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HOTEL NIKOL'SKIY

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AGENCY FOR ASYLUM



# Russian Federation

**Russian Federation**

**Medical Country of Origin Information Report**

**September 2022**





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# Acknowledgements

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# Contents

Acknowledgements.....	3
Contents.....	5
Disclaimer.....	15
Glossary and abbreviations.....	17
Introduction.....	24
Methodology.....	24
Defining the terms of reference .....	24
Note on the usage of this report.....	24
Collecting information .....	25
Key informant interviews .....	25
Literature review .....	25
Medication and treatment prices .....	26
Quality control.....	26
Referencing.....	27
Map of the Russian Federation.....	28
1. Context.....	29
1.1. Geography and demographics.....	29
1.2. Political context.....	30
1.3. Economic context .....	30
1.4. Historical context.....	30
2. Healthcare system.....	31
2.1. Health system organisation .....	31
2.1.1. Public sector .....	32
2.1.2. Private sector.....	35
2.1.3. Impact of COVID-19 .....	36
2.2. Healthcare resources.....	37
2.2.1. Health financing .....	37
2.2.2. Healthcare infrastructure.....	38
2.2.3. Health workforce.....	38
2.3. Pharmaceutical sector .....	42
2.4. Patient pathways.....	43





3. Economic factors.....	44
3.1. Health services provided by the state/public authorities.....	44
3.2. Public health insurance, national or state coverage.....	45
3.3. Private health insurance schemes.....	49
3.4. Other social security.....	50
3.4.1. Occupational diseases and work injury.....	52
3.4.2. Family allowance and benefits.....	53
3.4.3. Old age pensions and allocations for disabled persons (and survivors).....	53
3.4.4. Unemployment benefits .....	54
3.4.5. Minimum wage .....	54
3.4.6. Poverty alleviation measures.....	55
3.5. Out-of-pocket health expenditure .....	55
3.5.1. Costs of consultations.....	56
3.5.2. Cost of medications.....	57
3.5.3. List of useful links .....	58
4. Cardiovascular diseases (CVDs).....	59
4.1. General information.....	59
4.1.1. Epidemiological context.....	59
4.1.2. National policies and programmes .....	59
4.1.3. Content and structure of the healthcare system for CVDs.....	60
4.1.4. Private healthcare.....	60
4.1.5. Example of treatment centres .....	60
4.2. Access to treatment .....	62
4.2.1. Structure and organisation in the public healthcare system .....	62
4.2.2. Private healthcare system.....	62
4.2.3. Cardiovascular healthcare facilities in the public healthcare system .....	63
4.2.4. CVD healthcare workforce in the public and private sectors.....	63
4.2.5. Limitations on access to treatment.....	63
4.3. Insurance and national programmes.....	64
4.3.1. Public healthcare sector.....	64
4.3.2. Private healthcare sector .....	65
4.3.3. International donor programmes.....	68
4.4. Cost of treatment.....	68
4.4.1. Overview .....	68
4.4.2. Methodology of data collection on treatment prices.....	68
4.5. Cost of medication .....	72





4.5.1.	Overview .....	72
4.5.2.	Methodology of data collection on drug prices .....	73
4.6.	NGOs .....	79
5.	Endocrinology .....	80
5.1.	General information .....	80
5.1.1.	Epidemiological context .....	80
5.1.2.	National policies and programmes .....	80
5.2.	Access to treatment .....	81
5.2.1.	Resources .....	82
5.3.	Insurance and national programmes .....	85
5.3.1.	Private healthcare insurance .....	85
5.3.2.	International donor programmes .....	87
5.4.	Cost of treatment .....	88
5.4.1.	Methodology of data collection on treatment prices .....	88
5.5.	Cost of medication .....	91
5.5.1.	Methodology of data collection on drug prices .....	92
6.	Infectious diseases .....	99
6.1.	General information .....	99
6.1.1.	Epidemiological context .....	99
6.1.2.	National policies and programmes .....	100
6.2.	Access to treatment .....	102
6.2.1.	Overview of treatment for infectious diseases in the public healthcare system	102
6.2.2.	Limitations on access to treatment for infectious diseases in the public healthcare system .....	103
6.2.3.	Treatment for infectious diseases offered in the private healthcare sector ....	105
6.2.4.	International donor programmes .....	106
6.2.5.	Discrimination faced by patients with HIV/AIDS .....	106
6.3.	Insurance and national programmes .....	107
6.3.1.	Private healthcare insurance .....	108
6.4.	Cost of treatment .....	111
6.4.1.	Methodology of data collection on treatment prices .....	111
6.5.	Cost of medication .....	114
6.5.1.	Methodology of data collection on drug prices .....	115
6.6.	NGOs .....	124
7.	Psychiatry .....	125
7.1.	General information .....	125



7.1.1.	Epidemiological context.....	125
7.1.2.	National policies and programmes .....	127
7.2.	Access to treatment .....	131
7.2.1.	Structure of mental healthcare in the public healthcare system in Russia.....	131
7.2.2.	The practice of psychiatry in Russia .....	132
7.2.3.	Limitations of the accessibility and quality of mental healthcare.....	133
7.2.4.	Psychiatry in the private healthcare system.....	134
7.2.5.	Resources.....	134
7.2.6.	Discrimination against “narcology” patients.....	135
7.3.	Insurance and national programmes.....	136
7.3.1.	Services provided by international donor programmes.....	140
7.4.	Cost of treatment.....	140
7.4.1.	Overview.....	140
7.4.2.	Methodology of data collection on treatment prices.....	141
7.5.	Cost of medication .....	144
7.5.1.	Overview.....	144
7.5.2.	Methodology of data collection on drug prices.....	144
7.6.	NGOs .....	150
8.	Neurology .....	152
8.1.	General information.....	152
8.1.1.	Epidemiological context.....	152
8.1.2.	National policies and programmes .....	152
8.1.3.	Key facilities for the treatment of neurological conditions .....	153
8.2.	Access to treatment .....	154
8.2.1.	Structure and organisation of neurology healthcare in Russia.....	154
8.2.2.	Resources.....	156
8.3.	Insurance and national programmes.....	158
8.3.1.	Services provided by international donor programmes.....	161
8.4.	Cost of treatment.....	161
8.4.1.	Overview.....	161
8.4.2.	Methodology of data collection on treatment prices.....	161
8.5.	Cost of medication .....	164
8.5.1.	Overview.....	164
8.5.2.	Methodology of data collection on drug prices.....	165
8.6.	NGOs .....	171
9.	Nephrology .....	172



9.1.	General information.....	172
9.1.1.	Epidemiological context.....	172
9.1.2.	National policies and programmes .....	172
9.1.3.	Key facilities for the treatment of nephrological conditions in Russia.....	174
9.2.	Access to treatment .....	174
9.2.1.	Overview of nephrology in the public healthcare system.....	174
9.3.	Overview of nephrology in the private healthcare system.....	176
9.3.1.	Facilities .....	176
9.3.2.	Nephrology healthcare workforce.....	176
9.3.3.	Limitations on access to healthcare for nephrological conditions .....	177
9.4.	Insurance and national programmes.....	178
9.5.	Cost of treatment.....	180
9.5.1.	Methodology of data collection on treatment prices.....	181
9.6.	Cost of medication .....	183
9.6.1.	Methodology of data collection on drug prices.....	184
9.7.	NGOs .....	188
10.	Pulmonology .....	190
10.1.	General information.....	190
10.1.1.	Epidemiological context.....	190
10.1.2.	National programmes and policies on healthcare for pulmonological conditions .....	191
10.1.3.	Key facilities for the treatment of pulmonological conditions .....	191
10.2.	Access to treatment .....	192
10.2.1.	Structure and organisation of the system for pulmonary healthcare in Russia	192
10.2.2.	Limitations to patient access to healthcare for pulmonological conditions in Russia .....	193
10.2.3.	Resources.....	194
10.3.	Insurance and national programmes.....	194
10.3.1.	Private healthcare insurance .....	195
10.3.2.	International donor programmes.....	197
10.4.	Cost of treatment.....	197
10.4.1.	Overview.....	197
10.4.2.	Methodology of data collection on treatment prices.....	197
10.5.	Cost of medication .....	200
10.5.1.	Overview.....	200
10.5.2.	Methodology of data collection on drug prices.....	201
10.6.	NGOs .....	206



11. Paediatrics .....	207
11.1. General Information.....	207
11.1.1. Epidemiological context.....	207
11.1.2. National programmes and policies .....	207
11.1.3. Content and structure of the paediatric healthcare system.....	208
11.1.4. Main paediatric medical facilities .....	210
11.2. Access to treatment .....	214
11.2.1. Facilities and organisation.....	214
11.2.2. Healthcare resources.....	218
11.2.3. Private healthcare system.....	223
11.3. Insurance and national programmes.....	224
11.3.1. Private paediatric healthcare.....	225
11.3.2. Paediatric programmes funded by international donors .....	228
11.4. Cost of treatment.....	228
11.4.1. Methodology of data collection on treatment prices.....	228
11.5. NGOs .....	232
11.5.1. Domestic NGOs .....	233
12. Patients with disabilities.....	235
12.1. General information.....	235
12.1.1. Epidemiological context.....	235
12.1.2. National policies and programmes .....	236
12.1.3. Example of treatment centres .....	236
12.2. Access to treatment .....	237
12.2.1. Overview of access to treatment.....	237
12.2.2. Limitations on access to healthcare for people with disabilities .....	237
12.2.3. Rehabilitation.....	238
12.2.4. Private healthcare sector .....	239
12.3. Insurance and national programmes.....	240
12.3.1. Private healthcare insurance .....	240
12.4. Cost of treatment.....	243
12.4.1. Methodology of data collection on treatment prices.....	243
12.5. NGOs .....	248
13. Elderly patients.....	251
13.1. General information.....	251
13.1.1. Epidemiological context.....	251
13.1.2. National policies and programmes .....	251



13.1.3. Key facilities for the treatment of geriatric conditions .....	252
13.2. Access to treatment .....	253
13.2.1. Structure and organisation of healthcare for elderly patients in the public healthcare system in Russia.....	253
13.2.2. Healthcare for elderly patients in the private healthcare sector in Russia.....	254
13.2.3. Geriatric programmes funded by international donors .....	255
13.2.4. Geriatric health and social care resources.....	255
13.2.5. Limitations on healthcare and social care for elderly patients in the public healthcare system.....	256
13.3. Insurance and national programmes.....	257
13.3.1. Private healthcare insurance .....	258
13.4. Cost of treatment.....	259
13.4.1. Methodology of data collection on treatment prices.....	259
Annex 1. Bibliography.....	263
Oral sources, including anonymous sources .....	263
Public sources.....	263

## List of figures

Figure 1: Map of the Russian Federation.....	28
Figure 2: OOP expenditure (% of current health expenditure) 2000-2018.....	56
Figure 3: 2008 structure of diabetes service in Russia according to the Federal Target Programme.....	82

## List of tables

Table 1: Anonymised key informants.....	25
Table 2: Public financing for health in billions of RUB, 2020-2023 (current prices). ....	37
Table 3: Number of hospitals and outpatient clinics and beds, 1940-2019. ....	38
Table 4: Workforce breakdown per specialist category, per 10 000 population, 2018. ....	41
Table 5: Healthcare resources by federal district, 2019. ....	41
Table 6: Federal and regional privileges holders entitled to receive free or discounted medicines. ....	46
Table 7: Patient entitlement to free medications. ....	48



Table 8: Social assistance programmes by key income loss risks, 2019. ....	52
Table 9: List of useful links.....	58
Table 10: Example facilities for the treatment of CVDs.....	62
Table 11: Public and private healthcare insurance coverage for CVDs in Russia. ....	67
Table 12: Websites consulted for drug prices .....	69
Table 13: Cost of treatment for CVDs in the public and private health systems in Russia.....	72
Table 14: Websites consulted for drug prices .....	73
Table 15: Cost of drugs for CVDs in the public and private health systems in Russia .....	78
Table 16: Endocrine conditions for which treatment is limited in Russia. ....	84
Table 17: Public and private healthcare coverage for endocrinology patients in Russia. ....	87
Table 18: Websites consulted for treatment prices.....	89
Table 19: Cost of treatments for endocrine conditions in the public and private health systems in Russia.....	91
Table 20: Websites consulted for drug prices.....	92
Table 21: Cost of drugs for endocrinological conditions in the public and private health systems in Russia.....	98
Table 22: Example facilities for the treatment of infectious diseases.....	101
Table 23: Public and private healthcare coverage for patients with infectious diseases in Russia. ....	111
Table 24: Websites consulted for treatment prices .....	112
Table 25: Cost of treatments for patients with infectious diseases in the public and private health systems in Russia I.....	112
Table 26: Cost of treatments for patients with infectious diseases in the public and private health systems in Russia II.....	114
Table 27: Websites consulted for drug prices .....	115
Table 28: Cost of drugs for infectious diseases in the public and private health systems in Russia.....	124
Table 29: Type of mental health disorders. ....	126
Table 30: Sample of psychiatric treatment centres in Russia from the public and private healthcare sectors. ....	130



Table 31: Public and private healthcare insurance coverage in Russia. ....	140
Table 32: Websites used to identify price of treatments, diagnostics and equipment.....	141
Table 33: Cost of treatments for psychiatric conditions in the public and private health systems in Russia I.....	142
Table 34: Cost of treatments for psychiatric conditions in the public and private health systems in Russia II.....	144
Table 35: Websites used in initial search for drug availabilities and costs in Moscow.....	145
Table 36: Cost of drugs for psychiatric conditions in the public and private health systems in Russia.....	150
Table 37: Neurology treatment centres in Russia from the public and private healthcare sectors. ....	154
Table 38: Volume of neurosurgical equipment available in Russia. ....	157
Table 39: Neurology cover in the public and private healthcare system. ....	161
Table 40: Websites consulted for treatment prices.....	162
Table 41: Cost of treatments for neurological conditions in the public and private healthcare sectors in Russia.....	162
Table 42: Cost of treatments for neurological conditions in the public and private health systems in Russia.....	164
Table 43: Websites consulted for drug prices.....	165
Table 44: Cost of drugs for neurological conditions in the public and private health systems in Russia.....	171
Table 45: Nephrology treatment centres in Russia from the public and private healthcare sectors. ....	174
Table 46: Public and private healthcare insurance nephrology coverage in Russia. ....	180
Table 47: Websites consulted for treatment prices.....	181
Table 48: Cost of treatments for nephrological conditions in the public and private health systems in Russia.....	183
Table 49: Websites consulted for drug prices.....	184
Table 50: Cost of drugs for nephrological conditions in the public and private health systems in Russia.....	188
Table 51: Pulmonology treatment centres in Russia from the public and private healthcare sectors.....	192





Table 52: Public and private healthcare insurance coverage in Russia. ....	196
Table 53: Websites consulted for treatment prices.....	198
Table 54: Cost of treatments for pulmonological conditions in the public and private health systems in Russia.....	200
Table 55: Websites consulted for drug prices.....	201
Table 56: Cost of drugs for pulmonological conditions in the public and private health systems in Russia.....	206
Table 57: Examples of paediatric medical and treatment centres in Russia. ....	214
Table 58: Healthcare services provided by paediatric polyclinics in Russia. ....	217
Table 59: Paediatric healthcare workforce in Russia. ....	220
Table 60: Public and private healthcare insurance coverage in Russia. ....	227
Table 61: Websites consulted for treatment prices .....	229
Table 62: Cost of treatments for paediatric conditions in the public and private health systems in Russia.....	232
Table 63: Examples of domestic Russian NGOs covering paediatric medicine.....	234
Table 64: Example facilities for the treatment of patients with eye disabilities.....	237
Table 65: Numbers of adults in residential social care in Russia.....	239
Table 66: Public and private healthcare coverage for patients with disabilities in Russia.....	243
Table 67: Websites consulted for treatment prices .....	244
Table 68: Cost of treatments for patients with disabilities in the public and private health systems in Russia.....	248
Table 69: Public healthcare coverage for elderly patients in Russia.....	258
Table 70: Private healthcare coverage for elderly patients in Russia.....	259
Table 71: Websites consulted for treatment prices.....	260
Table 72: Cost of treatments for geriatric conditions in the public and private health systems in Russia.....	262





## Disclaimer

This report was written according to the EUAA Country of Origin Information (COI) Report Methodology (2019).<sup>1</sup> The report is based on carefully selected sources of information. All sources used are referenced.

The information contained in this report has been researched, evaluated and analysed with utmost care. However, this document does not claim to be exhaustive. If a particular event, person or organisation is not mentioned in the report, this does not mean that the event has not taken place or that the person or organisation does not exist.

Furthermore, this report is not conclusive as to the determination or merit of any particular application for international protection. Terminology used should not be regarded as indicative of a particular legal position.

‘Refugee’, ‘risk’ and similar terminology are used as generic terminology and not in the legal sense as applied in the European Union (EU) Asylum Acquis, the 1951 Refugee Convention and the 1967 Protocol Relating to the Status of Refugees.

Neither EUAA nor any person acting on its behalf may be held responsible for the use which may be made of the information contained in this report.

The drafting of this report was finalised in March, 2022. Any event taking place after this date is not included in this report. More information on the reference period for this report can be found in the Methodology section of the Introduction.

This report provides medical country of origin information (MedCOI). The Russian Federation is the largest country in the world and the delivery team has sought to report the most relevant information within the time and resources available for this contract.

The reader should bear in mind that most of the information was collected before the Russian invasion of Ukraine and the subsequent sanctions against Russia. These sanctions may have caused some shortages in the availability of treatments and medications and influenced the prices. However, the general structure of the health services and health service provision is unlikely to have substantially changed. So, although caution should be applied when using the financial information present in this report, the general information is still considered valid. All links present in the report have been tested and were working at the time of initial review, but unpredictable cyber-attacks against Russian institutions may sometimes deny access to some of the web pages.

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<sup>1</sup> The 2019 COI Report Methodology can be downloaded from the EUAA COI portal, [url](#)







# Glossary and abbreviations

Term	Definition
<b>AF</b>	Atrial fibrillation
<b>AMI</b>	Acute myocardial infarction
<b>ANC</b>	Antenatal care
<b>APD</b>	Automated peritoneal dialysis
<b>ARAD</b>	Arkangelsk Regional Anti-Tuberculosis Dispensary
<b>BMS</b>	Bristol Myers Squibb
<b>CABG</b>	Coronary artery bypass graft
<b>CAPD</b>	Continuous ambulatory peritoneal dialysis
<b>CAT</b>	Computerised tomography (see also CT)
<b>CKD</b>	Chronic kidney disease
<b>CMI</b>	Compulsory Medical Insurance (see also OMS)
<b>CoVID</b>	Coronavirus disease 2019 (SARS-CoV-2)





<b>COVID-19</b>	Coronavirus disease 2019 (SARS-CoV-2)
<b>CRS</b>	Congressional Research Service
<b>CT</b>	Computerised tomography
<b>CVDs</b>	Cardiovascular diseases
<b>DAA</b>	Direct-acting antiviral
<b>DALY</b>	Disability-adjusted life year
<b>DOTS</b>	Directly observed treatment, short-course
<b>DP</b>	District internist/physician
<b>EUAA</b>	European Union Agency for Asylum
<b>EAEU</b>	Eurasian Economic Union
<b>ECG</b>	Electrocardiogram
<b>EEC</b>	Eurasian Economic Commission
<b>EMS</b>	Emergency medical services
<b>ENT</b>	Ear, nose and throat



<b>ER</b>	Emergency room
<b>ESC</b>	European Society of Cardiology
<b>FAS</b>	Federal Antimonopoly Service
<b>FFOMS</b>	Федеральный фонд обязательного медицинского страхования (ФФОМС) [Federal Fund OMS (Compulsory Medical Insurance)]
<b>FMBA</b>	Federal Medico-Biological Agency
<b>FMF</b>	Familial Mediterranean fever
<b>FOD</b>	Free of charge
<b>FSB</b>	Federal Security Services
<b>GA</b>	Ground ambulance
<b>GBD</b>	Global Burden of Disease
<b>GP</b>	General provider
<b>HBV</b>	Hepatitis B virus
<b>HCV</b>	Hepatitis C virus
<b>HD</b>	Haemodialysis





<b>HIV/AIDS</b>	Human immunodeficiency virus/acquired immunodeficiency syndrome
<b>ICD</b>	Implantable cardioverter defibrillator
<b>ICU</b>	Intensive care units
<b>IHD</b>	Ischaemic heart disease
<b>INGO</b>	International non-governmental organisations
<b>INR</b>	International normalised ratio
<b>Intl.SOS</b>	International SOS
<b>KF</b>	Kidney failure
<b>KYH</b>	Know Your Heart
<b>MDR-TB</b>	Multidrug-resistant tuberculosis
<b>MedCOI</b>	Medical country of origin information
<b>MIS</b>	Medical information system
<b>MoFA</b>	Ministry of Foreign Affairs
<b>MoH</b>	Ministry of Health





<b>MRI</b>	Magnetic resonance imaging
<b>MSM</b>	Men who have sex with men
<b>NATO</b>	North Atlantic Treaty Organization
<b>NCD</b>	Non-communicable disease
<b>NCO</b>	Non-commercial organisation
<b>NGO</b>	Non-governmental organisation
<b>NMRI</b>	Nuclear magnetic resonance imaging
<b>OECD</b>	Organisation for Economic Co-operation and Development
<b>OMS</b>	Обязательное медицинское страхование [Compulsory Medical Insurance (see also CMI)]
<b>OOP</b>	Out of pocket
<b>PCI</b>	Percutaneous coronary interventions
<b>PD</b>	Peritoneal dialysis
<b>PNI</b>	Psychoneurological Institution
<b>PPP</b>	Purchasing power parity





<b>PCI</b>	Primary percutaneous coronary interventions
<b>PSG</b>	Program of State Guarantees for Medical Care
<b>PT</b>	Physical therapist
<b>PTCA</b>	Percutaneous transluminal coronary angiography
<b>PTSD</b>	Post-traumatic stress disorder
<b>PVD</b>	Peripheral vascular disease
<b>PWID</b>	People who inject drugs
<b>RNMSPC</b>	Russian National Medical Society of Preventive Cardiology
<b>Rosstat</b>	Federal State Statistics Service
<b>RRT</b>	Renal replacement therapy
<b>STD</b>	Sexually transmitted disease
<b>STI</b>	Sexually transmitted infection
<b>TB</b>	Tuberculosis
<b>TB-DOTS</b>	TB directly observed treatment, short-course



<b>TFOMS</b>	Territorial Fund of Obligatory Medical Insurance
<b>TTE</b>	Transthoracic echocardiogram
<b>UN</b>	United Nations
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>UN DESA</b>	United Nations Department of Economic and Social Affairs
<b>UNDP</b>	United Nations Development Programme
<b>USHIS</b>	Unified State Health Information System
<b>VEDL</b>	Vital and Essential Drugs List
<b>VMI</b>	Voluntary medical insurance (private healthcare insurance)
<b>WHO</b>	World Health Organization
<b>XDR-TB</b>	Extensively drug-resistant TB





# Introduction

## Methodology

This report is produced in line with the European Union Agency for Asylum (EUAA) COI Report Methodology (2019) and the EUAA COI Writing and Referencing Style Guide (2019).<sup>2</sup>

The purpose of the report is to provide information on access to healthcare in the Russian Federation. This information is relevant to the application of international protection status determination (refugee status and subsidiary protection) and migration legislation in EU+ countries.

This report also aims to provide information about access to healthcare for specific diseases and population groups.

## Defining the terms of reference

The terms of reference for this Medical Country of Origin Information (MedCOI) Report are based on the Belgian Desk of Accessibility's 'Researcher's Guide', developed in the framework of the MedCOI4 project. The guide includes a list of questions to be addressed in the report (see below). The main period of research for this report was June-September 2021, and complementary research to address peer review comments took place up until May 2022.

## Note on the usage of this report

Since the time of research, various sanctions have impacted the situation in the Russian Federation. At the time of publication, economic sanctions have affected the national economy and in effect, prices and availability on various goods and services.<sup>3</sup> Additionally, many websites have become unavailable, either due to hacking attacks or other reasons.<sup>4</sup> The impact on this report is three-fold: one, the prices indicated in this report, while accurate at the time of research and initial review, are possibly no longer indicative. Two, while medicines are exempt from the sanctions against Russia,<sup>5</sup> reports on shortages began appearing in early March 2022. The shortages were according to reports due to stockpiling of medication and logistical issues caused by the sanctions, not due to availability of drugs in

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<sup>2</sup> EUAA, EASO Writing and Referencing Guide for EASO Country of Origin Information (COI) Reports, 2019, [url](#)

<sup>3</sup> PBS News Hour, How sanctions are affecting the Russian economy, 23 April 2022, [url](#); BBC, Russia sanctions: How the measures have changed daily life, 13 March 2022, [url](#)

<sup>4</sup> NY Times, Russia, Blocked From the Global Internet, Plunges Into Digital Isolation, 7 March 2022, [url](#); TRT World, Is Russia planning to 'log out' of the World Wide Web?, 18 March 2022, [url](#); Wired, Russia Is Being Hacked at an Unprecedented Scale, 27 April, 2022, [url](#)

<sup>5</sup> Dyer, O., Essential medicines keep flowing to Russia, but sanctions could severely effect health, 21 March 2022, [url](#)



the country.<sup>6</sup> Three, many online sources used could not be checked during the final review stages.

Consequently, it was not possible to update the prices nor research which prices may have been changed in the past few months. It is possible other information relating to the availability of treatments and medication have changed as well, but because of the current limitation in information as well as the volatile situation, it is not possible to ascertain what may differ since the time of research. For this reason, caution is advised when utilising the findings presented in this report.

## Collecting information

EUAA contracted International SOS (Intl.SOS) to manage the report delivery including data collection. Intl.SOS recruited and managed a public health lead to author the report and a local consultant to collect data. The public health lead was selected from Intl.SOS' existing pool of consultants. The consultant was selected based on their experience in leading comparable projects, their experience working on public health issues in the Russian Federation and other former Soviet nations, and their regional experience working on the ground in Belarus.

The research questions based on the above-mentioned 'Researcher's Guide' were used to develop the 'Questionnaire on access to healthcare', which included a medication and consultation price list containing common treatment and medication questions. The questionnaire was completed based on the knowledge of the local consultants, two medical doctors and a research assistant in the Russian Federation, as well as a literature review.

## Key informant interviews

Key informant interviews were carried out by the international consultant with local consultants between July and September 2021. See [Table 1](#) below.

Key informant code	Role description
Contact 1	Medical doctor and local consultant responsible for in-country data collection for the report. The person wishes to remain anonymous for security reasons.
Contact 2	Research assistant responsible for data collection and translation of Russian-language sources. The person wishes to remain anonymous for security reasons.

Table 1: Anonymised key informants

## Literature review

The local consultants collected statistical data and health system information from official government sources, journal papers and reports by non-governmental organisations (NGOs)

<sup>6</sup> AP, Panic buying or a long-term problem? Russia suffers drug shortages amid sanctions over Ukraine war, 4 April 2022, [url](#)





and their websites, and provided local working knowledge and an overview of the healthcare system in Russia. The local research assistant provided an English translation of the Strategy for Health Development in the Russian Federation until 2025. The lead consultant (international) reviewed a range of public health academic studies, international donor reports, news agency and NGO documents and strategies, private health clinic websites, and international statistical datasets to collect and synthesise information on which to base the draft sections of each report.

Sources were carefully selected following the Common EU Guidelines for Processing COI (2008) and the EUAA COI Report Methodology (2019), and are referenced in footnotes on each page and included in the bibliography.

## **Medication and treatment prices**

A comprehensive, although non-exhaustive, list of treatment and medication prices is provided in each topical chapter. The data presented in these were collected by the local consultants and research assistant in Moscow between July and August 2021. Medication and treatment prices were reported in Euros (EUR) to make it easier for information users who are unfamiliar with the focus country's local currency to comprehend the costing component and compare to other contexts where necessary.

Prices of treatments, diagnostics and equipment were gathered using an initial internet search for their availability and costs in Moscow. The most common prices were compared, and the median price agreed. The currency conversion from Rubles (RUB) to EUR was performed using the OANDA Converter.<sup>7</sup> The prices of drugs were collected using the same methodology, only each medication was checked against the Russian Federation's official Vital and Essential Drugs List, and if not found under a generic name from the internet search, checked against the State Register of Medicines. If a medication was registered, a further internet search for its availability was performed using its brand name. If it was not registered, a note regarding the absence of registration was added. Medicines which are only available in the informal market were excluded. No regional variations were noted.

## **Quality control**

Quality control of the report was carried out both on content and form.

The accuracy of information included in the report was reviewed, to the extent possible, based on the quality of the sources and citations provided by the lead and local consultants.

Form and content were reviewed by International SOS and EUAA MedCOI experts.

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<sup>7</sup> OANDA [currency conversion website], 2022, [url](#)



## Referencing

Recommended referencing for this report: 'EUAA MedCOI, Medical Country of Origin Information Report: Russian Federation, September 2022, [\[url\]](#).'





# Map of the Russian Federation



Figure 1: Map of the Russian Federation<sup>8</sup>

<sup>8</sup> UNHCR (The United Nations High Commissioner for Refugees), Russian Federation - Reference map, 18 June 2018, [url](#)



# 1. Context

## 1.1. Geography and demographics

*The Russian Federation (short-form country name in this report: Russia) is the largest country in the world. It comprises a total area of 17 098 242 square kilometres and a land mass of 16 376 870 square kilometres. It lies in the Northern and Eastern hemispheres.<sup>9</sup> Russia is situated between Eastern Europe to the west and the northern part of Asia to the east, and is surrounded by 12 seas and 3 oceans.*

Russia is the ninth most populated country in the world, with a 2019 projected population of 145.9 million, a 0.1 % annual rate of population change and a low fertility rate of 1.83 live births per woman.<sup>10</sup> The elderly population is increasing and is predicted to reach an age-old dependency ratio of 40 people over the age of 65 per 100 working-age people by 2100.<sup>11</sup> Children between 0 and 17 years account for approximately 20.8 % of the population, or 30.4 million.<sup>12</sup>

*In 2019, life expectancy in Russia was 72.6 years, which was below the global average of 73.2 years; in 2019, life expectancy at birth was 67.1 years for men and 77.8 years for women.<sup>13</sup> In 2017, the average number of children born to a Russian woman was 1.61.<sup>14</sup>*

In 2019, the infant mortality rate was low at 5 deaths per 1 000 live births, while under-5-year mortality was equally low at 7 deaths per 1 000 live births.<sup>15</sup> Russia's maternal mortality ratio in 2007-2017 was 10 women per 100 000 live births during pregnancy or within 42 days after childbirth, a drop of 28 women per 100 000 live births since the year 2000, when the maternal mortality ratio was 38 women per 100 000 live births.<sup>16</sup> The maternal mortality ratio had risen to an estimated 17 women per 100 000 live births by 2019, according to the United Nations Development Programme (UNDP) Gender Inequality Index.<sup>17</sup>

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<sup>9</sup> World Population Review, Where is Russia in the World?, n.d., [url](#)

<sup>10</sup> UN DESA, Population Division, World Population Prospects 2019, Volume II: Demographic Profiles (ST/ESA/SER.A/427), 2019, [url](#), p. 1

<sup>11</sup> Vishnevsky, A. and Shcherbakova, E., A New Stage of Demographic Change: A Warning for Economists, 9 October 2018, [url](#), p. 233

<sup>12</sup> Rosstat, Population of the Russian Federation by Gender and Age as of 01.01.2021 [Statistical Bulletin], 2021, [url](#), accessed 17 September 2021

<sup>13</sup> UNDP, Human Development Report: Russia Dashboard, July 2021, [url](#)

<sup>14</sup> Wrede, S. et al., Birth Systems across the World: Variation in Maternity Policy and Services across Countries, February 2021, [url](#), p. 5

<sup>15</sup> UN DESA, Population Division, World Population Prospects 2019, Volume II: Demographic Profiles (ST/ESA/SER.A/427), 2019, [url](#), p. 1

<sup>16</sup> World Bank Data, Maternal mortality ratio (national estimate, per 100,000 live births) – Russian Federation, 1985-2015, 2019, [url](#)

<sup>17</sup> UNDP, Human Development Report 2020, The Next Frontier: Human Development and the Anthropocene Briefing note for Countries on the 2020 Human Development Report Russian Federation, 2020, [url](#), p. 6





## 1.2. Political context

*Russia is a federal semi-presidential republic.<sup>18</sup> Power is shared at federal level among the president, the parliament, the federal government and the courts, but in practice the balance of power is tilted towards the president.<sup>19</sup>* The bicameral legislature, the Federal Assembly, is composed of the upper house, the Federation Council, and the lower house, the State Duma. Members of each serve five-year terms.

## 1.3. Economic context

*Russia is an upper-middle-income economy* with a gross domestic product (GDP) per capita of EUR 8 708 in 2020.<sup>20</sup> In 2020, it was the 11th largest economy in the world.<sup>21</sup>

## 1.4. Historical context

*The Soviet Union was formally dissolved on 31 December 1991.<sup>22</sup> The Russian Soviet Federative Socialist Republic was renamed the Russian Federation.<sup>23</sup>*

A multiparty system emerged in the 1990s, though the 1993 constitution set up an unequal relationship between political parties and the executive.<sup>24</sup> As of 2000, however, politics were dominated by Vladimir Putin and the United Russia party.<sup>25</sup>

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<sup>18</sup> Zaznaev, O., Understanding Semi-Presidentialism in Political Science: A Review of the Latest Debate, World Applied Sciences Journal, [url](#), pp. 196-197

<sup>19</sup> European Parliament Research Service, Russia's Constitutional Structure: Federal in form, unitary in function, October 2015, [url](#), p. 3

<sup>20</sup> World Bank, World Bank Country and Lending Groups, n.d., [url](#)

<sup>21</sup> IMF, MF Datamapper, 2021, [url](#)

<sup>22</sup> Editors of Encyclopaedia Britannica, Collapse of the Soviet Union, The end of Soviet communism, Britannica, n.d., [url](#)

<sup>23</sup> Editors of Encyclopaedia Britannica, Collapse of the Soviet Union, The end of Soviet communism, Britannica, n.d., [url](#); CVCE, From Soviet federalism to the creation of the Commonwealth of Independent States (CIS), 8 July 2016, [url](#), p. 7

<sup>24</sup> European Parliament Research Service, Russia: political parties in a 'managed democracy', December 2014, [url](#), p. 2

<sup>25</sup> Freedom House, Freedom in the World 2021: Russia, n.d., [url](#)



## 2. Healthcare system

### 2.1. Health system organisation

*The Constitution of the Russian Federation guarantees to the population of Russia the right to free-of-charge healthcare and medical assistance, financed by a health budget, insurance contributions and other proceeds.*<sup>26</sup> There have been several rounds of health sector reforms, beginning with the adoption of the Constitution of the Russian Federation, which retained the right to free healthcare and the introduction of Compulsory Medical Insurance (CMI) in 1993.<sup>27</sup>

The Russian name for CMI is Обязательное медицинское страхование; thus CMI is referred to by the anglicised acronym OMS. The managing organisation of the insurance is Федеральный фонд обязательного медицинского страхования (ФФОМС), referred to by the anglicised acronym FFOMS. After a period of health system decentralisation to municipal governments in the 1990s, the system was re-centralised again in the mid-2000s due to growing inequalities in policies and funding across local areas.<sup>28</sup>

*In 2014, a set of health system ‘optimisation’ measures were adopted to reduce health costs by improving health system efficiency.*<sup>29</sup> These included merging health centres and hospitals, increasing medical staff salaries, and providing polyclinics and hospitals with high-tech equipment.<sup>30</sup> However, the measures unintentionally lead to a reduction of the total number of medical providers, pushing providers into the private sector, diminishing the primary care network, particularly in rural areas, and forcing patients from the public into the private system.<sup>31</sup>

The Strategy for Health Development in the Russian Federation until 2025, launched in June 2019, includes disease prevention and expanding primary care and palliative services to address the disproportionate focus on clinical/inpatient and emergency care at the cost of prevention, early diagnosis, rehabilitation and palliative care.<sup>32</sup> The current health system is, however, centralised with some management and budgetary authority devolved to regional and municipal levels:

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<sup>26</sup> Russia, Constitution of the Russian Federation, Chapter 2: Rights and Freedoms of Man and Citizen, Article 41, 2001, [url](#)

<sup>27</sup> Chubarova, T., Inequality of Access to the Health System in Russia: The Case of Out-of-Pocket Payments, 2019, [url](#), p. 91.

<sup>28</sup> Sheiman, I. and Shevski, V., Two Models of Primary Health Care Development: Russia vs. Central and Eastern European Countries, 2017, [url](#), p. 11

<sup>29</sup> Tagaeva, T. and Kazantseva, L., Public Health and Medical Care in Russia: Status and Problems, 2017, [url](#), pp. 174-175

<sup>30</sup> Tagaeva, T. and Kazantseva, L., Public Health and Medical Care in Russia: Status and Problems, 2017, [url](#), pp. 175

<sup>31</sup> Tagaeva, T. and Kazantseva, L., Public Health and Medical Care in Russia: Status and Problems, 2017, [url](#), pp. 174-175; Molchanova, E.V., Comparative Assessment of Health Systems in Russia and Finland, January 2020, [url](#), p. 256

<sup>32</sup> Russia, Указ Президента РФ от 6 июня 2019 г. N 254 О Стратегии развития здравоохранения в Российской Федерации на период до 2025 года [Presidential Decree of the Russian Federation, June 6, 2019, No. 254, About the strategy of development of healthcare in the Russian Federation for the period until 2025], [url](#), p. 9



- Russia's Ministry of Health (MoH) develops and implements the state's health policy and legislation, overseeing service delivery, pharmaceuticals, sanitary and epidemiological conditions, surveillance, the Federal Fund of Compulsory Medical Insurance (FFOMS), and other activities.
- Regional healthcare departments and ministries are responsible for managing regional health programmes and services, including health protection, the health workforce and emergency services. The executive authorities have budget authority over specialised medical care. The regions are also responsible for managing and funding primary care.<sup>33</sup>
- Local government bodies manage the healthcare system at the municipal level, including monitoring and analysing population health and service delivery, coordinating healthcare activities, and implementing municipal programmes. Executive authorities have authority to plan the costs for emergency care, primary medical care in outpatient and inpatient facilities, and medical care for women during pregnancy, in labour and after childbirth.<sup>34</sup>

*There are significant disparities in the resources and services available between regions and municipalities. Regions with more economic opportunities attract more investments, resulting in higher salaries and bigger tax revenues, enabling larger healthcare budgets. The 10 wealthiest regions have almost double the health funding compared to the poorest regions.<sup>35</sup> The vast territories with lower populations struggle with insufficient coverage of medical facilities and lack of qualified staffing and equipment.<sup>36</sup>*

Some large state-controlled corporations also offer healthcare services. These selectively available services are referred to as 'departmental healthcare' and are not run by Russia's MoH. Their funding comes from different sources and they have own infrastructure which includes polyclinics, full-scale hospitals and sanatoriums. Contact 1 stated that it would be 'nearly impossible' to obtain statistical data on this component of the healthcare system.<sup>37</sup>

## 2.1.1. Public sector

*Public health services are organised into primary, secondary and tertiary levels: primary care includes general medical services, emergency care and some specialised services; secondary care includes a broader range of specialised medical care; and tertiary care offers high-tech medical services.<sup>38</sup>* In cities and towns, polyclinics are the key primary care institutions, whilst in low-populated, rural areas, feldsher-obstetric clinics (ФАП (FAP) – фельдшерско-акушерский пункт) cover primary care, obstetric and surgical care

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<sup>33</sup> Sheiman, I. and Shevski, V., Two Models of Primary Health Care Development: Russia vs. Central and Eastern European Countries, 2017, [url](#), p. 11

<sup>34</sup> Aksenova, E. et al., Sustainability and Resilience in the Russian Health System, March 2021, [url](#), p. 9

<sup>35</sup> Ulumbekova, G.E., Финансирование здравоохранения в России (2021-2024 гг.). Факты и предложения [Healthcare financing in Russia (2021-2024). Facts and suggestions] April 2019, [url](#)

<sup>36</sup> Molchanova, E.V., Comparative Assessment of Health Systems in Russia and Finland, January 2020, [url](#), p. 256

<sup>37</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>38</sup> Aksenova, E. et al., Sustainability and Resilience in the Russian Health System, March 2021, [url](#), p. 16



services.<sup>39</sup> These small clinics house basic medical diagnostic and treatment equipment and are staffed by a feldsher (doctor's assistant) and often a midwife.<sup>40</sup>

*The public health system also features an extensive network of hospitals and a high number of providers per patient.<sup>41</sup> The type of hospitals available across Russia ranges from large, well-equipped tertiary hospitals in regional capitals that cover a wide range of medical and surgical procedures, to small, basic hospitals in rural areas which only offer healthcare for common fields of clinical practice.* Specialised centres covering specific problems such as cardiovascular and perinatal conditions are usually only found in regional capitals. In addition, national federal research and treatment centres that provide state-of-the-art diagnostics and treatment, often referred to as hi-tech medical care, are predominantly located in the major cities of Moscow or St Petersburg.<sup>42</sup>

The use of telemedicine has also increased exponentially, expedited by the COVID-19 pandemic in 2020-2021. The Russian government began attempting to implement telemedicine in response to the growth of global information technology use and connections.<sup>43</sup> A component of its programme to create a Unified State Health Information System (USHIS) is the 'Appointment with a doctor in a digital form' which allows, in particular, for shortening queues in polyclinics.<sup>44</sup> But in practice, many institutions do not have a medical information system (MIS). In those that do, some doctors are ambivalent about it, with some fearing that remote patient support leads to more medical errors.<sup>45</sup>

While current law stipulates that telemedicine can only be used for consultations on the prevention, diagnosis and monitoring of a patient's health and for assessments of the need for a face-to-face appointment, this is being updated to cover its wider use in emergency situations or under threat from a dangerous disease. Treatment cannot be prescribed remotely without an initial physician's appointment. There are no special restrictions on the type of medicines that can be prescribed thereafter through telemedicine. Electronic prescriptions are currently only available in certain regions of Russia. As a rule, telemedicine services are not reimbursable under state medical insurance but they can be provided on a

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<sup>39</sup> Russia, правительство российской федерации постановление от 28 декабря 2020 г. № 2299 «О Программе государственных гарантий бесплатного оказания гражданам медицинской помощи на 2021 год и на плановый период 2022 и 2023 годов» [Government Decree #2299 of 28 December 2020, On the program of state guarantees of providing free-of-charge medical care to citizens in 2021 and in years 2022 and 2023], 2020, [url](#); Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>40</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>41</sup> Chubarova, T. and Grigorieva, N., How Public/Private Mix in Health Care Financing and Delivery Shape a Health System Structure and Outcomes: a Case of Russia, 28-30 June 2017, [url](#), pp. 8-10

<sup>42</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>43</sup> Digital Healthcare 2021, Trends and Developments in Digital Healthcare, 30 June 2021, [url](#)

<sup>44</sup> Rusanova, N.E., History and issues of digital healthcare in Russia, 2018, [url](#), p. 34

<sup>45</sup> Rusanova, N.E., History and issues of digital healthcare in Russia, The Institute of Social and Economic Problems of Population of the Russian Academy of Sciences, 2018, [url](#), p. 34





free-of-charge basis if they are within the frameworks of pilot programmes which are available in certain regions and funded from regional budgets.<sup>46</sup>

*Strengths of Russia's public healthcare system include the relative success of universal access in urgent and emergency situations, and the availability of healthcare that is free and of good quality in many cities and regional capitals. The current population has also inherited the Soviet health infrastructure with polyclinic and hospital premises, and medical campuses in many cities.*<sup>47</sup>

*Overall weaknesses in the public healthcare system encompass a lack of funding, patient orientation and user-friendliness, as well as understaffing in many places, especially in rural areas.*<sup>48</sup> *Medical personnel regularly receive insufficient and outdated professional training, and many are poorly motivated, partially due to low wages.*<sup>49</sup>

Feldshers are a unique category of medical personnel employed in Russia's public healthcare system. The term translates as 'physician's assistant'. The cadre of feldshers emerged in the 18th century to serve as army medics or service providers in rural areas without physicians. During the Soviet era and after, however, the number of feldshers declined as they have been increasingly replaced by nurses.<sup>50</sup> Working primarily in rural areas, feldshers may be the primary providers who see patients, perform physical exams, and diagnose and treat cases while referring complicated cases to doctors. In urban areas, feldshers typically work under a doctor. Feldshers also work in ambulances, departments of sanitation and epidemiology, and laboratories.<sup>51</sup>

Referrals between primary and higher levels of care are poor. Due to limited human resources, primary care providers are often overworked and unable to ensure a smooth transition to the higher levels, and there is little coordination between the primary and secondary levels. While 70 % of DPs use referral letters, it is less common for specialists to communicate with a referring doctor after a treatment period.<sup>52</sup> Furthermore, the primary care provider can also be bypassed by paying the specialist a fee.<sup>53</sup>

*Another key weakness in Russia's public health services is the introduction of paid services within the traditionally free public setting as a result of reduced federal funding for*

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<sup>46</sup> Tyupa, V., Shadrin, A., Digital Health Apps and Telemedicine in Russia, n.d., [url](#)

<sup>47</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>48</sup> Molchanova, E.V., Comparative Assessment of Health Systems in Russia and Finland, 2020, p. 256; Tagaeva, T. and Kazantseva, L., Public Health and Health Care in Russia, Problems in Economic Transition, 2017, [url](#), p. 979

<sup>49</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons.

