for the damage. Medical institutions are always escape accountability, and the courts do not work in Russia. I previously familiarized with the system of training of medical personnel in Thailand and I think that professionals committed to working with foreign patients have significant skills and experience that I could trust them. This applies both to doctors and to nurses"

1.2 Giving birth: 2 from 10 come to Thailand for gynecology and pediatrics services because they have confidence in quality and professional ability in this field.

"We decided that it is an ideal place to live and medicine here is very developed"

"Professional level of hospital staff and great attitude of Thais to take care pregnant and children"

"I recommend everyone who pregnancy or childbirth and the postpartum period to go to the Thai. Here everything is easily tolerated, fresh air, fresh food and a useful and natural medicine also high-quality services"

"We have moved to live in Thailand since long wanted to leave Ukraine and at the time I was pregnant with twins but confidence in safe childbirth was not. Therefore, choose Thai, with its high level of medicine"

1.3 Surgical operation (bones, heart, and so on): one Russian received the osseous surgery from the accident during the travel. This person became impressed with the quality of the service so he decided to come back for another treatment.

"I came in November 2007 as a tourist. I got accident that my leg was broken. At first I go local hospital at Prachupkirikhan to x-rays, then we caught up with the insurance and I was transported to Bangkok at….. Hospital where had surgery on my leg (fractured were two bones) and the second time I turned in…… Hospital,

where a fee to do the operation to remove the pins from the properirovannoy feet (2010)"

2. Staff for Russian language / interpreters.

According to the interview, staff for Russian language is not sufficient to provide services. We can see from the interview that certain hospitals could not provide Russian interpreter to support clients. Since most of Russians cannot speak English, interpreter service is mandatory for them as a means of communication as well as an important factor to choosing the hospital.

"The main problem is the language barrier! The main part of the Russian population does not speak English, and if in an international hospitals will provide the services of an interpreter for the Russian language, I am sure that the number of appeals Russian medical services will increase significantly"

"Be sure you must have a Russian interpreter and there is a problem with the insurance companies that do not want to pay the bills some clinics"

"I used to make an appointment with.…… Hospital from Russia via E-mail attaching the picture of the abdomen which would like to receive the surgery performed to discuss with doctor and inquire the expense. But when I arrived at the hospital, there was not Russian interpreter and the surgeon did not come to meet me. I felt discomfort and worried so I decided to change to….. Hospital"

"At……. Hospital, the interpretation service was done on the phone call. When I wanted to talk to doctor or ask for information, it needed to transfer the call for many times. It was time-wasting and the information provided was not clear enough"

Also, the staff should have a full basic knowledge of Russian culture, mentality, and demand so that they could provide a proper and better service to the clients.

"I think should be sent for training in Russia as young medical professionals from Thailand that will help our "barbarians" and Thais their country will be even more to love"

“ Make it more clear of organized work of junior staff in hospitals - receptions, write to the doctors, the appointment procedure time is very slow and often error. So one day I got a call from the hospital on July 11 and was told that my surgery is transferred from July 15 to July 12…on tomorrow!!. As you understand psychologically I was not ready and my husband and I immediately went to the hospital where it was found out that this is a mistake, and the operation will take place on the appointed day. We have before us a long time and we sincerely apologize and of course evil on anyone not have that, but the two hours I will remember for a long time!”

3. Access to services information in Thailand

8 out of 10 Russians from the interview indicate that there has not been enough information about medical services in Thailand written in Russian. This is a major obstacle for them to attain information for making decision. Most of the information comes from consulting with other friends or web blogs by Russians on the internet. Also, once they decided to buy the travel insurance from the agency or the insurance company in Russia, there is not enough information about hospitals in Thailand where the services can be claimed by the insurance purchased as to help them decide about the appropriate package which is suitable for their demand.

> *“Working with insurance companies that was poor physical condition is difficult to communicate with your agent and find out at what he recommends the establishment of good profit. I believe that medical care institution should have and find out which organization itself to her for it to transfer funds.”*

“Yes, should provide an opportunity to refuse the return of Finance of the huge number of medications that are prescribed for even the most benign circulation. My husband was a pain, and he gets a lot of medications and antibiotics as if not a pain and gangrene occurred. It all back does not, and if the appeal is not for the insurance, even in such cases that leaves impressive.”

