



# EVOLUTION OF UHC IN RUSSIA

Countries learning from each other to achieve and maintain Universal Health Coverage (UHC)



Capital  
Official language  
Ethnic groups  
(Census in 2010)

Area

Moscow 55°45'N 37°37'E  
Russian  
80.9% Russian  
3.9% Tatar  
1.4% Ukrainian  
1.15% Bashkir  
1.05% Chuvash  
1.04% Chechens  
0.86% Armenian  
9.73% others  
• Total 17,125,191 km²  
• Water 13%

## GENERAL INFORMATION

The Russian Federation is a transcontinental country in Eastern Europe and North Asia, with a population of 146.8 million people. The state is a presidential-parliamentary republic with a federal structure (it includes 85 constituent entities of the Russian Federation).

The development and regulation of state policy in the field of healthcare is carried out both by federal authorities and authorities of the constituent entities of the Russian Federation and local authorities within their competencies. The healthcare system consists of public and private section. While the public sector is comprised of a compulsory medical insurance (CMI) and federal and regional budgets, the private sector consists

of out-of-pocket payments and voluntary health insurance.

The income of the CMI fund consists of insurance contributions of the working population (5.1% of the wage fund) and insurance contributions for the non-working population from the funds of the constituent entities of the Russian Federation.



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### 1991

#### Collapse of the USSR

Large-scale economic reforms, that aim at moving from a planned economy to a market economy and are accompanied by hyperinflation and a decline in the living standards of the majority of the Russian population.

### 1993

Development of a compulsory medical insurance (CMI) to secure the right to free medical health care for every citizen.

Enabling a transition within the financing of the health care system (from a budget financial model to a mixed one).

### 1998 - 2005

## GGP GOVERNMENT GUARANTEES PROGRAM

1998

Approval of the Government Guarantees Program (GGP), a document which states the guarantees of citizens to receive free medical care.

#### Russian financial crisis

Budgetary expenditures on health care decrease.

The CMI system enables to soften the impact of the crisis, as the CMI funds remains almost unchanged.

2000's

Due to economic growth, state expenditures on healthcare increase (budgets of all types and CMI budgets).

2005

Since 2005, the GGP has been approved annually

It establishes the average consumption of medical care and reflects areas for improving medical care provision.

### 2006 - 2012

## THE PRIORITY NATIONAL PROJECT "HEALTH"

2006

Implementation of the priority national project "Health", that includes the improvement of public health care, the reduction of morbidity, disability and mortality, the improvement of access and quality of medical care, the strengthening of primary health care and the development of preventive health care.

2010

Adoption of the new Federal Law "On Compulsory Health Insurance in the Russian Federation" to secure the right to receive medical care under the CMI policy, regardless of the region of the insured's residence.

2012

Implementation of standards of medical care, approved officially by decrees of the Ministry of Health.

It is legally established that medical care should be provided taking into account medical care standards, which serve as the basis for GGP formation.

#### IMPACT

The national project leads to an increase of salaries for local doctors and ambulance employees, the purchase of cars and medical equipment for ambulances and the construction of federal centers.

## MAIN ACTORS IN THE HEALTHCARE SECTOR



#### President of the Russian Federation

Determines the development strategy and manages the implementation of the federal state policy in public health care.

#### Federal Assembly

Councils, specially formed in the Federal Assembly, oversee legislation development of social policy and health care.



#### The Ministry of Health

Carries out the functions of developing and implementing state policy and legal regulation in the field of health care (compulsory medical insurance (CMI), circulation of medicines for medical use, etc.) and coordinates activities of the Federal Compulsory Medical Insurance Fund (FCMIF).



"The system of state obligations for UHC was formed back in the USSR. Current priorities include expanding and concretizing the Government Guarantees Program and improving the efficiency of the compulsory medical insurance system."

#### Vitaliy Omelyanovskiy

General Director of Federal State Budgetary Institution, the Center for Healthcare Quality Assessment and Control of the Ministry of Health of the Russian Federation, Doctor Med. Sci., Professor

## OUTLOOK

Although the right to free medical care is set as a part of the Russian constitution, some challenges remain:

- Wide gap between the declared guarantees for free medical care provision and their financial support (current legislation does not cover drug provision for outpatient care except emergency and palliative care and provision of medications for benefit-entitled citizens).
- A shortage of doctors and specialists.
- Increase in the share of paid services in public health.
- Differences in the availability of medical care between urban and rural areas.

### 2013 - 2017

## HEALTHCARE DEVELOPMENT

2013

Implementation of the State program "Healthcare Development", which reflects main priorities in the health sector.

2012-2014

Decline in country's economic growth, including inflation surge due to falling oil prices and the economic sanctions that are imposed against the Russian Federation in 2014.

2016

Creation of an insurance representatives system within the existing CMI scheme,

which supports the patient throughout the treatment, including follow-up monitoring, counseling on issues of obtaining medical care and protecting the rights of the insured persons.

2016-2017

Gradual increase in GDP, which allows to increase health care expenditure again since 2017.

#### LEAN HEALTHCENTER 2016

Start of the pilot project "Lean health center" in several regions of the Russian Federation, which aims at improving primary care efficiency.

## HEALTHCARE FINANCING

The main sources of Healthcare financing are budget funds (federal, regional and local budgets), the CMI scheme and citizens personal funds, which can be either direct payments or indirect payments through private insurance companies under voluntary medical insurance programs (VMI).

The population is both medical services consumer and a payer for medical care both directly (out-of-pocket payments) and indirectly (taxes and contributions to CMI).

## MEDICAL ORGANIZATIONS

Healthcare in the Russian Federation is provided by medical organizations of several ownership forms:

**State** Subordinate to federal executive authorities and executive bodies of the state of the constituent entities of the Russian Federation.

**Municipal** Subordinate to local authorities.

**Private** Formed by legal entities and individuals.

The majority of these medical organizations is state-owned.

### 2017 - 2019

## DEVELOPMENT

2017

Adoption of the "Law on Telemedicine", which secures the possibility of using telemedicine technologies for medical care.

2018

Signature of an executive Order on national goals and strategic objectives by the President of the Russian Federation.

Includes major goals within the health care sector (e.g.: development and implementation of programs to fight cancer; development of children's healthcare; introduction of innovative medical technologies etc.).

As a part of the implementation of this Order, the National Healthcare project was approved at the end of 2018.

2019

Adoption of the "Law on Palliative Care", which aims at improving the care of terminally ill patients.

According to the new law, every patient in need can get pain relievers and the palliative care can be provided not only in the hospice, nursing care unit in the hospital, but also in outpatient clinics and at home.