<sup>50</sup> Sheiman, I. and Shevski, V., Two Models of Primary Health Care Development: Russia vs. Central and Eastern European Countries, 2017, [url](#), p. 19.

<sup>51</sup> Chubarova, T., Inequality of Access to the Health System in Russia: The Case of Out-of-Pocket Payments, 2019, [url](#), pp. 100-101.

<sup>52</sup> Sheiman, I. and Shevski, V., Two Models of Primary Health Care Development: Russia vs. Central and Eastern European Countries, 2017, [url](#), p. 19.

<sup>53</sup> Chubarova, T., Inequality of Access to the Health System in Russia: The Case of Out-of-Pocket Payments, 2019, [url](#), pp. 100-101





*mandatory health insurance, economic sanctions and inflation.*<sup>54</sup> Public facilities can charge a fee for services outside the Program of State Guarantees for Medical Care (PSG) covered by OMS. As a result, a patient may access some procedures for free while paying for others such as laboratory tests and diagnostics.<sup>55</sup> There is a procedure for patients to submit an official complaint when public medical facilities seek to levy fees for services that are supposed to be free of charge.<sup>56</sup>

A patient may also pay extra for better quality medical devices than those covered by OMS. Fees can also be charged when the patient is not officially referred to a hospital from a health centre or the charge is not covered by OMS. Of concern is that patients may not be knowledgeable about what procedures they need or what is covered by OMS and may pay unnecessary costs. Patient fees also contribute to increased inequalities as higher-income households can pay for care that is unaffordable to lower-income households.<sup>57</sup>

## 2.1.2. Private sector

*The private sector is small and concentrated in urban areas, but has increased gradually, especially for specific services including laboratories, dentistry, cosmetic/plastic surgery and obstetrics.*<sup>58</sup> *More recently, the private sector has also been making inroads into outpatient and inpatient care.*<sup>59</sup> *Demand has been driven by the lower availability of free medical care from the public system. Private healthcare is mainly provided in outpatient facilities, although private hospitals exist and offer a broad spectrum of procedures and surgeries. Private facilities tend to be smaller with fewer beds and fewer visits per day, but they are usually better equipped than state healthcare facilities and offer a more patient-centred environment.*<sup>60</sup> *The private sector also offers paid services such as ground ambulance (GA)/emergency medical services (EMS) in major metropolitan areas.*<sup>61</sup>

In 2010-2014, the total number of hospitals decreased whilst the number of private hospitals increased by almost 50 % in urban areas. After 2014, growth continued to accelerate, with the number of private sector hospital beds reaching 17 000 in 2018.<sup>62</sup> NGOs play a small role in

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<sup>54</sup> Tagaeva, T. and Kazantseva, L., Public Health and Health Care in Russia, Problems in Economic Transition, 2017, [url](#), p. 980

<sup>55</sup> Tinkoff Magazine. Когда не нужно платить за лечение и куда жаловаться, если требуют денег [When you don't have to pay for treatment and where to complain if they ask for money], 2018, [url](#)

<sup>56</sup> Tinkoff Magazine. Когда не нужно платить за лечение и куда жаловаться, если требуют денег [When you don't have to pay for treatment and where to complain if they ask for money], 2018, [url](#)

<sup>57</sup> Chubarova, T., Inequality of Access to the Health System in Russia: The Case of Out-of-Pocket Payments, 2019, [url](#), pp. 26, 89, 94, 100

<sup>58</sup> Chubarova, T. and Grigorieva, N., How Public/Private Mix in Health Care Financing and Delivery Shape a Health System Structure and Outcomes: a Case of Russia, 28-30 June 2017, [url](#), pp. 8, 10, 14

<sup>59</sup> Nikulina, O. and Ratkin, A., Current state of financing health care system in Russia: regional aspect, 25 September 2020, [url](#), p. 2

<sup>60</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>61</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>62</sup> Nikulina, O. and Ratkin, A., Current state of financing health care system in Russia: regional aspect, 25 September 2020, [url](#), p. 2



health policy advocacy and service delivery, with a particular focus on infectious diseases such as human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS).<sup>63</sup>

Private healthcare providers are increasingly participating in obligatory medical insurance. In 2013, the percentage of private sector healthcare providers operating in the obligatory medical insurance segment was 16 %, while in 2016 it rose to 29 %.<sup>64</sup> However, private providers mainly receive out-of-pocket (OOP) payments.<sup>65</sup> Another type of private healthcare insurance is the voluntary medical insurance (VMI), which is described in [Section 3.3](#).

### 2.1.3. Impact of COVID-19

*The healthcare system has been severely impacted by the COVID-19 pandemic, with hospital beds in five of the most affected regions reaching almost-full capacity.<sup>66</sup> Healthcare workers have been increasingly developing mental health conditions such as depression and anxiety,<sup>67</sup> partly due to disproportionately high COVID-19 mortality among them.<sup>68</sup> The health sector experienced the highest number of job losses during 2020 despite an increase in wages, possibly due to increased mental and physical fatigue among health workers, high COVID-19 infection rates among health workers, and/or reduced employment in public and private social care facilities.<sup>69</sup>*

During 2020, the Sputnik V vaccine was developed at the Gamaleya National Centre of Epidemiology and Microbiology.<sup>70</sup> Mass inoculations began in December 2020, with the vaccination offered for free to all Russian citizens and legal permanent residents.<sup>71</sup> One challenge to mass distribution is the cold chain required to maintain Sputnik V at -18 °C during transportation and storage.<sup>72</sup> In early 2021, two additional vaccines, EpiVacCorona and CoviVac, were launched.

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<sup>63</sup> UNRISD, Constraints on Universal Health Care in the Russian Federation: Inequality, Informality and the Failures of the Mandatory Health Insurance Reforms, February 2015, [url](#), p. 11

<sup>64</sup> KPMG, Private Healthcare Market in Russia: Outlook for 2017-2019, 2017, [url](#), p. 5

<sup>65</sup> Sheiman, I. and Shevski, V., Two Models of Primary Health Care Development: Russia vs. Central and Eastern European Countries, 2017, [url](#), p. 9

<sup>66</sup> Herestofa, L., The Impact of COVID-19 on Russia, 24 March 2021, [url](#)

<sup>67</sup> Mosolova, E. et al., Stress, anxiety, depression and burnout in frontline health care workers during COVID-19 pandemic: a brief systematic review and new data from Russia, 2 January 2021, [url](#), p. 1

<sup>68</sup> Lifshits, M. and Neklyudova, N., COVID-19 mortality rate in Russia: forecasts and reality evaluation, 25 September 2020, [url](#), pp. 1, 7-8

<sup>69</sup> World Bank, Russia's Economic Recovery Gathers Pace, Says New World Bank Report, 26 May 2021, [url](#)

<sup>70</sup> Jones, I. and Roy, P., Sputnik V COVID-19 vaccine candidate appears safe and effective, 2 February 2021, [url](#), p. 642

<sup>71</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>72</sup> Davis, C.M., Readiness and resilience of the health systems of the UK and Russia during Covid-19 epidemics in 2020-2021: impacts of priorities, shortages and rationing, 27 April 2021 date, [url](#), p. 40



## 2.2. Healthcare resources

### 2.2.1. Health financing

*Russia's healthcare is financed from the public and private sectors, including the paid VMI. In 2019, public financing made up 61 % of total health expenditures, while 39 % of expenditures came from private financing, primarily OOP payments.<sup>73</sup>*

*In 2020, government spending on health was 4.1 % of GDP. This percentage is expected to decline during the next three years, as shown in Table 2. Government financing for health comes from budget appropriations and from the OMS. Financing through the OMS, managed by FFOMS, is also becoming more important: between 2010 and 2018, OMS financing increased from 24 % to 39 % of total expenditures.<sup>74</sup> Budget expenditures are also increasingly shifting from the federal budget to the regional budgets, with each region or federal subject having its own funding, including the health component.<sup>75</sup>*

Year	2020	2021	2022	2023
Federal budget	1 264.7	1 129.4	1 134.8	1 100.9
FFOMS	2 368.6	2 545.4	2 658.0	2 798.0
Consolidated budgets of federal subjects (oblasts, republics, districts)	760.7	753.2	798.2	849.1
Total:	4 394.0	4 428.0	4 591.0	4 758.0
GDP % share:	4.1 %	3.8 %	3.7 %	3.6 %

Table 2: Public financing for health in billions of RUB, 2020-2023 (current prices)<sup>76</sup>

*Private financing for health comes from voluntary private health insurance and OOP payments. Between 2010 and 2019, private spending increased from 1.9 % to 2.2 % of GDP.<sup>77</sup> This was driven by the limited availability of many medical services financed by OMS and the increasing availability of private sector services.<sup>78</sup>*

<sup>73</sup> OECD.Stat, Health expenditure and financing, Russia n.d., [url](#)

<sup>74</sup> Aksenova, E. et al., Sustainability and Resilience in the Russian Health System, March 2021, [url](#), p. 14

<sup>75</sup> KPMG, Private Healthcare Market in Russia: Outlook for 2017-2019, 2017, [url](#), p. 8; Chubarova, T., Inequality of Access to the Health System in Russia: The Case of Out-of-Pocket Payments, 2019, [url](#), p. 92; Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>76</sup> Ulumbekova, G.E., Заключение о расходах бюджетов бюджетной системы РФ по разделу «Здравоохранение» на 2021 год и на плановый период 2022 и 2023 годов [Conclusion on the expenditures of the budgets of the budgetary system of the Russian Federation in the section "Healthcare" for 2021 and for the planning period of 2022 and 2023], ВШОУЗ [VSHOUZ], 10 October 2020, [url](#), p. 3

<sup>77</sup> OECD.Stat, Health expenditure and financing, Russia n.d., [url](#)

<sup>78</sup> Molchanova, E., Comparative Assessment of Health Systems in Russia and Finland, 2020, [url](#), p. 257



## 2.2.2. Healthcare infrastructure

Since the 1990s, reforms have reduced the total number of hospitals while expanding the capacity of outpatient clinics, as shown in [Table 3](#). Rural areas were particularly impacted by these reductions between 2005 and 2013, as the number of health facilities in rural areas fell by 75 %.<sup>79</sup>

Year	Hospitals, 000s	Hospital beds <sup>1</sup>		Outpatient clinics, 000s	Capacity of outpatient clinics, admissions per shift	
		Total, 000	Per 10 000 population		Total, 000	Per 10 000 population
1990	12.8	2 037.6	137.4	21.5	3 221.7	217.3
2000	10.7	1 671.6	115.0	21.3	3 533.7	243.2
2010	6.3	1 339.5	93.8	15.7	3 685.1	257.9
2015	5.4	1 222.0	83.4	18.6	3 861.0	263.5
2019	5.1	1 173.6	80.0	21.2	4 072.4	277.5

Table 3: Number of hospitals and outpatient clinics and beds, 1940-2019<sup>80</sup>

Russia has a well-functioning emergency healthcare service that is staffed by doctors and GA doctors. EMS are free and covered under the national public health system, are universally available 24/7 throughout Russia, and can be contacted by dialling 03 from landline telephones or 112 from mobile phones.<sup>81</sup> During the past two decades, the number of emergency stations has been reduced by 30 %.<sup>82</sup>

EMS includes general ambulance teams as well as specialised teams. A general team is usually composed of a doctor, feldsher or nurse, and a driver, although in smaller cities, towns and most rural areas, teams are comprised of a feldsher and a nurse.<sup>83</sup>

## 2.2.3. Health workforce

There were 548 800 doctors in Russia in 2018. In the same year, there were 1.2 million nurses across the country.<sup>84</sup> [Table 4](#) shows the number of health workers per specialist category.

<sup>79</sup> Eppele, N., Russian Health Care Is Dying a Slow Death – Opinion, The Moscow Times, [url](#)

<sup>80</sup> Rosstat, Российский Статистический Ежегодник 2020 [Russian Statistical Yearbook 2020], 2020, [url](#), p. 215

<sup>81</sup> Rodigin, A., An update on emergency care and emergency medicine in Russia, 2015, [url](#), p. 1.; Gerden, E., EMS Around the World: Big Changes Coming for EMS in Russia, July 2019, [url](#), p. 1.

<sup>82</sup> Rosstat, Российский Статистический Ежегодник 2020 [Russian Statistical Yearbook 2020], 2020, [url](#), p. 215

<sup>83</sup> Rodigin, A., An update on emergency care and emergency medicine in Russia, 2015, [url](#), p. 4.; Gerden, E., EMS Around the World: Big Changes Coming for EMS in Russia, July 2019, [url](#), p. 1.

<sup>84</sup> Russia, MoH, Ресурсы и деятельность медицинских организаций здравоохранения. Медицинские кадры 2018 [Resources and activity of medical healthcare organizations. Medical personnel 2018], 31 July 2019, [url](#), p. 33



Medical specialist	No. per 10 000 population	Medical specialist	No. per 10 000 population
Adolescent psychiatrists (15-17 years)	0.28	Neurologists	1.47
Anesthesiologists/ICU physicians	2.14	Neurosurgeons	0.20
Cardiologists	0.85	Obstetricians and gynaecologists	4.59
Clinical pharmacologists	0.05	Oncologists	0.65
Dentists	1.05	Ophthalmologists	0.90
Dermatologists/sexually transmitted infection specialists	0.54	Paediatric oncologists	0.11
District adolescent psychiatrists	0.17	Paediatric psychiatrists (0-14 years)	0.53
District paediatric psychiatrists	0.28	Paediatric surgeons	1.09
District paediatricians	9.20	Paediatric urologists	0.12
District physicians	3.04	Paediatricians (all)	16.31
District physicians in rural clinics (ambulatories)	0.06	Palliative care specialists	0.04
District psychiatrists	0.22	Pathologists	0.21





<b>Medical specialist</b>	<b>No. per 10 000 population</b>	<b>Medical specialist</b>	<b>No. per 10 000 population</b>
Ear, nose and throat (ENT) specialists	0.62	Physical therapists (PT)	0.33
Endocrinologists (paediatric)	0.34	Psychiatrists (adult)	0.90
Epidemiologists	0.23	Pulmonologists	0.13
Emergency room (ER) physicians	0.29	Radiologists (X-ray and imaging specialists)	1.15
GA physicians	0.75	Rehabilitologists (rehabilitation specialists)	0.00
Geriatricians	0.10	Rheumatologists	0.11
Haematologists	0.10	Surgeons general	1.70
Infectious disease specialists	0.41	Transfusiologists (related to all aspects of the transfusion of blood and blood components)	0.15
Internal medicine physicians	5.04	Trauma surgeons/orthopaedists (orthopaedic surgeons)	0.84
Endocrinologists (adult)	0.52	Tuberculosis (TB) specialists	0.48
Neonatologists	35.04	Ultrasound diagnostics physicians	1.09



Medical specialist	No. per 10 000 population	Medical specialist	No. per 10 000 population
Nephrologists	0.79	Urologists	0.46

Table 4: Workforce breakdown per specialist category, per 10 000 population, 2018.<sup>85</sup>

*The health workforce is unevenly distributed across the regions*, with a higher number of resources per population in the vast and sparsely populated regions of Siberia and the Far East, and the Northwest, as shown in [Table 5](#).

	Doctors per 10 000 population	Mid-level medical personnel per 10 000 population	Hospitals	Hospital beds per 10 000 population
Central	49.6	93.1	1 090	76.6
Northwestern	59.8	106.7	511	81.4
Southern	43.3	93.4	500	78.5
North Caucasus	42.9	94.3	344	71.3
Volga	46.7	106.8	1 040	78.9
Ural	46.0	112.7	434	78.0
Siberian	48.8	108.5	757	88.9
Far Eastern	53.9	109.4	454	95.7

Table 5: Healthcare resources by federal district, 2019<sup>86</sup>

*Health workers are also unevenly distributed between urban and rural areas. In 2015, urban areas had on average about 50 doctors per 10 000 population, while rural areas had only about 12 doctors per 10 000 population.*<sup>87</sup>

Private companies are employing more health workers due to the steady growth of the private healthcare sector. In 2005-2014, the number of private sector health workers doubled, from 4 % to 8 % of the health workforce.<sup>88</sup> *Some doctors are migrating from the public to the*

<sup>85</sup> Russia, MoH, Ресурсы и деятельность медицинских организаций здравоохранения. Медицинские кадры 2018 [Resources and activity of medical healthcare organizations. Medical personnel 2018], 31 July 2019, [url](#), p. 33

<sup>86</sup> Rosstat, Российский Статистический Ежегодник 2020 [Russian Statistical Yearbook 2020], 2020, [url](#), p. 221

<sup>87</sup> UNRISD, Constraints on Universal Health Care in the Russian Federation: Inequality, Informality and the Failures of the Mandatory Health Insurance Reforms, February 2015, [url](#), p. 20

<sup>88</sup> Chubarova, T. and Grigorieva, N., How Public/Private Mix in Health Care Financing and Delivery Shape a Health System Structure and Outcomes: a Case of Russia, 28-30 June 2017, [url](#), p. 10





*private sector due to lack of funding for state facilities and cumbersome reporting requirements.<sup>89</sup>*

## 2.3. Pharmaceutical sector

*Russia's pharmaceutical market is growing quickly and is anticipated to soon become one of the top 10 markets in the world.<sup>90</sup>*

*The majority of the pharmaceutical market (85 %) is in the private sector, while the state procures significantly less.<sup>91</sup> Only 11 % of the total pharmaceutical expenditure in 2013 was funded by the public sector.<sup>92</sup> The share of government-owned pharmacy chains in 2014 was below 10 % of the market.<sup>93</sup> Furthermore, of the 2 400 enterprises manufacturing basic pharmaceutical products and pharmaceutical preparations, 2 100 were privately owned.<sup>94</sup>*

*Over 64 % of total pharmaceuticals sold in 2020 were over-the-counter products such as cold and cough remedies and dietary supplements and vitamins.<sup>95</sup> Generic drugs dominate the domestic market.<sup>96</sup>*

*The Federal Drug Reimbursement Programme launched in 2017 provides Russian citizens with free access to over 350 pharmaceutical products. Recent regulatory rules and legislation have also served to tighten state control, e.g. ensuring warehouses are up to standard, safeguarding affordability, improving medicine labelling and reducing counterfeit drugs.<sup>97</sup>*

In Russia, online pharmacies are a regular and legal way to obtain medications.<sup>98</sup> At the end of 2020, about 350 legal entities received permission to sell medicines online, which represents about 110 pharmacy chains or 12 000 points of sale.<sup>99</sup> Prescription medications can be ordered online, but are not allowed to be shipped to a patient's house. They must be collected at a physical pharmacy.<sup>100</sup>

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<sup>89</sup> Molchanova, E.V., Comparative Assessment of Health Systems in Russia and Finland, January 2020, [url](#), p. 4

<sup>90</sup> Shekhar, R. et al., Regulatory Pathway for Registration of Biosimilars in Russia, 15 April 2020, [url](#), p. 79

<sup>91</sup> Shekhar, R. et al., Regulatory Pathway for Registration of Biosimilars in Russia, 15 April 2020, [url](#), p. 79

<sup>92</sup> WHO, European Health Information Gateway, Total pharmaceutical expenditure as % of total health expenditure, 6 September 2020, [url](#)

<sup>93</sup> DSM Group, Russian Pharmaceutical Market 2014, 2014, [url](#), p. 69

<sup>94</sup> Federal State Statistics Service (Rosstat), Российский Статистический Ежегодник 2020 [Russian Statistical Yearbook 2020], 2020, [url](#), p. 327

<sup>95</sup> Elagina, D., Pharmaceutical Industry in Russia – statistics & facts, 26 May 2021, [url](#)

<sup>96</sup> Shekhar, R. et al., Regulatory Pathway for Registration of Biosimilars in Russia, 15 April 2017, [url](#), p. 79

<sup>97</sup> Shekhar, R. et al., Regulatory Pathway for Registration of Biosimilars in Russia, 15 April 2017, [url](#), p. 80

<sup>98</sup> Адвокатская газета [Lawyer's newspaper], Аптеки теперь смогут продавать лекарства онлайн и доставлять их на дом легально [Pharmacies will now be able to sell medicines online and deliver them to your home legally], 3 June 2020, [url](#)

<sup>99</sup> DSM Group, Рейтинг аптекных сетей по итогам 2020 года [Rating of pharmacy chains in 2020], 5 March 2021, [url](#)

<sup>100</sup> Gomobile.ru, Как аптеки выходят в Digital 2021 [How pharmacies go to digital 2021], n.d., [url](#), p.4; Garant.ru, Дистанционная продажа лекарств vs традиционные аптеки [Remote sale of drugs vs traditional pharmacies.], 21 January 2022, [url](#)





Drugs are placed on a priority list to determine their price, such as the Vital and Essential Drug List (VEDL).<sup>101</sup> The list of drugs for the VEDL is developed and reviewed annually. The prices are fixed, negotiated between the federal government and the drug manufacturers, and reviewed annually. The prices for other drugs are reviewed at least once in three years. The selling price is determined by a pharmacy network or organisation based on the commodity invoices and price negotiation protocol from the manufacturer or wholesale intermediary.<sup>102</sup>

## 2.4. Patient pathways

*Patients are free to choose their own primary care provider, either a DP or GP, at an outpatient facility. In the first instance, most will seek care from the provider they are registered with. When a patient requires medical treatment, the provider will order treatment or refer the patient to a specialist in an outpatient facility if necessary. If further examination is needed, the patient will be referred for hospitalisation at a specialised inpatient facility. After discharge, follow-up care is provided at an outpatient facility. One weakness in this system is that the onus is on the patient and not the doctor to complete the referrals between facilities.*<sup>103</sup>

Some facilities have introduced ‘on-duty’ DPs that patients can see instead of their regular doctors to increase the availability of contact with a doctor. There is also a trend toward bypassing the DP/GP and directly seeking specialist care, particularly for gynaecology/obstetrics, surgery, urology, ophthalmology, ear, nose and throat (ENT) specialists, and dermatologists. The disadvantage of this approach is potential disruptions to continuity of care, as care is received from different providers.<sup>104</sup>

*A second patient pathway is the emergency pathway: direct access to emergency care and urgent medical services. Patients needing emergency care or somebody on their behalf telephones the EMS team, explains the urgent medical problem and names the patient’s exact location.* These calls are answered by medically trained dispatchers who usually only speak Russian. Sometimes, calls are escalated to a senior duty doctor who decides on the required response. EMS teams can give urgent care at the patient’s location or send them to an appropriate duty hospital for an immediate care review, followed by hospital admission if necessary.<sup>105</sup> EMS teams will attend the site of an emergency, an outpatient clinic, or a hospital if the outpatient facility lacks the resources.<sup>106</sup>

<sup>101</sup> Holownia-Voloskova, M. et al., Drug Policy in the Russian Federation, 13 October 2018, [url](#), p. 107

<sup>102</sup> Holownia-Voloskova, M. et al., Drug Policy in the Russian Federation, 13 October 2018, [url](#), p. 110

<sup>103</sup> Aksenova, E. et al., Sustainability and Resilience in the Russian Health System, March 2021, [url](#), pp. 6, 34

<sup>104</sup> Sheiman, I. and Shevski, V., Two Models of Primary Health Care Development: Russia vs. Central and Eastern European Countries, 2018, [url](#), p. 19

<sup>105</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>106</sup> Aksenova, E. et al., Sustainability and Resilience in the Russian Health System, March 2021, [url](#), p. 36



### 3. Economic factors

#### 3.1. Health services provided by the state/public authorities

*The Program of State Guarantees for Medical Care, PSG, ensures free medical care as outlined in the Constitution, and guarantees uniform benefits paid through a single national pool.<sup>107</sup> A Government order defines the benefits package within several parameters:<sup>108</sup>*

1. List of diseases: almost all diseases in the International Classification of Diseases are included; treatment is free of charge.
2. Types of services: primary care, specialist outpatient care, day-care centre services, ambulance care, rehabilitation care, palliative care, specialist inpatient care; treatment is free of charge.
3. High technology care: includes only elective care; tertiary care (highly specialised care that involves advanced and complex treatments and procedures) can only be obtained for specific conditions.
4. Waiting time limits: primary care provided by district physicians – within 24 hours; consultations by outpatient specialists – not more than 14 days; instrumental diagnostics and laboratory tests – 14 days; computer tomography – 30 days; ambulance care – 20 minutes after registration of a call; high technology care (tertiary care) – 30 days.
5. Drugs: list of outpatient drug beneficiaries and list of 788 essential drugs are specified from 2021.<sup>109</sup>

In addition, planning and evaluation of the PSG considers utilisation targets for each type of care, funding per capita and unit cost target (normative) for each type of care, and criteria of healthcare quality (there are 25 criteria for the individual types of care).<sup>110</sup>

*In practice, the PSG features several limitations. It does not clearly define which services should be used for which conditions or how, and so there is room for negotiation between the provider and patient.<sup>111</sup> Furthermore, services covered by the PSG have narrowed over time or do not meet real costs.<sup>112</sup> For example, in 2016, a basic blood test cost about RUB 300*

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<sup>107</sup> Somanathan, A. et al., Universal Health Coverage in Russia: Extending Coverage for the Poor in the Post-Soviet Era, World Bank Group, 2018, [url](#), p. 28

<sup>108</sup> Somanathan, A. et al., Universal Health Coverage in Russia: Extending Coverage for the Poor in the Post-Soviet Era, World Bank Group, 2018, [url](#), p. 28

<sup>109</sup> Somanathan, A. et al., Universal Health Coverage in Russia: Extending Coverage for the Poor in the Post-Soviet Era, World Bank Group, 2018, [url](#), p. 28; OMS Policy, Перечень бесплатных услуг по полису ОМС на 2022 год [List of free services under the MHI policy for 2022], 15 July 2019, [url](#)

<sup>110</sup> Somanathan, A. et al., Universal Health Coverage in Russia: Extending Coverage for the Poor in the Post-Soviet Era, World Bank Group, 2018, [url](#), p. 28

<sup>111</sup> Kaneva, M. et al., Attitudes to reform: Could a cooperative health insurance scheme work in Russia?, 22 January 2019, [url](#), pp. 372-373

<sup>112</sup> UNRISD, Constraints on Universal Health Care in the Russian Federation: Inequality, Informality and the Failures of the Mandatory Health Insurance Reforms, February 2015, [url](#), p. 27; Borgen Project, 10 Facts About Healthcare in the Russian Federation, 18 June 2020, [url](#)



(EUR 3.44), but the scheduled OMS rates budgeted for only 73 to RUB 103 (EUR 0.84 to 1.18) for a blood test depending on its complexity. The cost of a visit to a physician varied from RUB 300 to 800 (EUR 3.44 to 9.17) across the country, while the OMS rate was RUB 108 (EUR 1.24).<sup>113</sup> As a result, patients must pay out of pocket for the services that are not covered, including in the public sector. Finally, availability of PSG varies across regions, with richer regions able to spend more on the PSG package available to beneficiaries.<sup>114</sup>

## 3.2. Public health insurance, national or state coverage

*The OMS system is linked to place of residence and citizenship, including for those who are unemployed.<sup>115</sup> The OMS has almost-full coverage (99.2 %).<sup>116</sup> It covers general medical services, specialised medical care and drugs on the VEDL, except services for socially significant diseases or high-tech procedures which are covered by the federal and regional budgets.<sup>117</sup> Some regions have created special OMS funds to expand coverage for their residents.<sup>118</sup>*

Some categories of patients receive free or reduced cost medications, depending on their status, whether they have specific diseases, and the duration of illness. To receive medications for free, a patient must have a valid prescription. [Table 6](#) lists privilege holders who receive free or discounted medications, and [Table 7](#) lists the conditions that entitle patients to receive free or discounted medications from the state.<sup>119</sup>

<b>Federal privileges holders entitled to receive free medications (or equivalent monetary value)</b>
Heroes of the Soviet Union and Russian Federation, full Knights of the Order of Glory and, in case of their death, some of their direct relatives
Heroes of Labour and full knights of the Order of Labour Glory
Children aged three years and under
Disabled people (I, II and III groups)

<sup>113</sup> Institute of Modern Russia, Russia's Healthcare System: Current State of Affairs and the Need for Reforms. 2016, 19 February 2015, [url](#)

<sup>114</sup> Somanathan, A. et al., Universal Health Coverage in Russia: Extending Coverage for the Poor in the Post-Soviet Era, World Bank Group, 2018, [url](#), p. 20

<sup>115</sup> Richardson, E., Health financing, 2014, [url](#), p. 92

<sup>116</sup> OECD.Stat, Health expenditure and financing, Russia, n.d., [url](#)

<sup>117</sup> Aksenova, E. et al., Sustainability and Resilience in the Russian Health System, March 2021, [url](#), p. 25

<sup>118</sup> Chubarova, T., Inequality of Access to the Health System in Russia: The Case of Out-of-Pocket Payments, 2019, [url](#), p. 92

<sup>119</sup> Russia, Official website of the Moscow Mayor, Как и где получить льготные лекарства [How and where to get subsidised medicines], n.d., [url](#), p. 1, accessed 17 September 2021





<b>Federal privileges holders entitled to receive free medications (or equivalent monetary value)</b>
Disabled children (can also receive special nutrition if appropriate)
Veterans and some of their family members if veterans passed away
Former underage concentration camp prisoners, ghetto inhabitants during World War II
People who sustained injuries from radiation
<b>Regional privilege holders (lists of categories developed by region) who receive free medications (or equivalent monetary value) or 50 % reductions in the price of medicines</b>
As decided by region

Table 6: Federal and regional privileges holders entitled to receive free or discounted medicines<sup>120</sup>

<b>Patients with specific diseases entitled to all medications for free</b>
HIV infection and AIDS
Oncological diseases (incurable patients are also entitled to free dressings materials)
Leprosy
Diabetes (additionally these patients can receive ethanol (for disinfection), insulin pens and needles, and diagnostic materials)
Psychiatric illnesses (for patients working in specialised industrial entities where they are engaged in labour therapy, learning new professions following by employment in those entities)
Schizophrenia and epilepsy

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<sup>120</sup> Russia, Official website of the Moscow Mayor, Как и где получить льготные лекарства [How and where to get subsidised medicines], n.d., [url](#), p. 1, accessed 17 September 2021



Gaucher disease
Cystic fibrosis
Mucopolysaccharidosis, types I, II and VI
Plastic anaemia unspecified
Hereditary deficiency of factor II (fibrinogen), VII (labile) and X (Stewart-Prower)
<b>Patients with specific diseases entitled to free medication for that illness</b>
Cerebral palsy
Radiation sickness
Systemic chronic skin disorders
Asthma
Myocardial infarction (first 6 months)
Multiple sclerosis
Myopathy
Pierre Marie cerebellar ataxia
Parkinson disease
Helminthiasis (for some groups of people)
<b>Patients with specific diseases, or who have undergone specific procedures, and who are entitled to free medicines for one year</b>
Myocardial infarction



Stroke (cerebral vascular accident; bleeding or infarction)
Coronary artery bypass graft (CABG) surgery
Coronary angioplasty and stenting
Cardiac ablation procedure
<b>Patients with 17 additional diseases are entitled to free medicines to treat certain symptoms<sup>121</sup></b>
Hepatocerebral dystrophy; phenylketonuria; acute intermittent porphyria; hematological disorders: hemoblastosis (diseases with abnormal proliferation of the blood-forming tissues like leukaemia), cytopenia (diseases with a deficiency of cellular elements of the blood like granulocytopenia, leukopenia, low platelets), hereditary haemopathies (blood diseases); brucellosis (severe); rheumatic disorders: rheumatic fever, rheumatoid arthritis, systemic lupus erythematosus, Bekhterev's disease (ankylosing spondylitis); status post heart valves surgery; status post organs and tissues transplant; pituitary nanism (dwarfism; persons of low stature; growth retardation); precocious sexual development; myasthenia; chronic urological disorders; syphilis; glaucoma, cataract; Addison disease; diseases of intestines and urological disease leading to a stoma formation; and primary immunodeficiency (for patients younger than 18 years old)

Table 7: Patient entitlement to free medications<sup>122</sup>

Funding for the FFOMS and the OMS system comes from the federal budget (requiring 57–59 % of the consolidated budget's expenditure on healthcare),<sup>123</sup> employer contributions (5.1 % of payroll) for those who are employed, and from regional budgets for those who are not employed (including pensioners, children and people with disabilities).<sup>124</sup> The FFOMS budget has fluctuated over time causing concern over accessibility and quality of care. To balance the budget, the MoH increased the rate of obligatory health insurance contributions in 2016 from 5.1 % to 5.9 % beginning in 2019, and unsuccessfully attempted to limit health professional salaries. Such changes risk impacting the accessibility and quality of care.<sup>125</sup>

Non-residents, including those without legal documents, have, in life-threatening medical situations the right to free of charge medical assistance, as provided by the Constitution, international treaties, laws, and decrees.<sup>126</sup> However, the laws are unclear about who should

<sup>121</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>122</sup> Russia, Official website of the Moscow Mayor, Как и где получить льготные лекарства [How and where to get subsidised medicines], n.d., [url](#), p. 1, accessed 17 September 2021

<sup>123</sup> KPMG, Private Healthcare Market in Russia: Outlook for 2017-2019, 2017, [url](#), p. 5

<sup>124</sup> Chubarova, T., Inequality of Access to the Health System in Russia: The Case of Out-of-Pocket Payments, 2019, [url](#), p. 92

<sup>125</sup> KPMG, Private Healthcare Market in Russia: Outlook for 2017-2019, 2017, [url](#), p. 8

<sup>126</sup> Zvereva, E. and Chilingaryan, K., Linguistic and Cultural Mediation in Health Care Settings: An Overview of Russia and Turkey, 2018, [url](#), p. 268



finance emergency services for illegal or unreported migrants, which may result in lower quality of care as the clinics themselves are forced to absorb the cost.<sup>127</sup> Stateless people who have legal permanent residence in Russia have equal recourse to free medical care unless otherwise stipulated by international agreements.<sup>128</sup>

Children under the age of 14 years are provided with OMS when they present a birth certificate and a document confirming a permanent residence of their parent(s) or guardian(s). Where migrants do not participate in such agreements, they need to pay out of pocket.<sup>129</sup>

### 3.3. Private health insurance schemes

*The private health insurance system of VMI (voluntary medical insurance), predominantly supplied by private insurance companies, emerged in the 1990s.<sup>130</sup> Its share of the market barely grew in 2008-2020, and has remained at 14-16 % since 2008.<sup>131</sup> Only 10.3 % of Russians purchased voluntary health insurance in 2018.<sup>132</sup> In 2019, 6.2 million VMI policies were issued.<sup>133</sup> VMI schemes (ДМС in Russian) were only 5 % of the private health expenditures and only 0.1% of all current expenditure on health in 2019.<sup>134</sup>*

*While VMI was originally intended to cover services excluded from the PSG (e.g. dental care), it has evolved to include supplementary coverage that allows access to better medical technologies and facilities, expanded choices, shorter waiting lists, and better material conditions.<sup>135</sup> Healthcare for holders of VMI policies is offered mostly at private medical facilities or at public facilities, usually hospitals, that have brokered agreements with the issuing insurance companies. VMI gives policy holders broader medical coverage with a higher quality of healthcare that is more patient-centred and user-friendly with stronger doctor–patient communication, although costly tests and treatments regularly must be approved by the insurance providers on a case-by-case basis. In some medical fields such as dentistry, the quality of care is so superior to that provided by the state system that even*

<sup>127</sup> Madyanova, V. et al., Right for healthcare for migrants, refugees and stateless persons in Russia, 17 April 2018, [url](#), p. 130

<sup>128</sup> Russia, Ministry for Health, Федеральный закон от 21.11.2011 г. № 323-ФЗ «Об основах охраны здоровья граждан в Российской Федерации.» [Federal Law No. 323-FZ of 21 November 2011 'On the framework of health protection of citizens in the Russian Federation'], Article 19, 21 November 2011, [url](#)

<sup>129</sup> Zvereva, E. and Chilingaryan, K., Linguistic and Cultural Mediation in Health Care Settings: An Overview of Russia and Turkey, 2018, [url](#), p. 268

<sup>130</sup> Aistov, A. et al., Voluntary private health insurance, health-related behaviours and health outcomes: evidence from Russia, 23 December 2020, [url](#), p. 282

<sup>131</sup> RBK Magazine, Рынок частной медицины в России [Market of private medicine in Russia], 3 March 2020, [url](#)

<sup>132</sup> Nikulina, O., Ratkin, A., Current state of financing health care system in Russia: regional aspect, 25 September 2020, [url](#)

<sup>133</sup> Rossiyskaya Gazeta (Российская Газета), Россияне стали чаще самостоятельно покупать полисы ДМС [Russians are more likely to buy their own VHI policies], 9 December 2019, [url](#)

<sup>134</sup> OECD.Stat, Health expenditure and financing, Russia, n.d., [url](#)

<sup>135</sup> Kaneva, M. et al., Attitudes to reform: Could a cooperative health insurance scheme work in Russia?, 22 January 2019, [url](#), p. 273



patients with fewer financial resources will opt for private dental clinics.<sup>136</sup> As a consequence, the dental market has racked up a 29.7 % share of the private sector healthcare market.<sup>137</sup>

Because the cost of VMI is high, it is typically offered by larger employers (who receive tax benefits) in urban areas, and only rarely purchased directly by individuals.<sup>138</sup> For example, in Moscow and St Petersburg, corporate VMI contracts account for 95 % of the VMI market.<sup>139</sup> Individual policy holders are wealthier Russians and international assignees. The high cost excludes marginalised groups such as the elderly, people with disabilities and poorer households from purchasing VMI, particularly as VMI providers may charge them higher premiums due to pre-existing conditions or higher health risk, or set strict limits on the benefits.<sup>140</sup>

### 3.4. Other social security

*Social security in Russia includes both social assistance (non-contributory programmes) and social insurance (old-age and disability pensions), with both cash and in-kind benefits such as free or subsidised goods and services (e.g. rent payment, house appliances, drugs, transportation, etc.).<sup>141</sup> Most social assistance is allocated based on personal or household characteristics, such as maternity subsidies, number of children, or disabilities. As a result, an estimated three quarters of the population receives some form of assistance.<sup>142</sup> Russia recently announced a National Social Initiative which adopts a people-centred approach and centres social services around the household or individual. This is expected to improve the client experience, quality, and accessibility of social services.<sup>143</sup>*

Excluding the programmes related to special merits and special conditions of work, Russia's social assistance programmes aim to alleviate pressure from loss of income. [Table 8](#) describes the different measures for key income loss categories.

Income risk	Social assistance measures
Long-term illness	<ul style="list-style-type: none"><li>• Income support (federally mandated benefits for long term illness)</li><li>• Additional income support in case of poor health</li><li>• In-kind benefits</li></ul>

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<sup>136</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>137</sup> RBK Magazine, Рынок частной медицины в России [Market of private medicine in Russia], 3 March 2020, [url](#)

<sup>138</sup> Kaneva, M. et al. Attitudes to reform: Could a cooperative health insurance scheme work in Russia?, 22 January 2019, [url](#), p. 273

<sup>139</sup> Aistov, A. et al., Voluntary private health insurance, health-related behaviours and health outcomes: evidence from Russia, 23 December 2020, [url](#), p. 284

<sup>140</sup> Kaneva, M. et al., Attitudes to reform: Could a cooperative health insurance scheme work in Russia?, 22 January 2019, [url](#), p. 372

<sup>141</sup> World Bank, Towards more effective social assistance in Russia: An update of the system performance considering new national target of halving poverty by 2024, 2019, [url](#), p. 34

<sup>142</sup> Somanathan, A. et al., Universal Health Coverage in Russia: Extending Coverage for the Poor in the Post-Soviet Era, World Bank Group, 2018, [url](#), p. 26

<sup>143</sup> World Bank, Russia's Economic Recovery Gathers Pace, Says New World Bank Report, 26 May 2021, [url](#)





Income risk	Social assistance measures
Long-term disability	<ul style="list-style-type: none"> <li>Income support in case of work accidents (for individuals not eligible for respective social insurance benefits under the Social Insurance Fund of the Russian Federation)</li> <li>Medical care and rehabilitation services (for individuals not eligible for respective social insurance benefits)</li> <li>In-kind benefits</li> </ul>
Short-term disability	<ul style="list-style-type: none"> <li>Income support in case of temporary disability (for individuals not eligible for respective social insurance benefits)</li> <li>Other programmes related to short-term disability</li> </ul>
Disability/victims of natural and anthropogenic disasters	<ul style="list-style-type: none"> <li>Disability (social) pension (for individuals not eligible for contributory disability pension from the Pension Fund of the Russian Federation)</li> <li>Additional paid leave compensation for care takers of a disabled child (for those who are not eligible for this benefit under the social insurance provisions)</li> <li>Special one time or periodic benefits for victims of natural disasters/catastrophes</li> <li>Tax breaks</li> <li>In-kind benefits</li> </ul>
Maternity and childhood	<ul style="list-style-type: none"> <li>Maternity benefit for prenatal services registration (for women not eligible for this benefit under the social insurance scheme);</li> <li>Birth grant (for those not eligible for this benefit under the social insurance scheme)</li> <li>Allowance for early childhood (up to 1.5 years) (for mothers not eligible for this benefit under the social insurance scheme)</li> <li>Foster family allowance</li> <li>Means-tested allowance for families with children</li> <li>Maternity capital</li> <li>Allowance for orphans</li> <li>Tax breaks, etc.</li> </ul>
Loss of work	<ul style="list-style-type: none"> <li>Unemployment assistance (non-contributory allowance)</li> </ul>
Insufficient income from work	<ul style="list-style-type: none"> <li>Poverty benefit</li> <li>Means-tested housing allowance</li> <li>Allowances for special conditions of work (high-risk occupations, deployment in harsh climate conditions)</li> <li>Rural public sector employees, e.g. teachers and health workers)</li> <li>Other benefits for selected professional groups</li> </ul>
Insufficient income in old age	<ul style="list-style-type: none"> <li>Pensions top up (up to the minimum region-specific poverty line for pensioners);</li> <li>Old-age (social) pension (for the elderly who do not qualify for an old-age pension from the Pension Fund of the Russian Federation)</li> <li>Additional benefits for those with long work careers (veterans of labour)</li> <li>Means-tested housing allowance</li> <li>Special benefits for victims of political repression</li> <li>Additional benefits for war veterans and victims of political repression</li> <li>Other forms of in-kind benefits, etc.</li> </ul>
Loss of breadwinner	<ul style="list-style-type: none"> <li>Survivors' (social) pension (for survivors who do not qualify for a survivors' pension from the Pension Fund of the Russian Federation)</li> </ul>



Income risk	Social assistance measures
	<ul style="list-style-type: none"> <li>• Allowances for families of military personnel</li> <li>• Other allowances in case of a loss of a breadwinner</li> </ul>
<b>Note:</b> The World Bank authors state that the source for this data is their analysis and Organisation for Economic Co-operation and Development (OECD) classification; excluding contributory pension insurance benefits administered by the Pension Fund of the Russian Federation and contributory social insurance benefits administered by the Social Insurance Fund of the Russian federation.	