They suggest that Thailand should inform more about the medical services in Thailand by creating websites with Russian language from the reliable organizations

in the country. It is because there are not enough reliable sources of information in Russian language to make a proper research.

4. "Worth of services"

Russians who come to Thailand for medical services decide to do so because the service fee is not expensive, the facility and appliances are advanced, the medical practitioners are professional and they perform their services very well. Also they are satisfied with the services and hospitality.

"Cost it cheap and good level of ability"

"I applied to an orthopedic surgeon and used the services of physical therapy after the first operation. Also appealed to the dentist because were only 500 baht (Moscow price is 1500 bath!)"

"Friendly and smiling of Medicals person"

"Good service and good quality. They did good care for me."

"Sincerely warm and hourly care the hospital staff about the patient."

"I decided to seek a second time of medical services in Thailand is because first appearance to the doctors, he made a good impression."

"I impressed during treatment in Thailand. Its speed of examination before the operation came in the morning and immediately did all the tests and in the midday was taken to surgery.

In Russia, you have to collect analysis by yourself and in district hospital to stand in line on long time, or paid (Expensive!) to do in different places. Also my impressed in Thai's hospital were given special shirt and give beautiful pajamas, and not something that we give (something short faded with huge punches to the number hospital and departmental affiliation, so bring all your clothes)."

"Yes, sure. I already do many of my friends already want to experience it for yourself. Because they see me smile and happy after my story is not afraid to go far, far away, that would find health and beauty!"

> *“I knew that in Thailand to provide medical services to foreigners at a very high level of quality, and the prices are pretty much lower than the prices for similar services in Moscow.”*

“I love Thailand and highly valued skills of Thai people to create a great atmosphere of calm, caring, and joy in any situation. I think it is very important to stay in the hospital especially if surgery!”

To conclude is according to the information; the medical services fee in Thailand is the cheapest. Hence the demand of Russian clients who come to Thailand is mainly for the lack of expense, quality of services, positive hospitality, and speed. Also, this includes the comfortable and luxurious facilities, which leads to the positive impression while receiving medical services in Thailand. They will share this impressive experience to family members and friends in Russia.

CHAPTER VI

CONCLUSION AND RECOMMENDATION

Conclusion

We can see that the Russian health care system originated firstly in the Russian Empire, at the beginning of 15th century. During that time there was not a systematic healthcare system available to the townspeople. Medication was mainly traditional medicine passed down from one generation to another explaining the treatment methods, and the medicinal effects of herbs and animal ingredients to relieve and heal symptoms. But this was not enough to stop death from epidemic outbreaks (typhus fever, smallpox, cholera) which came from a lack of daily hygiene resulting in the rapid speed of diseases. Although there were some modern medical treatments available, these were limited to the royal family and members of the noble classes.

Until the 17th century, after Tsar Peter the Great came back from a trip in Europe, he started to think of applying modern medical technology to the military with the purpose of supporting it to increase its efficiency. Traditional medicine was not able to accomplish that goal. As a result, some noble family members were sent to Europe to learn about medicine and he established modern medical colleges and hospitals in metropolitan areas of Russia at the beginning of the 18th century. This was the first period of medical technology in Russia, which provided services to normal townspeople and this resulted in the decrease of death from epidemics.

Modern medical healthcare was fully applied in Russia in 1917, when Russia became a Communist country, under the concept that all people had to have access to the medical services provided by the government. This concept's aim was to encourage people to support Communism. The Ministry of Public Health was found in 1923 to administrate the Soviet Union's health care services under Communist principles: issuing policies, administrating, and providing budgets from the centre for everyone with equal services. Its aim was to support the country's economic development from agricultural production to industrial production, especially heavy industry and weaponry to support the country's military power. This project aimed to expand Communism into other countries. Civilians and peasants were taken to work as labourers for the government. Despite the health care provided, problems from hard work and food shortages created difficulties due to the Communist government's

repeated failures in administrating the country. As a result, non-communicable diseases (cardiovascular, blood pressure, heart diseases) and stress caused people to consume more alcohol which led to death from accidents. World War II also caused millions of casualties until the Communist government decided to introduce a population-raising policy.