Table 8: Social assistance programmes by key income loss risks, 2019<sup>144</sup>

The programmes have a range of strategies to identify beneficiaries. For example, people with disabilities are registered with the Ministry of Social Support. Health insurers have their own registries. The programme for drug benefits registers invalids and people with disabilities, veterans and people with specific illnesses. Most programmes are not means tested, nor are there registers to identify the poor.<sup>145</sup>

Access to the different programmes is influenced by variation in regional budgets and the uneven capacity of delivery systems across the regions. Some of the poorest regions do not have enough resources to support their poor, while other regions have over three times the needed resources.<sup>146</sup>

### 3.4.1. Occupational diseases and work injury

*Occupational health and safety are enshrined in key documents of Russia. As described by the International Labour Organisation (ILO), Article 37 of the Constitution stipulates the rights of citizens to work in environments meeting occupational safety and health requirements, to a minimum rate of remuneration for work established by the federal government, and protection from unemployment. The 1993 Basic Law on Labour Protection contains provisions ensuring workers' rights to protect their health.*<sup>147</sup>

In a 2016 review of Russian social security programmes it was noted that work injuries are covered by the social assistance programme for employed persons, including both permanent and temporary residents (with the exception of self-employed persons). Funding for the programme comes from employer contributions. Medical services due to occupational injury or disease are covered by the OMS.<sup>148</sup> Occupational health services are provided in several settings: public hospitals and polyclinics, and private hospitals or polyclinics at large enterprises.<sup>149</sup>

<sup>144</sup> World Bank, Towards more effective social assistance in Russia: An update of the system performance considering new national target of halving poverty by 2024, 2019, [url](#), p. 46

<sup>145</sup> Somanathan, A. et al., Universal Health Coverage in Russia: Extending Coverage for the Poor in the Post-Soviet Era, World Bank Group, 2018, [url](#), p. 26

<sup>146</sup> World Bank, Russia's Economic Recovery Gathers Pace, Says New World Bank Report, 26 May 2021, [url](#)

<sup>147</sup> ILO, Labour Protection in the Russian Federation: Law and Practice, 11 February 2011, [url](#)

<sup>148</sup> US ORDP, Social Security Programs Throughout the World: Europe, 2016, Russia, 2016, [url](#)

<sup>149</sup> ILO, Labour Protection in the Russian Federation: Law and Practice. Protection of workers' health, 11 February 2011, [url](#)



Benefits for temporary disability cover 100 % of earnings during rehabilitation and are administered by the Social Insurance Fund (<http://fss.ru/>). Pensions for permanent disability depend on the degree of disability, with a requirement of a 10 % loss in working capacity, and are assessed annually. The benefit was set by the Social Insurance Fund and is administered by the Pension Fund of the Russian Federation (<http://www.pfrf.ru>). Death due to workplace injury or occupational disease results in a survivor pension and a death grant. In some regions, additional assistance programmes for occupational diseases and work injury are available.<sup>150</sup>

### 3.4.2. Family allowance and benefits

*Family allowances include maternity benefits and the maternity capital programme, as well as family allowances. The maternity capital programme is the second-largest social assistance programme in Russia. The maternity capital programme provides annual maternity capital payments to mothers for the birth of their third child, as well as other subsequent children.<sup>151</sup> It is financed through employer contributions and federal and local government budgets, and administered by the Pension Fund of the Russian Federation and its regional bodies.<sup>152</sup>*

*Maternity benefits cover 100 % of the insured person's gross earnings in the last 24 months, paid for 70 days before and 70 days after childbirth. In addition, the local government pays a lump-sum childbirth grant. If the pregnancy is registered within the first 12 weeks, the family receives a pregnancy registration supplement. Childcare benefits are paid until the child is 18 months old and cover 40 % of the parent's average wage in the last 24 months. Maternity benefits are financed by employers, with additional funds from federal and local governments, and administered by the Social Insurance Fund and regional social insurance funds, including for unemployed and nonworking citizens.<sup>153</sup>*

Family allowances also include benefits for children up to age 18 years (23 years for full-time students). Child allowances are paid to families below a minimum subsistence level. Single parents receive a double amount of allowance, and additional supplements are paid if a parent fails to pay alimony. The allowance varies across the regions.<sup>154</sup>

### 3.4.3. Old age pensions and allocations for disabled persons (and survivors)

*Pension benefits are available for older adults (age 60 years for men and 55 for women), people with disabilities, and survivors. The amount available from an old-age pension depends on the person's number of contributions and length of insurance record. Pension reform started in 2019, as per Federal Law #350-FZ, which raised the pensionable age*

<sup>150</sup> US ORDP, Social Security Programs Throughout the World: Europe, 2016, Russia, 2016, [url](#)

<sup>151</sup> World Bank, Towards more effective social assistance in Russia: An update of the system performance considering new national target of halving poverty by 2024, 24 June 2019, [url](#), pp. 45-46

<sup>152</sup> US ORDP, Social Security Programs Throughout the World: Europe, 2016, Russia, 2016, [url](#)

<sup>153</sup> US ORDP, Social Security Programs Throughout the World: Europe, 2016, Russia, 2016, [url](#)

<sup>154</sup> US ORDP, Social Security Programs Throughout the World: Europe, 2016, Russia, 2016, [url](#)





slightly. From 2021, women have the right to claim pension benefits when they reach age 56.5 years, and men from age 61.5.<sup>155</sup>

*People with disabilities can receive a monthly disability insurance pension based on loss of working capacity and need for attendance.* In addition, people disabled during World War II, military service, or a major industrial accident receive state disability pension. Individuals eligible for monthly survivor pension include a dependent, nonworking family member caring for a child younger than age 14 or disabled; children, brothers, sisters and grandchildren up to age 18 (age 23 for students, no limit for those who have been disabled since childhood); and widow(er)s, parents or grandparents aged 60 or older (men) or aged 55 or older (women) or disabled.<sup>156</sup>

Additional social assistance programmes help meet the gaps in the pension insurance coverage, including top-ups of pensions that fall short of the region-specific poverty line for pensioners, and pensions to individuals with disabilities, old age or survivorship who are otherwise not covered.<sup>157</sup> The Pension Fund of the Russian Federation and its regional bodies administer benefits and collect contributions.<sup>158</sup>

### 3.4.4. Unemployment benefits

*The 2016 review of social programmes in Russia also states that unemployment benefits are available to anyone who is registered with an employment office, has 26 weeks of full-time employment in the last 12 months, and is willing and able to work.* The benefits cover 75 % of the previous average monthly wage for the first three months, 60 % for the next four months, 45 % for the next five months, and thereafter (for a further 12 months) the local minimum subsistence level increased by a factor that varies according to region.<sup>159</sup>

### 3.4.5. Minimum wage

*The national minimum wage from 1 January 2021 is RUB 12 792,* established by Federal Law No. 473-FZ from 29 December 2020, a 22 % increase from 2019.<sup>160</sup> The Labour Code decrees that the minimum wage is equal to the subsistence level of the working population, based on

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<sup>155</sup> Russia, Administration of the Russian President, Внесены изменения в отдельные законодательные акты Российской Федерации по вопросам назначения и выплаты пенсий [Changes have been made to certain legislative acts of the Russian Federation on the appointment and payment of pensions], 3 October 2018, [url](#), accessed 25 November 2021

<sup>156</sup> US ORDP, Social Security Programs Throughout the World: Europe, 2016, Russia, 2016, [url](#)

<sup>157</sup> World Bank, Towards more effective social assistance in Russia: An update of the system performance considering new national target of halving poverty by 2024, 24 June 2019, [url](#), p. 44

<sup>158</sup> US ORDP, Social Security Programs Throughout the World: Europe, 2016, Russia, 2016, [url](#)

<sup>159</sup> US ORDP, Social Security Programs Throughout the World: Europe, 2016, Russia, 2016, [url](#)

<sup>160</sup> Countryeconomy.com., National Minimum Wage: 2020, 2021, [url](#); Russia, Федеральный закон от 29.12.2014 г. № 473-ФЗ. О территориях опережающего социально-экономического развития в Российской Федерации [Federal Law No. 473-FZ of 29.12.2014 On the Territories of Advanced Socio-Economic Development in the Russian Federation], 29 December 2014, [url](#)



the subsistence minimum of the working population during the second quarter of the previous year (Federal Law No. 421-FZ of 28 December 2017).<sup>161</sup>

### 3.4.6. Poverty alleviation measures

*Approximately 13 % of Russia's population is considered poor, ranging from less than 1 % to over 50 %, depending on the region.<sup>162</sup> Many are poor due to low salaries that are below the poverty line: as many as two thirds of the poor live in households where at least one member is working.<sup>163</sup>*

While the majority of the poor, 79 % in 2017, receive some form of social security, programmes do not prioritise the poor, nor are the benefits enough to bring them out of poverty.<sup>164</sup> Most social security programmes select beneficiaries based on socio-demographic categories, providing equal benefits regardless of actual need.<sup>165</sup>

### 3.5. Out-of-pocket health expenditure

*The majority of private expenditures on health consist of OOP payments, or direct and non-reimbursable payments by private households to healthcare providers at the time of service. In 2019, OOP spending amounted to 2.1 % of expenditure on health, 95 % of all private expenses.<sup>166</sup> OOP expenditures have increased significantly since 2000 (see [Figure 2](#)), and are dominated by outpatient drugs.<sup>167</sup> In 2018, about half of OOP payments went to pharmaceutical products and medical items, followed by paid medical services and a small proportion for paid health resorts services.<sup>168</sup>*

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<sup>161</sup> Russia. Федеральный закон "О внесении изменений в отдельные законодательные акты Российской Федерации в части повышения минимального размера оплаты труда до прожиточного минимума трудоспособного населения" от 28.12.2017 N 421-ФЗ (последняя редакция) [Federal Law "On Amendments to Certain Legislative Acts of the Russian Federation to Raise the Minimum Wage to the Minimum Living Wage for the Working Population" of 28 December 2017 No. 421-FZ (latest revision)], [url](#)

<sup>162</sup> World Bank, Russia's Economic Recovery Gathers Pace, Says New World Bank Report, 26 May 2021, [url](#)

<sup>163</sup> World Bank, Towards more effective social assistance in Russia: An update of the system performance considering new national target of halving poverty by 2024, 24 June 2019, [url](#), p. 12

<sup>164</sup> World Bank, Human Capital Project: 2020 Country Brief, October 2020, [url](#)

<sup>165</sup> World Bank, Russia's Economic Recovery Gathers Pace, Says New World Bank Report, 26 May 2021, [url](#)

<sup>166</sup> OECD.Stat, Health expenditure and financing, Russia, n.d., [url](#)

<sup>167</sup> Somanathan, A. et al., Universal Health Coverage in Russia: Extending Coverage for the Poor in the Post-Soviet Era, World Bank Group, 2018, [url](#), p. 12

<sup>168</sup> Ulumbekova, G.E., Финансирование здравоохранения в России (2021-2024 гг.). Факты и предложения [Healthcare financing in Russia (2021-2024). Facts and suggestions] April 2019, [url](#)



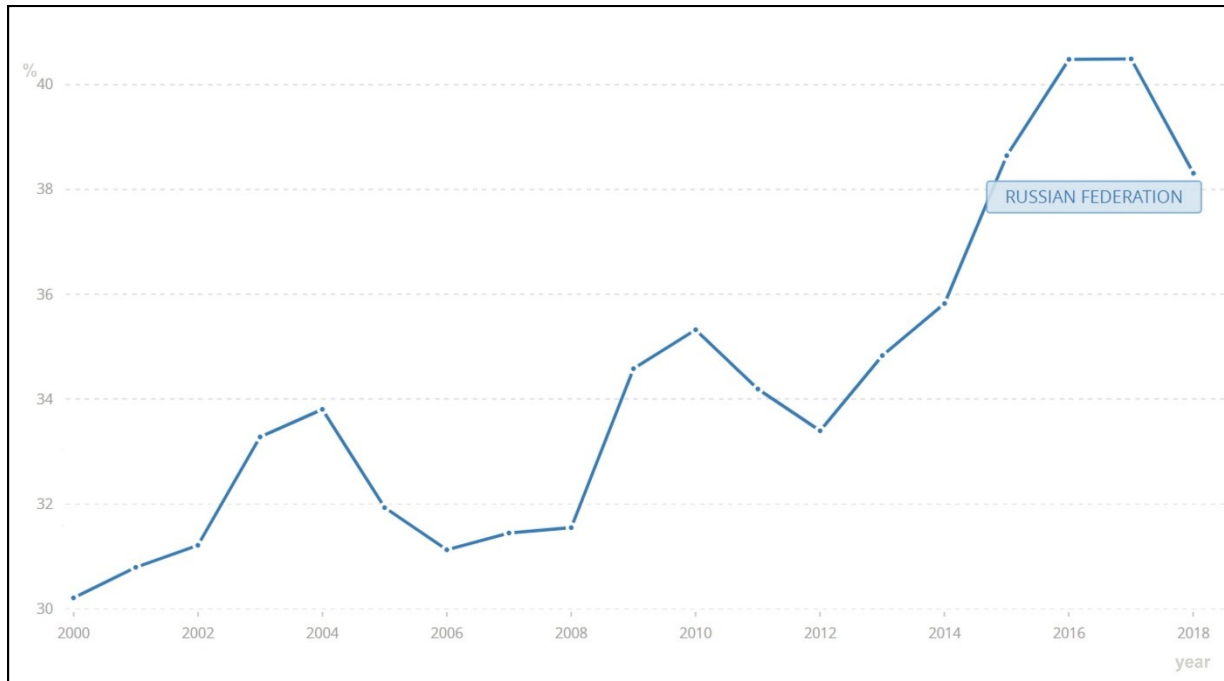


Figure 2: OOP expenditure (% of current health expenditure) 2000-2018<sup>169</sup>

Per capita OOP spending, particularly on inpatient care, is higher among people with higher incomes and those living in wealthier cities such as Moscow and St Petersburg. However, OOP spending on outpatient drugs and services is increasing more quickly among the poor.<sup>170</sup> The percent of households spending more than 10 % of their income on medical care reached 5 % in 2014.<sup>171</sup> One of the procedures causing catastrophic spending is surgical care, which devastated almost 20 % of households' budgets in 2014.<sup>172</sup> Catastrophic expenditures are higher among the wealthy.<sup>173</sup>

### 3.5.1. Costs of consultations

*According to health information websites for expatriates in Russia, the cost of a consultation with a GP or a specialist is generally EUR 21.27 to 91.88, a dental consultation is EUR 42.54 to 62.11, an overnight at a hospital is EUR 42.54 to 85.11, and an individual private room is up to EUR 463.68.<sup>174</sup>*

<sup>169</sup> World Bank, Data: Out-of-pocket expenditure (% of current health expenditure – Russian Federation, Source: WHO, Global Health Expenditure database, 2000-2018, [url](#)

<sup>170</sup> Somanathan, A. et al., Universal Health Coverage in Russia: Extending Coverage for the Poor in the Post-Soviet Era, World Bank Group, 2018, [url](#), p. 33

<sup>171</sup> World Bank, Human Capital Project: 2020 Country Brief, October 2020, [url](#), p. 2

<sup>172</sup> World Bank, Risk of catastrophic expenditure for surgical care (% of people at risk) – Russian Federation, 2003-2020, [url](#)

<sup>173</sup> Somanathan, A. et al., Universal Health Coverage in Russia: Extending Coverage for the Poor in the Post-Soviet Era, World Bank Group, 2018, [url](#), p. 32

<sup>174</sup> Expat Assure, An expat guide to healthcare and health insurance in Russia., n.d., [url](#); Expatica, Healthcare in Russia: the Russian healthcare system explained. Private healthcare in Russia, 11 June 2021, [url](#)



OOP spending is used to supplement OMS or VMI coverage or by patients without insurance. OOP spending can be both official payments in the public or private sector, or informal payments in the public sector in order to receive a particular treatment or as a gratuity. In 2015, 3 % of patients paid more often informally than formally, and more often in the public than the private sector (29 % versus 22 % respectively). The decline from 7 % in 2007 suggests that informal payments are gradually decreasing.<sup>175</sup>

### 3.5.2. Cost of medications

*The medications in the VEDL, as well as drugs for people with seven high-cost classifications of diseases, are free for some categories of patients but not all. Prices for medications included in the VEDL are strictly controlled by the state at all levels from manufacturers to pharmacies.<sup>176</sup> Drugs are fully reimbursed for specific groups, as outlined in [Table 6](#).<sup>177</sup>*

*Drugs for life-threatening and chronic progressive rare diseases ('orphan drugs') may be free in some regions, depending on the regional budget. However, only 4 % of the population is covered by these drug programmes.<sup>178</sup> The cost of the orphan drugs is high and presents an increasing burden to regional budgets: between 2012 and 2016, the total expenses for medicinal provision for citizens suffering from rare (orphan) diseases increased from RUB 2.13 billion (EUR 24.4 million) to RUB 15.5 billion (EUR 177.61). This takes up a quarter of the regional costs on medicines (including incoming federal transfers).<sup>179</sup>*

*The general population must pay for their own medicines.<sup>180</sup> This is especially the case in outpatient care.<sup>181</sup> About half of OOP spending goes to pharmaceutical products and medical items.<sup>182</sup> The availability of drugs also remains uneven. Procurement and distribution of medical supplies are unreliable, resulting in drug shortages or rampant price changes.<sup>183</sup> The causes of this problem include political sanctions that limit imports and the subsequent shift from imported to domestic pharmaceuticals.<sup>184</sup>*

<sup>175</sup> Chubarova, T., Inequality of Access to the Health System in Russia: The Case of Out-of-Pocket Payments, 2019, [url](#), p. 98

<sup>176</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons; Russia, Government of the Russian Federation, Распоряжение от 12 октября 2019 № 2406-р Об утверждении перечня жизненно необходимых и важнейших лекарственных препаратов для медицинского применения на 2020 год [Government Decree No. 2406-p of 12 October 2019 'On approval of the list of vital and essential drugs for medical use for 2020'], 12 October 2019, [url](#)

<sup>177</sup> Holownia-Voloskova, M. et al. Drug Policy in the Russian Federation, 13 October 2018, [url](#), p. 108

<sup>178</sup> Sheiman, I. and Shevski, V., Two Models of Primary Health Care Development: Russia vs. Central and Eastern European Countries, 2017, [url](#), p. 13

<sup>179</sup> Holownia-Voloskova, M. et al. Drug Policy in the Russian Federation, 13 October 2018, [url](#), p. 107

<sup>180</sup> Kamenschikova, A. et al., Obligatory medical prescription of antibiotics in Russia: Navigating formal and informal health-care infrastructures, February 26 2021, [url](#), p. 357

<sup>181</sup> Selezneva, E.V. et al., Assessing the Needs of the Elderly in Integrated Health and Social Services in the Russian Federation, 2020, [url](#), p. 5

<sup>182</sup> Ulumbekova, G.E., Финансирование здравоохранения в России (2021-2024 гг.). Факты и предложения [Healthcare financing in Russia (2021-2024). Facts and suggestions] April 2019, [url](#)

<sup>183</sup> Shekhar, R. et al., Regulatory Pathway for Registration of Biosimilars in Russia, 15 April 2020, [url](#), p. 80

<sup>184</sup> Borgen Project, 10 Facts About Healthcare in the Russian Federation, 18 June 2020, [url](#)







### 3.5.3. List of useful links

Organisation	Short description	Web address
Russian MoH	Ministry overseeing public health initiatives and advising the government on medical and health policy	<a href="https://minzdrav.gov.ru/en">https://minzdrav.gov.ru/en</a>
Rosstat	Official Russian health statistics	<a href="https://rosstat.gov.ru/folder/13721">https://rosstat.gov.ru/folder/13721</a>
Rosstat	A selection of official Russian health statistics in English	<a href="https://eng.rosstat.gov.ru/">https://eng.rosstat.gov.ru/</a>
State Register of Medicines	Official registry of medicines in Russia	<a href="https://grls.rosminzdrav.ru/default.aspx">https://grls.rosminzdrav.ru/default.aspx</a>
OECD	Data from OECD countries, as well as selected non-OECD countries including the Russia Federation	<a href="https://stats.oecd.org/">https://stats.oecd.org/</a>
WHO/Europe	A data warehouse facilitating access to multiple health databases with data from Europe	<a href="https://dw.euro.who.int/">https://dw.euro.who.int/</a>
WHO/Europe	An information gateway to health data from Europe	<a href="https://gateway.euro.who.int/en/">https://gateway.euro.who.int/en/</a>
World Bank	Open data, including a on a range of health indicators	<a href="https://data.worldbank.org/">https://data.worldbank.org/</a>

Table 9: List of useful links





## 4. Cardiovascular diseases (CVDs)

### 4.1. General information

CVDs are a group of disorders of the heart and blood vessels, including coronary heart disease (e.g. heart attacks, cardiomyopathy, congenital heart conditions), cerebrovascular disease (e.g. stroke) and peripheral arterial disease.<sup>185</sup> In the context of this report, CVDs refer to *hypertension, myocardial infarction, heart failure and heart rhythm disorders*.

#### 4.1.1. Epidemiological context

*There is limited publicly available epidemiological data on prevalence and incidence rates of CVD in the Russian Federation yet the Global Burden of Disease (GBD) study has shown that Russia has one of the highest burdens of CVDs in the world.*<sup>186</sup> According to Russia's Federal State Statistics Service, the estimated annual prevalence of CVDs was 36 548.9 cases with an estimated prevalence rate of 24 891.9 cases per 100 000 population in 2018. In the same year, the estimated annual incidence was 4 783.7 cases with an incidence rate of 3 258 cases per 100 000 population.<sup>187</sup>

Ischaemic heart disease ranked as the leading cause of death in Russia with cardiomyopathy, myocarditis and endocarditis are in fourth place.<sup>188</sup>

#### 4.1.2. National policies and programmes

*In response to the high epidemiological rates of CVDs (especially ischaemic heart disease and stroke), the Russian government has taken several actions since 2006 to improve healthcare for CVD patients and those with other non-communicable diseases (NCDs).*<sup>189</sup> A national priority project entitled 'Health' was started in 2006. From 2018 to 2024, the government launched its 'Vascular Programme' aimed at reducing mortality from CVDs.<sup>190</sup>

<sup>185</sup> WHO, Cardiovascular Diseases (CVDs), n.d., [url](#)

<sup>186</sup> Kontsevaya, A. et al., The management of acute myocardial infarction in the Russian Federation: protocol for a study of patient pathways, 25 September 2017, [url](#), p. 1

<sup>187</sup> Rosstat, Здравоохранение в России. 2019: Статистический сборник [Healthcare in Russia – 2019 Statistical Yearbook], 2019, [url](#), p. 29

<sup>188</sup> WHO, Global Health Observatory, Deaths, DALY, and population in Russian Federation for both sexes aged all ages, n.d., [url](#)

<sup>189</sup> Russia, MoH, Национальные проекты «Здравоохранение» и «Демография» [National Projects 'Healthcare' and 'Demography'], 11 July 2019, [url](#); Министерство здравоохранения РФ, Федеральный проект «Борьба с сердечно-сосудистыми заболеваниями» [Federal Project 'Fight against cardiovascular diseases'], 20 July 2021, [url](#)

<sup>190</sup> Russia, MoH, Национальные проекты «Здравоохранение» и «Демография» [National Projects 'Healthcare' and 'Demography'], 11 July 2019, [url](#)



Around this time, several activities were conducted in the field of preventive medicine for CVD patients, notably improving primary healthcare and state-of-the-art care aimed predominantly at acute myocardial infarction and strokes.<sup>191</sup>

Since 2008, the government has adopted health promotion strategies on healthy lifestyles and noncommunicable disease (NCD) prevention highlighting CVDs.<sup>192</sup> Mobile health centres were used to visit remote and rural areas to offer preventive care.<sup>193</sup>

#### **4.1.3. Content and structure of the healthcare system for CVDs**

*In emergency situations, such as in case of a suspected heart attack, patients call a public GA team, and an initial assessment, including an ECG, is performed by this team. The patient is then dispatched to a hospital that is most appropriate for her/his needs. Urgent and emergent care and non-urgent care are provided free to all eligible patients. If the patient's symptoms are life threatening, then the patient will be transferred to the nearest public hospital with adequate care facilities, including primary percutaneous coronary interventions (pPCIs), intensive care units (ICUs) units and so on. People residing in rural and remote areas face a disadvantage in that view because transport to the most suitable hospital may take longer to arrive or be unavailable due to road and weather conditions.*<sup>194</sup>

#### **4.1.4. Private healthcare**

*The private healthcare sector for CVD treatment and care consists mainly of private hospitals centred in Moscow that charge patients fees for treatments and drugs paid for through private health insurance, including VMI, or by the patients themselves.* Like all private healthcare in Russia, CVD treatment in this sector is limited to Russian citizens and residents with higher incomes, international assignees and medical tourists.<sup>195</sup>

#### **4.1.5. Example of treatment centres**

*Table 10 shows a sample of example CVD treatment centres in Russia from the public and private healthcare sectors, based on those identified through a search of their websites, with claims to be leading centres corroborated against a variety of other sites:*

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<sup>191</sup> Pogosova N. and Sokolova O., Governmental efforts for cardiovascular disease prevention efforts in the Russian Federation, 27 February 2017, [url](#), p. S49

<sup>192</sup> Lipman, H. M., Health and medicine in Russia, 22 June 2013, [url](#), pp. 2163-2164

<sup>193</sup> Pogosova N. and Sokolova O., Governmental efforts for cardiovascular disease prevention efforts in the Russian Federation, 27 February 2017, [url](#), p. S50

<sup>194</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>195</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons



	State or city	Facility name	Facility type		Specialisms/comment
			Public	Private	
1	Moscow	Bakoulev Centre for cardiovascular surgery, Moscow	X MoH		CSIC, the largest public research body in Spain, gives it hospital world ranking 291
2	Moscow	National Medical Research Centre of Cardiology	X MoH		World rank 511
3	Moscow	Botkin Hospital	X		Declared best multi-speciality clinic in Moscow; and received a government grant for innovation and advanced technologies
4	Moscow	Central Clinical Hospital	X	X Treats VIPs	Considered best in Russia
5	Moscow	City Clinical Hospital N°1 named after N.I. Pirogov	X		Regional vascular centre
6	Moscow	Myasnikov Cardiology Centre		X	Treats all types of CVDs
5	Moscow	European Medical Centre (EMC)		X	World rank 1065
6	Moscow	Premier Medica Moscow		X	Private Clinic
7	Moscow	JSC Medicina Clinic		X	Private clinic
8	St Petersburg	City Hospital no. 40	X		–
9	Tomsk	Scientific Research Institute Cardiology	X		Provides specialised care to patients from the Urals to Sakhalin; world rank 954



	State or city	Facility name	Facility type		Specialisms/comment
			Public	Private	
10	Urals: Khanty-Mansi	Yugra Cardiology and Cardiovascular Surgery Centre	X		–

Table 10: Example facilities for the treatment of CVDs

## 4.2. Access to treatment

### 4.2.1. Structure and organisation in the public healthcare system

*Patient healthcare for CVDs in the public health system is mostly provided through public hospitals or outpatient facilities. Primary prevention activities for patients at risk include advising on lifestyle modification, treating high blood pressure and using medication to improve lipid profiles.<sup>196</sup> Primary care activities consist of CVD-related visits to GPs, as well as GP visits to patients' homes.<sup>197</sup>*

A typical patient pathway is encompassed in the following description of how patients access healthcare for CVD in the public health system. The first port of call for patients with suspected non-acute CVD is at primary care level, where usually the patient is examined by GPs at the local polyclinic.<sup>198</sup> The GPs will order specific tests, such as rest ECG and lipid profile tests, then they will usually refer the patient to a specialist cardiologist at a polyclinic or outpatient facility. The latter decides upon further tests, such as the 24-hour ECG and blood pressure monitoring, and tests for stress, echocardiography, ultrasound and artery examination.<sup>199</sup>

### 4.2.2. Private healthcare system

*Healthcare for CVD is provided in some private hospitals, which signed an agreement (so-called state-private partnership) with regional or local health authorities to provide this*

<sup>196</sup> Petersen, J. et al., Primary care use and cardiovascular disease risk in Russian 40-69 year olds: a cross-sectional study, 14 April 2020, [url](#), p. 692

<sup>197</sup> Kontsevaya, A. et al., The Economic Burden of Cardiovascular Diseases in the Russian Federation, September-October 2013, [url](#), p. 200

<sup>198</sup> Russia, MoH, Федеральный закон от 21.11.2011 г. № 323-ФЗ «Об основах охраны здоровья граждан в Российской Федерации.» [Federal Law No. 323-FZ of 21 November 2011 'On the framework of health protection of citizens in the Russian Federation'], 21 November 2011, [url](#)

<sup>199</sup> Russia, MoH, Федеральный закон от 21.11.2011 г. № 323-ФЗ «Об основах охраны здоровья граждан в Российской Федерации.» [Federal Law No. 323-FZ of 21 November 2011 'On the framework of health protection of citizens in the Russian Federation'], 21 November 2011, [url](#)



care.<sup>200</sup> In the private healthcare sector, patients go directly to a cardiologist to be assessed, rather than first seek primary care consultations.<sup>201</sup>

### 4.2.3. Cardiovascular healthcare facilities in the public healthcare system

According to Pogosova and Sokolova, following the healthcare reforms of the 2000s, various health centres have emerged. By 2015, there were 806 health centres comprising 501 health centres for adults, 219 paediatric health centres, 23 mixed health centres for families, and 63 mobile health centres for use in rural areas.<sup>202</sup> The number of hospitals able to perform pPCI, which is the most suitable treatment for myocardial infarction, rose from 144 in 2010 to 260 in 2015.<sup>203</sup> One academic study conducted in 2020 aimed at evaluating the geographic and temporal trends in expansion of services uncovered uneven progress in the distribution of the new facilities. For example, facilities in the Northern Caucasus achieved very limited progress compared to Moscow and larger cities, which attained similar rates of treatment to developed countries.<sup>204</sup>

### 4.2.4. CVD healthcare workforce in the public and private sectors

The main burden of treatment for CVD falls on GPs in Russia. There are more than 10 000 cardiologists in Russia, with approximately 90 % being female and working in hospitals in the public healthcare system.<sup>205</sup> In 2018, there were 11 321 cardiologists, or an estimated annual rate of 0.97 cardiologists per 10 000 of the adult population for the whole of Russia, with the lowest numbers of cardiologists in Vologda region (0.49 cardiologists per 10 000 adult population), Pskov region (0.52 per 10 000 adult population) and Nenets Autonomous District (0.63 per 10 000 adult population). In the same year, there were 1097 paediatric cardiologists, or an estimated annual rate of 0.36 paediatric cardiologists per 10 000 children across Russia.<sup>206</sup>

### 4.2.5. Limitations on access to treatment

The screening programme ‘Dispansertisation’ for CVD patients and high-risk patients, which was initiated in 2013 and strengthened in 2019, theoretically provides equal access to

<sup>200</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>201</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>202</sup> Pogosova N. and Sokolova, O., Governmental efforts for cardiovascular disease prevention efforts in the Russian Federation, 27 February 2017, [url](#), p. S50

<sup>203</sup> Pogosova N. and Sokolova, O., Governmental efforts for cardiovascular disease prevention efforts in the Russian Federation, 27 February 2017, [url](#), p. S52

<sup>204</sup> Vlassov, V. et al., Quality improvement in hospitals in the Russian Federation, 2000–2016: a systematic review, 4 October 2019, [url](#), p. 408

<sup>205</sup> Galyavich, A., Cardiology Practice in the Russian Federation, What is the situation of Private Practice Cardiologists in the Russian Federation?, n.d., [url](#)

<sup>206</sup> Russia, MoH, Ресурсы и деятельность медицинских организаций здравоохранения Москва, 2019 [Resources and activity of medical healthcare organizations Moscow, 2019], 2019, [url](#)





*screening for people in urban and rural areas.<sup>207</sup> In practice, the programme has been less accessible to patients in rural areas.<sup>208</sup>*

*While Russia's urban populations experience relatively good access to healthcare and treatment for CVDs, especially in urgent cases, this does not always stand for patients in rural areas. In the latter areas, facilities are limited and patients are often required to travel to the nearest town, city or even their region's capital. Although the care itself is free under the public health system, travel expenses are not covered by the OMS. Travel expenses are higher in some remote areas, such as Russia's Far East, where travel encompasses long distances and is, therefore, unaffordable for some.<sup>209</sup> People in different geographic regions of Russia also have unequal and timely access to pPCI facilities when required.<sup>210</sup>*

*Other general barriers to access include unaffordable medicines that are paid out of pocket, although there are exceptions for prescription medicines for some groups, like pensioners and veterans.<sup>211</sup> Other barriers are underfunded polyclinics with resulting long waiting times, under-provision of services, insufficient diagnostic capacity and inadequate infrastructure.<sup>212</sup>*

## 4.3. Insurance and national programmes

### 4.3.1. Public healthcare sector

*Reports from 2011 and 2013 state that hospital inpatient care was funded by the OMS while cardiovascular surgery and pPCIs were funded from the federal budget under the auspices of the framework of the federal high-tech and expensive medical care programme or directly financed by the patient.<sup>213</sup> Some drugs for CVDs are on Russia's VEDL.<sup>214</sup>*

When treatments are not available in Russia, it is theoretically possible for Russian citizens to be sent abroad for treatments funded by the federal budget. Cases are examined by the Federal Agency for High Technology Medical Assistance. However, this function is frequently

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<sup>207</sup> Диспансеризация и общественное здоровье в России. Доклад 2: Здоровье населения и организация профилактических медицинских осмотров [The dispensation and public health in Russia. Report 2: The dispensation technique as a tool of prevention approach in public health], May-June 2011, [url](#), pp. 4-7

<sup>208</sup> Petersen, J. et al., Primary care use and cardiovascular disease risk in Russian 40-69 year olds: a cross-sectional study, 14 April 2020, [url](#), pp. 693-696

<sup>209</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>210</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons; Pogosova, N. and Sokolova, O., Governmental efforts for cardiovascular disease prevention efforts in the Russian Federation, 27 February 2017, [url](#), p. S52

<sup>211</sup> Richardson, E., et al., Pharmaceutical care, 2014, [url](#), p. 153

<sup>212</sup> Sheiman, I., et al., The evolving Semashko model of primary health care: the case of the Russian Federation, 2018, [url](#), p. 213

<sup>213</sup> Kontsevaya, N. et al., The Economic Burden of Cardiovascular Diseases in the Russian Federation, September-October 2013, [url](#), p. 200; Popovich, L. et al., Russian Federation: health system review, 8 October 2011, [url](#), pp. 75-76

<sup>214</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons; Petersen, J. et al., Primary care use and cardiovascular disease risk in Russian 40-69 year olds: a cross-sectional study, 14 April 2020, [url](#), p. 692



suspended for several months and passed to other government agencies when reorganisations take place. The number of Russians who have been granted treatments overseas is small, according to a source from 2011.<sup>215</sup>

#### 4.3.2. Private healthcare sector

*Holders of private healthcare insurance, including VMI, can access medical care and disease management support for CVD at a choice of private hospitals and clinics, many of which are in Russia's capital, Moscow. See [Table 11](#), which was compiled by Contact 1 (Medical Doctor and local consultant) and supplemented with additional information.*<sup>216</sup>

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<sup>215</sup> Popovich, L. et al., Russian Federation: health system review, 8 October 2011, [url](#), p. 78

<sup>216</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons





Programme	Focus	Requirements	Scope of coverage	CVD services covered
Mandatory public health insurance (OMS)	<p>Russian citizens and permanent residents, including returning Russian migrants.</p> <p>Migrants from ex-Soviet countries can obtain an OMS policy through their employers if the employer agrees.</p>	<p>1. Public/Federal</p> <p>2. Employers finance OMS through contributions, 2-3 % of salary goes into social tax, a percentage of which is paid into a national Russian healthcare fund. Once paid, the employee has the right to free medical care from public Russian healthcare clinics.</p> <p>3. People who cannot work and do not contribute to OMS (e.g. unemployed, pensioners, children, sick people) can still access free basic healthcare.<sup>217</sup></p> <p>4. Recipients must also have a legal address within Russia</p>	Covers healthcare benefits for all people eligible for OMS	<p>Services included:</p> <p>1. Outpatient/ preventive care (e.g. screening and preventive counselling)<sup>218</sup></p> <p>2. Most prescribed drugs as contained in the VED List<sup>219</sup></p> <p>3. Inpatient and outpatient care<sup>220</sup></p> <p>4. Pharmaceutical care and diagnostic tests</p> <p>Services excluded:</p> <p>1. Consultation with specialists (cardiologists/ cardiac surgeons)</p> <p>2. Tertiary care</p> <p>3. Advanced technology care<sup>221</sup></p>

<sup>217</sup> Expatica, Healthcare in Russia: the Russian healthcare system explained, n.d., [url](#)

<sup>218</sup> Pogossova, N. and Sokolova, O., 'Governmental efforts for cardiovascular disease prevention efforts in the Russian Federation', 27 February 2017; [url](#), pS48

<sup>219</sup> Popovich, L. et al., Russian Federation: health system review, 8 October 2011, [url](#), pp. 75-76

<sup>220</sup> Popovich, L. et al., Russian Federation: health system review, 8 October 2011, [url](#), pp. 75-76

<sup>221</sup> Popovich, L. et al., Russian Federation: health system review, 8 October 2011, [url](#), pp. 75-76



Programme	Focus	Requirements	Scope of coverage	CVD services covered
Government health insurance programmes for employees of specialist agencies, e.g. law enforcement	Employees of selected government agencies and companies		For the registered individual and sometimes their families	No publicly available information
Private sector health insurance, including VMI			For the registered individuals and/or their family (if an employer purchases VMI for an employee, it usually only covers that individual and not their family)	Available services depending on the hospital or medical facility that the insurance covers. An example list for facilities in Moscow is as follows: <ul style="list-style-type: none"> <li>• angioplasty;</li> <li>• stenting;</li> <li>• aortocoronary shunting;</li> <li>• skin closing of an ear of the left auricle;</li> <li>• implantation of pacemaker;</li> <li>• radio-frequency ablation</li> <li>• replacement of vessels and valves;</li> <li>• heart transplantation;</li> <li>• removal of tumours.</li> </ul>

Table 11: Public and private healthcare insurance coverage for CVDs in Russia<sup>222</sup>

<sup>222</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons



### 4.3.3. International donor programmes

*The search conducted for this MedCOI report found no evidence of medical care or disease management support for CVD being provided by international donors.*

## 4.4. Cost of treatment

### 4.4.1. Overview

*There is a difference between the costs charged for treatments available for CVDs at public and private medical facilities in Russia, with private facilities charging between 10 % and 30 % more. There is also a geographic disparity, with prices in high-income regions, such as the cities of Moscow and St Petersburg, being higher than those charged in low-income regions. There is limited availability of treatments in rural areas, especially invasive procedures.* Most patients in these areas are referred to specialists in nearby cities or towns. It is reported that public facilities must adhere to official published prices while prices charged by private facilities are regulated by the private sector health market. Private facilities working under contract with regional funds supplied by the OMS are paid for costs which are negotiated between the fund and the facility, which mostly leads to facilities accepting the conditions set by the fund as they receive large volumes of patients and guaranteed payments. Private facilities that work independently of government funding charge prices determined by the private sector market for medical care.<sup>223</sup>

### 4.4.2. Methodology of data collection on treatment prices

The prices of treatments, diagnostics and equipment were collected using an initial Internet search for their availability and costs in Moscow. The websites used are shown in [Table 12](#). The most common prices were compared and the median price agreed and included in [Table 13: Cost of treatment for CVDs in the public and private health systems in Russia](#)

Name and url of website	Subject matter for prices
<a href="https://docdoc.ru/">https://docdoc.ru/</a>	Aggregator of prices and availability of the medical consultations in Moscow from a lot of private clinics
<a href="https://prodoctorov.ru/">https://prodoctorov.ru/</a>	Aggregator of prices and availability of the medical consultations in Moscow from a lot of private clinics

<sup>223</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons



Name and url of website	Subject matter for prices
<a href="https://zoon.ru/">https://zoon.ru/</a>	Aggregator of information on prices for various services (including medical)
<a href="https://www.krasotaimedicina.ru/">https://www.krasotaimedicina.ru/</a>	Aggregator of prices and availability of the medical services (surgery, diagnostics, etc.) in Moscow from a lot of private clinics
<a href="https://gemotest.ru">https://gemotest.ru</a> <a href="https://www.invitro.ru/">https://www.invitro.ru/</a>	Costs of laboratory tests and some diagnostics
<a href="https://market.yandex.ru/">https://market.yandex.ru/</a>	Cost of equipment: Russian Market place – overview and access to offers from many online and offline shops (including medical equipment, orthopaedic supplies, rehabilitation devices, etc.)

Table 12: Websites consulted for drug prices

	Treatment price RUB				Reimbursement/ special programme/free/ comments
	Public outpatient	Public inpatient	Private outpatient	Private inpatient	
Specialist					
Cardiologist	FOC	FOC	1752	N/A	No reimbursement
Cardiac surgeon	FOC	FOC	3 254	N/A	No reimbursement
Laboratory tests					
Laboratory test of blood; INR e.g. in case of acenocoumarol anticlotting	FOC	FOC	417	417	No reimbursement
Laboratory test for cardiac biomarker; creatine kinase MB (CK-MB)	FOC	FOC	501	501	No reimbursement





	Treatment price RUB				Reimbursement/ special programme/free/ comments
	Public outpatient	Public inpatient	Private outpatient	Private inpatient	
Laboratory test for cardiac biomarker; troponin	FOC	FOC	1 085	1 085	No reimbursement
<b>Medical imaging</b>					
Angiography (= arteriography)	FOC	FOC	35 966	35 966	No reimbursement
Electro cardiogram (ECG)	FOC	FOC	1 168	1 168	No reimbursement
Holter monitor/ ambulatory ECG device (cardiology)	FOC	FOC	3 171	3 171	No reimbursement
Ultrasound of the heart (= echocardiography = echocardiogram = transthoracic echocardiogram (TTE))	FOC	FOC	2 336	2 336	No reimbursement
<b>Treatment</b>					
<b>Hospital stay/admission</b>					
Hospital stay/admission fee in cardiology department (daily rates)*	FOC	FOC	N/A	5 424	No reimbursement



	Treatment price RUB				Reimbursement/ special programme/free/ comments
	Public outpatient	Public inpatient	Private outpatient	Private inpatient	
Hospital stay/admission fee in cardiac surgery department (daily rates)*	FOC	FOC	N/A	4 590	No reimbursement
<b>Intervention possibilities in case of (high risk of) myocardial infarction</b>					
Cardiac surgery; cardiac catheterisation	FOC	FOC	N/A	6 700 – 30 041	No reimbursement
Cardiac surgery; Coronary artery bypass grafting (CABG), bypass	FOC	FOC	N/A	177 412	No reimbursement
Cardiac surgery; PTCA/PCI; coronary angioplasty including follow up	FOC	FOC	N/A	92 294	No reimbursement
<b>Intervention possibilities in case of severe heart rhythm disorders</b>					
Cardiology, placement/insertion of pacemaker**	FOC	FOC	N/A	67 176	No reimbursement
Cardiology, maintenance and follow-up of pacemaker***	FOC	FOC	N/A	6 008	No reimbursement



	Treatment price RUB				Reimbursement/ special programme/free/ comments
	Public outpatient	Public inpatient	Private outpatient	Private inpatient	
Cardiology, placement/insertion of implantable cardioverter defibrillator (ICD)	FOC	FOC	N/A	70 931	No reimbursement
Cardiology, follow-up of ICD by cardiologist	FOC	FOC	4 172	5 007	No reimbursement
<b>Notes</b>  FOC: Free of charge to eligible patients.  * Daily rate includes bed and food only, everything else is an extra (laboratory and imaging tests, physician consultations, medications and procedures)  ** Cost includes procedure only, without cost of device  *** Cost for 1 visit					

Table 13: Cost of treatment for CVDs in the public and private health systems in Russia

## 4.5. Cost of medication

### 4.5.1. Overview

*The medications listed below are generally available although their availability is better in large cities and regional capitals. Poorer regions have equivalently worse access to medications. Pharmacies, especially inter-hospital pharmacies, make the effort to stockpile medications to mitigate possible shortages.<sup>224</sup>*

*All medications must be registered in Russia to be used at public and private facilities. Only those produced or legally imported are prescribed. All the main medications used to treat CVDs are registered in Russia. Most are featured on the VEDL and their prices are strictly controlled by the state with price deviations deemed legally unacceptable.* The registration process for drugs is a complex issue because the process is different for different

<sup>224</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

medications. For most medications, registration needs to be completed within 160 working days, and can limit the availability of medicines developed abroad.<sup>225</sup> Patients in the public health system are not entitled to broad medication coverage.<sup>226</sup>

#### 4.5.2. Methodology of data collection on drug prices

The prices of drugs for cardiovascular disease were collected using an initial Internet search for their availability and costs in Moscow. The websites used for the initial search are shown in [Table 14](#):

Name and url of website	Subject matter for prices
<a href="https://apteka.mos.ru/">https://apteka.mos.ru/</a> <sup>227</sup>	Aggregator of prices and availability of the medications in Moscow pharmacies
<a href="https://www.eapteka.ru/">https://www.eapteka.ru/</a>	Big online pharmacy with option of ordering medications that are rare
<a href="https://apteka.ru/">https://apteka.ru/</a>	Big online pharmacy with option of ordering medications that are rare
<a href="https://grls.rosminzdrav.ru/grls.aspx">https://grls.rosminzdrav.ru/grls.aspx</a>	State Register of Medicine

Table 14: Websites consulted for drug prices

The most common prices were compared, and the median price agreed and included in [Table 15](#). Each medication was checked on the VEDL.<sup>228</sup> If it was not found under a generic name from the Internet search, it was checked against the State Register of Medicines. If it was registered, a further Internet search for its availability was performed using its brand name. If it was not registered, a note regarding the absence of registration was added to [Table 15](#).

<sup>225</sup> Федеральный закон от 12.04.2010 г. № 61-ФЗ Об обращении лекарственных средств [Federal Law No. 61FZ from 12 April 2010 'On the circulation of pharmaceutical products'], 2010, [url](#)

<sup>387</sup> Russia, Government of the Russian Federation, Распоряжение от 12 октября 2019 № 2406-р Об утверждении перечня жизненно необходимых и важнейших лекарственных препаратов для медицинского применения на 2020 год [Government Decree No. 2406-p of 12 October 2019 'On approval of the list of vital and essential drugs for medical use for 2020'], 12 October 2019, [url](#), pp. 260-261

<sup>227</sup> Note from the drafter: The link is functional in Russia, but the site blocks enquiries from non-Russian IP addresses

<sup>228</sup> Russia, Government of the Russian Federation, Распоряжение от 12 октября 2019 № 2406-р Об утверждении перечня жизненно необходимых и важнейших лекарственных препаратов для медицинского применения на 2020 год [Government Decree No. 2406-p of 12 October 2019 'On approval of the list of vital and essential drugs for medical use for 2020'], 12 October 2019, [url](#), pp. 260-261



Generic Name	Brand name	Dosage	Form	Number of units in container	Price per box, RUB	Place (pharmacy, hospital)	Reimbursement/ special programme/ free
<b>Anti-hypertension</b>							
Amlodipine	Norvasc®	5 mg/10 mg	Tablet	30	151	Pharmacy	Included in VEDL
Amlodipine + valsartan + hydrochlorothiazide	Exforge HCT®	10 mg/ 160 mg/ 12.5 mg	Tablet	28	3 096	Pharmacy	N/A
Atenolol	Atenolol®	50 mg	Tablet	30	113	Pharmacy	Included in VEDL
Bisoprolol		2.5 mg/ 5 mg/ 10 mg			123	Pharmacy	Included in VEDL
Bumetanide	Can be ordered from abroad	1 mg		50	5 674	Pharmacy	N/A
Candesartan		16 mg/ 32 mg		28	242	Pharmacy	N/A
Carvedilol	Carvedilol®	6.25 mg/ 12.5 mg/ 25 mg	Tablet	30	176	Pharmacy	Included in VEDL
Doxazosin		2 mg/ 4 mg		30	186	Pharmacy	Included in VEDL





Generic Name	Brand name	Dosage	Form	Number of units in container	Price per box, RUB	Place (pharmacy, hospital)	Reimbursement/ special programme/ free
Enalapril		5 mg/ 10 mg/ 20 mg		28	63	Pharmacy	Included in VEDL
Eplerenone	Inspira®, Enspiro®	25 mg/ 50 mg		30	809	Pharmacy	N/A
Furosemide	Furosemide®	40 mg, solution  20 mg	Tablet	50	102	Pharmacy	Included in VEDL
Hydrochlorothiazide	Hydrochlorothiazide®	25 mg/ 100 mg	Tablet	20	95	Pharmacy	Included in VEDL
Indapamide		1.5 mg/ 2.5 mg		30	223	Pharmacy	Included in VEDL
Irbesartan		150 mg/300 mg		28	479	Pharmacy	N/A
Lercanidipine		10 mg/ 20 mg		30	426	Pharmacy	N/A
Lisinopril	Lisinopril®	10 mg	Tablet	20	83	Pharmacy	Included in VEDL
Lisinopril + hydrochlorothiazide (comb.)	Lisinopril® / Hydrochlorothiazide®	10 mg/ 12.5 mg	Tablet	28	360	Pharmacy	N/A





<b>Generic Name</b>	<b>Brand name</b>	<b>Dosage</b>	<b>Form</b>	<b>Number of units in container</b>	<b>Price per box, RUB</b>	<b>Place (pharmacy, hospital)</b>	<b>Reimbursement/ special programme/ free</b>
Losartan	Losartan®	25 mg	Tablet	30	120	Pharmacy	Included in VEDL
Losartan	Losartan®	50 mg	Tablet	30	154	Pharmacy	Included in VEDL
Metoprolol		25 mg/ 50 mg/ 100 mg		30	267	Pharmacy	Included in VEDL
Nifedipine	Nifedipine®	10 mg	Tablet	100	100	Pharmacy	Included in VEDL
Nifedipine	Nifedipine®	20 mg	Tablet	30	100	Pharmacy	Included in VEDL
Olmesartan		10 mg/ 20 mg/ 40 mg	Tablet	28	684	Pharmacy	N/A
Perindopril		8 mg	Tablet	30	334	Pharmacy	Included in VEDL
Propranolol	Propranolol®	40 mg	Tablet	50	42	Pharmacy	Included in VEDL
Spiro-lactone	Spiro-lactone®	50 mg	Tablet	28	167	Pharmacy	Included in VEDL
Telmisartan		40 mg/ 80 mg		28	195	Pharmacy	N/A



Generic Name	Brand name	Dosage	Form	Number of units in container	Price per box, RUB	Place (pharmacy, hospital)	Reimbursement/ special programme/ free
Toraseamide		5 mg/10 mg		20	336	Pharmacy	N/A
Urapidil	Ebrantil®	30 mg 5 mg/ml, 5 ml	Capsules Solution		709		Included in VEDL
Valsartan	Diovan®	40 mg/ 80 mg/ 160 mg	Tablet	30	441	Pharmacy	N/A
<b>Antiplatelet aggregation</b>							
Dipyridamole		25 mg/ 75 mg		40	611	Pharmacy	N/A
Prasugrel	Effient®	5 mg/10 mg		28	3421	Pharmacy	N/A
Ticagrelor	Brilinta®	60 mg/ 90 mg		56	4 267	Pharmacy	Included in VEDL
Captopril		50 mg	Tablet	40	25	Pharmacy	Included in VEDL
Chlortalidone	Available only with Atenolol® + Chlortalidone®	50 mg + 12.5 mg	Tablet	28	167	Pharmacy	N/A



Generic Name	Brand name	Dosage	Form	Number of units in container	Price per box, RUB	Place (pharmacy, hospital)	Reimbursement/ special programme/ free
Methyldopa	Dopegit®	250 mg	Tablet	50	300	Pharmacy	Included in VEDL
Minoxidil		60ml 5 %	Spray	1	793	Pharmacy	N/A
Moxonidine		0.2 mg	Tablet	28	551	Pharmacy	Included in VEDL
Quinapril hydrochloride		25 mg	Tablet	20	79	Pharmacy	Included in VEDL
Ramipril		5 mg	Tablet	28	401	Pharmacy	N/A
Atorvastatin		20 mg	Tablet	30	401	Pharmacy	Included in VEDL
Rosuvastatin		10 mg	Tablet	30	350	Pharmacy	N/A
Simvastatin		20 mg	Tablet	30	83	Pharmacy	Included in VEDL
Isosorbide dinitrate		40 mg	Tablet	50	209	Pharmacy	Included in VEDL
Isosorbide mononitrate		40 mg	Tablet	30	184	Pharmacy	Included in VEDL

Table 15: Cost of drugs for CVDs in the public and private health systems in Russia



## 4.6. NGOs

*There is little evidence on international donor or NGO support for patients with CVDs in Russia.<sup>229</sup>*

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<sup>229</sup> Petersen, J. et al., Primary care use and cardiovascular disease risk in Russian 40-69 year olds: a cross-sectional study, 14 April 2020, [url](#), p. 691



## 5. Endocrinology

### 5.1. General information

Endocrinology is a branch of medicine that specialises in the study of the hormones.<sup>230</sup> The endocrine system is a group of endocrine glands (e.g. hypothalamus, thyroid, pancreas, ovaries or testes) responsible to produce hormones important for reproduction and sexual differentiation; development and growth; maintenance of the internal environment; and regulation of metabolism and nutrient supply.<sup>231</sup> *In the context of this report, endocrinology refers to the following diseases: Diabetes, Hypo/hyperthyroidism, thyroid cancer and Cushing disease.*

#### 5.1.1. Epidemiological context

*According to Russia's Federal State Statistics Service, the estimated annual prevalence of endocrinology-related diseases was 12 168 100 cases in 2018 and the estimated annual incidence was 2 117 000 cases in 2018. These figures are comprised of aggregated data for the following diseases: endocrine system diseases, eating disorders and metabolic disorders (diabetes mellitus, obesity, etc.).*<sup>232</sup> The World Bank estimated that in 2019, the population prevalence of people in Russia with type 1 or type 2 diabetes mellitus was 6.1 % of Russia's total population aged 20 to 79 years old. This figure was calculated by adjusting to a standard population age structure. Data was sourced from the International Diabetes Federation, Diabetes Atlas.<sup>233</sup> According to WHO, Diabetes mellitus ranks as the 17<sup>th</sup> cause of death in Russia with an estimated annual death rate of 12.6 deaths per 100 000 population and responsible for 672.3 disability-adjusted life years (DALYs) per population, both in 2019.<sup>234</sup>

#### 5.1.2. National policies and programmes

*There is some information available about government policies and programmes aimed at treating endocrine diseases, but there is little evidence of the results of policy implementation.*<sup>235</sup> Between 1996 and 2012, Russia's government ran two federal programmes named 'Diabetes Mellitus' and 'Prevention and Control of Socially Significant

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<sup>230</sup> Society for Endocrinology, What is endocrinology?, n.d., [url](#)

<sup>231</sup> Nussey, S., and Whitehead, S., Endocrinology: An Integrated Approach - Chapter 1, 2001, [url](#).

<sup>232</sup> Russia, Rosstat, Заболеваемость населения по основным классам болезней. Заболеваемость населения по основным классам болезней в 2000 - 2020 гг (зарегистрировано заболеваний у пациентов с диагнозом, установленным впервые в жизни). болезни крови, кроветворных органов и отдельные нарушения, вовлекающие иммунный механизм [Dataset: Morbidity by major classes of diseases. Population devices in the main classes of difficulties in 2000 – 2020 (registered illnesses in patients diagnosed for the first time in their lives). Diseases of the blood, hematopoietic organs and certain disorders involving the immune mechanism], 30 November 2020, [url](#)

<sup>233</sup> World Bank, Diabetes prevalence (% of population ages 20 to 79) - Russian Federation, n.d., [url](#)

<sup>234</sup> WHO, Global Health Observatory, Deaths, DALY, and population in Russian Federation for both sexes aged all ages (2019), n.d., [url](#)

<sup>235</sup> Author's interpretation based on experience of the research process.



Diseases'.<sup>236</sup> Between 2002 and 2009, diabetes was added to the government's target list of diseases. An organised diabetes health service was initiated by the Endocrinological Research Centre of the Russian Academy of Medical Sciences.<sup>237</sup> The programmes helped to reorganise and restructure the diabetes services<sup>238</sup>

## 5.2. Access to treatment

*There is almost no scholarly literature on endocrinology practice in Russia.<sup>239</sup> Patients with endocrine diseases are mostly treated in the primary healthcare sector via their GP at smaller polyclinics, and at secondary (specialised endocrinology care) and tertiary (hi-tech medical care) healthcare centres.<sup>240</sup> They receive treatment for the most part in the primary sector from their GP at smaller polyclinics.<sup>241</sup> Patients can also be treated by an endocrinologist at larger polyclinics with endocrinology units with outpatient clinics and day-care settings. Endocrinology outpatient units can be subdivided into three units: diabetic foot, diabetic retinopathy and diabetic schools. Treatment in the secondary healthcare sector is provided at hospitals.<sup>242</sup>*

Patients receive more advanced specialised care at regional endocrinology institutes with regional diabetes centres in regional capital cities and at federal centres in Moscow and St Petersburg.<sup>243</sup> These centres contain specialist units that provide care for diabetic foot disease, and feature ophthalmology units and renal haemodialysis departments for managing patients with end-stage diabetic nephropathy. Patients requiring hi-tech specialised care, such as surgeries and invasive procedures, are referred to federal centres according to regional quotas. These centres have expertise in using hi-tech methods to predict, diagnose and treat vascular complications from diabetes.<sup>244</sup>

*Urgent care is provided at emergency departments as well as endocrinology departments and at the ICUs at hospitals.* Although access to treatment is universal, people living in large

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<sup>236</sup> Healthy Life Project, New Paradigm of Healthcare: Responding to Global Challenges - Type 2 Diabetes: A Key Focus of Public Responsibility, 27 October 2020, [url](#)

<sup>237</sup> Doničová, V. et al., Health Care Provision for People with Diabetes and Postgraduate Training of Diabetes Specialists in Eastern European Countries, 1 September 2021, [url](#), pp. 1129-1130

<sup>238</sup> Healthy Life Project, New Paradigm of Healthcare: Responding to Global Challenges - Type 2 Diabetes: A Key Focus of Public Responsibility, 27 October 2020, [url](#)

<sup>239</sup> Author's interpretation based the research process

<sup>240</sup> Doničová, V. et al., Health Care Provision for People with Diabetes and Postgraduate Training of Diabetes Specialists in Eastern European Countries, 1 September 2021, [url](#), pp. 1129-1130

<sup>241</sup> Doničová, V. et al., Health Care Provision for People with Diabetes and Postgraduate Training of Diabetes Specialists in Eastern European Countries, 1 September 2021, [url](#), pp. 1124

<sup>242</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>243</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>244</sup> Doničová, V. et al., Health Care Provision for People with Diabetes and Postgraduate Training of Diabetes Specialists in Eastern European Countries, 1 September 2021, [url](#), pp. 1129-1130



cities have better access to qualified specialists and equipment. *There are insufficient resources to treat endocrine patients in some of Russia's regions and territories.*<sup>245</sup>

## 5.2.1. Resources

### (a) Facilities

*Figure 3 shows the structure of diabetes service in Russia in 2008.<sup>246</sup> There is no data on the current total number of medical facilities offering specialist diabetic care in Russia.*

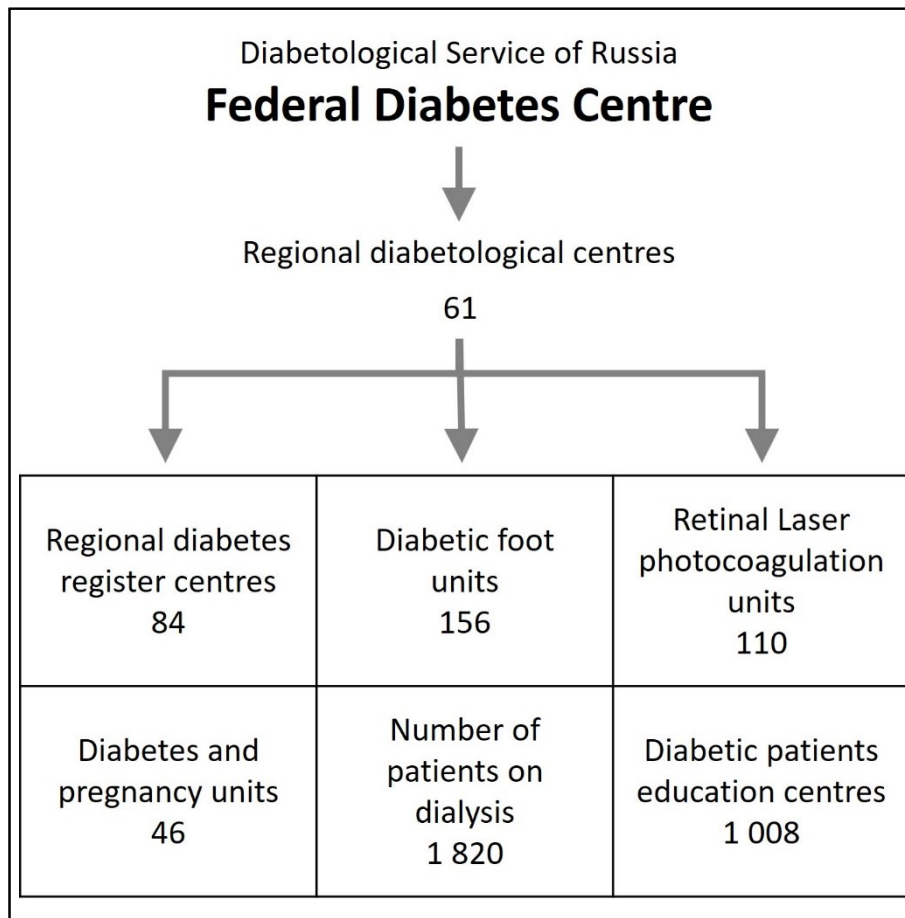


Figure 3: 2008 structure of diabetes service in Russia according to the Federal Target Programme<sup>247</sup>

<sup>245</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>246</sup> Doničová, V. et al., Health Care Provision for People with Diabetes and Postgraduate Training of Diabetes Specialists in Eastern European Countries, 1 September 2021, [url](#), pp. 1130

<sup>247</sup> Doničová et al., Health Care Provision for People with Diabetes and Postgraduate Training of Diabetes Specialists in Eastern European Countries, 1 September 2021, [url](#), p. 1130. The table is adapted from Dedov, Shestakova, and Sounstov, 2008 (original source no longer available).





The key national institution for endocrinology is the Endocrinology Research Centre, which is a federal state academic medical institution.<sup>248</sup>

### (b) Staff

*In 2016, Pigarova noted an apparent shortage of medical personnel in the field of endocrinology.*<sup>249</sup> The Russian health authorities advocate for one endocrinologist/diabetologist per 50 000 population, while the number of specialists who treat people with diabetes has been estimated as 5 000. In 2011, Doničová et al. explained this shortage by pointing to the need for clinicians to self-fund specialist training at qualified centres and to the fact that their incomes did not cover this cost.<sup>250</sup>

### (c) Limitations on access to healthcare for endocrine conditions

*Treatment for endocrine disorders conditions face limited access in Russia. Table 16 shows the specific conditions where patients face restricted access and some details of the nature of the restrictions.*

Name of disease	Limitation: treatment and/or medications
Leukodystrophy E75.2	Treatment is limited
Cystic fibrosis (mucoviscidosis) E84	Treatment and medications have limited access, but are available for free via the state fund Circle of Good
Tumour necrosis factor receptor-associated periodic syndrome (TRAPS), E85.0	As above
Familial Mediterranean fever (FMF), E85.0	As above
Lysosomal acid lipase deficiency, E75.5	As above
Mucopolysaccharidosis IVA, E76.2	As above
Disorders of phosphorus metabolism (hypophosphatasia), E83.3	As above
Neuronal ceroid lipofuscinosis type 2, E75.4	As above
Glycogen storage disease type II (Pompe disease) E74.0	As above
Acromegaly and pituitary gigantism E22	Treatment has limited access and medications are not included in OMS (state insurance programme) either federal or regional

<sup>248</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons; Author's interpretation based on experience of the research process; Russia, ФГБУ «НМИЦ эндокринологии» Минздрава России [National Medical Research Centre of Endocrinology of the Ministry of Health], Структура центра [Structure of the Centre], n.d., [url](#)

<sup>249</sup> Pigarova, E.K., Organisation, problems and development prospects of endocrinology care and specialist training, 22 September 2016, [url](#), p. 4

<sup>250</sup> Doničová, V. et al., Health Care Provision for People with Diabetes and Postgraduate Training of Diabetes Specialists in Eastern European Countries, 1 September 2021, [url](#), pp. 1134





Name of disease	Limitation: treatment and/or medications
Acromegaly, E22.0;	As above
Urea cycle disorders, E72.2	As above
Biotinidase deficiency, E53.8	As above
Rickets-like diseases	As above
Familial hypercholesterolemia (homozygous form) E78.0	As above
Transthyretin amyloid cardiomyopathy E85.4 + I43.1*+E85.8	As above
Transthyretin familial amyloid polyneuropathy E85.1	As above

Table 16: Endocrine conditions for which treatment is limited in Russia<sup>251</sup>

#### (d) Geographic and economic limitations on access to endocrinology healthcare

*Access to treatment is limited in rural and/or scarcely populated remote areas*, although it was reported in the 2011 study of diabetic care in Russia that mobile healthcare units offering basic diabetic care did visit remote rural areas in some parts of the country.<sup>252</sup> Patients in rural areas may need to travel to regional capitals or large cities, such as Moscow and St Petersburg, to get the care they need. With some exceptions for certain categories of the population, travel-related expenses are not covered under OMS, which puts additional burden on patients with low incomes. *People with mobility impairments are also at a disadvantage as most services are delivered at stationary medical facilities and they may have challenges using transport, especially those living in rural areas.* Poorer regions have fewer healthcare resources and offer a lower standard of healthcare.<sup>253</sup>

<sup>251</sup> All-Russian Union of Patients, Опрос: доступность государственных гарантий в сфере оказания медицинской помощи и лекарственного обеспечения 2019 год [Survey: availability of state guarantees in the field of medical care and drug provision 2019], 23 December 2019, [url](#), pp. 19-30; Circle of Kindness Foundation, Перечень тяжелых жизнеугрожающих и хронических заболеваний, в том числе редких (орфанных) заболеваний [List of severe life-threatening and chronic diseases, including rare (orphan) diseases], 29 July 2021, [url](#); Kaishauri N., В России это не лечат [This is not treated in Russia], Miloserdie, 22 January 2018, [url](#)

<sup>252</sup> Doničová, V. et al., Health Care Provision for People with Diabetes and Postgraduate Training of Diabetes Specialists in Eastern European Countries, 1 September 2021, [url](#), pp. 1135

<sup>253</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons



### 5.3. Insurance and national programmes

*Healthcare for endocrine diseases is available and covered by the OMS policy or Russian citizens and legal residents upon registration at a polyclinic.<sup>254</sup> In practice, patients are reimbursed from budgets in Moscow and St Petersburg, but elsewhere in Russia, regional funding is required.<sup>255</sup> Non-urgent care is provided under the OMS to eligible patients while urgent and emergent care is provided to anyone who seeks it while in Russia, including foreigners and stateless people.<sup>256</sup> The OMS generally covers medication in inpatient settings, such as public hospitals. *There is no universal medication coverage per se*, but certain categories of patients are entitled to subsidised or reduced prices, and some are also entitled to free medications.<sup>257</sup>*

Table 6 in [Chapter 3 Economic factors](#) lists privilege holders who receive free or discounted medications, and [Table 7](#) lists the conditions that entitle patients to receive free or discounted medications from the state.

Oncology patients, including those with thyroid cancer and those with incurable cancers, are entitled to free dressings.<sup>258</sup> Diabetes patients receive glucose-lowering medications free of charge, which requires significant government resources.<sup>259</sup> Ethanol (for disinfection), insulin pens and needles, and diagnostic materials are all provided for free. Patients at increased risk of acute metabolic complications, such as children, teenagers and pregnant women, get authorised to receive genetically engineered human insulin or insulin analogues. Test strips are only reimbursed in Moscow and St Petersburg. Patients have to self-fund several newer treatment methods, DPP-4 inhibitors and GLP-1 agonists.<sup>260</sup>

#### 5.3.1. Private healthcare insurance

*Different forms of private medical insurance, including VMI, are available to those able to afford them, and enable those patients to receive healthcare at private healthcare facilities or paid-for-service departments of public health facilities.* Stateless people are obliged to pay for private healthcare as they are not covered by the OMS policy. However, chronic illnesses,

<sup>254</sup> Tchokhanelidze, I. and Zemchenkov, E., Current status, challenges, and the role of ISN in advancement of nephrology in the Newly Independent States and Russia region, 26 February 2019, [url](#), p. 50; Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>255</sup> Doničová, V. et al., Health Care Provision for People with Diabetes and Postgraduate Training of Diabetes Specialists in Eastern European Countries, 1 September 2021, [url](#), pp. 1132

<sup>256</sup> Russia, MoH, Приказ Минздрава России от 12 ноября 2012 г. N 899н "Порядок оказания медицинской помощи взрослому населению по профилю 'эндокринология'" [Order No. 899н of 12 November 2012 'The procedure for providing medical care to the adult population in the specialty area of endocrinology'], 17 June 2013, [url](#)

<sup>257</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>258</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>259</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>260</sup> Doničová, V. et al., Health Care Provision for People with Diabetes and Postgraduate Training of Diabetes Specialists in Eastern European Countries, 1 September 2021, [url](#), pp. 1132



including chronic endocrine conditions, are often considered as pre-existent conditions and are not covered under many VMI policies.<sup>261</sup>

Table 17 shows the services that endocrine patients get free from the state and those available through the private healthcare sector.

Programme	Focus	Requirements	Scope of coverage	Endocrinology services covered
Mandatory public health insurance (OMS)	Russian citizens and permanent residents, including returning Russian migrants. Migrants from ex-Soviet countries can obtain an OMS policy through their employers if the employer agrees.	<ol style="list-style-type: none"> <li>1. Public/Federal</li> <li>2. Employers finance OMS through contributions, 2-3 % of salary goes into social tax, a percentage of which is paid into a national Russian healthcare fund. Once paid, the employee has the right to free medical care from public Russian healthcare clinics.</li> <li>3. People who cannot work and do not contribute to OMS (e.g. unemployed, pensioners, children, sick people) can still access free basic healthcare.<sup>262</sup></li> </ol>	Covers healthcare benefits for all people eligible for OMS	<b>Services included:</b> <ul style="list-style-type: none"> <li>• Non-urgent healthcare for endocrine disorders</li> <li>• Urgent healthcare for endocrine disorders</li> <li>• Inpatient medications</li> <li>• Glucose-lowering medications</li> <li>• Medical devices for self-administration of diabetes medications</li> <li>• Test strips</li> <li>• Oncology medications for thyroid cancer and dressings</li> </ul> <b>Services excluded:</b> <ul style="list-style-type: none"> <li>• Outpatient medications (with some exceptions)</li> </ul>
Government health insurance programmes for employees of specialist agencies, e.g. law enforcement	Employees of selected government agencies and companies		For the registered individual and sometimes their families	Information not publicly available
Private sector health insurance, including VMI			For the registered individual and/or their	Available services depending on the hospital or medical facility that the

<sup>261</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>262</sup> Expatica, Healthcare in Russia: the Russian healthcare system explained, n.d., [url](#)

Programme	Focus	Requirements	Scope of coverage	Endocrinology services covered
			family (if an employer purchases VMI for an employee, it usually only covers that individual and not their family)	<p>insurance covers. An example list from the paid services list of the Botkin Hospital, Moscow is as follows:</p> <ul style="list-style-type: none"> <li>Scheduled and outpatient medical care</li> <li>Diagnostics of endocrine system diseases and their complications</li> </ul> <p>Tests:</p> <ul style="list-style-type: none"> <li>All laboratory and instrumental methods of diagnosis are available:</li> <li>All types of hormonal and biochemical blood and urine tests</li> <li>Ultrasound</li> <li>Puncture biopsy of thyroid nodes</li> <li>Osteodensitometry of the lumbar spine</li> <li>Proximal femur</li> <li>Radius</li> </ul> <p>Treatment:</p> <p>Insulin pumps are installed in patients with type 1 and 2 diabetes who are on insulin therapy</p>

Table 17: Public and private healthcare coverage for endocrinology patients in Russia<sup>263</sup>

### 5.3.2. International donor programmes

*There is no evidence of endocrine healthcare being provided by international donor programmes or foundations.*

<sup>263</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

## 5.4. Cost of treatment

*Endocrinology healthcare is provided free of charge under the OMS to all eligible patients in Russia. Treatment prices are 30 % to 50 % higher in the private sector. Costs are also higher in wealthier regions.* These statements are based on treatment prices in public facilities for non-eligible patients. Public facilities must adhere to official published prices ('tariffs') determined by the regional OMS funds in settlements with Territorial Fund of Obligatory Medical Insurance (TFOMS, TΦOMC) and other public facilities. When public healthcare facilities provide services to patients who are not eligible to receive OMS coverage, prices are regulated by the private healthcare market, as are treatment prices ordinarily at private sector healthcare facilities.<sup>264</sup>

### 5.4.1. Methodology of data collection on treatment prices

The prices of treatments, diagnostics and equipment were collected using an initial internet search for their availability and costs in Moscow. Websites used are shown in [Table 18: Websites consulted for treatment prices](#)

Name and url of website	Subject matter for prices
<a href="https://docdoc.ru/">https://docdoc.ru/</a>	Aggregator of prices and availability of the medical consultations in Moscow from a lot of private clinics
<a href="https://prodoctorov.ru/">https://prodoctorov.ru/</a>	Aggregator of prices and availability of the medical consultations in Moscow from a lot of private clinics
<a href="https://zoon.ru/">https://zoon.ru/</a>	Aggregator of information on prices for various services (including medical)
<a href="https://www.krasotaimedicina.ru/">https://www.krasotaimedicina.ru/</a>	Aggregator of prices and availability of the medical services (surgery, diagnostics, etc.) in Moscow from a lot of private clinics
<a href="https://gemotest.ru">https://gemotest.ru</a>	Costs of laboratory tests and some diagnostics

<sup>264</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons



Name and url of website	Subject matter for prices
<a href="https://www.invitro.ru/">https://www.invitro.ru/</a>	
<a href="https://market.yandex.ru/">https://market.yandex.ru/</a>	Cost of equipment: overview and access to offers from many online and offline shops (including medical equipment, orthopaedic supplies, rehabilitation devices, etc.)

Table 18: Websites consulted for treatment prices

The most common prices were compared, and the median price agreed and included in [Table 19: Cost of treatments for endocrine conditions in the public and private health systems in Russia.](#)

	Treatment price RUB				Reimbursement/ special programme/free/ comments
	Public outpatient	Public inpatient	Private outpatient	Private inpatient	
Specialist					
Consultation by an internal specialist (internist)	FOC	FOC	1 669	1 669	No reimbursement
Consultation by an endocrinologist	FOC	FOC	2 503	2 503	No reimbursement
Consultation by an ophthalmologist	FOC	FOC	2 921	2 921	No reimbursement
Consultation by a neurologist	FOC	FOC	2 086	2 086	No reimbursement
Consultation by a general practitioner	FOC	FOC	4 590	4 590	No reimbursement





	Treatment price RUB				Reimbursement/ special programme/free/ comments
	Public outpatient	Public inpatient	Private outpatient	Private inpatient	
Consultation by vascular surgeon (e.g. for diabetic foot)	FOC	FOC	3 338	3 338	No reimbursement
<b>Laboratory tests</b>					
Blood glucose (including blood glucose: HbA1C/glyc.Hb)	FOC	FOC	1253	1253	No reimbursement
Laboratory test of thyroid function (TSH, T4, T3)	FOC	FOC	1752	1752	No reimbursement
<b>Devices</b>					
Blood glucose meter for self-use by patient	FOC	N/A	1001	N/A	No reimbursement
Blood glucose self- test strips for use by patient	FOC	N/A	834/50 strips	N/A	No reimbursement
<b>Treatment</b>					
Hospital stay/admission fee in internal or endocrinology department (daily rates) *	N/A	FOC **	N/A	4 590	No reimbursement





	Treatment price RUB				Reimbursement/ special programme/free/ comments
	Public outpatient	Public inpatient	Private outpatient	Private inpatient	
Laser treatment of diabetic retinopathy	N/A	FOC **	N/A	29 207	No reimbursement
<b>Notes</b>  FOC: Free of charge to eligible patients  * Daily rate includes bed and food only, everything else is an extra (laboratory and imaging tests, physician consultations, medications and procedures)  ** In some cases, there are quotes for hospitalisation under OMS policy and, if the condition is not critical, the patient might be in the queue for hospitalisation from 1-2 months up to 1 year					

Table 19: Cost of treatments for endocrine conditions in the public and private health systems in Russia

## 5.5. Cost of medication

*Medicines for endocrine conditions are, in theory, accessible across the Russian federation, but availability is better in urban and particularly metropolitan regions. Low-income regions have poorer access to medicines, especially imported and expensive ones. Pharmacies, particularly inter-hospital pharmacies, stockpile medicines to mitigate specific shortages.*<sup>265</sup>

The major endocrinology medicines are registered in Russia and only registered drugs can be legally produced or imported into the country. Those which are not controlled or restricted may be brought into Russia.<sup>266</sup> Some medicines for endocrine diseases are included on the national VEDL.<sup>267</sup> Prices for medications on the VEDL are regulated and strictly controlled by

<sup>265</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>266</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>267</sup> Russia, Government of the Russian Federation, Распоряжение от 12 октября 2019 N° 2406-р Об утверждении перечня жизненно необходимых и важнейших лекарственных препаратов на 2020 год, а также перечней лекарственных препаратов для медицинского применения и минимального ассортимента лекарственных препаратов, необходимых для оказания медицинской помощи [Decree No. 2406-p of 12 October 2019 'On approval of the list of vital and essential medicines for 2020, as well as the lists of medicines for medical use and the minimum range of medicines necessary for the provision of medical care'], 12 October 2019, [url](#), pp. 260-261



the state at every step of the supply chain, from production to patient, and cannot exceed the formal prices it sets.<sup>268</sup> Most endocrine medicines are only available on prescription.<sup>269</sup>

The drugs registration process is lengthy, expensive and cumbersome and it may limit the availability of newer medications developed in other countries.<sup>270</sup>

### 5.5.1. Methodology of data collection on drug prices

The prices of drugs for endocrine disorders were collected using an initial internet search for their availability and costs in Moscow. The websites used for the initial search are shown in [Table 20](#).

Name and url of website	Subject matter for prices
<a href="https://apteka.mos.ru/">https://apteka.mos.ru/</a> <sup>271</sup>	Aggregator of prices and availability of the medications in Moscow pharmacies
<a href="https://www.eapteka.ru/">https://www.eapteka.ru/</a>	Big online pharmacy with option of ordering medications that are rare
<a href="https://apteka.ru/">https://apteka.ru/</a>	Big online pharmacy with option of ordering medications that are rare
<a href="https://grls.rosminzdrav.ru/grls.aspx">https://grls.rosminzdrav.ru/grls.aspx</a>	State Register of Medicine

Table 20: Websites consulted for drug prices

The most common prices were compared, and the median price agreed and included in [Table 21](#). Each medication was checked on the VEDL. If medication was not found under a generic name from the internet search, it was checked against the State Register of Medicines. If it was registered, a further internet search was performed using its brand name.

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<sup>268</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>269</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>270</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>271</sup> Note from the drafter: The link is functional in Russia, but the site blocks enquiries from non-Russian IP addresses



Generic Name	Brand name	Dosage	Form	Number of units in the container	Price per box RUB	Place (pharmacy, hospital)	Reimbursement/ special programme/ free
<b>Diabetes</b>							
Canagliflozin	Инвокана®/ Invokana®	100 mg, 300 mg	Tablets	30	2 503	Pharmacy	N/A
Dapagliflozin	Форсига®/ Forsiga®	5 mg, 10 mg	Tablets	30	2 336	Pharmacy	N/A
Empagliflozin	Джардинс®/ Djardins®	10 mg, 25 mg	Tablets	30	2 920	Pharmacy	N/A
Glibenclamide	Манинил®/ Manynil®	5 mg	Tablets	120	83	Pharmacy	N/A
Gliclazide		30 and 60 mg	Tablets	30	167	Pharmacy	Included in VEDL
Glimepiride		1, 2, 3, 4 mg	Tablets	30	295	Pharmacy	
Glucagon	GlucaGen® Hypokit	1 mg	Powder	1	659	Pharmacy	Included in VEDL
Insulin, premixed: aspart (rapid acting) and aspart protamine (intermediate acting) like ®Novomix	Novo-Rapid® Penfill NovoMix® Penfill	100 IU/ml 13 ml	Sol or suspension	1	1502	Pharmacy	Included in VEDL





Generic Name	Brand name	Dosage	Form	Number of units in the container	Price per box RUB	Place (pharmacy, hospital)	Reimbursement/ special programme/ free
Insulin, premixed: combination of lispro (rapid acting) and insulin lispro protamine (intermediate acting)	Humalog® Humalog® Mix25 Humalog® Mix50	100 IU/ml 13 ml cartridge	Susp	5	1418	Pharmacy	Included in VEDL
Insulin, premixed: combination of regular (short acting) and insulin isophane (intermediate acting) like Mixtard	Mixtard® 30 Flexpen	100 IU/ml 13 ml	Susp	5	-		Included in VEDL
Insulin, premixed: NPH 70/30 combination of rapid and intermediate acting insulin	Humulin M3	100 IU/ml 13 ml	Susp	5	834	Pharmacy	Included in VEDL
Insulin, subcutaneous infusion, by self-carried pump	Apidra®	100 IU/ml 13 ml	Sol	5	2 003	Pharmacy	Included in VEDL



Generic Name	Brand name	Dosage	Form	Number of units in the container	Price per box RUB	Place (pharmacy, hospital)	Reimbursement/ special programme/ free
Insulin: combination of insulin degludec (extra-long-acting) and insulin aspart (rapid acting)	Ryzodeg® FlexTouch	100 IU/ml 3 ml	Sol	5	3 338	Pharmacy	Included in VEDL
Insulin: intermediate acting [12-24 hr]; insulin NPH/isophane like ®Insulatard	Prota- phane® PenFill Humulin® NPH Insuman® Basal GT	100 IU/ml 3 ml	Sol	5	751	Pharmacy	Included in VEDL
Insulin: long-acting [24 hr]; insulin detemir	Levemir® FlexPen	100 IU/ml 3 ml	Sol	5	1 669	Pharmacy	Included in VEDL
Insulin: long-acting [24 hr]; insulin glargine like ®Lantus	Lantus® Toujeo	100 IU/ml 3 ml	Sol	5	3 338	Pharmacy	Included in VEDL
Insulin: rapid acting [2-5 hr]; insulin aspart like ®Novorapid	Novo- Rapid® Penfill	100 IU/ml 3 ml	Sol	5	1 418	Pharmacy	Included in VEDL





Generic Name	Brand name	Dosage	Form	Number of units in the container	Price per box RUB	Place (pharmacy, hospital)	Reimbursement/ special programme/ free
Insulin: rapid acting [2-5 hr]; insulin glulisine	Apidra®	100 IU/ml   3 ml	Sol	5	2 003	Pharmacy	Included in VEDL
Insulin: rapid acting [2-5 hr]; insulin lispro	Humalog®	100 IU/ml   3 ml	Sol	5	1585	Pharmacy	Included in VEDL
Insulin: short acting [7-8 hr]; bovine, porcine or human regular insulin like Actrapid	Actrapid®	100 IU/ml   3 ml 100 IU/ml   10 ml	Sol	5 or 1	501	Pharmacy	Included in VEDL
Insulin: ultra long-acting [42hr]; insulin degludec	Tresiba® FlexTouch	100 IU/ml   3 ml	Sol	5	3 504	Pharmacy	Included in VEDL
Linagliptin	Тражента®/ Traz-henta®	5 mg	Tablets	30	1502	Pharmacy	N/A
Metformin		500, 850, 1000 mg	Tablets	60	167	Pharmacy	included in VEDL
Pioglitazone	Астрозон® /Astrozon®	15, 30 mg	Tablets	30	Very limited	Pharmacy	N/A



Generic Name	Brand name	Dosage	Form	Number of units in the container	Price per box RUB	Place (pharmacy, hospital)	Reimbursement/ special programme/ free
	Пиоглар/ Pioglar®				availability - order only		
Saxagliptin hydrochloride	Онглиза®/ Ongliza®	5 mg	Tablets	30	1836	Pharmacy	N/A
Sitagliptin	Янувия®/ Yanuvia®	100 mg	Tablets	28	1669	Pharmacy	N/A
Vilda-gliptin	Галвус®/ Galvus®	50 mg	Tablets	28	751	Pharmacy	N/A
<b>Hypo/hyperthyroidism</b>							
Levo-thyroxine (= L-thyroxine)		50, 75, 100, 125, 150 mcg	Tablets	100	167	Pharmacy	included in VEDL
<b>Corticosteroids</b>							
Fludrocortisone acetate	Кортинеф®/ Kortineff®	0.1 mg	Tablets	20	125	Pharmacy	included in VEDL
Cortisone		25 mg	Tablets	80	1168	Pharmacy	N/A
Dexamethasone		0.5 mg, 4 mg/ml	Tablets, inj	56 tabs, 25 amp	167	Pharmacy	included in VEDL





Generic Name	Brand name	Dosage	Form	Number of units in the container	Price per box RUB	Place (pharmacy, hospital)	Reimbursement/ special programme/ free
Hydrocortisone		25 mg/ml 1 ml	Susp, oint	1 amp or tube	334	Pharmacy	Included in VEDL
Prednisolone		30 mg/ml 2 ml, 5 mg pills	Sol, tablets	1 amp	417	Pharmacy	Included in VEDL
<b>Specific hormones</b>							
Desmopressin	Antiqua® Rapid/ Minirin®/ Nativa®	60 or 120 mcg	Tablets	30	2 253	Pharmacy	Included in VEDL
Testosterone undecanoate	Omnadren® Sustanon®	250 mg/ml 1 ml	Sol	1	834	Pharmacy	Included in VEDL

Table 21: Cost of drugs for endocrinological conditions in the public and private health systems in Russia





## 6. Infectious diseases

### 6.1. General information

Infectious diseases are caused by infectious organisms such as bacteria, viruses, fungi, or worms.<sup>272</sup> HIV is a virus whose infection attacks the body's immune system weakening it against other pathogens.<sup>273</sup> Hepatitis is an inflammation of the liver caused by a viral infection which can be caused by different types of hepatitis viruses, for example hepatitis A, hepatitis B or hepatitis C, each of them having different symptoms; only hepatitis B can cause chronic infection.<sup>274</sup> *In the context of this report special attention will be given to HIV/AIDS and Hepatitis B and C.*

#### 6.1.1. Epidemiological context

*According to Russia's Federal State Statistics Service, the estimated annual prevalence of HIV was 747 400 cases with an estimated annual prevalence rate of 509.2 patients per 100 000 population in 2019.*<sup>275</sup>

*The Moscow Times reported that more than 1.2 million people were living with HIV in Russia in 2019.*<sup>276</sup> *There was also a record estimated annual total of 37 000 deaths from the disease in that year.*<sup>277</sup>

WHO reported in 2019 that HIV/AIDS was the 14<sup>th</sup> leading cause of death in Russia, which means that it ranks lower than at the global level where HIV/AIDS was recorded as the 11<sup>th</sup> leading cause of death (calculated for the Global Burden of Disease Study of 2019).<sup>278</sup> Russia's death rate in 2019 from HIV/AIDS was 14.6 deaths per 100 000 population, and the disease was responsible for 763.8 DALYs lost.<sup>279</sup>

*The estimated annual incidence of acute hepatitis B was 800 cases in 2019, with an estimated incidence rate of 0.6 cases per 100 000 population. The incidence of acute hepatitis C was 1 500 cases with an estimated annual incidence rate of 1 case per 100 000 population in the same year.*<sup>280</sup>

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<sup>272</sup> WHO, Infectious diseases, n.d., [url](#)

<sup>273</sup> WHO, Regional Office for Europe, HIV/AIDS, n.d., [url](#)

<sup>274</sup> CDC, The ABCs of Hepatitis – for Health Professionals, 2020, [url](#), p. 2

<sup>275</sup> Russia, МоН, Заболеваемость- СОЦИАЛЬНО ЗНАЧИМЫЕ ЗАБОЛЕВАНИЯ НАСЕЛЕНИЯ РОССИИ В 2017 ГОДУ [Statistics of Prevalence, Socially significant diseases of the Russian Population in 2017], 5 July 2018, [url](#), pp. 9-10

<sup>276</sup> ILO, Getting to Zero, [url](#)

<sup>277</sup> Moscow Times, Russia's HIV Epidemic is Growing, Affecting Older Citizens – Watchdog, 4 July 2019, [url](#)

<sup>278</sup> GBD 2019 Diseases and Injuries Collaborators, Global burden of 369 diseases and injuries in 204 countries and territories, 1990–2019, 17-23 October 2020, [url](#), p. 1210

<sup>279</sup> WHO, Global Health Observatory, Deaths, DALY, and population in Russian Federation for both sexes aged all ages (2019), n.d., [url](#)

<sup>280</sup> Russia, Federal State Statistics Service, Заболеваемость -Заболеваемость населения социально-значимыми болезнями-2019 [Statistics of Incidence, Socially significant diseases- 2019], 30 November 2021, [url](#)



## 6.1.2. National policies and programmes

*Russia first introduced legislation on HIV response between 1980 and 1990 at the start of the country's HIV epidemic. In 2016, the Federal Government approved a State Strategy to Combat the Spread of HIV in Russia until 2020 and beyond. It acknowledges that current legal regulation for HIV prevention does not meet current needs but fails to specify what legislation should be changed or amended.* The strategy is funded by the federal and regional healthcare budgets and other sources, and states that Russia's federal subjects should provide additional funding for HIV testing antiretroviral therapy (ART) to increase their coverage. The strategy identifies that improvements are needed in the management, logistics and staffing of specialists at medical organisations that deliver services to people living with HIV to facilitate access to healthcare of a good standard, but does not specify who these healthcare providers are.<sup>281</sup>

*The strategy was criticised by several sources, including the Kommersant and The Moscow Times, for not fully complying with the WHO guidelines that recommend condom use and lubricant as a prevention measure, and for taking a largely moralistic approach to disease prevention.*<sup>282</sup> Another criticism made by Avert, an online news service covering HIV globally, noted that although the strategy refers to the necessity of rehabilitation and social support for key affected populations, it neglects to outline any future national programmes to support the implementation of this.<sup>283</sup> *Its moralistic conceptual framing around conservative and family values also disallows sex education in schools, key messaging around safe sex through condom usage, protection programmes and the inauguration of substitution therapy for PWID.*<sup>284</sup>

*A federal targeted programme for socially significant diseases for 2007–2012 included funding specifically for HCV activities. However, the programme combined the indicators for hepatitis B and C, which creates a challenge to monitoring and programme evaluation, as each type of viral hepatitis impacts different populations and requires different efforts (e.g. there is a vaccine for HBV, but not HCV).*<sup>285</sup>

Table 22 shows a sample of treatment centres in Russia with specialised programmes or facilities for patients with infectious diseases from the public and private healthcare sectors, based on those identified through a search of their websites, with claims to be leading centres corroborated against a variety of other sites.<sup>286</sup>

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<sup>281</sup> Government of the Russian Federation, State Strategy to Combat the Spread of HIV in Russia through 2020 and beyond, 20 October 2016, [url](#), p. 3

<sup>282</sup> Kommersant, Без презервативов и лубрикантов - Минздрав подготовил проект стратегии по борьбе с ВИЧ до 2030 года [Without condoms or lubricants: the Ministry of Health prepares a draft strategy to combat HIV until 2030], 11 June 2020, [url](#); Moscow Times, Russia's HIV Prevention Strategy Ignores Global Guidelines – Kommersant, 12 June 2020, [url](#)

<sup>283</sup> Avert, HIV and AIDS in Russia, n.d., [url](#)

<sup>284</sup> Moscow Times, HIV Cases in Russia Surpass 1 Million – State Watchdog, 2 December 2019, [url](#)

<sup>285</sup> Ocheret, D. et al., Current situation regarding access to hepatitis C treatment in Eastern Europe and Central Asia, Eurasian Harm Reduction Network, 2013, [url](#), p. 22

<sup>286</sup> Author interpretation based on her experience of the research process.