The health care system in the Communist period also faced the problems of centralization and budgeting which resulted in poor service quality, outdated appliances, and lack of motivation in medical practitioners. Traditional medicine was still available, but mostly in far remote areas where public healthcare was out of reach.

In 1991, the Soviet Union became The Russian Federation after the independence of the various member countries as democratic ideas spread worldwide. The Communism in Russia became a liberal democracy and effected changes to all aspects of in life Russia. Investment flows and the importation of utility products into the country rapidly increased consumption demand under a free trade system. However, the government still had to solve the accumulated problems in politics and in the economy from the Soviet period. As a result healthcare system improvement was only at the policy level, though it approved the private sector to be part of healthcare services. The social welfare in healthcare services meant the government paid the expenses for standard medical services and this also included an insurance system from the private sector. The facilities, equipment, and medical staff were all from the Soviet period with the poor standards without any visible concrete improvement. As a result, people who could afford to travel abroad started to seek medical services in foreign countries.

In 2006, President Vladimir Putin announced overall healthcare system development policies. Despite the fact that the healthcare system became decentralized after the political transformation, problems still persisted as mentioned. Also, the non-communicable disease problem in Russians increased in numbers as a result of consumerism and the stress of adapting to the new system. These problems caused the government to pay particular attention to the healthcare system again.

In 2008, President Dmitry Medvedev continued Vladimir Putin’s project in reforming the healthcare system of Russia by announcing that, in the period 2010 – 2020, this issue would be one of five urgent economic policies for Russia. This policy has consequences for medicine and the medical business which needs to keep an eye on these developments it is to participate in their development.

In studying the Russian healthcare system from the Russian empire to the government policy in the future, we discover that the element concerning the healthcare policies planning of the government is politics. Also, the element which affects the healthcare process in Russia to develop properly is the economy. As for the health status of Russians which is directly affected by the healthcare system – both preventative and care - provided by the government, life style and mental status under the influence of politics and economy truly results in the health status of Russian population in each period of time.

Also In studying can analysis from the study for each period of time will be divided into 5 important periods of time, pertaining to the healthcare system, as Table17 and as follows:

1. Ancient time before 14th century : the Russian empire

The health treatment was primarily traditional medicine as the Russians had in their culture. Medication was from organic substances, religious rituals and a belief in community and was at the household level. People's lifestyle was an agricultural society. Health problems were mainly the communicable diseases.

2. 14th century – 1917 : Union of Soviet Socialist Republic

The medication came from modern medicine under the influence of the industrial and scientific revolution in Europe during the 16th century. Firstly, Tsar Peter introduced modern medicine into Russia in order to increase the military ability to expand the Russian territory and to protect Russia from many empires in Europe. He intended to develop Russian society to reach the same level as European countries. There was a policy to increase the number of medical practitioners, medical facilities, and modern medication programmes for the first time by adopting the German style. Modern medicine was continuously developed until it led to the successful healthcare system named 'Zemstvo System' which was the beginning of medical systems decentralized to the local villages. The policy and budget management was supervised by the local authorities. This was successful in preventing and decreasing the death rate from communicable diseases effectively.

At the end of 19th century, the amount of the working class increased and the migration from the countryside to the metropolis, from the economic development plan as to become an industrial country, made Tsar Nicholas II apply the European healthcare system into Russia, namely Bismarckian Style, for the working class in order to create good impression to the working class and prevent their rebellion under

the Marxist's socialist influence. Despite the success of the healthcare system to the working class, it could not prevent the revolution of Socialist regime.

3. In period 1917 – 1991.

Medication in Russia was mainly modern medicine. It became part of socialist's political campaigns of distributing the healthcare system to the regions properly under the government's full support of budget namely socialized medicine. Also, modern medicine was applied into the military field in order to increase the efficiency of treatments and medication during the war to expand socialism into other countries. As a result, the labouring class in many countries joined in the regime in order to receive better medical treatment. The government supported the medical knowledge development and increased the number of medical practitioners in order to encourage the opposition towards the countries whose regime was opposite their own. In spite of Russia having the most facilities and medical practitioners in the world, the quality was substandard due to the stimulation and rapid expansion.

The traditional medicine became the secondary option because it was not a preventative treatment. Also, it was not scientific or modern since there was no development in this field. Thus it was available only in the remote areas where government support could not reach out.