	State or city	Facility name	Facility type		Specialisms
			Public	Private	Infectious diseases
1	St Petersburg	Clinical infectious diseases hospital. S.P. Botkin	X	Paid services available	Hospital capacity is 1 147 beds or over 48 000 patients per year. The outpatient department does around 80 000 consultations a year. Each year, 4 000 patients with HIV infection are hospitalised; this includes deliveries of children from HIV-positive women. Departments include intensive care, infectious surgical and obstetrical departments, endoscopy, outpatients. Free treatment for Russian citizens referred by a doctor, also offers paid services.
2	Moscow	Specialised Scientific Hepatology Centre		X	Founded in 2000, specialised scientific centre in Moscow for the study of liver diseases, and diagnosis and treatment of viral hepatitis.
3	Astrakhan	Alexandro-Mariinskaya State Budgetary Clinical Hospital of the Astrakhan Region	X	Paid services available	Has a newly equipped infectious diseases hospital that opened in 2020. Provides free medical care to the Russian citizens on the territory of the Astrakhan region, also offers paid services.

Table 22: Example facilities for the treatment of infectious diseases



## 6.2. Access to treatment

### 6.2.1. Overview of treatment for infectious diseases in the public healthcare system

*Healthcare for patients with HIV infection and chronic hepatitis is provided in the secondary healthcare sector at specialised centres.<sup>287</sup> By law, each federal subject (territory) within the Russian Federation is required to have at least one specialised HIV centre that treats patients living with HIV. These are usually situated in the main cities and/or regional capitals. They also run regional registries of patients with HIV and chronic hepatitis.<sup>288</sup>*

As of 2013, the centres offered monitoring services and laboratory testing for diseases (including CD4 and viral load tests), conducted medical research, prescribed and monitored highly active ART and delivered psychosocial counselling to provide mental health support to patients.<sup>289</sup> Those who do not require urgent care and/or admission or isolation are regarded as outpatients and are treated at polyclinics by GPs. Larger polyclinics have infectious disease units which are usually comprised of an infectious disease specialist (a specialist who diagnoses and manages infections in patients), an epidemiologist (a specialist who studies the distribution and determinants of health-related states and events in the population) and nurses. Some patients receive care in day care centres. Urgent care is initiated via the public GA service.<sup>290</sup>

#### (a) Vaccinations

*All eligible patients receive vaccinations free of charge in Russia, including the HBV vaccination for viral hepatitis as part of the National Vaccine Calendar.* Babies born in Russia have received this inoculation since 1998. Following the introduction of the vaccine programme, the incidence of HBV steadily declined.<sup>291</sup> Since 2004, approximately 95 % of

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<sup>287</sup> Russia, MoH, Приказ Министерства здравоохранения РФ от 8 ноября 2012 г. № 69н «Об утверждении порядка оказания медицинской помощи взрослому населению при заболевании, вызываемом вирусом иммунодефицита человека (ВИЧ-инфекции)» [Order of the Ministry of Health and Social Development of the Russian Federation No. 69n of 31 January 2012 'On approval of the procedure for the provision of medical care to adult patients with infectious diseases'], 12 November 2015, [url](#), p. 3

<sup>288</sup> Russia, MoH, Приказ Министерства здравоохранения и социального развития Российской Федерации от 31 января 2012 г. № 69н "Об утверждении Порядка оказания медицинской помощи взрослым больным при инфекционных заболеваниях" [Order of the Ministry of Health and Social Development of the Russian Federation No. 69n of 31 January 2012 'On approval of the procedure for the provision of medical care to adult patients with infectious diseases'], 31 January 2012, [url](#), pp. 5-6

<sup>289</sup> Ipsos Healthcare, HIV Management in Russia: Examining the infrastructure of the Russian and USA healthcare systems with respect to the management of HIV patients, 2013, [url](#), p. 6

<sup>290</sup> Russia, MoH, Приказ Министерства здравоохранения и социального развития Российской Федерации от 31 января 2012 г. № 69н "Об утверждении Порядка оказания медицинской помощи взрослым больным при инфекционных заболеваниях" [Order of the Ministry of Health and Social Development of the Russian Federation No. 69n of 31 January 2012 'On approval of the procedure for the provision of medical care to adult patients with infectious diseases'], 31 January 2012, [url](#), pp. 5-6

<sup>291</sup> Russia, MoH, National prophylactic vaccinations calendar [Национальный календарь профилактических прививок], n.d., [url](#); Klushkina, V. W. et al., Impact of Universal Hepatitis B Vaccination on Prevalence, Infection-Associated Morbidity and Mortality, and Circulation of Immune Escape Variants in Russia, 9 June 2016, [url](#), p. 1



infants have been vaccinated against HBV. By 2019, HBV vaccination coverage was up to 97 %.<sup>292</sup>

### **(b) Treatment facilities**

*Infectious diseases treatments are provided in specialist institutions*, through the infectious diseases departments of standard hospitals, and at HIV centres. The leading national treatment centre for HIV is St Petersburg's AIDS Centre.<sup>293</sup>

### **(c) Staff**

*According to Ipsos Healthcare, in 2013 there were around 10 000 infectious disease specialists in Russia, but only a small number (between 500 and 700 physicians) were practising at 85 HIV centres.* It is noteworthy that all physicians who treated HIV patients were trained infectious disease specialists and likely had high caseloads.<sup>294</sup>

## **6.2.2. Limitations on access to treatment for infectious diseases in the public healthcare system**

### **(a) General limitations**

*Whilst treatment for infectious diseases is hypothetically available across Russia, access may be harder in rural or scarcely populated, remote areas. Patients often need to travel at their own cost to the nearest town or regional capital for treatment.* While some individuals, such as HIV-infected children, may qualify for free transportation to treatment facilities, travel and accommodation on the way to hospital facilities are not generally covered by the state healthcare insurance policy, the OMS.<sup>295</sup>

### **(b) People living with HIV**

*Several sources report that patients in Russia experience problems with access to ART medicines for HIV. Dr Pokrovsky, Head of the Federal Research Centre for AIDS Prevention and Control in Moscow, stated that there are more than 1 million patients in Russia who are documented as living with HIV and that half of these patients cannot access appropriate antiretroviral medications.*<sup>296</sup> *A policy on the substitution of imported drugs has prevented the*

<sup>292</sup> WHO, WHO vaccine-preventable disease: monitoring system, 2020 global summary, 15 July 2020, [url](#)

<sup>293</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>294</sup> Ipsos Healthcare, HIV Management in Russia: Examining the infrastructure of the Russian and USA healthcare systems with respect to the management of HIV patients, 2013, [url](#), p. 7

<sup>295</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>296</sup> Politico, The epidemic Russia doesn't want to talk about, 11 May 2020, [url](#)





*availability of more modern antiretroviral drugs produced in Western countries and only licensed drugs produced in Russia.*<sup>297</sup>

Russia's present State Strategy on HIV Prevention stated that 37.3 % of registered HIV patients received ART and were put under medical observation in 2015.<sup>298</sup> *Specific key affected populations may be particularly impacted by limitations on access to drugs. According to a 2014 UNAIDS report, less than half of men who have sex with men (MSM) – gay man and others – living with HIV said that they had received ART in Russia, and just 4 % of PWID living with HIV had access ART in 2013.*<sup>299</sup>

Another problem is late diagnostic testing. According to Ipsos Healthcare, in 2013 Russian patients were usually diagnosed with high CD4 counts (above 400/mm<sup>3</sup>), but due to the flaws in the healthcare and bureaucratic systems, the waiting time to begin therapy was approximately three years. By that time, patients' CD4 counts were substantially lower.<sup>300</sup> UNAIDS found that many people who required ART did not receive it due to late testing, and that rates of late diagnosis of HIV remained high.<sup>301</sup>

There were also sociocultural limits on resources to treat patients, especially key populations, including MSM and sex workers, and limitations on access to non-medical/auxiliary support services. Legal support and/or support groups were only available through federal HIV centres. Physicians could withhold information about services provided by NGOs from patients and failed to discuss these options with them in spite of often being aware that support from this sector existed.<sup>302</sup>

*As of 2014, Russia did not support the evidence on the effectiveness of harm reduction. The rates of HIV infection among people who inject drugs in the country were among the highest in the world.*<sup>303</sup> There is a lack of alignment with WHO recommendations on methadone substitution therapy. Although WHO/UNODC/UNAIDS champion substitution maintenance therapy as one of best ways of treating opioid addiction and an effective strategy for reducing HIV risk behaviours, the Russian government has historically vetoed this line of treatment.<sup>304</sup> *Substitution therapy has been illegal in Russia since 1998 and carries a 20-year prison sentence.*<sup>305</sup>

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<sup>297</sup> Twigg, J. and Rendelman, M., Center for Strategic and International Studies (CSIS), A Turning Point for Russia and HIV?, 11 March 2020, [url](#); PBS News Hour, 1 million Russians are HIV-positive, but only a third get treatment, 12 June 2018, [url](#)

<sup>298</sup> Russia, Government of the Russian Federation, State Strategy to Combat the Spread of HIV in Russia through 2020 and beyond, 20 October 2016, [url](#), p. 50

<sup>299</sup> UNAIDS, The Gap Report, 2014, [url](#), p. 107-108

<sup>300</sup> Ipsos Healthcare, HIV Management in Russia: Examining the infrastructure of the Russian and USA healthcare systems with respect to the management of HIV patients, 2013, [url](#), p. 7; UNAIDS, The Gap Report, 2014, [url](#), p. 108

<sup>301</sup> UNAIDS, The Gap Report, 2014, [url](#), p. 108

<sup>302</sup> Ipsos Healthcare, HIV Management in Russia: Examining the infrastructure of the Russian and USA healthcare systems with respect to the management of HIV patients, 2013, [url](#), p. 8

<sup>303</sup> UNAIDS, The Gap Report, 2014, [url](#), pp. 108-110

<sup>304</sup> WHO, UNODC and UNAIDS, Substitution maintenance therapy in the management of opioid dependence and HIV/AIDS prevention, 2004, [url](#), pp. 1-2; Parfitt, T., Russia's health promotion efforts blossom, 27 June 2009, [url](#), p. 2; Harm Reduction International, The Global State of Harm Reduction: 6th edition, 2018, [url](#), p. 50

<sup>305</sup> Politico, For Crimea's drug users, a Russian death sentence, 15 May 2017, [url](#)



### (c) Viral hepatitis

*Prior to HCV drug advances in 2013, the best treatment options were a combination of peginterferon and ribavirin, which are known to have significant side effects. Therefore, patients in Russia not only struggled to afford treatment for hepatitis C, but there were also financial challenges around diagnostic costs and treatments for side effects for the HCV medications. Despite the advances of direct-acting antivirals (DAAs) which have been available in Russia since 2015, many patients in the country have difficulties in accessing modern HCV treatment.*<sup>306</sup>

*In 2017, only 0.2 % of the total estimated patients with hepatitis C received treatment.*<sup>307</sup>

According to WHO, an estimated 20 000 people received HCV treatment in 2018. However, with approximately 5 million people estimated to be living with HCV in the Russian Federation, this reflects a significant gap. While Russia makes HCV testing and treatment available free of charge in the public sector, there are access issues as product registration is for originators only, there is no inclusion in licensing agreements for DAAs, and no generic local production.<sup>308</sup>

*There are significant barriers based on cost and drug development policies.* Daclatasvir is manufactured by a local generic manufacturer under exclusive licence from the originator Bristol Myers Squibb (BMS). *Access to DAAs is rationed in the public healthcare system.* Additionally, Russia is not included in the voluntary licensing agreement with Gilead, and as a result is not able to import or locally develop generic versions of DAA treatments (also no agreement with Bristol-Myers Squibb or AbbVie). *HCV treatment costs in Russia are much higher than in the United States and elsewhere.*<sup>309</sup>

*PWID are disproportionately impacted by HCV and HIV coinfection; facing higher infection rates with low rates of treatment access.* In a 2016 study of 349 HIV-infected individuals with a history of injection drug use, 98.9 % tested positive for HCV, yet only 3.3 % received treatment.<sup>310</sup> Despite the high rates of viral hepatitis infection among PWID, as recently as 2013, the Russian viral hepatitis programme did not include PWID as a target group.<sup>311</sup>

### 6.2.3. Treatment for infectious diseases offered in the private healthcare sector

*There is an information deficit on availability of healthcare for infectious diseases patients in the private healthcare sector.* Remote consultations are available mostly in private settings

<sup>306</sup> WHO, Accelerating access to hepatitis C diagnostics and treatment, 27 January 2021, [url](#), p. 16

<sup>307</sup> AFEW International, Invisible epidemic of Hepatitis C in Russia, 13 July 2018, [url](#)

<sup>308</sup> WHO, Accelerating access to hepatitis C diagnostics and treatment, 27 January 2021, [url](#), p. 52

<sup>309</sup> WHO, Accelerating access to hepatitis C diagnostics and treatment, 27 January 2021, [url](#), p. 52

<sup>310</sup> Tsui, J. I. et al., Insights on the Russian HCV care cascade: minimal HCV treatment for HIV/HCV co-infected PWID in St Petersburg, 11 October 2016, [url](#), p. 1

<sup>311</sup> Ocheret, D. et al., Current situation regarding access to hepatitis C treatment in Eastern Europe and Central Asia, Eurasian Harm Reduction Network, 2013, [url](#), p. 6





and not covered under OMS policy. Private healthcare facilities almost never accept patients with confirmed or suspected infectious diseases.<sup>312</sup>

#### 6.2.4. International donor programmes

*There is evidence of international donor activity which has been compromised by the government's approach to prevention and management of infectious diseases.*<sup>313</sup>

#### 6.2.5. Discrimination faced by patients with HIV/AIDS

*The Fundamentals of Legislation of the Russian Federation on Healthcare and the Federal Law on the Fundamentals of the Care for Health of the Citizens in the Russian Federation both contain anti-discrimination norms. However, neither of these specifically address sexual orientation or gender identity.*<sup>314</sup> *In general, there is low acceptance of same-sex relationships in Russia.*<sup>315</sup>

Lack of education and services puts people at risk from sexually transmitted infections. Legislation from 2012 bans “propaganda of non-traditional sexual relationships among minors”, which means awareness-raising activities for young people on lesbian, gay, bisexual and transgender (LGBT) issues, including in schools, is forbidden. NGOs who try to organise such events find it extremely difficult to obtain authorisations.<sup>316</sup> As of 2011, programmes on prevention of sexually transmitted diseases and HIV/AIDS among MSM did not receive government funding and relied on support from NGOs funded by foreign grants.

A 2011 publication from the Russian LGBT Network confirmed that transsexual people had difficulty in accessing medical services due to a lack of up-to-date knowledge and qualifications in the field among most medical professionals, especially in rural areas. This has led some to self-medicate, using loopholes in the rules to buy hormones without prescriptions.<sup>317</sup>

*Stigma associated with both substance abuse and HIV result in higher likelihood of poor general access to healthcare for both groups, especially outside major cities.*<sup>318</sup> One infectious diseases doctor who specialises in HIV treatment and care said that it is common

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<sup>312</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>313</sup> Author interpretation based on the sources discussed

<sup>314</sup> Inter-Regional Social Movement ‘Russian LGBT Network’, Discrimination on grounds of sexual orientation and gender identity in health care, education, employment and social security in the Russian Federation, May 2011, [url](#), p. 16

<sup>315</sup> ECRI, ECRI report on the Russian Federation (fifth monitoring cycle), 5 March 2019, [url](#), p. 38

<sup>316</sup> ECRI, ECRI report on the Russian Federation (fifth monitoring cycle), 5 March 2019, [url](#), p. 38

<sup>317</sup> Inter-Regional Social Movement ‘Russian LGBT Network’, Discrimination on grounds of sexual orientation and gender identity in health care, education, employment and social security in the Russian Federation, May 2011, [url](#), p. 16

<sup>318</sup> Vetrova, M.V., HIV and Substance Use Stigma, Intersectional Stigma and Healthcare Among HIV-Positive PWID in Russia, AIDS and Behavior, 28 January 2021, [url](#), p. 2815; UNAIDS, Training the next generation of Russian doctors on HIV-related stigma and discrimination, 30 October 2018, [url](#)





for HIV-positive patients to be denied admission to a hospital.<sup>319</sup> Another group impacted by stigma are HIV positive prison inmates, only 5 % of whom receive ART.<sup>320</sup>

*Women who inject drugs are stigmatised because of gender norms about drug use, as well as in some cases their ability to care for their children or for their engagement in sex work.<sup>321</sup> According to UNAIDS, there is discrimination towards pregnant women who inject drugs.*

These women face substantial barriers to services for prevention of mother-to-child transmission — more barriers compared to other women who are living with HIV but not involved in injection drug use. In a 2014 study conducted by Elizabeth King et al., female sex workers articulated further barriers for these women - poverty, a lack of official documentation, no anonymity in testing and the official registration system. Available services were not enough to guarantee successful treatment. Women sex workers in St Petersburg reported that stigma from conventional healthcare service providers towards sex workers living with HIV had more of an impact than the stigma associated with sex work. This has kept some female sex workers from getting tested for HIV at all.<sup>322</sup>

### 6.3. Insurance and national programmes

*Like healthcare for the population at large, healthcare for adults and children with infectious diseases is provided under the OMS upon registration at a polyclinic. Urgent care, including admission is provided free of charge to all patients needing it in Russia. Non-urgent care is provided to Russian citizens, permanent legal residents or long-term visa holders and/or legally employed people who hold an OMS policy and have a registered address in Russia. Returning Russian migrants and foreign migrants to Russia are covered by OMS once they are registered as legal residents.<sup>323</sup> Insufficient funding remains a serious problem: the government health spending is still below 6 % (the WHO-recommended minimum) and is still around 4 % of GDP.<sup>324</sup>*

<sup>319</sup> UNAIDS, Training the next generation of Russian doctors on HIV-related stigma and discrimination, 30 October 2018, [url](#)

<sup>320</sup> Avert, HIV and AIDS in Russia, n.d., [url](#)

<sup>321</sup> King, E. et al., Women who inject drugs in Russia: stigma as a barrier in access to HIV and drug treatment services, 30 September 2020, [url](#), p.v272

<sup>322</sup> King, E.J et al., The influence of stigma and discrimination on female sex workers' access to HIV services in St Petersburg, Russia, 2013, [url](#), pp. 4-8

<sup>323</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>324</sup> Baranov, A. et al., Paediatrics in Russia: past, present and future, 2017, [url](#), p. 776



Treatment for HIV and tuberculosis (TB) is free to all patients, as established in Russia's Federal Law.<sup>325</sup> People with HIV/AIDS are entitled to free or discounted prescription medications for outpatient care, depending on approval from federal authorities.<sup>326</sup>

Table 6 in [Chapter 3 Economic factors](#) lists privilege holders who receive free or discounted medications, and [Table 7](#) shows patients with HIV/AIDS as being entitled to receive free medications from the state.

### 6.3.1. Private healthcare insurance

*Different forms of private medical insurance, including VMI, are available to those who can afford them, and enable those patients to receive general healthcare at private healthcare facilities.* However, stateless people are obliged to pay for private healthcare as they are not covered by the OMS policy. Private healthcare facilities almost never accept patients with confirmed or suspected infectious diseases.<sup>327</sup>

[Table 23](#) shows the infectious diseases healthcare services that are covered by OMS and private medical insurance, including VMI.

Programme	Focus	Requirements	Scope of coverage	Infectious diseases covered
Mandatory public health insurance (OMS)	Russian citizens and permanent residents, including returning Russian migrants. Migrants from ex-Soviet countries can obtain an OMS policy through their	1. Public/Federal 2. Employers finance OMS through contributions, 2-3 % of salary goes into social tax, a percentage of which is paid into a national Russian healthcare fund. Once paid, the employee has the right to free medical	Covers healthcare benefits for all people eligible for OMS	<b>Services included:</b> <ul style="list-style-type: none"> <li>Inpatient and outpatient medical treatment</li> <li>Medications for HIV in some regions</li> <li>Consultation by internist (or infectiologist)</li> <li>Consultation by HIV specialist</li> <li>Consultation by a gastroenterologist</li> <li>Laboratory test HIV: viral load</li> </ul>

<sup>325</sup> Russia, Government of the Russian Federation, Федеральный закон № 149-ФЗ О внесении изменений в отдельные положения Федерального закона № 38-ФЗ О предупреждении распространения в Российской Федерации заболевания, вызываемого вирусом иммунодефицита человека (ВИЧ) [Federal Law No. 149-FZ amending certain provisions of Federal Law No. 38-FZ, On the prevention of the spread in the Russian Federation of a disease caused by the human immunodeficiency virus (HIV)], 2016, [url](#), Art. 4.1; Russia, Government of the Russian Federation, Федеральный закон № 149-ФЗ от 23 мая 2016 года "О внесении изменений в отдельные положения Федерального закона от 18 июня 2001 года № 77-ФЗ "О предупреждении распространения туберкулеза в Российской Федерации" [Federal Law No. 149-ФЗ of 23 May 2016 amending certain provisions of Federal Law No. 77-FZ of 18 June 2001 'On the prevention of the spread of tuberculosis in the Russian Federation'], 2016, [url](#), Art. 7 Para. 1

<sup>326</sup> Russia, Official website of the Moscow Mayor, Как и где получить льготные лекарства [How and where to get subsidised medicines], n.d., [url](#), accessed 30 August 2021

<sup>327</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons



Programme	Focus	Requirements	Scope of coverage	Infectious diseases covered
	employers if the employer agrees.	<p>care from public Russian healthcare clinics.</p> <p>3. People who cannot work and do not contribute to OMI (e.g. unemployed, pensioners, children, sick people) can still access free basic healthcare.<sup>328</sup></p>		<ul style="list-style-type: none"> <li>Laboratory test HIV: CD4 count</li> <li>Laboratory test: resistance test for antiretroviral drugs.</li> </ul> <p><b>HCV testing:</b></p> <ul style="list-style-type: none"> <li>Laboratory test of hepatitis B antibodies; HBsAb, HBeAb, HBcAb;</li> <li>Laboratory test of hepatitis B antigens;</li> <li>HBsAg, HBeAg;</li> <li>Laboratory test of HBV DNA testing in case of hepatitis B;</li> <li>Laboratory test of HCV RNA test;</li> <li>Laboratory test of liver function (PT, albumin, bilirubin, transaminases: ASAT (= SGOT), ALAT (= SGPT) etc.);</li> <li>Diagnostic imaging by means of ultrasound (of the liver);</li> <li>Diagnostic investigation, in the form of liver biopsy;</li> <li>Diagnostic investigation: transient elastography; test for liver fibrosis (e.g. fibroscan)</li> </ul> <p><b>Services excluded</b></p> <ul style="list-style-type: none"> <li>Medications purchased by the patient in outpatient settings</li> <li>Lack of information available. See sections 6.2.2 <a href="#">Limitations on access to treatment for infectious diseases in the public healthcare system</a> and</li> </ul>

<sup>328</sup> Expatica, Discover how the Russian healthcare system works and how to find a Russian pharmacy, doctor, or hospital in the country, n.d., [url](#)



Programme	Focus	Requirements	Scope of coverage	Infectious diseases covered
				<a href="#">6.2.5 Discrimination faced by patients with HIV/AIDS</a>
Government health insurance programmes for employees of specialist agencies, e.g. law enforcement	Employees of selected government agencies and companies		For the registered individual and sometimes their families	Information not publicly available
Private sector health insurance, including voluntary medical insurance (VMI)			For the registered individual and/or their family (if an employer purchases VMI for an employee, it usually only covers that individual and not their family)	<p>Available services depending on the hospital or medical facility that the insurance covers. An example list is:</p> <ul style="list-style-type: none"> <li>• Consultation by internist (or infectiologist (EUR 28)</li> <li>• Consultation by HIV specialist (EUR 40)</li> <li>• Consultation by a gastroenterologist (EUR 40)</li> <li>• Laboratory test HIV: viral load (EUR 75)</li> <li>• Laboratory test HIV: CD4 count (EUR 75)</li> <li>• Laboratory test: resistance test for antiretroviral drugs (EUR 350)</li> <li>• Hospital stay extra charges (laboratory and imaging tests, physician consultations, medications and procedures)</li> <li>• Laboratory test of hepatitis B antibodies; HBsAb, HBeAb, HBcAb (EUR 32)</li> <li>• Laboratory test of hepatitis B antibodies; HBsAb, HBeAb, HBcAb (EUR 28)</li> <li>• Laboratory test of HBV DNA testing in case of hepatitis B (EUR 12)</li> </ul>



Programme	Focus	Requirements	Scope of coverage	Infectious diseases covered
				<ul style="list-style-type: none"> <li>Laboratory test of HCV RNA test (EUR 8)</li> <li>Laboratory test of liver function (PT, albumin, bilirubin, transaminases: ASAT (= SGOT), ALAT (= SGPT) etc.) (EUR 38);</li> <li>Diagnostic imaging by means of ultrasound (of the liver) (EUR 17);</li> <li>Diagnostic investigation, in the form of liver biopsy (EUR 230); Diagnostic investigation, in the form of liver biopsy (EUR 40)</li> </ul>

Table 23: Public and private healthcare coverage for patients with infectious diseases in Russia<sup>329</sup>

## 6.4. Cost of treatment

*Healthcare for patients with infectious diseases is provided free of charge under the OMS to all eligible patients in Russia on an inpatient or outpatient basis. Treatment prices are 30 % to 50 % higher in the private sector in urban areas than the public health system. Costs are also higher in wealthier regions than in poorer ones.* Public facilities must adhere to official published prices whilst prices in private facilities are regulated by the private healthcare market.<sup>330</sup>

### 6.4.1. Methodology of data collection on treatment prices

The price of treatments, diagnostics and equipment were collected using an initial Internet search for their availability and costs in Moscow. The websites used are shown in [Table 24](#).

Name and url of website	Subject matter for prices
<a href="https://docdoc.ru/">https://docdoc.ru/</a>	Aggregator of prices and availability of the medical consultations in Moscow from a lot of private clinics
<a href="https://prodoctorov.ru/">https://prodoctorov.ru/</a>	Aggregator of prices and availability of the medical consultations in Moscow from a lot of private clinics

<sup>329</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>330</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons





Name and url of website	Subject matter for prices
<a href="https://zoon.ru/">https://zoon.ru/</a>	Aggregator of information on prices for various services (including medical)
<a href="https://www.krasotaimedicina.ru/">https://www.krasotaimedicina.ru/</a>	Aggregator of prices and availability of the medical services (surgery, diagnostics, etc.) in Moscow from a lot of private clinics
<a href="https://gemotest.ru">https://gemotest.ru</a> <a href="https://www.invitro.ru/">https://www.invitro.ru/</a>	Costs of laboratory tests and some diagnostics
<a href="https://market.yandex.ru/">https://market.yandex.ru/</a>	Cost of equipment: overview and access to offers from many online and offline shops (including medical equipment, orthopaedic supplies, rehabilitation devices, etc.)

Table 24: Websites consulted for treatment prices

The most common prices were compared, and the median price agreed and included in [Table 25](#) and [Table 26](#).

	Treatment price RUB				Reimbursement/ special programme/free/ comments
	Public outpatient	Public inpatient	Private outpatient	Private inpatient	
Specialist					
Consultation by internist (or infectiologist)	FOC	FOC	2 425	2 425	Prices in Moscow
Consultation by HIV specialist	FOC	FOC	3 464	3 464	Prices in Moscow
Consultation by a gastro- enterologist	FOC	FOC	3 464	3 464	Prices in Moscow

Table 25: Cost of treatments for patients with infectious diseases in the public and private health systems in Russia



	Public treatment price	Private treatment price RUB	Reimbursement/special programme/free/comments
<b>Laboratory tests</b>			
Laboratory test HIV: viral load	FOC	6 495	Prices in Moscow
Laboratory test HIV: CD4 count	FOC	Within viral load test, that is 6 495	Prices in Moscow
Laboratory test: resistance test for antiretroviral drugs	FOC	30 310	Prices in Moscow
<b>Treatment</b>			
Hospital stay/admission fee in internal/infectious disease department (daily rates) *	FOC	Limited places 5 196	Prices in Moscow
<b>Laboratory tests for hepatitis B and C</b>			
Laboratory test of HBV antibodies; HBsAb, HBeAb, HBcAb	FOC	2 771	Prices in Moscow
Laboratory test of hepatitis B antigens; HBsAg, HBeAg	FOC	2 425	Prices in Moscow
Laboratory test of HBV DNA	FOC	1 039	Prices in Moscow
Laboratory test of HCV RNA	FOC	693	Prices in Moscow
Laboratory test of liver function (PT, albumin, bilirubin, transaminases: ASAT (= SGOT), ALAT (= SGPT) etc.)	FOC	3 291	Prices in Moscow
<b>Diagnostics for hepatitis</b>			
Diagnostic imaging by means of ultrasound (of the liver)	FOC	1 472	Prices in Moscow



	Public treatment price	Private treatment price RUB	Reimbursement/special programme/free/comments
Diagnostic investigation, in the form of liver biopsy	FOC	19 918	Prices in Moscow
Diagnostic investigation: transient elastography; test for liver fibrosis (e.g. fibroscan)	FOC	3 464	Prices in Moscow
<b>Treatment</b>			
Hospital stay/admission fee in gastroenterology department (daily rate) *	FOC	Limited places 5 196	Prices in Moscow
<b>Notes</b>  FOC: Free of charge  * Daily rate includes bed and food only, everything else is an extra (laboratory and imaging tests, physician consultations, medications and procedures)			

Table 26: Cost of treatments for patients with infectious diseases in the public and private health systems in Russia II

## 6.5. Cost of medication

*Medicines for infectious diseases conditions are generally accessible across the whole of the Russian Federation in theory, but availability is much better in urban and particularly metropolitan regions. Low-income regions have relatively poorer access to medicines, especially imported and expensive ones. Pharmacies, particularly inter-hospital pharmacies, stockpile medicines to mitigate specific shortages.* The major infectious diseases medicines are registered in Russia and only registered drugs can be legally produced or imported into the country. Those which are not controlled or restricted may be brought into Russia for personal use.<sup>331</sup> *Many infectious diseases medicines are included on the VEDL.*<sup>332</sup> Prices for

<sup>331</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>332</sup> Russia, Government of the Russian Federation, Распоряжение от 12 октября 2019 N° 2406-р Об утверждении перечня жизненно необходимых и важнейших лекарственных препаратов на 2020 год, а также перечней лекарственных препаратов для медицинского применения и минимального ассортимента лекарственных препаратов, необходимых для оказания медицинской помощи [Decree No. 2406-р of 12 October 2019 'On approval of the list of vital and essential medicines for 2020, as well as the lists of medicines for medical use and the minimum range of medicines necessary for the provision of medical care'], 12 October 2019, [url](#), pp. 260-261





medications on this list are regulated and strictly controlled by the state and cannot exceed the formal prices it sets. The drugs registration process is lengthy, expensive and cumbersome and it may limit the availability of newer medications developed in other countries. In recent years, considerable efforts have been made by the state to encourage medications production in Russia and limit dependency on imports.<sup>333</sup>

### 6.5.1. Methodology of data collection on drug prices

The prices of drugs for infectious diseases were collected using an initial Internet search for their availability and costs in Moscow. The websites used for the initial search are shown in Table 27.

Name and url of website	Subject matter for prices
<a href="https://apteka.mos.ru/">https://apteka.mos.ru/</a> <sup>334</sup>	Aggregator of prices and availability of the medications in Moscow pharmacies
<a href="https://www.eapteka.ru/">https://www.eapteka.ru/</a>	Big online pharmacy with option of ordering medications that are rare
<a href="https://apteka.ru/">https://apteka.ru/</a>	Big online pharmacy with option of ordering medications that are rare
<a href="https://grls.rosminzdrav.ru/grls.asp">https://grls.rosminzdrav.ru/grls.asp</a> <a href="#">x</a>	State Register of Medicine

Table 27: Websites consulted for drug prices

The most common prices were compared, and the median price agreed and included in T. Each medication was checked on the VEDL.<sup>335</sup> If medication was not found under a generic name from the Internet search, it was checked against the State Register of Medicines. If it was registered, a further Internet search for its availability was performed using its brand name.

<sup>333</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>334</sup> Note from the drafter: The link is functional in Russia, but the site blocks enquiries from non-Russian IP addresses

<sup>335</sup> Russia, Government of the Russian Federation, Распоряжение от 12 октября 2019 N° 2406-р Об утверждении перечня жизненно необходимых и важнейших лекарственных препаратов на 2020 год, а также перечней лекарственных препаратов для медицинского применения и минимального ассортимента лекарственных препаратов, необходимых для оказания медицинской помощи [Decree No. 2406-p of 12 October 2019 'On approval of the list of vital and essential medicines for 2020, as well as the lists of medicines for medical use and the minimum range of medicines necessary for the provision of medical care'], 12 October 2019, [url](#), pp. 1-40





Generic name	Brand name	Dosage	Form	Number of units in the container	Price per box, RUB	Place (Pharmacy, hospital)	Reimbursement/ special programme/free
<b>Single antiretrovirals/ARVs</b>							
Abacavir	Olitid®	600 mg	Tablets	30	1 819	Pharmacy	Included in VEDL
Atazanavir	Simanod®	300 mg	Capsule	30	2 425	Pharmacy	Included in VEDL
Darunavir		400 mg	Tablets	60	2 944	Pharmacy	Included in VEDL
Dolutegravir	Tivikai®	50 mg	Tablets	30	8 400	Pharmacy	Included in VEDL
Efavirenz	Regast®	600 mg	Tablets	30	866	Pharmacy	Included in VEDL
Emtricitabine	Emtrita®	200 mg	Tablets	30	2 338	Pharmacy	As separate medication - not included in VEDL
Lamivudine (both for HBV and HIV)	Zeffiks®	100 mg	Tablets	28	1 472	Pharmacy	Included in VEDL
Raltegravir	Isentress®	400 mg	Tablets	60	24 248	Pharmacy	Included in VEDL
Rilpivirine	Eduvant®	25 mg	Tablets	30	12 557	Pharmacy	As separate medication - not included in VEDL



Generic name	Brand name	Dosage	Form	Number of units in the container	Price per box, RUB	Place (Pharmacy, hospital)	Reimbursement/ special programme/free
Ritonavir		100 mg	Tablets	30	2 165	Pharmacy	Included in VEDL
Tenofovir alafenamide (both for hepatitis b and HIV)	Vemlidi®	25 mg	Tablets	30	8 833	Pharmacy	Tenofovir included in VEDL
Tenofovir disoproxil (both for HBV and HIV)		300 mg	Tablets	30	433	Pharmacy	Tenofovir included in VEDL
<b>Combination with 2, 3 or 4 ARVs</b>							
Atripla® (combination of efavirenz/emtricitabine/tenofovir disoproxil)	Atripla®	600 mg + 200 mg + 245 mg	Tablets	30	15 241	Pharmacy (only at 2 pharmacies in Moscow as of July 2021)	N/A
Biktarvy® (combination of bictegravir/emtricitabine/tenofovir alafenamide)	Biktarvy®	50 mg + 200 mg + 25 mg	Tablets	30	37 411	Pharmacy	N/A





Generic name	Brand name	Dosage	Form	Number of units in the container	Price per box, RUB	Place (Pharmacy, hospital)	Reimbursement/ special programme/free
Descovy® (combination of emtricitabine/tenofovir alafenamide)	Not registered in Russia						Russian Medications Registry
Epzicom® Kivexa® (combination of abacavir and lamivudine)	Epzicom® not registered in Russia - Kivexa® is registered	600 mg + 300 mg	Tablets	30	3 724	Pharmacy	Russian Medications Registry Combination of abacavir and lamivudine is included in Essential Drugs List
Eviplera® (combination of emtricitabine/rilpivirine/tenofovir disoproxil)	Eviplera®	200 mg + 25 mg + 300 mg	Tablets	30	21 823	Pharmacy	Combination of emtricitabine/rilpivirine/tenofovir is included in VEDL
Juluca® (combination of dolutegravir and rilpivirine)	Not registered in Russia						Russian Medications Registry
Kaletra® (combination of	Kaletra®	100 mg + 25 mg; 200 mg	Tablets solution	120 tab-	8 400 7 881	Pharmacy	Combination of lopinavir/



Generic name	Brand name	Dosage	Form	Number of units in the container	Price per box, RUB	Place (Pharmacy, hospital)	Reimbursement/ special programme/free
lopinavir/ritonavir)		+ 50 mg solution 80 mg + 20 mg 6 0 ml		lets 5 vials			ritonavir is included in VEDL
Odefsey® (combination of emtricitabine/tenofovir alafenamide/rilpivirin)	Not registered in Russia						Russian Medications Registry
Stribild® (combination of elvitegravir/cobicistat/tenofovir disoproxil/emtricitabine)	Not registered in Russia						Russian Medications Registry
Triumeq® (combination of abacavir/dolutegravir/lamivudine)	Not registered in Russia						Russian Medications Registry
Truvada® (combination of emtricitabine/	Truvada®	200 mg + 245 mg	Tablets	30	14 635	Pharmacy	N/A





Generic name	Brand name	Dosage	Form	Number of units in the container	Price per box, RUB	Place (Pharmacy, hospital)	Reimbursement/ special programme/free
tenofovir disoproxil)							
<b>Medication for opportunistic infections (e.g. antibiotics, antivirals and antifungals)</b>							
Aciclovir		200 mg, 400 mg	Tablets	20	260	Pharmacy	Included in VEDL
Amphotericin B		50 000 IU	Inject-ions	1	43	Pharmacy	Included in VEDL
Aztreonam	Aznam Dj®	1 g	Powder	1	1732	Pharmacy	N/A
Cefotaxim		1 g	Powder	50	1212	Pharmacy	Included in VEDL
Ceftriaxone	Rocefin®	1 g	Powder	1	520	Pharmacy	Included in VEDL
Dapsone		50 mg	Tablets	100	1472	Pharmacy	Included in VEDL
Doxycycline		100 mg	Capsule	20	26	Pharmacy	Included in VEDL
Fluconazole		150 mg	Capsule	1	35	Pharmacy	Included in VEDL
Ganciclovir	Tsimeven®	500 mg	Lyophilisate	1	1559	Pharmacy	Included in VEDL
Itracozazole	Orungal®	100 mg	Capsule	14	9 613	Pharmacy	N/A



Generic name	Brand name	Dosage	Form	Number of units in the container	Price per box, RUB	Place (Pharmacy, hospital)	Reimbursement/ special programme/free
Nystatin		500 000 IU	Tablets	10	173	Pharmacy	Included in VEDL
Pentamidine	Pentakarinat®	300 mg	Powder	1	4 850 (upon order only)	Pharmacy	N/A
Posaconazole	Noxafil®	40 mg/ml 105 ml	Suspension	1	38 970	Pharmacy	Included in VEDL
Valganciclovir	Tsivalgan®	450 mg	Tablets	60	32 042	Pharmacy	Included in VEDL
<b>Other antibiotics</b>							
Clindamycin		150 mg	Capsule	16	173	Pharmacy	Included in VEDL
Imipenem	Imipemen® + Tsilastatin®	0.5 g + 0.5 g	Powder for injections	1	346	Pharmacy	Included in VEDL
Meropenem		1 g	Powder for injections	1	866	Pharmacy	Included in VEDL
Minocycline hydrochloride	Minoleksin®	100 mg	Capsule	20	1 039	Pharmacy	N/A





Generic name	Brand name	Dosage	Form	Number of units in the container	Price per box, RUB	Place (Pharmacy, hospital)	Reimbursement/ special programme/free
Nitrofurantoin	Furadonin®	50 mg	Tablets	20	87	Pharmacy	N/A
Tetracycline		100 mg, 3 %	Tablets, ointment	20, 15 g	87	Pharmacy	Included in VEDL
Trimethoprim AND sulfamethoxazole (Cotrimoxazole)		480 mg	Tablets	10	26	Pharmacy	Included in VEDL
<b>Hepatitis B medication</b>							
Adefovir	Not registered in Russia						Russian Medications Registry
Entecavir	Baraklud®	1 g	Tablets	30	10 825	Pharmacy	Included in VEDL
Telbivudine		600 mg	Tablets	30	6 062 (per order only)	Pharmacy	Included in VEDL
<b>Hepatitis C medication</b>							
Daclatasvir	Daklinza®	60 mg	Tablets	28	47 630	Pharmacy	Included in VEDL





Generic name	Brand name	Dosage	Form	Number of units in the container	Price per box, RUB	Place (Pharmacy, hospital)	Reimbursement/ special programme/free
Ledi-pasvir	Not registered in Russia						No separate medication
Ledi-pasvir + sofosbuvir (combination)	Harvoni®	90 mg + 400 mg	Tablets	28	170 254	Pharmacy-price found in only one pharmacy in Moscow as of July 2021	N/A
Ombi-tasvir + paritaprevir + ritonavir (combination)	Viekira Pak®, also includes dasabuvir	250 mg and 12.5 mg + 75 mg + 50 mg	Tablets	112	158 736	Pharmacy	This combination is included in VEDL
Ribavirin		200 mg	Capsule	60	606	Pharmacy	Included in VEDL
Simeprevir	Sovriad®	150 mg	Capsule	28	48 496	Pharmacy	Included in VEDL
Sofosbuvir	Sovaldi®	400 mg	Tablets	28	86 599	Pharmacy	Included in VEDL
Sofosbuvir + velpatasvir (combination; eg Epclusa®)	Epclusa®	400 mg + 100 mg	Tablets	28	153 973	Pharmacy	Included in VEDL

**Both hepatitis B and C (classic medication)**



Generic name	Brand name	Dosage	Form	Number of units in the container	Price per box, RUB	Place (Pharmacy, hospital)	Reimbursement/ special programme/free
Interferon alfa 2b	Viferon®	1 000 000 IU	Suppositories	10	606	Pharmacy	Included in VEDL
Peg interferon alfa 2a	Pegasis®	180 mcg/ 0.5 ml	Injection	1	5 889	Pharmacy	Included in VEDL

Table 28: Cost of drugs for infectious diseases in the public and private health systems in Russia

## 6.6. NGOs

*The state of NGOs working in the field of HIV/AIDS is a particularly complex one since the prohibition in 2016 of foreign-based organisations offering involvement and financial support NGO networks in Russia formerly received substantial support from international organisation: UNAIDS, for example, assisted in the creation of the Russian Association of People Living with HIV and the National Forum of AIDS-service NGOs in Russia.*<sup>336</sup>

*In 2012, Russian NGOs receiving foreign funding were subject to harassment under a ‘foreign agents’ law so that the global community which had been active in HIV prevention from the late 1990s on was largely forced out.*<sup>337</sup> The epidemic has historically been viewed as the result of harmful influences from the West which led to Russia departing from evidence-based approaches to HIV in favour of ‘traditional values’, e.g. engaging in healthy lifestyle promotion.<sup>338</sup> Only a few Russian service providers remain.<sup>339</sup> In 2019, a host of imported medicines disappeared from pharmacies and doctors treating diseases, such as HIV and viral hepatitis, were left with few satisfactory alternatives.<sup>340</sup> Small Russian non-profit organisations and civil societies, such as Patient Control, Eurasian Women’s Network on AIDS and the E.V.A. Association struggle to get backing from the Russian government.<sup>341</sup>

<sup>336</sup> Межрегиональная общественная организация "Сообщество людей, живущих с ВИЧ" [Interregional Public Organisation, ‘Community of People Living with HIV’], Об организации [About the organisation], n.d., [url](#)

<sup>337</sup> Twigg, J. and Rendelman, M., Center for Strategic and International Studies (CSIS), A Turning Point for Russia and HIV?, 11 March 2020, [url](#)

<sup>338</sup> Pape, U., Framing the Epidemic: NGOs and the Fight Against HIV/AIDS in Russia, 8 November 2018, [url](#), pp. 501-502

<sup>339</sup> Twigg, J. and Rendelman, M., Center for Strategic and International Studies (CSIS), A Turning Point for Russia and HIV?, 11 March 2020, [url](#)

<sup>340</sup> Moscow Times, People Could Lose Their Lives, 12 February 2020, [url](#)

<sup>341</sup> Borgen Project, 10 Facts About Healthcare in the Russian Federation, 18 June 2020, [url](#)



## 7. Psychiatry

### 7.1. General information

Psychiatry is the branch of medicine focused on the diagnosis, treatment and prevention of mental, emotional and behavioural disorders.<sup>342</sup> *Psychiatry in this report refers to mental health conditions, such as mood disorders such as depression; anxiety disorders such as post-traumatic stress disorder (PTSD); psychotic disorders such as schizophrenia, bipolar disorder, sleeping disorders; and addiction problems, such as alcohol and opioid addiction.*

#### 7.1.1. Epidemiological context

*According to Russia's Federal State Statistics Service, the estimated annual prevalence of psychiatric and behavioural disorders was 2 661 cases with a prevalence rate of 1 8123 cases per 100 000 population. The estimated annual incidence was 612 045 cases and a rate of 417 cases per 100 000 population in 2017.*<sup>343</sup>

These figures are comprised of aggregated data for the following psychiatric conditions, as listed by the Federal State Statistics Service, as show in [Table 29](#).

Type of mental health disorders
Psychoses and states of dementia (schizophrenia, schizoaffective psychoses, schizotypal disorder, affective psychosis with non-congruent delusions)
Mental disorders of a non-psychotic nature (includes: organic non-psychotic disorders, including those related to epilepsy; effective non-psychotic disorders, including bipolar disorder, anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders; other non-psychotic disorders, behavioural disorders in children and adolescents, and unspecified non-psychotic disorders)
Disorders of adult personality and behaviour;
'Mental retardation' <sup>344</sup>

<sup>342</sup> American Psychiatric Association, What is Psychiatry?, n.d., [url](#)

<sup>343</sup> Federal State Statistics Service, Статистика Официальная статистика Население Здравоохранение Заболеваемость населения социально-значимыми болезнями? [Statistics of Incidence, Morbidity, Socially significant diseases], 2018, [url](#)

<sup>344</sup> 'Mental retardation' is still used in Russian instead of the more appropriate term "neuropsychological developmental difficulties".





Number of patients receiving consultative and medical assistance (mixed group, hard to categorise – but patients who sought professional psychiatric help and received consultation, treatment or both)
Alcoholism and alcoholic psychoses
Addiction and substance abuse

Table 29: Type of mental health disorders<sup>345</sup>

Stigma, lack of adherence to ICD10 guidelines, reluctance on reporting and reluctance on seeking treatment suggest regarding these figures with care.<sup>346</sup>

According to WHO, the top 5 psychiatric conditions leading to deaths and DALYs lost in 2019 were, in order of magnitude, self-harm, alcohol abuse disorders, drug abuse, interpersonal violence and eating disorders.<sup>347</sup> See [Table 29](#):

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<sup>345</sup> Contact 2, Research Assistant, email, July-September 2021. The person wishes to remain anonymous for security reasons; Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>346</sup> Martynikhin I.A., The Use of ICD-10 for Diagnosing Mental Disorders in Russia, According to National Statistics and a Survey of Psychiatrists' Experience, 2021, [url](#), p. 35; Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>347</sup> WHO, Global Health Observatory, Deaths, DALY, and population in Russian Federation for both sexes aged all ages, n.d., [url](#)



Psychiatric disorder	No. of deaths per year per 100 000 population, 2019	No. of DALYs per 100 000 population, 2019	Rank in order of leading causes of death in Russia if in the top 20
Self-harm	25.1	1 097.4	9th
Alcohol use disorders	19.2	1 173.9	12th
Interpersonal violence	7.8	439.8	–
Eating disorders	6.3	4 469.5	–
Drug use	6.2	549.7	–

Table 29: Number of deaths and DALYs attributed to psychiatric disorders in 2019<sup>348</sup>

## 7.1.2. National policies and programmes

*Access to mental healthcare and the rights of individuals are enshrined in Russian federal law, which applies to all Russian citizens and foreign nationals present in Russia.*<sup>349</sup> Article 16 of the Law on Mental Healthcare and the Guarantees of the Citizens' Rights in the Course of Care Provision includes a list of mental health services and social support measures guaranteed by the state:

- emergency mental healthcare;
- consultation for diagnostic, treatment, psychopreventive and rehabilitation services at inpatient and outpatient facilities;
- all forms of psychiatric examination that cause temporary disability;
- social support and employment assistance for people with mental health conditions;
- resolution of custody-related problems;
- legal consultations and other types of legal aid are provided at mental and psychoneurological facilities;
- social care and nursing for disabled and elderly people with mental health conditions;
- education for people with disabilities and children with mental health conditions;

<sup>348</sup> WHO, Global Health Observatory, Deaths, DALY, and population in Russian Federation for both sexes aged all ages, n.d., [url](#)

<sup>349</sup> FCDO, Guidance Support for British Nationals experiencing mental health Issues in Russia, 2021, 26 March 2021, [url](#)



- psychiatric support in the event of natural disasters and catastrophes.<sup>350</sup>

*To provide mental healthcare and social support for those who need it, the state has established mental healthcare inpatient and outpatient facilities, and has located them where possible near patients' homes. It has also arranged general and vocational education for children with mental health conditions.*<sup>351</sup>

*There are reports which suggest that the situation on the ground regarding accessing mental healthcare and support services is less favourable than the legal framework suggests,*<sup>352</sup> as the sections in this report will unpack.

In a 2015 publication, Neznanov and Vasileva stated that mental healthcare in Russia was organised at both the state and federal levels. At the federal level, specialised medical facilities for mental healthcare were listed and approved of by the Russian government. In each of the 85 other federal subjects, including republics, cities of federal importance, autonomous oblasts and other entities, specialised medical facilities for mental healthcare were listed and approved by the subjects.<sup>353</sup>

There were three federal programmes for the reform of mental healthcare from the 1990s to 2000s.<sup>354</sup> The state has since lessened its role in mental healthcare, except for forensic psychiatry. More of the care is funded at the regional level but is hampered by a lack of funding, undeveloped facilities and the absence of help from NGOs and civil society organisations. The quality, variety and availability of care remains poor. Yet the state retains command of the mental health system.<sup>355</sup>

*The mental health system remains concentrated on secondary and tertiary care via hospitalisations and inpatient care at psychiatric hospitals staffed by psychiatrists, with outpatient care at psychoneurological dispensaries and departments for rehabilitation and occupational therapy.*<sup>356</sup> *In 2014, the number of outpatient clinics was very low.*<sup>357</sup> There is still a distinct lack of cooperation with other healthcare professionals than psychiatrists, or those from private practices and NGOs. *Drug and alcohol abuse, a field of psychiatric medicine called "narcology" in Russia, is handled independently with its own distinct service.* It has, for example, a separate network of dispensaries from other psychiatric services. *The*

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<sup>350</sup> Russia, State Duma of the Russian Federation, Закон Российской Федерации «О психиатрической помощи и гарантиях прав граждан при ее оказании» от 02.07.1992 г. №3185-1 Russia, [Law of the Russian Federation No. 3185-1 of 2 July 1992 'On mental healthcare and guarantees of the citizens' rights in the course of care provision'], 2 July 1992, [url](#)

<sup>351</sup> Neznanov, N.G. and Vasileva, V., Legal Regulation of Mental Healthcare Provision in Russia, February 2015, [url](#), p. 18

<sup>352</sup> Savenko, Y.S. and Perekhov, A.Y., The State of Psychiatry in Russia, in: Psychiatric Times, Vol. 31, Issue 2, 13 February 2014, [url](#)

<sup>353</sup> Neznanov, N.G. and V. Vasileva, V., Legal Regulation of Mental Healthcare Provision in Russia, February 2015, [url](#), p. 18

<sup>354</sup> Kolpakova, S.V., A journey through Russian mental health care: A review and evaluation, 19 May 2019, [url](#), p. 117

<sup>355</sup> Kolpakova, S.V., A journey through Russian mental health care: a review and evaluation, 19 May 2019, [url](#), p. 126

<sup>356</sup> Kolpakova, S.V., A journey through Russian mental health care: a review and evaluation, 19 May 2019, [url](#), pp. 120, 126

<sup>357</sup> Savenko, Y.S. and Perekhov, A.Y., The State of Psychiatry in Russia, in: Psychiatric Times, Vol. 31, Issue 2, 13 February 2014, [url](#)



*overall psychiatric system has shied away from addressing key topics within modern mental healthcare practices, such as challenging stigma, social inclusion, and facilitating independent living.*<sup>358</sup>

Key facilities for the treatment of psychiatric conditions from both the public and private healthcare sectors are shown in [Table 30](#). These were identified through a search of their websites, and each has a claim to be a leading centre, corroborated against a variety of other websites.

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<sup>358</sup> Kolpakova, S.V., A journey through Russian mental health care: A review and evaluation, 19 May 2019, [url](#), pp. 116, 124





S. No.	State or city	Facility name	Facility type		Specialisms/comment
			Public	Private	
1	Moscow	Private Psychiatric Clinic: psychiatric clinic "Preobrazhenie"		X	First private medical centre in Moscow focused on psychiatry
2	Moscow	Psychiatric Hospital no. 1 Named after N.A. Alexeev	X		
3	Moscow	Psychiatric Hospital no. 15	X		
4	Moscow	Psychiatric Hospital no. 22	X		
5	Moscow	Moscow: The Serbsky State Scientific Centre for Social and Forensic Psychiatry	X		Psychosis, brain trauma, alcoholism, drug addiction
6	Moscow	GMS Clinic Yamskaya,		X	Separate department for mental health
5	St Petersburg	Psychiatric Hospital of Specialised Type With Intense Observation	X		With intense observation
6	St Petersburg	Psychiatric Hospital no. 1 named after P. P. Kashchenko	X		
7	St Petersburg	Bechterev Centre		X	Addiction clinic (alcoholism, drugs, gambling, etc.); network of clinics in 20+ areas

Table 30: Sample of psychiatric treatment centres in Russia from the public and private healthcare sectors<sup>359</sup>

<sup>359</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons





## 7.2. Access to treatment

### 7.2.1. Structure of mental healthcare in the public healthcare system in Russia

*A chief psychiatrist is responsible for the organisation of psychiatric care in each region of Russia, i.e. oblast, republic, etc., and ensures the coordination of psychiatric care, its continuity and general oversight.<sup>360</sup> Psychiatric care is offered through the secondary and tertiary facilities previously described.<sup>361</sup> Diagnosis and treatment provision in the primary healthcare sector are now rare.<sup>362</sup>*

*Urgent psychiatric care is provided by the public GA service.* There are specialised psychiatric GA teams in large cities comprised of a psychiatrist and feldsher (physician's assistant) or nurse. In rural areas, general GA teams provide urgent psychiatric care. There are separate psychiatric departments for acute and stable conditions, paediatric, adolescent and adult patients. Large psychiatric hospitals also have ICUs, somatic, infectious and TB wards, as well as sanatoriums. Specialist facilities offer care for patients with non-psychotic disorders; for example, 'narcological hospitals' and dispensaries treat 'narcology' problems, including alcohol abuse.<sup>363</sup>

*Patients who are unable to perform activities of daily life, who require around-the-clock care, who have no relatives having possibility to assist are transferred to psycho-neurological "internats" - long-term facilities that operate 24 hours a day, seven days a week.* Non-urgent care is provided in psycho-neurological dispensaries staffed by 5 or more psychiatrists or at psychiatric outpatient units in regular outpatient facilities at polyclinics.<sup>364</sup> Other units of outpatient care include day care and night care facilities, therapeutic labour workshops, specialised units in factories and dormitories.<sup>365</sup>

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<sup>360</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reason

<sup>361</sup> Cook, S. et al., Prevalence of symptoms, ever having received a diagnosis and treatment of depression and anxiety, and associations with health service use amongst the general population in two Russian cities, 12 November 2020, [url](#), p. 2

<sup>362</sup> Cook, S. et al., Prevalence of symptoms, ever having received a diagnosis and treatment of depression and anxiety, and associations with health service use amongst the general population in two Russian cities, 12 November 2020, [url](#), p. 2; Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>363</sup> Russia, MoH, Министерство Здравоохранения И Социального Развития Российской Федерации Приказ от 17 мая 2012 г. N 566н. Об утверждении порядка оказания медицинской помощи при психических расстройствах и расстройствах поведения, [Ministry of Health Order No. 566n of 17 May 2012 On Approval of the Procedure of Medical Care for Mental and Behavioural Disorders], 2012, [url](#)

<sup>364</sup> Russia, MoH, Министерство Здравоохранения И Социального Развития Российской Федерации Приказ от 17 мая 2012 г. N 566н. Об утверждении порядка оказания медицинской помощи при психических расстройствах и расстройствах поведения, [Ministry of Health Order No. 566n of 17 May 2012 On Approval of the Procedure of Medical Care for Mental and Behavioural Disorders], 2012, [url](#)

<sup>365</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons



Criticism has been levelled at mental healthcare in the public system (see also '[Limitations of the accessibility and quality of mental healthcare](#)').<sup>366</sup> During the third wave of mental health reform, a government framework was created as guidance. It pointed to poor use of psychosocial therapies, a lack of multidisciplinary mental health teams, and the tendency to frequently hospitalise patients for long periods due to a lack of mental healthcare coverage in the primary sector, interagency collaboration and aftercare services in marginal areas.<sup>367</sup> Standard diagnostic techniques, the clinical interview, communication with the patient and observation were replaced with simplified, rapid procedures and questionnaires, which has lowered the quality of care, given that psychiatrists' patient loads have been increased.<sup>368</sup>

## 7.2.2. The practice of psychiatry in Russia

*The Russian psychiatric system has been criticised by several sources.*<sup>369</sup> Psychology is not considered a medical speciality in Russia and there is an important distinction between psychologists and clinical psychologists. Clinical psychologists are educated at medical universities and work in medical institutions alongside psychiatrists. Psychologists are permitted neither to make a diagnosis nor to prescribe treatment. They are educated at non-medical universities and they do not qualify as medical doctors.<sup>370</sup> *There is no law in Russia to regulate the activities of psychologists and no reliable statistics on the number of practising psychologists.* Diagnostic observations or recommendations made by other types of doctors are only seen as preliminary evidence. Neznanov and Vasileva state that Russian law emphasises that admission to a specialist institution should be used only for the purposes of treatment.<sup>371</sup>

People who commit dangerous acts may be involuntarily committed to a hospital under the Criminal Code of the Russian Federation with court agreement and the required evidence. Extreme patient cases are admitted to a secure psychiatric institution and re-evaluated by a psychiatric commission every six months, at which point further decisions about the need and type of treatment are recommended if necessary.<sup>372</sup>

In practice, outpatient psychiatric clinics avoid involuntary admissions due to their legal complexity and prefer to commit patients to hospital straight away, citing them as an immediate danger. As noted by Russian psychiatrists, upon arrival, patients diagnosed with psychosis or dementia face coercion into signing consent forms for hospitalisation and

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<sup>366</sup> Author interpretation based on the sources discussed.

<sup>367</sup> Kolpakova, S.V., A journey through Russian mental health care: A review and evaluation, 19 May 2019, [url](#), pp. 119-120, p. 123; Sørgaard, K.W. et al., Treatment Needs, Diagnoses and Use of Services for Acutely Admitted Psychiatric Patients in Northwest Russia and Northern Norway, 14 January 2013, [url](#), p. 2

<sup>368</sup> Savenko, Y.S. and Perekhov, A.Y., The State of Psychiatry in Russia, in: Psychiatric Times, Vol. 31, Issue 2, 13 February 2014, [url](#)

<sup>369</sup> Author interpretation based on the sources discussed.

<sup>370</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>371</sup> Neznanov, N.G. and Vasileva, V., Legal Regulation of Mental Healthcare Provision in Russia, February 2015, [url](#), p. 17

<sup>372</sup> Neznanov, N.G. and Vasileva, V., Legal Regulation of Mental Healthcare Provision in Russia, February 2015, [url](#), p. 18



treatments. Yet, around 20 % are incapable of providing informed consent so their consent is falsified.<sup>373</sup>

### 7.2.3. Limitations of the accessibility and quality of mental healthcare

*Patients in some regions have very limited access to mental healthcare as most facilities are in urban areas and are much scarcer in remote and sparsely populated areas, whilst other regions house just day care hospitals and rehabilitation departments.<sup>374</sup> In some regions, there are virtually no psychiatric facilities. Patients residing in rural and/or remote areas often have to travel to the nearest town or regional capital to access appropriate care at their own expense. Lower-income regions have fewer healthcare resources and therefore may provide a lower quality of care.<sup>375</sup>*

*There has been a persistent decline in the availability of outpatient facilities; for example, the number of outpatient dispensaries dropped from 173 in 2005 to 92 in 2015 and 74 in 2020.<sup>376</sup> Psychotherapy offices were reduced from 1 095 in 2005, to 727 in 2013, to 676 in 2015. In 2012-2013, there were 150 rehabilitation services planned for 83 of Russia's 85 federal subjects, yet 56.7 % of them were still under development by 2015, with 43.3 % that had been operational before the 3<sup>rd</sup> wave of mental healthcare reforms but under different names.<sup>377</sup>*

As of 2014, another challenge linked to the lack of outpatient care was the need for psychiatric patients to have social support from their families to live independently. Those without family support were placed in so-called 'internats'. Such placement can impact patients residing in rural and/or remote and scarcely populated areas. Orphans and solitary people without social support or who experience homelessness can have major difficulties accessing care.<sup>378</sup>

*Savenko and Perekhov reported in 2014 in the Psychiatric Times that one third of patients at psychiatric hospitals in Russia stay in unsanitary conditions, with 15 people in one room with bars on the windows and no dividers or poor access to a toilet. They also claim that an estimated figure of around 90 % of patients fail to receive accurate information about their diagnosis or treatment and receive no access to their medical records.<sup>379</sup>*

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<sup>373</sup> Savenko, Y.S. and Perekhov, A.Y., The State of Psychiatry in Russia, in: Psychiatric Times, Vol. 31, Issue 2, 13 February 2014, [url](#)

<sup>374</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons; Kolpakova, S.V., A journey through Russian mental health care: A review and evaluation, 19 May 2019, [url](#), p. 120

<sup>375</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>376</sup> Rosstat, Здравоохранение в России. 2021: Статистический сборник [Healthcare in Russia – 2021 Statistical Yearbook], 2021, [url](#), p. 92

<sup>377</sup> Kolpakova, S.V., A journey through Russian mental health care: A review and evaluation, 19 May 2019, [url](#), p. 120

<sup>378</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>379</sup> Savenko, Y.S. and Perekhov, A.Y., The State of Psychiatry in Russia, in: Psychiatric Times, Vol. 31, Issue 2, 13 February 2014, [url](#)



Savenko and Perekhov also maintain that it is possible that patients with criminal convictions tend to repeatedly reoffend and be readmitted leading to penalisation of the case associated psychiatrist. In 2021, more than 50 % of such patients were readmitted. In 2014, the year when their article was published, the MoH had axed 50 000 inpatient beds to achieve a rate of just 104.8 beds per 100 000 population, with no provision of new outpatient facilities and services.<sup>380</sup> The rate which had dropped to 90.9 inpatient beds per 100 000 population and just 4.7 specialised forensic psychiatry beds by 2017.<sup>381</sup>

## 7.2.4. Psychiatry in the private healthcare system

*Public mental healthcare facilities can offer paid private services that are primarily for outpatients, including home visits.<sup>382</sup> In one study of mental health prevalence rates in Arkhangelsk and Novosibirsk, the cost of private treatment was reported as unaffordable for the majority of Russian citizens.<sup>383</sup>*

Below are two Moscow-based examples, both of which offer inpatient and outpatient services.

- The Mental Health Clinic offers outpatient treatments for personality disorders, mood disorders, schizophrenia, obsessive-compulsive disorder, self-harm and suicidality, sexual dysfunctions, geriatric psychiatry and some aspects of counselling for alcohol problems, cognitive behavioural therapy, dialectical behaviour therapy, schema therapy, family therapy, couples' therapy and emotionally focused therapy.<sup>384</sup>
- The Minutko Mental Health Center advertises diagnostic testing, including for severe psychiatric illness, using blood testing, hormone and immune system tests, EEG testing, EEG monitoring, and Doppler ultrasound, diagnostic treatment and nursing for patients with severe mental health states, a care package for older age psychiatric patients, and other treatments for adolescent eating disorders, obsessive-compulsive disorder, addiction, severe depression, attention deficit hyperactivity disorder, and autism.<sup>385</sup>

## 7.2.5. Resources

### (a) Staff

*There has been a gradual decline in the number of mental health professionals in Russia: in 2015, there was a rate of 8.479 psychiatrists per 100 000 population, and 4.638*

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<sup>380</sup> Savenko, Y.S. and Perekhov, A.Y., The State of Psychiatry in Russia, in: *Psychiatric Times*, Vol. 31, Issue 2, 13 February 2014, [url](#)

<sup>381</sup> Mundt, A. et al., Changes in national rates of psychiatric beds and incarceration in Central Eastern Europe and Central Asia from 1990-2019: a retrospective database analysis, August 2021, [url](#), p. 5

<sup>382</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>383</sup> Cook, S. et al., Prevalence of symptoms, ever having received a diagnosis and treatment of depression and anxiety, and associations with health service use amongst the general population in two Russian cities, 12 November 2020, [url](#), p. 2

<sup>384</sup> Mental Health Centre, Наши преимущества [Our advantages], n.d., [url](#)

<sup>385</sup> Minutko Mental Health Centre, Стационар и амбулаторный центр [Hospital and outpatient centre], n.d., [url](#)



psychologists and 2.404 social workers per 100 000 population.<sup>386</sup> There was an estimated rate of 0.10 psychotherapists per 10 000 population in 2015<sup>387</sup> and 0.09 per population in 2018.<sup>388</sup> In 2013, 1 659 psychotherapists were employed in Russia, whilst this number decreased to 1 440 in 2015 and 1 357 in 2018. Similarly, the number of social workers servicing psychiatric facilities dropped from 1 637 in 2013 and to 1 559 in 2015, but the number of psychologists increased at both inpatient and outpatient facilities.<sup>389</sup>

An American NGO that addresses extreme poverty, The Borgen Project, has stated that psychologists and social workers are not found in thirteen Russian regions.<sup>390</sup>

## (b) Facilities

The federal budget funds forensic psychiatric hospitals and partly federal level facilities. It pays for three psychiatric research institutes, two paediatric sanatoria and nine psychiatric hospitals, out of which only one is outside the forensic psychiatry system. Other psychiatric facilities are paid for out of regional grants and subsidies funded by regional or local government based on what services they offer. An official report on a third wave of mental health sector reforms in the 1900s-2000s, that was carried out in 2007-2012, states that whilst new or reconstructed forensic hospitals were built, there was no other building activity for other types of psychiatric with one exception. It was an occupational therapy department at one psychiatric dispensary in one city. Just a few Federal Research Institutions of Psychiatry were built.<sup>391</sup>

## 7.2.6. Discrimination against ‘narcology’<sup>392</sup> patients

It was reported in a commentary article written by Canadian authors that “narcology” patients (patients with drug addictions) are ‘punished’ due to a Russian government attitude of ‘social intolerance’ that legitimises ill treatment of users. In practice this means that this patient group faces varying and systematic human rights violations, for example, being entered into drug prevention methods and treatments which are scientifically unsound and ideological, and also having essential medications and health services withheld from them.<sup>393</sup>

<sup>386</sup> WHO, Human Resources Data by Country, 25 April 2019, [url](#)

<sup>387</sup> Kolpakova, S.V., A journey through Russian mental health care: A review and evaluation, 19 May 2019, [url](#), p. 123

<sup>388</sup> Russia, MoH, Ресурсы и деятельность медицинских организаций здравоохранения, Часть I, Медицинские кадры [Resources and activity of medical organisations, Part I, Medical personnel], 31 July 2019, [url](#), p. 88

<sup>389</sup> Kolpakova, S.V., A journey through Russian mental health care: A review and evaluation, 19 May 2019, [url](#), p. 123; Russia, MoH, Ресурсы и деятельность медицинских организаций здравоохранения, Часть I, Медицинские кадры [Resources and activity of medical organisations, Part I, Medical personnel], 31 July 2019, [url](#), p. 88

<sup>390</sup> Borgen Project, 10 Facts About Healthcare in the Russian Federation, 18 June 2020, [url](#)

<sup>391</sup> Kolpakova, S.V., A journey through Russian mental health care: A review and evaluation, 19 May 2019, [url](#), p. 118

<sup>392</sup> Drug and alcohol abuse, a field of psychiatric medicine, is called ‘narcology’ in Russia

<sup>393</sup> Golichenko, M. and Ka Hon Chu, S., Human rights in patient care: drug treatment and punishment in Russia, 2018, [url](#), p. 4



### 7.3. Insurance and national programmes

*Like healthcare for the population at large, mental health coverage is provided under state-funded health insurance system, the OMS. Access to urgent psychiatric care, including hospital admissions, is provided free to all patients in need. Non-urgent care is provided to Russian citizens, permanent legal residents or long-term visa holders, and/or legally employed people who hold an OMS policy and have a registered address in Russia. Returning Russian migrants and foreign migrants to Russia are covered by OMS once they are registered as legal residents.*<sup>394</sup>

*Mental healthcare is funded at the federal level but also regional level, and in theory, includes free prescription medications. In practice, medicines are free for inpatient stays in public hospitals, but not in outpatient settings where patients have to self-fund the costs.*<sup>395</sup>

Table 6 in [Chapter 3 Economic factors](#) lists privilege holders who receive free or discounted medications, and [Table 7](#) lists the conditions that entitle patients to receive free or discounted medications from the state. This includes some psychiatric patients, such as those with schizophrenia and some in outpatient settings.

*Most psychiatric medications are included in the VEDL.*<sup>396</sup> *However, reimbursement for prescriptions is purportedly so difficult to get that many patients have to self-fund it.*<sup>397</sup> *Insufficient funding remains a serious problem today: the government health spending is still below 6 % (the WHO recommended minimum) and is around 4 % gross domestic product.*<sup>398</sup>

*Different forms of private medical insurance, including VMI, are available to those able to afford them.* However, stateless people and internally displaced people are obliged to pay for private healthcare as they are not covered by the OMS policy. People on low incomes are forced to rely on the public mental healthcare system out of lack of choice.<sup>399</sup>

[Table 31](#) shows the psychiatric services that are covered by OMS and private medical insurance, including VMI.

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<sup>394</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>395</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>396</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons; Russia, Government of the Russian Federation, Распоряжение от 12 октября 2019 № 2406-р Об утверждении перечня жизненно необходимых и важнейших лекарственных препаратов для медицинского применения на 2020 год [Government Decree No. 2406-p of 12 October 2019 'On approval of the list of vital and essential drugs for medical use for 2020'], 12 October 2019, [url](#), pp. 260-261

<sup>397</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>398</sup> Baranov, A. et al., Paediatrics in Russia: Past, Present and Future, 2017, [url](#), p. 776

<sup>399</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons



Programme	Focus	Requirements	Scope of coverage	Paediatric services covered
Mandatory public health insurance (OMS)	<p>Russian citizens and permanent residents, including returning Russian migrants.</p> <p>Migrants from ex-Soviet countries can obtain an OMS policy through their employers if the employer agrees.</p>	<p>1. Public/Federal</p> <p>2. Employers finance OMS through contributions, 2-3 % of salary goes into social tax, a percentage of which is paid into a national Russian healthcare fund. Once paid, the employee has the right to free medical care from public Russian healthcare clinics.</p> <p>3. People who cannot work and do not contribute to OMI (e.g. unemployed, pensioners, children, sick people) can still access free basic healthcare.<sup>400</sup></p>	Covers healthcare benefits for all people eligible for OMS	<p>Services included:</p> <ul style="list-style-type: none"> <li>• Emergency mental healthcare</li> <li>• Non-urgent mental healthcare services, including consultation for diagnostic, treatment, psychopreventive and rehabilitation services at inpatient and outpatient facilities</li> <li>• Inpatient medications</li> <li>• Outpatient medications for patients with schizophrenia and those with mental illnesses engaged in labour therapy <ul style="list-style-type: none"> <li>• social support and employment assistance for people with mental health conditions</li> <li>• resolution of custody-related problems</li> <li>• legal consultations and other types of legal aid are provided at mental and psychoneurological facilities</li> <li>• social care and nursing for disabled and elderly people with mental</li> </ul> </li> </ul>

<sup>400</sup> Expatica, Healthcare in Russia: the Russian healthcare system explained, n.d., [url](#)







Programme	Focus	Requirements	Scope of coverage	Paediatric services covered
				<p>health conditions</p> <ul style="list-style-type: none"> <li>• education for people with disabilities and children with mental health conditions</li> <li>• psychiatric support in the event of natural disasters and catastrophes</li> </ul> <p>Services excluded:</p> <ul style="list-style-type: none"> <li>• Outpatient medications</li> <li>• Treatment for mild and moderate mental health conditions</li> </ul>
Government health insurance programmes for employees of specialist agencies, e.g. law enforcement	Employees of selected government agencies and companies		For the registered individual and sometimes their families	Information not publicly available





Private sector health insurance, including VMI			For the registered individual and/or their family (if an employer purchases VMI for an employee, it usually only covers that individual and not their family)	<p>Available services depending on the hospital or medical facility that the insurance covers.</p> <p>An example list is:</p> <ul style="list-style-type: none"> <li>• Outpatient treatments for personality disorders, mood disorders, schizophrenia, obsessive-compulsive disorder, self-harm and suicidal behaviour, sexual dysfunctions, old age psychiatry/geriatrics and some aspects of counselling for alcohol problems</li> <li>• Cognitive behavioural therapy, dialectical behaviour therapy, schema therapy, family therapy, couples therapy and emotionally focused therapy</li> <li>• Diagnostic testing, including for severe psychiatric illness, via blood testing, hormone and immune system tests</li> <li>• EEG testing</li> <li>• EEG monitoring</li> <li>• Doppler ultrasound</li> <li>• electroconvulsive therapy</li> <li>• Transcranial magnetic stimulation (a procedure where magnetic fields are used to stimulate nerve cells in the brain) and care for young patients with autism,</li> </ul>
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Programme	Focus	Requirements	Scope of coverage	Paediatric services covered
				<p>schizophrenia and eating disorders</p> <ul style="list-style-type: none"> <li>• Diagnostic treatment and nursing are offered for patients with severe mental health states</li> <li>• a comprehensive care package for older age psychiatric patients (geriatrics)</li> <li>• other treatments for adolescent eating disorders, obsessive-compulsive disorder (OCD), addiction; severe depression, attention deficit hyperactivity disorder, and autism</li> </ul>

Table 31: Public and private healthcare insurance coverage in Russia<sup>401</sup>

### 7.3.1. Services provided by international donor programmes

*The search conducted for this MedCOI report found no evidence of psychiatric services being provided by international donors.*

## 7.4. Cost of treatment

### 7.4.1. Overview

*Mental healthcare is provided free of charge under the OMS to all eligible patients in Russia. Treatment prices are 30-50 % higher in the private sector. Costs are also higher in wealthier regions than poorer ones.* Public facilities must adhere to official published prices whilst prices in private facilities are regulated by the private healthcare market.<sup>402</sup>

<sup>401</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>402</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons



## 7.4.2. Methodology of data collection on treatment prices

The price of treatments, diagnostics and equipment were collected using an initial internet search for their availability and costs in Moscow. The websites are shown in [Table 32](#).

Name and url of website	Subject matter for prices
<a href="https://docdoc.ru/">https://docdoc.ru/</a>	Aggregator of prices and availability of the medical consultations in Moscow from a lot of private clinics
<a href="https://prodoctorov.ru/">https://prodoctorov.ru/</a>	Aggregator of prices and availability of the medical consultations in Moscow from a lot of private clinics
<a href="https://zoon.ru/">https://zoon.ru/</a>	Aggregator of information on prices for various services (including medical)
<a href="https://www.krasotaimedicina.ru/">https://www.krasotaimedicina.ru/</a>	Aggregator of prices and availability of the medical services (surgery, diagnostics, etc.) in Moscow from a lot of private clinics
<a href="https://gemotest.ru">https://gemotest.ru</a> <a href="https://www.invitro.ru/">https://www.invitro.ru/</a>	Costs of laboratory tests and some diagnostics
<a href="https://market.yandex.ru/">https://market.yandex.ru/</a>	Cost of equipment: overview and access to offers from many online and offline shops (including medical equipment, orthopaedic supplies, rehabilitation devices, etc.)

Table 32: Websites used to identify price of treatments, diagnostics and equipment

The most common prices were compared, and the median price agreed and included in [Table 33](#) and [Table 34](#).

Treatment	Public outpatient treatment price	Public inpatient treatment price	Private outpatient treatment price RUB	Private inpatient treatment price RUB	Reimbursement/ special programme/free/ comments
Consultation by psychiatrist	FOC	FOC	6 928	6 928	-
Consultation by psychologist	FOC	FOC	3 897	3 897	-





Treatment	Public outpatient treatment price	Public inpatient treatment price	Private outpatient treatment price RUB	Private inpatient treatment price RUB	Reimbursement/ special programme/free/ comments
<b>Note</b>  FOC: Free of charge to eligible patients					

Table 33: Cost of treatments for psychiatric conditions in the public and private health systems in Russia I

Treatment	Public treatment price	Private treatment price RUB	Public outpatient treatment price RUB	Reimbursement/ special programme/ free/ comments
Psychotherapy session with cognitive behavioural therapy	FOC	FOC	658	-
Psychotherapy session with EMDR	Not available	103 919	N/A	-
Admission in psychiatric clinic (daily rates) for acute situation [includes initial review by specialist, bed and food, treatment: medications, psychotherapy]	FOC	6 928 per day	4 632	-



Treatment	Public treatment price	Private treatment price RUB	Public outpatient treatment price RUB	Reimbursement/ special programme/ free/ comments
Admission in psychiatric institution for long-term stay (monthly and/or daily rates) [Daily rate includes bed and food, entertainment, medical supervision by nurse and GP, rehabilitation. Medications, consultation by specialists – extra]	FOC	56 289 per month/ 22 per day	868 580	-
Consultation by (psychiatric) nurse at home (hourly and daily rates)	Not available	6 062 per visit	1 665	-
Psychiatric treatment of alcohol drug addiction in specialized clinic (detox.); daily admission rate	FOC	From 5 196 per day	4 632	-
Psychiatric treatment of drug addiction in a specialized clinic (rehab.); daily admission rate	FOC	From 2 165 per day	463	--



Treatment	Public treatment price	Private treatment price RUB	Public outpatient treatment price RUB	Reimbursement/ special programme/ free/ comments
Psychiatric treatment of drug addiction; outpatient care; consultation rate	FOC	2 944	658	-

Table 34: Cost of treatments for psychiatric conditions in the public and private health systems in Russia II

## 7.5. Cost of medication

### 7.5.1. Overview

*Psychiatric medicines are generally accessible across the whole of the Russian Federation in theory but availability is much better in urban and particularly metropolitan regions.*

*Pharmacies, particularly inter-hospital pharmacies, stockpile medicines to mitigate specific shortages. The major psychiatric medicines are registered in Russia and only registered drugs can be legally produced or imported into the country. Some but not all are included on the VEDL.<sup>403</sup> Prices for medications on the VEDL are regulated and strictly controlled by the state, and those prescribed in psychiatric facilities cannot exceed the formal prices.*

The registration process is lengthy, expensive and cumbersome and it may limit access to newer medications developed in other countries. In recent years, considerable efforts have been made by the state to encourage medications production in Russia and limit dependency on imports.<sup>404</sup>

### 7.5.2. Methodology of data collection on drug prices

The prices of drugs for psychiatric conditions were collected using an initial internet search for their availability and costs in Moscow. The websites used for the initial search are shown in [Table 35](#).

<sup>403</sup> Russia, Government of the Russian Federation, Распоряжение от 12 октября 2019 N° 2406-р Об утверждении перечня жизненно необходимых и важнейших лекарственных препаратов для медицинского применения на 2020 год [Government Decree No. 2406-p of 12 October 2019 'On approval of the list of vital and essential drugs for medical use for 2020'], 12 October 2019, [url](#), pp. 260-261

<sup>404</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons



Name and url of website	Subject matter for prices
<a href="https://apteka.mos.ru/">https://apteka.mos.ru/</a> <sup>405</sup>	Aggregator of prices and availability of the medications in Moscow pharmacies
<a href="https://www.eapteka.ru/">https://www.eapteka.ru/</a>	Big online pharmacy with option of ordering medications that are rare
<a href="https://apteka.ru/">https://apteka.ru/</a>	Big online pharmacy with option of ordering medications that are rare
<a href="https://grls.rosminzdrav.ru/grls.aspx">https://grls.rosminzdrav.ru/grls.aspx</a>	State Register of Medicine

Table 35: Websites used in initial search for drug availabilities and costs in Moscow

The most common prices were compared, and the median price agreed and included in Table 36. Each medication was checked on the VEDL.<sup>406</sup> If medication was not found under a generic name from the internet search, it was checked against the State Register of Medicines.