Although the modern medicine was well developed until it could control the death rate from communicable diseases during the USSR period, it was developed so as to serve the politics and to compete with other countries under liberalism regime. The budget for developing this aspect was limited due to priority in military and space technology. Also, transformation into the industrial society led the USSR into a new health problems, non-communicable diseases, from stress and tension in life especially in the labouring class. Alcohol consumption and smoking was increasing at an alarming level as a means to relieve the stress. This led to the escalation of non-communicable diseases in Russians.

At the end of 20th century, the socialist regime was wearing down from the globalisation and liberalism concept which had spread around the world. This resulted in Gorbachev's government considering the transformation into a liberalism regime. As a result, the first private hospitals were approved to open in Moscow and St.Petersburg. However, this was not very successful because the medical charge was very high compared to the government hospital. The fact that Russia was closed for almost a decade made their population unable to understand the many changes in modern medication.

4. In period 1991 – 2011 : The Russian Federation.

After the transformation into the liberalism regime, the healthcare system in Russia had become that of modern medicine with the government support and with the addition of insurance systems to decrease the government's burden. In this period of time the government allowed private hospitals to be founded freely but they still needed to be supervised and inspected by the government to keep up the standard. Although the government kept the socialized medicine in order to maintain the population, the facilities and practitioners were not developed so as to be up to date about advanced changes and modern medical technology. This resulted in some Russians, who could afford it, seeking medical services abroad so as to receive the better services. Also the opportunity to travel and to get the better medical services abroad became an increasing trend amongst Russians and they started to compare the services to ones in their own country. As a result Putin's government 2001 launched the policy of healthcare reform. However, the reform policies were simply for getting votes, because it was a difficult challenge to make a big change in the old medical system which had been used for 80 years within a short period of time. The improvement would require a huge amount of budget and manpower, while the political status during his government was not stable from the opposition's interference by the old Communist party. Nevertheless, the idea was brought into the Medvedev's government by prioritising it as one of the 5 urgent policies in 2008. But, as with Putin's government, there was not any real improvement except the approval for the international health insurance companies to invest and provide services in Russia so as to decrease the government's burden. This also meant that Russians who travelled abroad could have international health insurance instead of insurance just in their home country. The government also allowed the service of private hospitals and clinics (mostly from the investment from healthcare businesses in Europe) but these private facilities were available only in the major cities, such as Moscow and St.Petersburg. Due to the strict legal requirements and particular Russian way of conducting business any of the medical businesses investing in Russia required high set up costs and led to high service charges.

As for traditional medicine, it became an alternative medication and a means of relaxation, especially spa and yoga as exercise. Because Russian people did not trust in the government's medical service, the expensive service tariffs at the private hospitals, and the non-communicable diseases caused by stress and adaptation to a new liberal lifestyle as well as consumption habits which resulted in high blood pressure, cholesterol, cardio-vascular and cancer problems, Russians started to take

care of themselves and the growth in economy allowed Russians to have alternatives in health care management.

5. Plan to reform healthcare system: 2012 – 2020

The healthcare reforming policies in 2012 to 2020 of President Putin after the 2nd presidency in May 2012 was considered as a means for getting a majority vote, since this policy had been announced once in 2000 and there had been only a minor improvement. However, the policy contained an interesting point of the government's interest of increasing the private sector investment on the healthcare system while the government still supported the budget as a main supporter according to the socialized medicine concept. As well, the government would encourage foreign countries to invest in the Russian healthcare system by offering the special privilege for companies which would like to invest with medical appliances, medical supplies, and treatment services. But the government would escalate tax and regulations from importing the medical supplies and medical appliances in order to support the national healthcare system so it could properly improve. As for the Russian health status, the government has set its targets to decrease the number of patients suffering from alcohol abuse and smoking. This policy should now be of interest to the many foreign countries which would be interested in investing into the healthcare market of Russia which has been constantly growing each year.

Table17.Analysis of Health Care Development(1/2)

Year	Age	Reason of develop Health care	Health care System	Major	Minor	Health Status	Society	Remark
Before 14th	Ancient time of Russian	No-improvement.	Home remedies	Traditional medicine	-	Communicable Disease	Agricultural society	Folk medicine and Spa Therapy
14th Century-1917	Peter the Great era	To support Army & To be more Modernization as Europe.	Modern physicians and Medical programs	Modern medicine	Tradition medicine	Communicable Disease	Agricultural society start to change to be Industrial society	Import knowledge and Physicians trained abroad
	Ruling the Empirein Tsar Alexander II	-	Zemstvos System	Modern medicine	Tradition medicine	-	-	Self-government in the Russian Empire, financed through the Zemstvo ‘s budget to support network of rural clinics, hospitals
	Tsar Nicholas II till revolutionary movement	-	Bismarckian Style	Modern medicine	Tradition medicine	-	-	Social insurance for medical and sickness for labor at Factory

Table17.Analysis of Health Care Development(2/2)

Year	Age	Reason of develop Health care	Health care System	Major	Minor	Health Status	Society	Remark
1917-1991	Russian Revolution of 1917	To support Army, To support Socialism Ideology to attract to other country.	Socialized medicine	Modern medicine	Tradition medicine (At Rural area)	Communicable Disease Non-Communicable Disease	Industrial society	Soviet providing free health care to all citizens by Socialist model of health care with a centralized. Medical services for everyone under the concept as follow :1.government responsibility for health, 2.universal access to free services, 3.preventive approach to “social diseases”, 4.quality professional care, 5.close relation between science and medical practice, 6.continuity of care between health promotion, treatment and rehabilitation.
1991-2011	Russian Federation	Political Campaign.	Socialized medicine & Globalization Health Care	Modern medicine	Tradition medicine (Alternative medicine)	Non-Communicable Disease	Industrial society and Liberal society	Providing free health care to all citizens same as Soviet in Socialist model of health care with change to decentralized.
Plan to reform toward 2020	Russian Federation	Political Campaign	Globalization Health Care & Socialized medicine	Modern medicine	Tradition medicine (Alternative medicine)	Reduce the Non-Communicable Disease	Industrial society and Liberal society	Plan to investment more than 300 billion rubles ($10 billion) in the next few years to improve health care in the country

Recommendation

From the amount of Russian tourists who came to Thailand in 2011, more than a million, and it seems to increase in number every year, it is very interesting to see how to encourage those tourists to come to Thailand to receive the services (for both medical treatment and cosmetic surgery) as to be compatible with Thailand's policy which wants to promote Thai medical business to be the world's medical hub and the tourism capital in Asia. According to the study of the Russian healthcare system in each period of time and the interview of 10 Russian tourists about medical services experience in Thailand, Thailand's medical services have potential to serve Russian clientele for the cosmetic surgery, gynaecology, paediatrics, as well as osseous and cardiovascular operation. This also includes the medical appliances and herbal medical supplies which can become the export products to Russia.

The services recommendation will be divided into 3 different categories as follows;

1. Medical appliances

From the medical service improvement policy in Russia until 2020, this leads to the foreign investment in Russia for manufacturing of medical appliances in Russia. Thai government should look into opportunities to support this business as well as to encourage investment in the manufacturing factories in Russia.

2. Herbal medical supplies from Thailand

From the increasing rate of vascular diseases, high blood pressure, heart diseases and cholesterol problem in Russia as well as traditional medicine as an alternative treatment, it is an opportunity to introduce Thai herb tea to Russian market. This product can become popular merchandise in Russia where people would like to spend their money for taking care of themselves and their health.

3. Medical services

From the study, one of the outstanding elements which cause Russian to come to Thailand to receive medical services is the worthwhile of the cost and fast service provided to the clients. However, the language barrier is an important obstacle for the business. This includes a better understanding of Russian character and mentality which will be a key matter to accomplish the communication.

Both government and private sector should improve some aspects in order to succeed in communicating with the Russian market and clientele as follows:

3.1 Government

1) There should be an internship or exchange programmes with Russian medical schools in order to understand Russian medical system as to improve the service for Russian clientele.

2) The Thai government should provide seminars and training by people who are qualified in Russian studies so as to improve medical practices.

3) There should be campaigns, road shows and promotion of Thailand's medical tourism and medical services in the Russian metropolis. Also, there should be websites providing information about these subjects in Russian language by the reliable medical organizations in Thailand. Thai government may have to cooperate or outsource the promotion service to Russian marketing company as to obtain a better and compatible plan to the Russian clientele.