Generic Name	Brand name	Dosage	Form	Number of units in the container	Price per box, RUB	Place (pharmacy, hospital)	Reimbursement/ special programme/ free
<b>Antidepressants</b>							
Amitriptyline		25 mg	Tablets	50	52	Pharmacy	Included in VEDL
Citalopram		10 mg, 20 mg	Tablets	30	346	Pharmacy	N/A

<sup>405</sup> Note from the drafter: The link is functional in Russia, but the site blocks enquiries from non-Russian IP addresses

<sup>406</sup> Russia, Government of the Russian Federation, Распоряжение от 12 октября 2019 № 2406-р Об утверждении перечня жизненно необходимых и важнейших лекарственных препаратов для медицинского применения на 2020 год [Government Decree No. 2406-p of 12 October 2019 'On approval of the list of vital and essential drugs for medical use for 2020'], 12 October 2019, [url](#), pp. 260-261





Generic Name	Brand name	Dosage	Form	Number of units in the container	Price per box, RUB	Place (pharmacy, hospital)	Reimbursement/ special programme/ free
Clomipramine	Anafranil®	25 mg	Tablets	30	303	Pharmacy	Included in VEDL
Duloxetine		30 mg, 60 mg	Tablets	28	3464	Pharmacy	N/A
Escitalopram		10 mg	Tablets	28	866	Pharmacy	N/A
Fluoxetine		20 mg	Capsule	20	87	Pharmacy	Included in VEDL
Fluvoxamine	Fevarin®	50 mg, 100 mg	Tablets	15	866	Pharmacy	N/A
Imipramine	Meli-pramin®	25 mg	Tablets	50	390	Pharmacy	Included in VEDL
Paroxetine		20 mg	Tablets	30	433	Pharmacy	Included in VEDL
Sertraline	Zoloft®	100 mg	Tablets	28	606	Pharmacy	Included in VEDL
Trazodone	Trittiko®	150 mg	Tablets	20	779	Pharmacy	N/A
<b>Medication off-label use for PTSD</b>							
Alfuzosin (also with prostate complaints)	Dalfaz®	10 mg	Tablets	30	866	Pharmacy	Included in VEDL



Generic Name	Brand name	Dosage	Form	Number of units in the container	Price per box, RUB	Place (pharmacy, hospital)	Reimbursement/ special programme/ free
Lamotrigine (also antiepileptic)		100 mg	Tablets	30	693	Pharmacy	N/A
Topiramate (also antiepileptic)		25 mg	Capsule, tablets	60	693	Pharmacy	Included in VEDL
<b>Antipsychotics; classic</b>							
Amisulpride	Solian®	200 mg	Tablets	30	3 984	Pharmacy	N/A
Chlorpromazine	Aminazin®	25 mg	Tablets	10	173	Pharmacy	Included in VEDL
Haloperidol		5 mg	Tablets	50	61	Pharmacy	Included in VEDL
Zuclopenthixol	Clopixol®	2mg	Tablets	50	87	Pharmacy	Included in VEDL
<b>Antipsychotics; modern atypical</b>							
Clozapine		100 mg	Tablets	50	1472	Pharmacy	N/A
Olanzapine		10 mg	Tablets	28	2 511	Pharmacy	Included in VEDL
Quetiapine		25 mg	Tablets	60	1039	Pharmacy	Included in VEDL
Risperidone	Rispolept®	2 mg	Tablets	20	346	Pharmacy	Included in VEDL



Generic Name	Brand name	Dosage	Form	Number of units in the container	Price per box, RUB	Place (pharmacy, hospital)	Reimbursement/ special programme/ free
<b>Depot injections with classic antipsychotics</b>							
Flupentixol decanoate depot injection	Fluanxol®	20 mg/ml	Inject-ions	10	1 819	Pharmacy	Included in VEDL
Fluphenazine decanoate depot injection		25 mg/ml	Inject-ions	5	433	Pharmacy	Included in VEDL
Haloperidol decanoate depot injection		50 mg/ml	Inject-ions	5	346	Pharmacy	Included in VEDL
Zuclo-pentixol decanoate depot injection	Clopixol®	200 mg/1 ml	Inject-ions	1	260	Pharmacy	Included in VEDL
<b>Depot injections with modern atypical antipsychotics</b>							
Paliperidone palmitate depot injection	Xeplion®; Trevicta®	50 mg/0.5 ml	Suspension for injection	1	9 959	Pharmacy	Included in VEDL
Risperidone depot injection	Rispolept® Consta®	50 mg	Powder for injections	1	4 590	Pharmacy	Included in VEDL
<b>Anxiolytics</b>							
Clonazepam		0.5 mg	Tablets	30	87	Pharmacy	Included in VEDL



Generic Name	Brand name	Dosage	Form	Number of units in the container	Price per box, RUB	Place (pharmacy, hospital)	Reimbursement/ special programme/ free
Lorazepam	Lorafen®	1 mg	Tablets	25	216	Pharmacy	Included in VEDL
<b>Medication for bipolar disorder/ manic depression</b>							
Carbamazepine (also antiepileptic)		200 mg	Tablets	50	173	Pharmacy	Included in VEDL
Lithium carbonate	Sedalit®	300 mg	Tablets	50	73	Pharmacy	N/A
<b>Medication for sleeping disorder; sedatives</b>							
Melatonin		3 mg	Tablets	30	433	Pharmacy	N/A
Nitrazepam		5 mg	Tablets	20	87 (by order only)	Pharmacy	Included in VEDL
Zopiclone	Somnol®	7.5 mg	Tablets	20	173	Pharmacy	Included in VEDL
<b>Medication to treat side effects of antipsychotics/ anti parkinsonism</b>							
Biperidene	Akineton®	2 mg	Tablets	100	260	Pharmacy	Included in VEDL
<b>Medication for opioid addiction / substitution therapy</b>							
Buprenorphine	Bupranal®	0.3 mg/ml	Injections	10	not found	None found on sale in Moscow	Included in VEDL



Generic Name	Brand name	Dosage	Form	Number of units in the container	Price per box, RUB	Place (pharmacy, hospital)	Reimbursement/ special programme/ free
Buprenorphine + naloxone	Bupraxon®	0.216 mg + 0.222 mg	Tablets	10	not found	None found on sale in Moscow	N/A
<b>Medication for alcohol addiction</b>							
Disulfiram	Teturam®	150 mg	Tablets	50	303	Pharmacy	N/A
Nalmefene	Selinkro®	18 mg	Tablets	14	3 984	Pharmacy	N/A
Vitamin B1 (thiamine)		5 %, 1 ml	Inject-ions	10	43	Pharmacy	Included in VEDL

Table 36: Cost of drugs for psychiatric conditions in the public and private health systems in Russia

## 7.6. NGOs

*Whilst the search conducted for this MedCOI report found no evidence of large INGOs or foundations having programmes to support mental health patients in Russia, there is evidence of plentiful domestic Russian NGO and non-commercial organisation (NCO) activity around mental illness.* They typically get involved in the provision of care to psychiatric patients who are either institutionalised, or outpatients who require support as their needs are not fully met.<sup>407</sup> Their help rarely includes the provision of medications because most psychiatric medicines medications are only available on prescription and/or are strictly controlled and/or restricted.<sup>408</sup> Some examples of NGOs are listed below.

**The Regional Society of Disabled People Perspektiva** was established in 1997, is based in Moscow and covers 15 regions. It supports families and children with severe mental health disabilities in all areas of daily life, including at State Orphanage No. 4 for the Disabled in

<sup>407</sup> Author interpretation based on the sources here.

<sup>408</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons



Pavlovsk. It provides help with job placements, inclusive education, sports activities and legal assistance.<sup>409</sup>

**Outsiderville** is a non-profit organisation helping artists with mental disabilities through art and art therapy. Working with art studios and therapists within psychiatric institutions, specialist schools and elsewhere, their aim is to promote social rehabilitation and independence through art exhibitions and projects aimed at raising awareness of mental health issues to create a more tolerant society. They also run lectures on topics, such as the dialogue of talent and ‘madness’. They supply artistic tools, including paper, brushes and paint and support talented artists to be financially sustainable through promotion and sale of their work. Artists regularly take part in local and international exhibitions.<sup>410</sup>

**Anton Tut Ryadom (Anton’s Right Here)** helps adults with autism spectrum disorder. Founded in 2013 it is the only social formation, education and creative activity centre for adults with autism spectrum disorder. It offers a culinary workshop to help students develop their cooking skills.<sup>411</sup> After the outbreak of the pandemic it launched a meal delivery service, Kitchen’s Right Here, preparing simple healthy food and sent free meals to doctors working with COVID-19 patients in Moscow’s Botkin Hospital. Proceeds help finance the centre and provide students with a place to go during and after the pandemic.<sup>412</sup>

In 2020, the **Union for Mental Health Russia** launched a 2-month company to support NGOs in coping with the consequences of the COVID-19 pandemic. The aim was to give information on a weekly basis about non-profit organisations helping people with mental disorders as well as to provide essential goods, art materials, medicines and payment of utility bills.<sup>413</sup>

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<sup>409</sup> Perspektiva, Russian Disability NGO ‘Perspektiva’, n.d., [url](#)

<sup>410</sup> Outsiderville, About, n.d., [url](#)

<sup>411</sup> Wilson Center, Russian NGOs on the Covid-19 Frontlines, 26 May 2020, [url](#)

<sup>412</sup> Covid-19 Action Hub, The Culinary Workshop at the Russian Organisation Anton Tut Ryadom Donates Meals to Medical Staff at Botkin Hospital, n.d., [url](#)

<sup>413</sup> World Psychiatric Association, Union for Mental Health, III Congress on Mental Health, Meeting the Needs of the 21st Century, October 2021, [url](#)



## 8. Neurology

### 8.1. General information

Neurology is a part of medicine that specialises in the study, diagnosis, treatment and prevention of diseases of the nervous system.<sup>414</sup> *In the context of this report, neurology refers to epilepsy, cerebral vascular accident such as stroke (e.g. a blocked artery: ischaemic stroke or leaking or bursting of a blood vessel: haemorrhagic stroke), multiple sclerosis and Parkinson's disease.*

#### 8.1.1. Epidemiological context

*There are very few official epidemiological statistics available on the burden of neurological conditions in Russia. According to Rosstat, Russia's Federal State Statistics Service, the estimated annual prevalence of neurological disorders was 8 568 900 cases with an estimated prevalence rate of 5 836 cases per 100 000 population in 2018.* There was an estimated annual incidence of 2 167 700 cases and an estimated incidence rate of 1 465 cases per 100 000 population in 2018.<sup>415</sup> These figures are comprised of aggregated data for the following diseases: Diseases of the nervous system: Epilepsy, status epilepticus; Inflammatory diseases of the central nervous system; Systemic atrophies, affecting mainly the central nervous system; Extrapyrarnidal and other movement disorders; Other degenerative diseases of the nervous system; Demyelinating diseases of the central nervous system; Multiple sclerosis; episodic and paroxysmal disorders; transient cerebral ischaemic attacks and related syndromes; and Cerebral palsy and other paralytic syndromes.<sup>416</sup>

#### 8.1.2. National policies and programmes

*There is little published information on national policies and programmes for neurology in Russia.*<sup>417</sup> The federal government started a project in 2016 called 'Stop Stroke', which was supported by the MoH. It comprised primarily of a health education programme for physicians and the general public.<sup>418</sup> A government initiative, the Russian Federal Vascular Disease Control Project was foreseen to run from October 2018 until December 2024 according to

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<sup>414</sup> UR Medicine, Highland Hospital, What is a neurologist?, n.d., [url](#)

<sup>415</sup> Rosstat, Здравоохранение в России. 2019: Статистический сборник [Healthcare in Russia – 2019 Statistical Yearbook], 2019, [url](#)

<sup>416</sup> Contact 2, Research Assistant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>417</sup> Author interpretation based on experience of the research process.

<sup>418</sup> Russia, MoH, Федеральный проект «Стоп-Инсульт»: жизнь и здоровье людей – главный приоритет [Federal project 'Stop-Stroke': life and health of people is the main priority], 25 April 2016, [url](#)

Russia's MoH.<sup>419</sup> It was confirmed active in 2021.<sup>420</sup> It funded a number of specialist Vascular Disease Centres across the country.<sup>421</sup>

The Strategy for Development of Healthcare in the Russian Federation until 2025 identifies the current high prevalence of neurodegenerative diseases as a public health threat to national security.<sup>422</sup>

### 8.1.3. Key facilities for the treatment of neurological conditions

[Table 37](#) lists some neurology treatment centres from both the public and private healthcare sectors.

	State or city	Facility name	Facility type		Specialisms
			Public	Private	
1	Moscow	National Medical Research Centre for Neurosurgery named after N.N. Burdenko/Burdenko Neurosurgery Institute	X with paid services		Largest neurological clinic in Russia (world ranking 478), leading research centre in neurology and neuroscience in Russia and the largest neurological clinic in Russia with 780 academic and medical staff.  Extensive range of neurological specialisms. <sup>423</sup>
2	Tyumen (Urals)	Federal Centre of Neurosurgery	X		
3	Moscow	European Medical Centre		X	Multidisciplinary clinic
4	St Petersburg	Institute of Neurosurgery			

<sup>419</sup> Russia, MoH, Федеральный проект «Борьба с сердечно-сосудистыми заболеваниями» [Federal project 'Fight against cardiovascular diseases'], 20 July 2019, [url](#), p. 1

<sup>420</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>421</sup> Shendypina, M. et al., Cognitive assessment and rehabilitation tools for stroke and dementia: An online survey of Russian speaking clinicians, 16 April 2020, [url](#), p. 7

<sup>422</sup> Russia, Administration of the Russian President, Указ Президента Российской Федерации №254 от 06.06.2019 «О стратегии развития здравоохранения в Российской Федерации на период до 2025 года» [Decree of the President of the Russian Federation No. 254 of 6 June 2019 'On the Strategy for Development of Healthcare in the Russian Federation until 2025'], 2019, [url](#)

<sup>423</sup> Научный центр неврологии [Scientific Centre of Neurology], Neurology and Neurosurgery Clinic, n.d., [url](#)

	State or city	Facility name	Facility type		Specialisms
			Public	Private	
5	Moscow	Moscow City Hospital No. 12	X		Outpatient epilepsy service; management of newly diagnosed and chronic epilepsy patients
6	Moscow	Russian Medical State University in Moscow	X		Houses a neurological centre for a large district of Moscow with a population of about 1 million. Outpatient department for movement disorders, provides care for patients with idiopathic Parkinson's disease. <sup>424</sup>

Table 37: Neurology treatment centres in Russia from the public and private healthcare sectors<sup>425</sup>

## 8.2. Access to treatment

### 8.2.1. Structure and organisation of neurology healthcare in Russia

#### (a) Public healthcare system

*There is a severe shortage of published material describing Russia's neurology healthcare system.<sup>426</sup> Neurology is predominantly practised, and neurological conditions treated, in the tertiary healthcare sector.* According to a 2015 study, there were several specialised vascular centres that catered for cerebral vascular operations, as well as urgent neurosurgical procedures for patients with head injuries.<sup>427</sup>

*Non-urgent care is provided by neurologists through the primary healthcare sector in local polyclinics. In rural areas, patients go to their general practitioner (GP) or feldsher (physicians' assistant) in the first instance, and are then referred to a specialist neurologist if necessary. Neurologists are located in many public polyclinics.* As they are not necessarily affiliated with a hospital or inpatient centre, patients may seek a consultation with one directly.<sup>428</sup> Once patients receive a diagnosis and require treatment or ongoing monitoring for a diagnosed

<sup>424</sup> Winter, Y. et al., Costs of Illness in a Russian Cohort of Patients with Parkinson's Disease, 17 September 2012, [url](#), p. 572

<sup>425</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>426</sup> Author interpretation based on experience of the research process.

<sup>427</sup> Konovalov, A. and Potapov, A. A., Neurosurgery in Russia and USSR, 28 March 2015, [url](#), p. 3

<sup>428</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons





chronic neurological condition, they may be seen at specialised outpatient clinics/hospitals.<sup>429</sup> *Hospital admissions are limited to acute and intensive disease management.*<sup>430</sup>

A range of neurological diagnoses and treatments are available in Russia.<sup>431</sup> As of 2015, these included urgent neurosurgical care for patients with head injuries, cerebral vascular disease (e.g. ischaemic and haemorrhagic strokes), subarachnoid parenchymatous haemorrhages (bleedings) caused by arterial aneurysms and brain arteriovenous malformations and others.<sup>432</sup> *Evidence from 2005 found that patients with epilepsy were sometimes treated, voluntarily or involuntarily, within the psychiatric healthcare system, and were categorically included under the statistical classification of ‘mental disorders of a non-psychotic nature’ and sub-category of ‘organic non-psychotic disorders’ for the purposes of disease surveillance.*<sup>433</sup>

*As with healthcare for other disease groups in Russia, critiques have been levied at some aspects of neurological healthcare due to systematic flaws, for example in primary healthcare with the intense focus on hospital treatments for neurological conditions.*<sup>434</sup> An Internet survey from 2016 of 171 DPs and GPs in 14 Russian regions found that DPs did not offer patients sufficient follow-up care after leaving hospital, resulting in a lack of continuity of care in the case of strokes and major traumas.<sup>435</sup> Stroke patients are entitled to rehabilitative care under the Russian state’s PSG, its universal coverage programme, considering that stroke holds first place in a list of causes that lead to a primary disability.<sup>436</sup> Over 1 million people in Russia have had a stroke, with one third being of working age and just 25 % returning to employment/work after their stroke.<sup>437</sup> Even so, *rehabilitation care for stroke patients regularly fails to emerge.*<sup>438</sup>

## **(b) Private healthcare system**

*Patients with private health insurance, including VMI, can choose from a range of private hospitals to receive treatments and services for neurological conditions.*<sup>439</sup> Two examples are European Medical Centre in Moscow, which offers a range of paid services, including functional neurosurgery, diagnostics of memory deficits and diagnostics of multiple sclerosis,

<sup>429</sup> Mizinova, M. et al., The direct costs of epilepsy in Russia. A prospective cost-of-illness study from a single center in Moscow, 26 October 2011, [url](#), pp. 125-126; Winter, Y. et al., Costs of Illness in a Russian Cohort of Patients with Parkinson’s Disease, 17 September 2012, [url](#), p. 572

<sup>430</sup> Mizinova, M. et al., The direct costs of epilepsy in Russia. A prospective cost-of-illness study from a single center in Moscow, 26 October 2011, [url](#), p. 123

<sup>431</sup> Author interpretation based on the sources discussed.

<sup>432</sup> Konovalov, A. and Potapov, A. A., Neurosurgery in Russia and USSR, 28 March 2015, [url](#), p. 3

<sup>433</sup> WHO, Fostering Epilepsy in Care in Europe, n.d., [url](#), p. 17; Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>434</sup> Author interpretation based on the sources discussed.

<sup>435</sup> Sheiman, I. and Shevski, V., Two Models of Primary Health Care Development: Russia vs. Central and Eastern European Countries, Higher School of Economics, 2017, [url](#), p. 8

<sup>436</sup> Somanthan, A. et al., Universal Health Coverage in Russia: Extending Coverage for the Poor in the Post-Soviet Era, June 2018, [url](#), p. 35

<sup>437</sup> Piradov, M.A. et al., Инсульт Пошаговая Инструкция [Stroke, Step by Step Instruction], 2019, [url](#), p. 1

<sup>438</sup> Somanthan, A. et al., Universal Health Coverage in Russia: Extending Coverage for the Poor in the Post-Soviet Era, June 2018, [url](#), p. 35

<sup>439</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons





and the paid services component of the National Medical Research Centre for Neurosurgery named after N.N. Burdenko/Burdenko Neurosurgery Institute.<sup>440</sup>

## 8.2.2. Resources

### (a) Neurology facilities

*In 2021, there were 151 Regional Vascular Centres with 16 097 beds in total across all of Russia's federal subjects except for two - Nenets and Chukotskiy autonomous districts.*<sup>441</sup> A 2017 review of neurosurgical facilities states that in that year there were 334 neurosurgical departments in Russia, out of which 49 at federal neurosurgical centres (15 %) and 285 in regional hospitals (85 %). Together, these facilities offered 13 208 patient beds, with 1 271 beds (10 %) in federal centres and 11 937 (90 %) in regional hospitals.<sup>442</sup> While neurology treatment is accessible in all of Russia's regions, not all patients have equal access, particularly those residing in rural or remote and scarcely populated areas.<sup>443</sup>

The volume of medical equipment at neurosurgical clinics around Russia is shown in [Table 38](#). The number of neurosurgical beds per unit of equipment at federal centres proved to be 1.5-2 times less than in regional hospitals.<sup>444</sup>

Item of equipment	Number available in Russia, 2017
Computed tomographs (CT scanning)	501
Magnetic-resonance imaging tomographs (MRI scanning)	298
Serialographic units (serial radiography: the technique of making radiographs in rapid sequence for the study of high-speed phenomena, such as the flow of blood through a brain artery)	209
Surgery microscopes	305
Navigation systems	171
Endoscopy tables	201
Stereotactic instruments	37

<sup>440</sup> European Medical Centre, Hospital treatments, n.d., [url](#); Национальный медицинский исследовательский центр нейрохирургии имени академика Н.Н.Бурденко [National Medical Research Center for Neurosurgery named after Academician N.N. Burdenko], Платные услуги [Paid services], n.d., [url](#)

<sup>441</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>442</sup> Krylov, V.V. et al., Neurosurgery in the Russian Federation: The current state of neurosurgical service in the Russian Federation, 2017, [url](#), p. 4.

<sup>443</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>444</sup> Krylov, V.V. et al., Neurosurgery in the Russian Federation: The current state of neurosurgical service in the Russian Federation, 2017, [url](#), p. 4

Item of equipment	Number available in Russia, 2017
C-arm equipment (a C-arm is an imaging scanner intensifier and is used primarily for fluoroscopic intraoperative imaging during surgical and emergency care procedures. The devices provide high-resolution X-ray images in real time, thus allowing the physician to monitor progress and immediately make any corrections)	295

Table 38: Volume of neurosurgical equipment available in Russia<sup>445</sup>**(b) Healthcare staff**

*In Konovalov and Potapov's older account from 2015, there were 2 900 neurosurgeons working actively in Russia.<sup>446</sup> By the time of the review of neurosurgical facilities in 2017, this had diminished to 2 487 neurosurgeons, with 239 neurosurgeons (10 %) at federal centres and 2 248 (90 %) at regional hospitals.* Of these, 78 % were employed at neurosurgical departments. In addition, the number of beds per one neurosurgeon in federal and regional hospitals was similar.<sup>447</sup> Government statistics indicated that there were 28 610 neurologists and 21 959 psychiatrists in Russia at the close of 2018.

**(c) Limitations on access to healthcare for patients with neurological conditions**

*Patients on low incomes must rely on the availability of treatment on the public health system. If they live in rural or remote, scarcely populated areas, they often have to travel distances to access appropriate care with travel expenses not covered by OMS. There are fewer healthcare resources, and the quality of care is lower. People with low incomes struggle to afford medicines. Poorer regions have worse access to medications, particularly imported and expensive ones.<sup>448</sup>*

Patients experiencing several specific conditions face restricted access to treatments/medications, which are not funded by the government: those with amyotrophic lateral sclerosis encounter limited access to treatment.<sup>449</sup> Those with spinal muscular atrophy and Duchenne myodystrophy can face barriers to accessing treatment and medications (such as waiting lists), but can receive them for free from the state-funded Circle of Kindness Foundation. Patients with Devic's disease (Optic Neuromyelitis), Huntington's disease, or

<sup>445</sup> Krylov, V.V. et al., Neurosurgery in the Russian Federation: The current state of neurosurgical service in the Russian Federation, 2017, [url](#), p. 4.

<sup>446</sup> Konovalov, A. and Potapov, A.A., Neurosurgery in Russia and USSR, 28 March 2015, [url](#), p. 3

<sup>447</sup> Krylov, V. V. et al., Neurosurgery in the Russian Federation: The current state of neurosurgical service in the Russian Federation, 2017, [url](#), p. 4

<sup>448</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>449</sup> All-Russian Union of Patients, Опрос: доступность государственных гарантий в сфере оказания медицинской помощи и лекарственного обеспечения 2019 год, 23 December 2019, [url](#), pp. 19-30; Circle of Kindness Foundation (Фонд «Круг добра»), Перечень тяжелых жизнеугрожающих и хронических заболеваний, в том числе редких (орфанных) заболеваний[List of severe life-threatening and chronic diseases, including rare (orphan) diseases], 29 July 2021, [url](#)

transthyretin familial amyloid polyneuropathy face limited access to treatment and medications that are not included under the OMS at state or federal level.<sup>450</sup>

*It is reported by Mizinova et al. (2016) that many patients with epilepsy have low access to hospital facilities in spite of the severity of their illness.*<sup>451</sup> A survey of public perceptions of people with epilepsy conducted in Moscow and published in 2017, with a sample of 1 167 adult permanent residents revealed the stigma and prejudice that around half of respondents attached to the disease.<sup>452</sup>

*A critical Russian-language article from 2019 pointed out that the main flaw in neurology in Russia is the poor quality of neurological training delivered at medical schools and in neurology residencies, presumably at hospitals.*<sup>453</sup> Additionally, a paper on patients with primary progressive multiple sclerosis indicated that patients do not receive up-to-date treatment and medications used were low in efficacy.<sup>454</sup>

### 8.3. Insurance and national programmes

*Like healthcare for the population at large, neurology healthcare coverage is provided under state-funded health insurance system, the OMS. Healthcare is provided to Russian citizens, permanent legal residents or long-term visa holders and/or legally employed people who hold an OMS policy and have a registered address in Russia. Returning Russian migrants are covered by OMS once they are registered as legal residents. Urgent care is universally provided for free.*<sup>455</sup>

*The OMS covers medication in inpatient settings, such as public hospitals, but not medicines prescribed in outpatient settings. There is no universal medication coverage per se, but certain categories of patients are entitled to subsidised or reduced prices if in receipt of a valid prescription, and some are also entitled to free medications. Insufficient funding remains a serious problem today:* government spending on health remains below 6 %—the WHO recommended minimum—and are still around 4 % gross domestic product.<sup>456</sup>

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<sup>450</sup> All-Russian Union of Patients, Опрос: доступность государственных гарантий в сфере оказания медицинской помощи и лекарственного обеспечения 2019 год, 23 December 2019, [url](#), pp. 19-30; Circle of Kindness Foundation (Фонд «Круг добра»), Перечень тяжелых жизнеугрожающих и хронических заболеваний, в том числе редких (орфанных) заболеваний [List of severe life-threatening and chronic diseases, including rare (orphan) diseases], 29 July 2021, [url](#)

<sup>451</sup> Mizinova, M. et al., The direct costs of epilepsy in Russia. A prospective cost-of-illness study from a single center in Moscow, 26 October 2011, [url](#), pp. 125-126

<sup>452</sup> Guekht, A. et al., Attitudes towards people with epilepsy in Moscow, 18 April 2017, [url](#), p. 122

<sup>453</sup> Petrukhin, A.S., Неврология в России: реальность и стремление к идеалу [Neurology in Russia: reality and striving to ideal], 2019, [url](#), pp. 7-10

<sup>454</sup> Vlasvoc, Y.V. et al., Primary-progressive multiple sclerosis in Russia: a medical-sociological study involving patients and neurologists, [url](#), pp. 1-7

<sup>455</sup> Russia, MoH, Основные показатели здравоохранения 2018 [Key health indicators 2018], 2018, [url](#); Russia, MoH, Ресурсы и деятельность медицинских организаций [Resources and activities of medical organisations], 2018, [url](#)

<sup>456</sup> Baranov, A. et al., Paediatrics in Russia: past, present and future, 2017, [url](#), p. 776

Table 6 in [Chapter 3 Economic factors](#) lists privilege holders who receive free or discounted medications, and [Table 7](#) lists the specific neurological conditions that entitle patients to receive free or discounted medications from the state.

*Different forms of private medical insurance, including VMI, are available to those able to afford them, and enable those patients to receive healthcare at private healthcare facilities.*

However, stateless people and internally displaced people are obliged to pay for private healthcare as they are not covered by the OMS policy. People on low incomes are forced to rely on the public healthcare system for neurological healthcare out of lack of choice.<sup>457</sup>

[Table 39](#) shows the healthcare services available for neurology patients via the OMS and private sector health insurance.

Programme	Focus	Requirements	Scope of coverage	Neurology services covered
Mandatory public health insurance (OMS)	<p>Russian citizens and permanent residents, including returning Russian migrants.</p> <p>Migrants from ex-Soviet countries can obtain an OMS policy through their employers if the employer agrees.</p>	<p>1. Public/Federal</p> <p>2. Employers finance OMS through contributions, 2 % to 3 % of salary goes into social tax, a percentage of which is paid into a national Russian healthcare fund. Once paid, the employee has the right to free medical care from public Russian healthcare clinics.</p> <p>3. People who cannot work and do not contribute to OMI (e.g., unemployed, pensioners, children, sick people) can still access free basic healthcare.</p>	Covers healthcare benefits for all people eligible for OMS	<p>Services included:</p> <p>Diagnostic tests: CT, MRI, ultrasound diagnosis.</p> <p>Neurosurgery available (some through the OMS 'high-tech care package':</p> <ul style="list-style-type: none"> <li>• Microneurosurgery</li> <li>• Endoscopic techniques</li> <li>• Endovascular interventions</li> <li>• Intraoperative navigation and neurophysiological monitoring</li> <li>• Paediatric</li> <li>• Vascular</li> <li>• Spinal</li> <li>• Functional and reconstructive neurosurgery</li> </ul> <p>And</p> <ul style="list-style-type: none"> <li>• Cerebral vascular pathology is also widely treated (on general care)</li> <li>• Treatment for emergencies (such as head injuries)</li> <li>• Treatment of ischaemic and haemorrhagic strokes, subarachnoid</li> </ul>

<sup>457</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

Programme	Focus	Requirements	Scope of coverage	Neurology services covered
				<p>parenchymatous haemorrhages caused by arterial aneurysms and AVMs and other</p> <p>Services excluded:</p> <ul style="list-style-type: none"> <li>• Outpatient medications</li> </ul>
Government health insurance programmes for employees of specialist agencies, e.g., law enforcement	Employees of selected government agencies and companies		For the registered individual and sometimes their families	Information not publicly available
Private sector health insurance, including voluntary medical insurance (VMI)			For the registered individual and/or their family (if an employer purchases VMI for an employee, it usually only covers that individual and not their family)	<p>Services available depending on the hospital or medical facility that the insurance covers. An indicative list is:</p> <ul style="list-style-type: none"> <li>• Dry spine traction</li> <li>• Epidural block</li> <li>• Kinesio taping</li> <li>• Manual therapy</li> <li>• Paravertebral block</li> <li>• Physiotherapy</li> <li>• Underwater spine traction</li> <li>• Brain tumour removal</li> <li>• Corpectomy</li> <li>• Decompression</li> <li>• Craniotomy</li> <li>• Deep brain stimulation surgery</li> <li>• Discectomy</li> <li>• Excision of Morton's Neuroma</li> <li>• Facial nerve plasty</li> <li>• Facetectomy</li> <li>• Herniated disc surgery</li> <li>• Implantation of brain neurostimulator</li> <li>• Neurosurgeon consultation</li> </ul>



Programme	Focus	Requirements	Scope of coverage	Neurology services covered
				<ul style="list-style-type: none"> <li>• Nucleoplasty (=minimally invasive, image-guided therapy used to treat back pain and leg pain caused by herniated discs)</li> <li>• Spinal fusion</li> <li>• Vertebroplasty</li> </ul>

Table 39: Neurology cover in the public and private healthcare system<sup>458</sup>

### 8.3.1. Services provided by international donor programmes

*No information was found during the course of research on neurology healthcare provided by international donors.*

## 8.4. Cost of treatment

### 8.4.1. Overview

*Neurology healthcare is provided free of charge under the OMS to all eligible patients in Russia. Treatment prices are 30 % to 50 % higher in the private sector. Costs are also higher in wealthier regions than poorer ones.* Public facilities must adhere to official published prices while prices in private facilities are regulated by the private healthcare market.<sup>459</sup> [Table 41](#) and [Table 42](#) show the cost of all relevant treatments for neurological conditions.

### 8.4.2. Methodology of data collection on treatment prices

The price of treatments, diagnostics and equipment were collected using an initial Internet search for their availability and costs in Moscow. Websites used are shown in [Table 40](#).

Name and url of website	Subject matter for prices: costs of consultations, diagnostics
<a href="https://docdoc.ru/">https://docdoc.ru/</a>	Aggregator of prices and availability of the medical consultations in Moscow from a lot of private clinics
<a href="https://prodoctorov.ru/">https://prodoctorov.ru/</a>	Aggregator of prices and availability of the medical consultations in Moscow from a lot of private clinics

<sup>458</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>459</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons



<a href="https://zoon.ru/">https://zoon.ru/</a>	Aggregator of information on prices for various services (including medical)
<a href="https://www.krasotaimedicina.ru/">https://www.krasotaimedicina.ru/</a>	Aggregator of prices and availability of the medical services (surgery, diagnostics, etc.) in Moscow from a lot of private clinics
<a href="https://gemotest.ru">https://gemotest.ru</a> <a href="https://www.invitro.ru/">https://www.invitro.ru/</a>	Costs of laboratory tests and some diagnostics
<a href="https://market.yandex.ru/">https://market.yandex.ru/</a>	Cost of equipment: overview and access to offers from many online and offline shops (including medical equipment, orthopaedic supplies, rehabilitation devices, etc.)

Table 40: Websites consulted for treatment prices

The most common prices were compared, and the median price agreed and included in [Table 41](#) and [Table 42](#).

	Treatment price, EUR				Reimbursement/special programme/free/ comments
	Public outpatient	Public inpatient	Private outpatient	Private inpatient	
Specialist					
Consultation by neurologist	FOC	FOC	26	26	
Consultation by neurosurgeon	FOC	FOC	70	70	
Consultation by rehabilitation medicine specialist	FOC	FOC	23	23	
Note					
FOC: Free of charge to eligible patients					

Table 41: Cost of treatments for neurological conditions in the public and private healthcare sectors in Russia





	Public treatment price	Private treatment price RUB	Reimbursement/ special programme/ free/ comments
<b>Laboratory tests</b>			
Laboratory test: medication level in the blood (e.g. for antipsychotics/for antiepileptics and/or for lithium carbonate)	FOC	3 464 each medication	
Laboratory test of blood; INR e.g. in case of acenocoumarol anticlotting	FOC	693	
<b>Medical diagnostic procedures</b>			
Diagnostics by means of EEG	FOC	3 984	
Diagnostics by means of computed tomography (CT scan)	FOC	6 928 - brain CT scan	**
Diagnostics by means of MRI	FOC	5 023 - brain MRI	**
Diagnostics by means of electro myography	FOC	6 928 - 1 hand or leg (all nerves)	**
Diagnostics by means of angiography (=arteriography) of cerebral arteries	FOC	19 918	**
(Spinal tap) lumbar puncture	FOC	15 588	**
<b>Treatment</b>			
Hospital admission in neurology department (daily rates) *	FOC	5 196	





Hospital admittance in neurosurgery department (daily rates)**	FOC	5 196	**
Hospital admittance in (neuro) rehabilitation department (daily rates) *	FOC	5 196	**
Consultation by physical therapist	FOC	1 992	
<b>Notes</b>  FOC: Free of charge to eligible patients  * Daily rate includes bed and food only, everything else is extra - tests - labs and imaging, physicians' consultations, medications and procedures  ** Queues and quotations foreseen in public sector			

Table 42: Cost of treatments for neurological conditions in the public and private health systems in Russia

## 8.5. Cost of medication

### 8.5.1. Overview

*Medicines for neurological conditions are generally accessible across the whole of Russia in theory but availability is much better in urban and particularly metropolitan regions.*

*Pharmacies, particularly inter-hospital pharmacies, stockpile medicines to mitigate specific shortages. The major medicines for neurological diseases are registered in Russia and only registered drugs can be legally produced or imported into the country.* Medications that are not restricted or controlled in Russia can be brought (or delivered) to Russia for personal use.<sup>460</sup> Many are included on the VEDL.<sup>461</sup> Prices for medications on the VEDL are regulated and strictly controlled by the state. The registration process is lengthy, expensive and cumbersome and it may limit the availability of newer medications developed in other countries.<sup>462</sup>

<sup>460</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>461</sup> Russia, Government of the Russian Federation, Распоряжение от 12 октября 2019 № 2406-п, 12 October 2019, [url](#), pp. 260-261

<sup>462</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons



In recent years, considerable efforts have been made by the state to encourage medications production in Russia and limit dependency on imports.<sup>463</sup>

## 8.5.2. Methodology of data collection on drug prices

The prices of drugs for neurological conditions were collected using an initial Internet search for their availability and costs in Moscow. The websites used for the initial search are shown in [Table 43](#).

Name and url of website	Subject matter for prices
<a href="https://apteka.mos.ru/">https://apteka.mos.ru/</a> <sup>464</sup>	Aggregator of prices and availability of the medications in Moscow pharmacies
<a href="https://www.eapteka.ru/">https://www.eapteka.ru/</a>	Big online pharmacy with option of ordering medications that are rare
<a href="https://apteka.ru/">https://apteka.ru/</a>	Big online pharmacy with option of ordering medications that are rare
<a href="https://grls.rosminzdrav.ru/grls.aspx">https://grls.rosminzdrav.ru/grls.aspx</a>	State Register of Medicine

Table 43: Websites consulted for drug prices

The most common prices were compared, and the median price agreed and included in [Table 44](#). Each medication was checked on the VEDL.<sup>465</sup> If medication was not found under a generic name from the Internet search, it was checked against the State Register of Medicines. If it was registered, a further Internet search for its availability was performed using its brand name.

<sup>463</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>464</sup> Note from the drafter: The link is functional in Russia, but the site blocks enquiries from non-Russian IP addresses

<sup>465</sup> Russia, Government of the Russian Federation, Распоряжение от 12 октября 2019 № 2406-р Об утверждении перечня жизненно необходимых и важнейших лекарственных препаратов для медицинского применения на 2020 год [Government Decree No. 2406-p of 12 October 2019 'On approval of the list of vital and essential drugs for medical use for 2020'], 12 October 2019, [url](#), pp. 2-261





Generic name	Brand name	Dosage	Form	Number of units in the container	Price per box, RUB	Place (pharmacy, hospital)	Reimbursement/ special programme/ free
<b>Antiepileptics (e.g. to reduce frequency of attacks)</b>							
Carbamazepine		200 mg	Tablets	50	129	Pharmacy	Included in VEDL
Clonazepam		0.5 mg	Tablets	30	87	Pharmacy	Included in VEDL
Gabapentin	Gabapentin®, Convalis®, Neurontin®	300 mg	Tablets	50	693	Pharmacy	N/A
Lacosamide	Vimpat®	100 mg	Tablets	14	1126	Pharmacy	Included in VEDL
Lamotrigine	Lamolept®; Lamitor®	100 mg	Tablets	30	779	Pharmacy	N/A
Levetiracetam	Levetinol®; Konvilept®	1000 mg	Tablets	30	1212	Pharmacy	Included in VEDL
Oxcarbazepine	Trileptal®	150 mg	Tablets	50	433	Pharmacy	Included in VEDL
Phenytoin	Difenin®	117 mg	Tablets	20	61	Pharmacy	Included in VEDL
Pregabalin		75 mg	Capsule	14	260	Pharmacy	Included in VEDL
		500 mg	Tablets	30	260	Pharmacy	



Generic name	Brand name	Dosage	Form	Number of units in the container	Price per box, RUB	Place (pharmacy, hospital)	Reimbursement/ special programme/ free
Valproic acid OR valproate OR Depakine®	Convulex®; Depakine®						Included in VEDL
Vigabatrin	Not registered in Russia, but allowed to use	500 mg	Tablets	100	9 959	Pharmacy	N/A
<b>Antiepileptics to treat acute attacks / status epilepticus</b>							
Diazepam (i.v. injection for epileptic attacks)		5 mg/ml, 2 ml	Inject-ions	5	87	Pharmacy	Included in VEDL
Lora-zepam (i.v. injection for epileptic attacks)		1 mg	Tablets	25	216	Pharmacy	Included in VEDL
Midazolam (i.m. injection for epileptic attacks)		5 mg/ml, 3 ml	Inject-ions	5	Not found	Hospital	Included in VEDL
Valproate OR Depakine® (i.v. injection for	Convulex®; Depakine®	100 mg/ml, 5 ml	Inject-ions	5	1559	Pharmacy	Included in VEDL





Generic name	Brand name	Dosage	Form	Number of units in the container	Price per box, RUB	Place (pharmacy, hospital)	Reimbursement/ special programme/ free
epileptic attacks)							
<b>Anti-blood clotting medicines</b>							
Acetyl-salicylic acid (Aspirin®)		500 mg	Tablets	20	26	Pharmacy	Included in VEDL
Apixaban	Eliquis®	5 mg	Tablets	60	2 598	Pharmacy	Included in VEDL
Clopidogrel	Plavix®; Clopidex®	75 mg	Tablets	90	953	Pharmacy	Included in VEDL
Dabigatran	Pradaxa®	110 mg	Cap-sule	60	3 291	Pharmacy	Included in VEDL
Enoxa-parin	Clexan®	8 000 anti-ha IU/0.8 ml	Inject-ions	10	3 637	Pharmacy	Included in VEDL
Heparin		5 000 IU/ml 5 ml	Inject-ions, gel	5	1559	Pharmacy	Included in VEDL
Prasugrel	Effient®	10 mg	Tablets	28	4 157	Pharmacy	N/A
Rivaro-xaban	Xarelto®	10 mg	Tablets	28	3 291	Pharmacy	Included in VEDL
Warfarin		2.5 mg	Tablets	100	173	Pharmacy	Included in VEDL



Generic name	Brand name	Dosage	Form	Number of units in the container	Price per box, RUB	Place (pharmacy, hospital)	Reimbursement/ special programme/ free
<b>Medication for multiple sclerosis</b>							
Alem-tuzumab	Lemtrada®	10 mg/ml 1.2 ml	Inject-ions	1	348 128	Pharmacy	Included in VEDL
Dimethyl fumarate	Fluterio®; Eumileo®	240 mg	Cap-sule	56	69 626	Pharmacy	Included in VEDL
Fingo-limod		0.5 mg	Cap-sule	28	79 671	Pharmacy	Included in VEDL
Glatiramer acetate	Timexon®	20 mg/ml 1 ml	Inject-ions	28	23 815	Pharmacy	Included in VEDL
Interferon beta-1a	Teberif®; Rebif®	44 mcg / 5 ml	Inject-ions	3	14 722	Pharmacy	Included in VEDL
Interferon beta-1b	Infibeta®	9 600 000 IU 0.3 mg 0.54 % 1.2 ml	Powder for inject-ions	15	16 887	Pharmacy	Included in VEDL
Natali-zumab	Tizabri®	20 mg/ml 1.5 ml	Inject-ions	1	32 908	Pharmacy	Included in VEDL
Rituximab		500 mg/50 ml	Inject-ions	1	67 547	Pharmacy	Included in VEDL
<b>Medication for Parkinson's disease</b>							





Generic name	Brand name	Dosage	Form	Number of units in the container	Price per box, RUB	Place (pharmacy, hospital)	Reimbursement/ special programme/ free
Aman-tadine	Midantan®; Aman-tadine®	100 mg	Tablets	30	286	Pharmacy	Included in VEDL
Bromo-criptine mesilate	Abergin®	2.5 mg	Tablets	30	346	Pharmacy	Bromocriptine
Levodopa + benserazide	Bensiel®; Madopar®	100 mg + 25 mg	Cap-sule	100	693	Pharmacy	Included in VEDL
Levodopa + carbidopa	Syndopa®; Nakom®	250 mg + 25 mg	Tablets	50	199	Pharmacy	Included in VEDL
Levodopa + carbidopa + entacapone	Stalevo®	100 mg + 200 mg + 25mg	Tablets	30	3 810	Pharmacy	N/A
Prami-pexole	Mirapex®	1 mg	Tablets	30	1 212	Pharmacy	Included in VEDL
Rasagiline mesilate	Azilect®	1 mg	Tablets	30	6 495	Pharmacy	Included in VEDL
Ropinirole	Requip-motutab®	4 mg	Tablets	28	779	Pharmacy	N/A
Safinamide	Not registered in Russia						





Generic name	Brand name	Dosage	Form	Number of units in the container	Price per box, RUB	Place (pharmacy, hospital)	Reimbursement/ special programme/ free
Selegiline hydrochloride	Yumex®; Segan®	5 mg	Tablets	50, 60	3 897	Pharmacy	N/A

Table 44: Cost of drugs for neurological conditions in the public and private health systems in Russia

## 8.6. NGOs

*There is no evidence of neurology healthcare being provided by international donors. Some domestic NGOs provide assistance to such patients.<sup>466</sup>*

<sup>466</sup> Author interpretation based on experience of the research process; ORBI Stroke Foundation, Коронавирус (COVID-19): информация для тех, кого коснулся инсульт [Coronavirus (COVID-19): information for those affected by a stroke], 26 March 2020, [url](#)



## 9. Nephrology

### 9.1. General information

Nephrology is a branch of medicine that studies kidney disease epidemiology, diagnosis and treatment.<sup>467</sup> *Nephrology in this report refers to kidney diseases: renal failure, e.g., with treatment by dialysis.*

#### 9.1.1. Epidemiological context

*Information about the prevalence of nephrological conditions in Russia is scarce, and individual epidemiological studies of specific regional populations report different rates, as partially explained by regional variations in healthcare infrastructure.*<sup>468</sup> Additionally, one study from 2018 claims that difficulty assessing the prevalence is due to the absence of a properly organised and live surveillance system observing chronic kidney disease (CKD) and because rates are underestimated by health service staff in terms of ‘national passive surveillance’. In tandem, official statistical reports do not employ a CKD code as a cause of mortality in Russia despite the fact that the lack of CKD as a comorbid condition in diagnoses is regularly noted in patients’ medical records.<sup>469</sup>

Russia’s Federal State Statistics Service provides an estimated annual incidence rate of 4 480 cases of diseases of the urogenital system per 100 000 population in 2017.<sup>470</sup>

#### 9.1.2. National policies and programmes

*There is a lack of information about Russia’s national policies and programmes covering nephrology.*<sup>471</sup>

*The failure to acknowledge chronic kidney disease as a cause of mortality due to the lack of a CKD code has resulted in the omission of a high-quality nephrological disease surveillance*

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<sup>467</sup> Britannica, Nephrology, n.d., [url](#)

<sup>468</sup> Bikbov, M.M. et al., Chronic kidney disease in Russia: the Ural eye and medical study, 25 May 2020, [url](#), pp. 2, 6

<sup>469</sup> Milchakov, K.S. et al., Management of chronic kidney disease in the Russian Federation: a critical review of prevalence and preventive programmes, 4 April 2018, [url](#), pp. 322-323

<sup>470</sup> Rosstat, Население. Здравоохранение. Заболеваемость. Заболеваемость населения по основным классам болезней [Population. Healthcare. Morbidity. Morbidity by major classes of diseases], 30 November 2021, [url](#)

<sup>471</sup> Author interpretation based on her experience of the research process and the resources discussed; Zakharova, E., History, Current Advances, Problems and Pitfalls of Nephrology in Russia, 31 August 2018, [url](#), pp. 242, 244



*system*. There is also inadequate access to renal replacement therapy, see section [Limitations on access to healthcare for nephrological conditions](#).<sup>472</sup>

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<sup>472</sup> Milchakov, K.S. et al., Management of chronic kidney disease in the Russian Federation: a critical review of prevalence and preventive programmes, 4 April 2018, [url](#), pp. 322-323; Tchokhonelidze, I. and Zemchenkov, A., Current status, challenges, and the role of ISN in advancement of nephrology in the Newly Independent States and Russia region, 26 February 2019, [url](#), p. 50



### 9.1.3. Key facilities for the treatment of nephrological conditions in Russia

Table 45 lists some nephrology treatment centres in Russia from both the public and private healthcare sectors.