4) The Thai government should encourage cooperation and partnership of Thailand's travel operatives and Russian agencies in order to stimulate the better and more efficient connection and collaboration in conducting the medical service / tourism business between Thailand and Russia.

3.2 Private sector

1) The operatives / medical facilities (both hospitals and clinics) should prepare Russian coordinators and interpreters as to facilitate communication between Russian clients and the business. Being able to communicate efficiently will lead to a better environment and impression to the clients.

2) Russian mentality and Russian culture knowledge should be trained to the staff so that they could understand and provide a better service to the Russian clientele.

3) Private sector should expand more connection in Russia by increasing partnership – travel agencies and health insurance companies - as to increase the potential marketing and better opportunity in competition.

4) Private sector should insert itself into Russian market by participating in the annual tourism exhibition in Russia organized by the Russian government in order to present the services to Russians and expand the possibility to attract more clients.

REFERENCES

Annantachai Loahaphan and Sanchai Suwangbhut. Russian: Land of the Tsars and the Socialists. Bangkok : Silpakorn University, 2010.

Andreev Em and other. The evolving pattern of avoidable mortality in Russia. International Journal of Epidemiology, 2003.

Busines Stat Market Surveys. Анализ рынка медицинских услуг в России в 2006-2010 гг, прогноз на 2011- 2015 гг, 2010.

Christine Danton. The Health Crisis in Russia,Topical research digest: Human right in Russia and former soviet republics, 2001.

Daniel S. Schultz, MD., and Michael P. Rafferty, MD. Soviet Health Care and Perestroika. February Vol. 80, No.2. AJPH, 1990.

Diane Rowland and Alexandre V. Telyukov. Soviet Health Care from two Perspectives. Health Affairs[Online]. 2012. Available from: http://www.content.healthaffairs.org

Donald A Barr. The ethics of Soviet medical practice: behaviours and attitudes of physicians in Soviet Estonia. California : Journal of Medical Ethics, History of Medicine Stanford University, 1996.

Independent Institute for Social Policy. Informal Out-Of-Pocket Payments for health care in Russia. Moscow : Moscow Public Scientific Foundation, 2003.

Ellie Tragakes and Suszy Lessof. Health Care Systems in Transition. The European Observatory on Health Systems and Policies and the World Health Organization Regional Office for Europe, 2003.

Gale Encyclopedia of Russian. History:Imperial Health Care Services[Online], 2010. Available from: http://www.answers.com

Geoffrey Hosking, Russia and the Russians of Russia. A History. New York : Harvard University Press, 2003.

Jutamas Rerkrujipimol and Ilian Assenov. Medical Tourism in Thailand and Its Marketing Strategies. Faculty of Hospitality & Tourism Prince of Songkla University, Thailand.

Lisa Beichl. Strategy for Medical Tourism. Market Demand Assessment and Marketing, USAID Jordan Economic Development Program, 2009.

Larisa Popovich, Elena Potapchik, Sergey Shishkin, Erica Richardson, Alexandra Vacroux and Benoit Mathivet. Russian Federation Health system review 2011. The European Observatory on Health Systems and Policies and the World Health Organization Regional Office for Europe, 2011.

Mikhail I, Davydov Oleg and P. Shepin. The Russian Health care, System Medical Solutions [Online]. 21 September 2010. Available from: http://www.siemens.com/healthcare Magazine.html

Monica Harryono, Yu-Feng Huang, Koichi Miyazawa and Vijak Sethaput. Thailand Medical Tourism Cluster. New York : Harvard Business School Microeconomics of Competitiveness, 2006.

Patricia A. Cholewka, Ed. Healthcare System Restructuring and the Effects of Globalization on Post-Soviet Transitional Economies. College, Columbia University.

Phiramontri R, Sodsook N, Kunwong W, and Jarusiriwat P. New Russia and Prospects for Expanded Relations with Thailand. Bangkok : The Thailand Research Fund (TRF), 2008.

The Economist Intelligence Unit. Healthcare strategies for an ageing society, 2009.

Theodore H. Tulchinsky, MD, MPH, and Elena A. Varavikova, MD, PhD, MPH. Addressing the Epidemiologic Transition in the Former Soviet Union: Strategies for Health System and Public Health Reform in Russia. American Journal of Public Health, March, Vol. 86, No.3, pp313-320, 1996.

The Stockholm Region office in St. Petersburg. Russian Healthcare System Overview. Sweden Embassy in Russia, 2010.

Serguei V. Sourkov. Employment, Unemployment, and Medical Care in Russia: Exploratory Analysis of Household Survey Data. Interim, IIASA IR-99-009/March , International Institute for Applied Systems Analysis. Moscow : Moscow State University, 1999.

Ulumbekova Guzel. Healthcare in Russia: How to Cope with the Current Challenges. Scientific background for The Development Strategy of Health Care in Russian Federation toward the Year 2020. Moscow : GEOTAR-Media Publishing Group, 2011.

Unknown author. Russian Society[Online], 2010. Available from: http://www.photius.com/countries/russia/society/russia_society_the_health_system.html

Unknown author. Organization Principles of USSR [Online]. Available from: http://socmed.narod.ru/htm

Unknown author. Russia under the Soviet Union Main article:Health in Russia Reform[Online]. Available from: http://euromedical.ru

Unknown author. Modern medicine [Online]. Available from: http://encyclopedia2.thefreedictionary.com

Unknown author. Russian Society [Online]. Available from: http//www.photius.com/countries/russia/society/russia_society_the_health_system.html

Unknown author. Imperial Health Care [Online]. Available from: http//www.answers.com/topic/imperial-health-care-services.html

Unknown author. Russian Medical [Online]. Available from: http//euromedical.ru

WHO Regional Office for Europe 2006. Highlights on health in the Russian [Online], 2005. Available from: Federation 2005, http://www.euro.who.int.html

APPENDIX

Open-ended questions.

1. What is your main purpose of coming to Thailand?
Is it mainly for medical tourism or for any other additional purpose(s)?
Вы приехали в Таиланд специально на лечение или основная цель была другой, но Вам пришлось воспользоваться медицинскими услугами в Таиланде?

2. Which one is (/are) the medical service(s) you received in Thailand?
(dental / surgical / medical / health check-up or others, please indentify)
Какого рода медицинские услуги Вы получили в Таиланде - Стоматология, хирургия, терапия, медицинское обследование здоровья и т.п.?

3. What is your reason(s) of choosing to receive medical services in Thailand?
Почему Вы приняли решение обратиться за медицинскими услугами именно в Таиланде?

4. What is the most impressive thing for you about receiving the medical services in Thailand?
Что Вас больше всего впечатлило во время лечения в Таиланде?

5. Will you recommend the medical services in Thailand to your family and friends? Why?
Будете ли Вы рекомендовать вашим родным, знакомым и друзьям воспользоваться медицинскими услугами в Таиланде? Почему?

6. Do you have any suggestion / recommendation regarding the medical services in Thailand?
Что бы Вы рекомендовали изменить или улучшить в системе работы медицинских учреждений с Российскими гражданами в Таиланде?

7. Please rate your satisfaction of receiving the medical services in Thailand.
(1 = least satisfied : 2 = not very satisfied : 3 = satisfied : 4 = very satisfied : 5 = most satisfied)

Удовлетворены ли Вы качеством медицинских услуг, которые были Вам оказаны в Таиланде?
(1.Не понравилось, 2. Терпимо, 3.Всё, что надо для меня сделали, 4. Очень хорошо, 5. Фантастика, я очень доволен(на))

8. Have you ever received any medical services in the foreign country, apart from Russia and Thailand? If so, please identify where and give the reason(s) to receive the services.
Есть ли у Вас опыт лечения в других странах, кроме России и Таиланда? (Если есть, то укажите пожалуйста страну и причины обращения в медицинские учреждения)

9. Other recommendation (optional)
Другие Ваши рекомендации и отзывы (Если есть)

BIOGRAPHY

Miss Wallaya Monchuket was born on 25th February 1975 in Nakornsawan, Thailand. The researcher received a Bachelor degree in Home and community from the Faculty of Arts, Chiangmai University in 1997. In 2000, researcher received scholarship from The Association for overseas technical (AOTS) to training at Japan 10 months and researcher continue worked in Japanese's company in 14 years in file of Sale & Import and export. The researcher is interesting in Russian Federation business, economy and health care system so researcher attend to study at Master Degree of Arts Program in Russian Studies (Interdisciplinary Program) at the Graduate School, Chulalongkorn University for future worked.