	State or city	Facility name	Facility type		Specialisms
			Public	Private	
1	Moscow	Moscow City Hospital No. 52 (Moscow City Clinical and Scientific Centre of Nephrology and Kidney Transplant Pathology)	X		The first and largest nephrology centre in Russia with a full cycle of patient, offering the following services: Provides management, diagnoses and treatment of a range of kidney diseases and complications; manages patients after kidney transplants. 24/7 department of HD, department of PD, kidney transplant pathology, kidney immunopathology, nephrological resuscitation department. ICU for patients with kidney diseases
2	Moscow	Botkin Hospital	X		Has database of disease spectrum in the nephrology centre, performs kidney biopsies and kidney- and tissue transplants.
3	St Petersburg	St Petersburg City Nephrology Centre	X		
4	Moscow	Russian Children's Clinic Hospital	X		Federal institution performs paediatric kidney transplants
5	Moscow	Sklifosovsky Research Institute of Emergency Medicine	X		Kidney transplants

Table 45: Nephrology treatment centres in Russia from the public and private healthcare sectors<sup>473</sup>

## 9.2. Access to treatment

### 9.2.1. Overview of nephrology in the public healthcare system

*In theory, patients with suspected nephrological conditions are first seen by a district internist doctor or a GP who performs routine diagnostic tests*, such as analysis of urine, complete



blood count, decreased creatinine clearance, creatinine and electrolytes, and/or a renal ultrasound. If a diagnosis is unclear or unconfirmed, *then the patient is referred to a specialist nephrologist for further tests in an outpatient setting*, or if for a kidney biopsy, to a day care centre or inpatient setting. *Eligible patients living in cities are usually referred to a consulting polyclinic, while those residing in rural areas are sent to either an inter-district consultative centre or a regional polyclinic which is part of a regional hospital*. Mobile health clinics also visit rural, remote and scarcely populated areas to reach out to more patients. Increasingly, digital consultations are also used by healthcare practitioners working in remote areas for consultations with senior specialists in cities and regional capitals.<sup>474</sup>

Patients who live in places where direct observation and care by a nephrologist are not available or impractical, remain under care of their GPs or DPs with regular input from a consulting nephrologist. They may experience waiting times for a consultation with a nephrologist and a biopsy, but this rarely exceeds weeks.<sup>475</sup>

*If the referring nephrologist deems that hospital admission is necessary, the patient is admitted to either an internal medicine department or the nephrology department of a tertiary city or regional hospital*. Patients with severe refractory disease or an unclear diagnosis may be referred further to federal medical centres located in Moscow and St Petersburg. Acute renal failure is treated in ICUs. If dialysis is needed for patients with end-stage renal disease, the patient is referred to one of the specialised chronic or programme dialysis centres which are found throughout Russia.<sup>476</sup>

*In practice, healthcare for nephrology is primarily delivered through the tertiary sector in Russia. Primary and secondary prevention leading to early detection and management of disease progression is not emphasised in the public healthcare system. Instead, national programmes tend to focus on increasing dialysis rates*. Furthermore, shortage of suitably qualified medical staff, delayed primary diagnosis of CKD has resulted in a high prevalence of end-stage CKD.<sup>477</sup> This has implied an enormous cost to the government for hi-tech treatment options with little government budget left to fund early diagnosis and/or prevention.<sup>478</sup> As of

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<sup>473</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>474</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>475</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>476</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>477</sup> Milchakov, K.S. et al., Renal replacement therapy in the Russian Federation: a 20-year follow-up, 6 August 2020, [url](#), p. 2; Milchakov, K.S. et al., Management of chronic kidney disease in the Russian Federation: a critical review of prevalence and preventive programmes, 4 April 2018, [url](#), pp. 322-323

<sup>478</sup> Milchakov, K.S. et al., Renal replacement therapy in the Russian Federation: a 20-year follow-up, 6 August 2020, [url](#), p. 2; Milchakov, K.S. et al., Management of chronic kidney disease in the Russian Federation: a critical review of prevalence and preventive programmes, 4 April 2018, [url](#), pp. 322-323; Tchokhonelidze, I. and Zemchenkov, A., Current status, challenges, and the role of ISN in advancement of nephrology in the Newly Independent States and Russia region, 26 February 2019, [url](#), p. 50



2018, care provision to CKD patients was extremely low, and rates as two to seven times lower than in Europe and the United States of America.<sup>479</sup>

*A study which looked at Dialysis Outcomes and Practice Patterns Study (DOPPS) data indicated that unsuitable treatment and inadequate supplies of medication are commonplace in most HD clinics covered by the universal healthcare policy.<sup>480</sup>*

### 9.3. Overview of nephrology in the private healthcare system

Private clinics advertise selected nephrology treatments (see [Table 45](#)). People insured through VMI policies can see a specialist directly without a referral from their GP. *About 75 % to 80 % of patients receive HD at private facilities, which can reclaim the cost of patients' treatments via territorial funds provided under the OMS, so patients do not pay themselves.<sup>481</sup>*

#### 9.3.1. Facilities

*In 2019, there were 628 renal replacement therapy (RRT) departments across the Russian Federation. These comprised 571 HD centres, 120 PD centres with (12 being strictly PD centres) and 46 kidney transplant centres. The number of HD departments increased by 39 % from 2014 until 2018. The number of patients requiring HD increased by 11.5 % every year between 2003 and 2013.* Figures demonstrate that the demand for treatment is higher than the available supply. Russian Dialysis Society data show that there were 54 953 patients on RRT, including 45 206 on dialysis (both HD and PD combined) in 2018. The rate of patients receiving RRT was 374.4 patients per million population for the whole of Russia.<sup>482</sup>

#### 9.3.2. Nephrology healthcare workforce

*In 2010, Russia's MoH claimed that there were 1 782 nephrologists, or a rate of 0.12 nephrologists per 10 000 population which is less than half from what is considered to be an optimal supply of 2.5 nephrologists per 100 000 population.<sup>483</sup> The availability of nephrologists varies in different regions of Russia.* The regions with the lowest number of nephrologists per 10 000 population are: Nenetskiy Autonomous District, Kamchatskiy Krai,

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<sup>479</sup> Milchakov, K.S. et al., Management of chronic kidney disease in the Russian Federation: a critical review of prevalence and preventive programmes, 4 April 2018, [url](#), pp. 322-324

<sup>480</sup> Bikbov, B. et al., Hemodialysis practice patterns in the Russia Dialysis Outcomes and Practice Patterns Study (DOPPS), with international comparisons, 27 October 2016, [url](#), pp. 399, 402

<sup>481</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>482</sup> Andrushev, A.M. et al., Заместительная терапия терминальной хронической почечной недостаточности в РФ 2014-2018 гг [Replacement treatment of terminal renal failure in RF 2014-2018], 2018, [url](#); Apolikhin, O.I. et al., Анализ некоторых аспектов обеспечения ЗПТ и гемодиализов в РФ [Analysis of some aspects of RRT and hemodialysis availability in RF] Experimental and clinical urology #3, 2010, [url](#), pp. 4-10

<sup>483</sup> Apolikhin, O.I. et al., Анализ некоторых аспектов обеспечения ЗПТ и гемодиализов в РФ [Analysis of some aspects of RRT and hemodialysis availability in RF], Experimental and clinical urology #3, 2010, [url](#), pp. 4-10



and Chukotskiy Autonomous District where there are none, respectively. In Yamalo-Nenetskiy Autonomous District, Sakhalin Oblast, Altai Region, and Murmansk Oblast, there are 0.04 nephrologists each. In each of these regions, the availability of nephrologists is equal to or less than 50 % of those at renal facilities on average.<sup>484</sup> These figures suggest that *patients living in rural, remote and scarcely populated areas are at a disadvantage regarding access to nephrologist consultations.*<sup>485</sup>

### 9.3.3. Limitations on access to healthcare for nephrological conditions

*It is widely reported that there are severe limitations on access to healthcare and treatment for nephrological conditions relating to their cost, in particular RRT. National programme oversight of dialysis programmes is purported to be lacking.*<sup>486</sup> Other sources reveal deficiencies in access to HD and PD, the cost of equipment, and access problems related to drug therapy for end-stage CKD patients.<sup>487</sup>

*There are geographic differences in access to diagnoses and treatments that affect the survival times of patients, with a general lack of nephrologists and dialysis centres particularly in remote and rural areas who may need to travel to access appropriate healthcare.*<sup>488</sup> For example, in 2018, there were no HD units in Nenetskiy and Chukotskiy Autonomous Districts, where in total 93 492 people live in a territory of 898 291 square kilometres.<sup>489</sup> *Public health budgets may cover the cost of patients' dialysis but do not fund the costs of transport to dialysis sessions or medications.*<sup>490</sup> The quality of dialysis treatments varies considerably between treatment centres.<sup>491</sup> Poorer regions have less healthcare resources and therefore lower quality of care. Patients face limited sessions, reduced treatment times, poor vascular access, and the use of refurbished machines and dialysis, water and dialysate purity with no technical specifications.<sup>492</sup>

<sup>484</sup> Russia, MoH, Статистический сборник 2018 год. Ресурсы и деятельность медицинских организаций здравоохранения, Часть I, Медицинские кадры 2018 [Statistical compendium 2018. Resources and activity of medical organisations, Part I, Medical personnel 2018], 31 July 2019, [url](#), p. 42

<sup>485</sup> Author interpretation based on the resources discussed.

<sup>486</sup> Tchokhonelidze, I. and Zemchenkov, E., Current status, challenges, and the role of ISN in advancement of nephrology in the Newly Independent States and Russia region, 26 February 2019, [url](#), p. 50

<sup>487</sup> Milchakov, K.S. et al., Renal replacement therapy in the Russian Federation: a 20-year follow-up, 6 August 2020, [url](#), p. 2

<sup>488</sup> Zakharova, E., History, Current Advances, Problems and Pitfalls of Nephrology in Russia, 31 August 2018, [url](#), p. 244; Bikbov, M.M. et al., Chronic kidney disease in Russia: the Ural eye and medical study, 25 May 2020, [url](#), p. 6; Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons; Bikbov, M.M. et al., Chronic kidney disease in Russia: the Ural eye and medical study, 25 May 2020, [url](#), p. 6

<sup>489</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>490</sup> Milchakov, M. et al., Renal replacement therapy in the Russian Federation: a 20-year follow-up, 6 August 2020, [url](#), p. 2

<sup>491</sup> Tchokhonelidze, I. and Zemchenkov, E., Current status, challenges, and the role of ISN in advancement of nephrology in the Newly Independent States and Russia region, 26 February 2019, [url](#), p. 50

<sup>492</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons



## 9.4. Insurance and national programmes

*Healthcare for nephrology is theoretically covered by the OMS public health insurance.<sup>493</sup> RRT is financed by territorial OMS funds under a dedicated budget line for eligible patients, which stretches to include the majority of Russian citizens and legal residents.<sup>494</sup> Kidney transplants are supported by the existence of a deceased donor register<sup>495</sup> and are possible through the hi-tech care scheme. Yet, the public health system only funds HD in inpatient centres rather than at patients' homes and national healthcare regulations finance only this form of dialysis. The vast majority of patients receive HD and PD at the relevant treatment centres, which are either located at hospitals or form dedicated HD centres.<sup>496</sup>* Yet, out-of-pocket payments are still common for some treatments and some are only covered by private health insurance.<sup>497</sup> The OMS covers medication in inpatient settings, such as public hospitals, but not medicines prescribed in outpatient settings. There is no universal medication coverage per se, but certain categories of patients are entitled to subsidised or reduced prices, and some are also entitled to free medications.<sup>498</sup>

Table 6 in Chapter 3 Economic factors lists privilege holders who receive free or discounted medications, and Table 7 lists the conditions that entitle patients to receive free or discounted medications from the state.

Insufficient funding remains a serious problem today.<sup>499</sup> People on low incomes are forced to rely on the public healthcare system out of lack of choice.<sup>500</sup>

*Patients with private healthcare insurance, including VMI, can opt to receive treatment at private healthcare facilities.* Stateless people are obliged to pay for private healthcare as they are not covered by the OMS policy. However, chronic illnesses, including chronic nephrological conditions, are often considered as pre-existent conditions and are not covered under many VMI policies.<sup>501</sup> Table 46 shows the nephrology services that are covered by OMS and private medical insurance, including VMI.

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<sup>493</sup> Tchokhonelidze, I. and Zemchenkov, E., Current status, challenges, and the role of ISN in advancement of nephrology in the Newly Independent States and Russia region, 26 February 2019, [url](#), p. 50

<sup>494</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>495</sup> Tchokhonelidze, I. and Zemchenkov, E., Current status, challenges, and the role of ISN in advancement of nephrology in the Newly Independent States and Russia region, 26 February 2019, [url](#), p. 50

<sup>496</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>497</sup> Tchokhonelidze, I. and Zemchenkov, E., Current status, challenges, and the role of ISN in advancement of nephrology in the Newly Independent States and Russia region, 26 February 2019, [url](#), p. 50

<sup>498</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>499</sup> Baranov et al., Paediatrics in Russia: past, present and future, 2017, [url](#), p. 776

<sup>500</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>501</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons





Programme	Focus	Requirements	Scope of coverage	Nephrology services covered
Mandatory public health insurance (OMS)	<p>Russian citizens and permanent residents, including returning Russian migrants and migrants from ex-Soviet countries.</p> <p>Migrants from ex-Soviet countries can obtain an OMS policy through their employers if the employer agrees.</p>	<p>1. Public/Federal</p> <p>2. Employers finance OMS through contributions, 2-3 % of salary goes into social tax, a percentage of which is paid into a national Russian healthcare fund. Once paid, the employee has the right to free medical care from public Russian healthcare clinics.</p> <p>3. People who cannot work and do not contribute to OMI (e.g. unemployed, pensioners, children, sick people) can still access free basic healthcare.<sup>502</sup></p>	Covers healthcare benefits for all people eligible for OMS	<p>Services included:</p> <ul style="list-style-type: none"> <li>• Kidney failure (KF): accessibility of kidney replacement therapy for patients with KF</li> <li>• Dependence on HD</li> <li>• Kidney transplant</li> <li>• Little use of peritoneal dialysis (PD)</li> <li>• Medications in inpatient settings, such as public hospitals</li> </ul> <p>Services excluded:</p> <ul style="list-style-type: none"> <li>• PD – not excluded in theory but widely not covered in practice</li> <li>• Home HD</li> <li>• Medications in outpatient settings</li> </ul>
Government health insurance programmes for employees of specialist agencies, e.g., law enforcement	Employees of selected government agencies and companies		For the registered individual and sometimes their families	Information not publicly available
Private sector health insurance, including VMI			For the registered individual and/or their family (if an employer purchases VMI for an employee, it	<p>Coverage of services depending on the hospital or medical facility that the specific insurance policy covers. An example list is:</p> <p>Diagnosis:</p> <ul style="list-style-type: none"> <li>• Ultrasound exam</li> <li>• CT scan</li> <li>• MRI scan</li> </ul>

<sup>502</sup> Expatica, Healthcare in Russia: the Russian healthcare system explained, n.d., [url](#)



Programme	Focus	Requirements	Scope of coverage	Nephrology services covered
			usually only covers that individual and not their family)	Treatment: Renal replacement therapies like: <ul style="list-style-type: none"> <li>• Continuous ambulatory peritoneal dialysis (CAPD)</li> <li>• Automated peritoneal dialysis (APD)</li> <li>• Dialysis in a centre</li> <li>• Home haemodialysis</li> <li>• Kidney transplantation (one needs a donor)</li> <li>• Conservative treatment (pain and condition management)<sup>503</sup></li> </ul>

Table 46: Public and private healthcare insurance nephrology coverage in Russia<sup>504</sup>

## 9.5. Cost of treatment

*Nephrology healthcare is provided free of charge under the OMS to all eligible patients in Russia. Treatment prices are 30 %-50 % higher in the private sector. Costs are also higher in wealthier regions than poorer ones.* These statements are based on treatment prices in public facilities for non-eligible patients. Public facilities must adhere to official published prices ('tariffs') determined by the regional OMS funds in settlements with the Territorial Fund of Obligatory Medical Insurance (TFOMS, TΦOMC in Russian), and other public facilities. When public healthcare facilities provide services to patients who are not eligible to receive OMS coverage, prices are regulated by the private healthcare market, as are treatment prices ordinarily at private sector healthcare facilities.<sup>505</sup> Table 48 shows the cost of all relevant treatments for nephrological conditions.

<sup>503</sup> Health Tourism, Treatment of Cystic Diseases of the Kidney in Moscow, [url](#), accessed 17 September 2021; Fresenius Medical Care, Products, therapies and services for healthcare professionals, n.d., [url](#); Diaverum, Treatment, n.d., [url](#)

<sup>504</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>505</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons



### 9.5.1. Methodology of data collection on treatment prices

The price of treatments, diagnostics and equipment were collected using an initial internet search for their availability and costs in Moscow. The websites used are shown in [Table 47](#).

Name and url of website	Subject matter for prices
<a href="https://docdoc.ru/">https://docdoc.ru/</a>	Aggregator of prices and availability of the medical consultations in Moscow from a lot of private clinics
<a href="https://prodoctorov.ru/">https://prodoctorov.ru/</a>	Aggregator of prices and availability of the medical consultations in Moscow from a lot of private clinics
<a href="https://zoon.ru/">https://zoon.ru/</a>	Aggregator of information on prices for various services (including medical)
<a href="https://www.krasotaimedicina.ru/">https://www.krasotaimedicina.ru/</a>	Aggregator of prices and availability of the medical services (surgery, diagnostics, etc.) in Moscow from a lot of private clinics
<a href="https://gemotest.ru">https://gemotest.ru</a> <a href="https://www.invitro.ru/">https://www.invitro.ru/</a>	Costs of laboratory tests and some diagnostics
<a href="https://market.yandex.ru/">https://market.yandex.ru/</a>	Cost of equipment: overview and access to offers from many online and offline shops (medical equipment, orthopaedic supplies, rehabilitation devices, etc.)

Table 47: Websites consulted for treatment prices

The most common prices were compared, and the median price agreed and included in [Table 48](#).

	Treatment Price RUB				Reimbursement/ special programme/free/ comments
	Public Outpatient	Public Inpatient	Private Outpatient	Private Inpatient	
Specialist					
Consultation by an internist	FOC	FOC	1 732	1 732	Price in Moscow
Consultation by a nephrologist	FOC	FOC	2 771	2 771	Price in Moscow





	Public treatment price	Private treatment price RUB	Reimbursement/special programme/free/comments
<b>Laboratory tests</b>			
Acid-base balance in blood and urine; e.g. serum and urine pH, electrolyte levels	FOC	1 992	Price in Moscow
Bacterial cultures	FOC	1 039	Price in Moscow
Electrolytes; potassium, sodium, calcium and magnesium	FOC	4 330	Price in Moscow
PTH, calcium, phosphate	FOC	1 212	Price in Moscow
Renal/kidney function (creatinine, urea, proteinuria, sodium, potassium levels)	FOC	1 472	Price in Moscow
<b>Medical diagnostic procedures</b>			
diagnostic imaging by means of ultrasound ( <i>of the kidney</i> )	FOC	2 165	Price in Moscow
<b>Treatment</b>			
Hospital admission in nephrology department (daily rates) *	FOC	5 196	Price in Moscow
Chronic haemodialysis (3/week); cost of one session	FOC	32 908	Price in Moscow**
Acute hemodialysis ( <i>cost of one session</i> )	FOC	31 869	Price in Moscow**
Transplantation of kidney including pre- and after care (costs of	FOC	1 195 068	Price in Moscow**



	Public treatment price	Private treatment price RUB	Reimbursement/special programme/free/comments
transplantation and costs of pre/after care session/consultation)			
Subdivide price per living donor/diseased donor	FOC	883 311	Price in Moscow**
Surgical placement of an arterial shunt for haemodialysis	FOC	19 918	Price in Moscow**
<b>Notes</b>  FOC: Free of charge to eligible patients.  * Daily rate includes bed and food only, everything else is extra (laboratory and imaging tests, physician consultations, medications and procedures)  ** Queues and quotations foreseen in public sector			

Table 48: Cost of treatments for nephrological conditions in the public and private health systems in Russia

## 9.6. Cost of medication

*Medicines for nephrological conditions are accessible across the whole of the Russian Federation in theory, but in practice access is better in urban and particularly metropolitan regions. Low-income regions have relatively poorer access to medicines, especially imported and expensive ones. Pharmacies, particularly inter-hospital pharmacies, stockpile medicines to mitigate specific shortages.*<sup>506</sup>

The major nephrology medicines are registered in Russia and only registered drugs can be legally produced or imported into the country. Those which are not controlled or restricted may be brought into Russia for personal use.<sup>507</sup> Many nephrology medicines are included on

<sup>506</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>507</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons



the national Vital and Essential Drugs List (VEDL).<sup>508</sup> Prices for medications on this List are regulated and strictly controlled by the state and cannot exceed the formal prices.<sup>509</sup>

The drugs registration process is expensive and cumbersome and it may limit availability of newer medications developed in other countries. In recent years, considerable efforts have been made by the state to encourage medications production in Russia and limit dependency on imports.<sup>510</sup> [Table 50](#) shows the cost of all relevant drug treatments for nephrological conditions.

### 9.6.1. Methodology of data collection on drug prices

The prices of drugs for nephrological conditions were collected using an initial internet search for their availability and costs in Moscow. The website used for the initial search are shown in [Table 49](#).

Name and url of website	Subject matter for prices
<a href="https://apteka.mos.ru/">https://apteka.mos.ru/</a> <sup>511</sup>	Aggregator of prices and availability of the medications in Moscow pharmacies
<a href="https://www.eapteka.ru/">https://www.eapteka.ru/</a>	Big online pharmacy with option of ordering medications that are rare
<a href="https://apteka.ru/">https://apteka.ru/</a>	Big online pharmacy with option of ordering medications that are rare
<a href="https://grls.rosminzdrav.ru/grls.aspx">https://grls.rosminzdrav.ru/grls.aspx</a>	State Register of Medicines

Table 49: Websites consulted for drug prices

The most common prices were compared, and the median price agreed and included in [Table 50](#). Each medication was checked on the VEDL.<sup>512</sup> If medication was not found under a generic name from the internet search, it was checked against the State Register of Medicines. If it was registered, a further internet search was performed using its brand name.

<sup>508</sup> Russia, Administration of the Russian President, Федеральный закон от 12.04.2010 г. № 61-ФЗ Об обращении лекарственных средств. [Federal Law No. 61-FZ of 12 April 2010 'On the Circulation of Medicines'], [url](#)

<sup>509</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>510</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>511</sup> Note from the drafter: The link is functional in Russia, but the site blocks enquiries from non-Russian IP addresses

<sup>512</sup> Russia, Government of the Russian Federation, Распоряжение от 12 октября 2019 № 2406-р Об утверждении перечня жизненно необходимых и важнейших лекарственных препаратов для медицинского применения на 2020 год [Government Decree No. 2406-p of 12 October 2019 'On approval of the list of vital and essential drugs for medical use for 2020'], 12 October 2019, [url](#)



Generic Name	Brand name	Dosage	Form	Number of units in the container	Price per box RUB	Place (pharmacy, hospital)	Reimbursement/ special programme/ free
<b>Hematopoietic growth factor; for anaemia due to renal problems</b>							
Darbepoetin alpha	Aranesp®	30 mcg, 0.3 ml	Injections	1	3 118	Pharmacy	Included in VEDL
Epoetin alpha		2 000 IU	Injections	10	4 330	Pharmacy	Included in VEDL
Epoetin beta		2 000 IU	Injections	10	7 274	Pharmacy	Included in VEDL
<b>Phosphate binders</b>							
Calcium acetate + magnesium carbonate	Osvaren®	435 mg + 235 mg	Tablets	180	3 464	Pharmacy	N/A
Lanthanum carbonate	Forsenol®	500 mg	Tablets	45	not found	Hospital	N/A
Calcium carbonate		1 kg	Powder	1	779	Pharmacy, food supplements shop	N/A
Sevelamer		800 mg	Tablets	180	5 975	Pharmacy	Included in VEDL
<b>Vitamins</b>							





Generic Name	Brand name	Dosage	Form	Number of units in the container	Price per box RUB	Place (pharmacy, hospital)	Reimbursement/ special programme/ free
Alfacalcidol		0.25 mcg	Cap-sule	60	563	Pharmacy	Included in VEDL
Colecalciferol; chole-calciferol		15 000 IU/ml, 10 ml	Drops	1	173	Pharmacy	Included in VEDL
<b>Medication to treat metabolic acidosis</b>							
Sodium bicarbonate (= sodium hydrogen carbonate)		40 mg/ml, 200 ml	Injections	28	1905	Pharmacy	Included in VEDL
<b>General anaemia</b>							
Ferric carboxy-maltose (intravenous iron)	Ferinject®	50 mg/ml, 10 ml	Injections	1	4 763	Pharmacy	Included in VEDL
Ferrous fumarate		30 mg	Tablets	90	390	Pharmacy	Dietary supplement
Ferrous sulphate	Tardiferon®	80 mg	Tablets	30	390	Pharmacy	N/A
<b>Pain medication</b>							
Ibuprofen		400 mg	Tablets	30	87	Pharmacy	Included in VEDL in





Generic Name	Brand name	Dosage	Form	Number of units in the container	Price per box RUB	Place (pharmacy, hospital)	Reimbursement/ special programme/ free
							many forms
Morphine		10, 30, 60, 100 mg	Injections, capsule, tablets	20	N/A	Specialised pharmacies by governmentally paid receipts only	Included in VEDL
Naproxen		275 mg	Tablets	20	398	Pharmacy	N/A
Paracetamol		500 mg	Tablets	20	43	Pharmacy	Included in VEDL
Tramadol		50 mg	Capsule	20	87	Pharmacy	Included in VEDL
Diclofenac		100 mg	Tablets, gel	20	69	Pharmacy	Included in VEDL
Metamizole		500 mg	Tablets	20	69	Pharmacy	N/A
<b>Immunosuppressants</b>							
Azathioprine		50 mg	Tablets	50	390	Pharmacy	Included in VEDL
Ciclosporin		50 mg	Capsule	50	2 252	Pharmacy	Included in VEDL



Generic Name	Brand name	Dosage	Form	Number of units in the container	Price per box RUB	Place (pharmacy, hospital)	Reimbursement/ special programme/ free
Cyclophosphamide		50 mg	Tablets	50	866	Pharmacy	Included in VEDL
Methotrexate		2.5 mg	Tablets	50	303	Pharmacy	Included in VEDL
Methylprednisolone		4 mg	Tablets	30	346	Pharmacy	Included in VEDL
Mycophenolate mofetil		250 mg	Capsule	100	2 685	Pharmacy	Included in VEDL
Tacrolimus		1 mg	Capsule	50	3 118	Pharmacy	Included in VEDL
Hydroxychloroquine	Plaquenyl®	200 mg	Tablets	60	520	Pharmacy	Included in VEDL

Table 50: Cost of drugs for nephrological conditions in the public and private health systems in Russia

## 9.7. NGOs

*There is no evidence of international non-governmental organisations (INGOs) or international organisations operating programmes to provide healthcare to nephrology patients.<sup>513</sup> Some domestic Russian NGOs and non-commercial organisations (NCOs) provide assistance to nephrology patients, in particular to children or people with disabilities (see the chapter Patients with disabilities).<sup>514</sup> However, they rarely help with the costs of and access to*

<sup>513</sup> Author interpretation based on her experience of the research process.

<sup>514</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons



medications as most are only available on prescription and their circulation is strictly controlled by state institutions.<sup>515</sup>

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<sup>515</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons



## 10. Pulmonology

### 10.1. General information

Pulmonology concerns the epidemiology, mechanisms, prevention and diagnosis of diseases involving the respiratory tract.<sup>516</sup> *In the context of this report, pulmonology refers to tuberculosis (TB), asthma and chronic obstructive pulmonary disease (COPD).*

#### 10.1.1. Epidemiological context

*Rosstat report that, in 2018, there were 52 833 000 cases of disease of the respiratory organs. 54 273 000 cases were reported in 2019. In 2018, per 1 000 population, there were 369.8 cases of disease of the respiratory organs and in 2019, there were 356.2 cases per 1 000 population.<sup>517</sup> There is no consistent data on disease prevalence or incidence that is disaggregated by age, gender or region.<sup>518</sup>*

These figures are comprised of aggregated data for the following diseases defined by the MoH: Respiratory diseases: Pneumonia; Allergic rhinitis (hay fever); Acute laryngitis and tracheitis; Chronic diseases of the tonsils and adenoids, peritonsillar abscess; Chronic and unspecified bronchitis, emphysema; Acute obstructive laryngitis [croup] and epiglottitis; Asthma, status asthmaticus; Interstitial, purulent pulmonary diseases, other diseases of the pleura; and Other chronic obstructive pulmonary disease.<sup>519</sup>

There is statistical evidence of a drop in rates of TB. Several studies have estimated rates.<sup>520</sup>

In terms of patient deaths, TB is often comorbid with HIV in infected patients.<sup>521</sup> The number of terminal TB/HIV coinfection cases, however, decreased between 2010 and 2019.<sup>522</sup> In 2017 annual TB mortality rate of 6.5 deaths per 100 000 population appeared to be lower than the minimum rate of 7.4 deaths per 100 000 population documented in 1989.<sup>523</sup>

WHO reported that trachea, bronchus and lung cancers combined were the third leading cause of death in Russia, with an estimated death rate of 37.3 deaths per 100 000 population and were responsible for an estimated 949.2 DALYs in 2019. COPD also ranked highly as

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<sup>516</sup> Healthline, What does a pulmonologist do?, n.d., [url](#)

<sup>517</sup> Rosstat, Население. Здравоохранение. Заболеваемость. Заболеваемость населения по основным классам болезней [Population. Healthcare. Morbidity. Morbidity by major classes of diseases], 30 November 2021, [url](#)

<sup>518</sup> Contact 2, Research Assistant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>519</sup> Contact 2, Research Assistant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>520</sup> Author interpretation based on the sources discussed in the paragraph.

<sup>521</sup> Nechaeva, O.B., Эпидемическая ситуация по туберкулезу в России [Tuberculosis epidemic situation in Russia], 2018, [url](#), pp. 15-16

<sup>522</sup> Nechaeva, O.B., Состояние и перспективы противотуберкулезной службы России в период COVID-19 [The state and prospects of TB control service in Russia during the COVID-19 pandemic], 2020, [url](#), p. 7

<sup>523</sup> Nechaeva, O.B., Эпидемическая ситуация по туберкулезу в России [Tuberculosis epidemic situation in Russia], 2018, [url](#), pp. 15-16

Russia's eighth leading cause of death, with an estimated 25.1 deaths per 100 000 population and a rate of 614 DALYS per 100 000 population. Asthma caused fewer deaths, with only 1.2 cases per population in 2019 and 120 DALYs lost.<sup>524</sup>

Regional variations in the distribution of chronic respiratory diseases (CRDs) are exemplified in statistics published by the Federal State Statistics Service and cited in a 2017 study of CRDs in the North of Russia. This study indicated that in this northern region – a territory consisting of 70 % of the country's landmass with 17.8 % of Russia's total population – experienced a burden of CRDs twice the average of the rest of the country. This was owing to a greater number of risk factors, such as industrial air pollution, occupational hazards and smoking.<sup>525</sup>

### 10.1.2. National programmes and policies on healthcare for pulmonological conditions

*A programme for TB incidence reduction in 2018 to 2027 is in place, with a goal of halving TB incidence in 10 years and with specific goals for each region of Russia and plans to increase the level of formal organisation to detect TB.* A healthcare programme to treat TB in HIV-infected patients was also purported to take place.<sup>526</sup> The Russian government recognised in its Healthcare Development Strategy for the period up to 2025 a need to improve the quality of doctors' training for TB care.<sup>527</sup>

Table 51 lists some leading pulmonology treatment centres in Russia from both the public and private healthcare sectors. These were identified through a search of their websites.

### 10.1.3. Key facilities for the treatment of pulmonological conditions

	State or city	Facility name	Facility type		Specialisms
			Public	Private	
1	Moscow	European Medical Centre		X	
2	St Petersburg	EuroMed Clinic		X	Received an award for best multidisciplinary health centre 2021(a)

<sup>524</sup> WHO, Global Health Observatory, Deaths, DALY, and population in Russian Federation for both sexes aged all ages, n.d., [url](#)

<sup>525</sup> Gambaryan, M.H. et al., Chronic Respiratory Diseases in the Regions of Northern Russia: Epidemiological Distinctions in the Results of a National Population Study, 26 July 2017, [url](#), pp. 1-12

<sup>526</sup> Nechaeva, O.B., Эпидемическая ситуация по туберкулезу в России [Tuberculosis epidemic situation in Russia], 2018, [url](#), p. 16

<sup>527</sup> Russia, Administration of the Russian President, Указ Президента Российской Федерации №254 от 06.06.2019 «О стратегии развития здравоохранения в Российской Федерации на период до 2025 года» [Decree of the President of the Russian Federation No. 254 of 6 June 2019 'On the Strategy for Development of Healthcare in the Russian Federation until 2025'], 6 June 2019, [url](#)

					private healthcare award, global health and pharma)
3	Near Moscow	Krasnaya Pakhra sanatorium		X	Specialist spa for respiratory diseases
4	Kislovodsk	Elorma Clinic		X	Nervous system specialist, specialist spa
5	Samara province	Lesnoye Sanatorium, Tolyatti	X		Focuses on TB, open to patients from all regions
6	Arkhangelsk	Arkhangelsk Regional Anti-tuberculosis Dispensary	X		Has both inpatient and outpatient departments and can provide treatment for all cases of TB, including multidrug-resistant TB (MDR-TB) and extensively drug-resistant TB (XDR-TB) cases

Table 51: Pulmonology treatment centres in Russia from the public and private healthcare sectors

## 10.2. Access to treatment

### 10.2.1. Structure and organisation of the system for pulmonary healthcare in Russia

#### (a) Public healthcare system

*In Russia, patients with suspected pulmonary diseases are treated in the primary healthcare sector in the first instance and referred to secondary hospital care if needed. Patients are initially seen by a district internist or GP.* GPs usually perform routine diagnostic tests, such as a complete blood count, chest radiograph, spirometry or basic metabolic profile, etc. If a diagnosis is still unclear and further consultations and/or tests are required, the patient is referred to a specialist pulmonologist in the same polyclinic or consultative polyclinic. Many pulmonologists work in outpatient settings as consultants rather than in ICUs, unlike physicians in other countries. Patients requiring hospitalisation are admitted to either an internal medicine or pulmonology department at a city or a regional hospital. The latter department only exists in large regional or city hospitals. Therefore, patients in close proximity to these facilities, and in high-income areas which tend to have better medical facilities, have sufficient access healthcare for pulmonological conditions.<sup>528</sup>

<sup>528</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons



Patients with acute or severe respiratory failure are treated at ICU departments. Patients with pulmonary TB (PTB) are treated at specialised facilities called anti-TB dispensaries, which have outpatient and inpatient departments, as well as sanatoriums for recovering patients.<sup>529</sup>

As of 2014, all patients with smear positive tests were admitted to the dispensary for inpatient treatment and smear-negative patients were seen in the outpatient department. All patients with TB and deaths from TB in the region were registered. Each patient who received a diagnosis had to complete a questionnaire to chart sociodemographic characteristics, medical symptoms and any delay. WHO's strategy for TB control – directly observed treatment, short-course (DOTS, also referred to as TB-DOTS) – was active in 2014, as was the MDR TB management programme, a drug management strategy, and ongoing screening according to the WHO diagnostic definition.<sup>530</sup>

### **(b) Private healthcare system**

*Healthcare and treatments in relation to certain pulmonological conditions are also available in the private healthcare sector.<sup>531</sup> As of 2014, no private healthcare providers treated TB.<sup>532</sup>*

Two examples of private treatment centres offering outpatient clinic and inpatient hospital services are:

- JSC “Medicine” in Moscow, which offers prevention, diagnostics and treatment of diseases of the respiratory system, such as bronchitis, asthma, obstructive pulmonary disease and multiple bronchiectasis, pneumonia, allergic alveolitis and fevers of unclear genesis, as well as tests and diagnostic measures including X-ray, ultrasonic investigation and bronchoscopy puncture;<sup>533</sup> and
- the Pirogov National Medical and Surgical Centre in Moscow, which treats acute and chronic bronchitis, chronic cough and shortness of breath of various aetiologies, chronic obstructive pulmonary disease; bronchial asthma, pneumonia and interstitial lung diseases.<sup>534</sup>

## **10.2.2. Limitations to patient access to healthcare for pulmonological conditions in Russia**

*Access to pulmonology specialists, thoracic surgeons and treatment centres can be limited in rural and scarcely populated remote areas and can prove difficult to access.* Most patients in these areas are referred to nearby towns, cities or regional capitals to be reviewed by a

<sup>529</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>530</sup> Kuznetsov, V.N. et al., A comparison between passive and active case finding in TB control in the Arkhangelsk region, 14 February 2014, [url](#), p. 2

<sup>531</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>532</sup> Kuznetsov, V.N. et al., A comparison between passive and active case finding in TB control in the Arkhangelsk region, 14 February 2014, [url](#), p. 2

<sup>533</sup> JSC “Medicine” Clinic of Academician Roytberg, Pulmonology, 2022, [url](#)

<sup>534</sup> Национальный медико-хирургический центр имени Н.И. Пирогова [Pirogov National Medical and Surgical Centre], Consultative and Diagnostic Department, 2022, [url](#)



pulmonologist or thoracic surgeon. Travel costs are borne by the patient, which could be prohibitive and impact their access to healthcare. Low-income patients are reliant on public healthcare, and in poorer areas, experience a lower standard of healthcare.<sup>535</sup>

### 10.2.3. Resources

#### (a) Facilities

*The leading national centre for pulmonology is the Department of Pulmonology and the Clinic of Pulmonology and Respiratory Medicine, at the I.M. Sechenov First Moscow State Medical University* which claims to be the top medical university in Russia.<sup>536</sup> The staff from this department work jointly at the pulmonary, consultative and diagnostic departments and the Department of Functional Diagnostics of the University Clinical Hospital N° 4.<sup>537</sup>

#### (b) Staff

*There are no available statistics enumerating on the availability of pulmonologists throughout Russia's different regions.*<sup>538</sup> There were 732 thoracic surgeons in Russia in 2018, or an estimated rate of 0.05 thoracic surgeons per 10 000 population. However, in some regions - Nenetskiy Autonomous District, Jewish Autonomous Region, Chukotskiy Autonomous District, Altai, Tyva and Khakasiay Republics and others - there were no thoracic surgeons available. Phthisiologist, or phthisiatrist ("фтизиатр" in Russian) is a medical speciality in Russia. These physicians diagnose and treat patients with TB in both in- and outpatient settings. There were 7 015 phthisiologists in Russia in 2018, or an estimated rate of 0.48 phthisiologists per 10 000 population. Of these specialists, 3 158 were district outpatient phthisiologists, for an estimated rate of 0.22 phthisiologists per 10 000 population. These specialists were rather evenly distributed among regions, with a few regions - Kurgan, Arkhangelsk, Ul'yanovsk and Tula regions - having significantly fewer specialists.<sup>539</sup>

## 10.3. Insurance and national programmes

*Like healthcare for the population at large, pulmonology healthcare coverage is provided under the state-funded health insurance system, the OMS.* Healthcare is provided to Russian citizens, permanent legal residents or long-term visa holders and/or legally employed people who hold an OMS policy and have a registered address in Russia. Returning Russian migrants

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<sup>535</sup> Kuznetsov, V. N. et al., A comparison between passive and active case finding in TB control in the Arkhangelsk region, 14 February 2014, [url](#), p. 2; Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>536</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons; Author interpretation based on experience of the research process.

<sup>537</sup> FMSMU, Department of Pulmonology, n.d., [url](#)

<sup>538</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons; Author interpretation based on experience of the research process.

<sup>539</sup> Russia, MoH, 14\_Ресурсы и деятельность медицинских организаций здравоохранения, [14\_Resources and activity of medical healthcare organisations], 2018, [url](#), p. 126



and foreign migrants to Russia are covered by OMS once they are registered as legal residents. Urgent care is universally provided for free.<sup>540</sup>

*The OMS covers pulmonology treatment of all eligible patients, including invasive procedures and surgeries. OMS coverage includes medication in inpatient settings, such as public hospitals, but not medicines prescribed in outpatient settings.* There is no universal medication coverage per se, but certain categories of patients are entitled to subsidised or reduced prices if in receipt of a valid prescription, and some are also entitled to free medications.<sup>541</sup> *Insufficient funding remained a problem as recently as 2017:* government spending on health remained below the 6 % minimum recommended by WHO and was approximately 4 % of GDP.<sup>542</sup>

Table 6 in [Chapter 3 Economic factors](#) lists privilege holders who receive free or discounted medications, and [Table 7](#) lists the conditions that entitle patients to receive free or discounted medications from the state.

### 10.3.1. Private healthcare insurance

*Different forms of private medical insurance, including VMI, enable patients to receive pulmonology healthcare at private facilities. People on low incomes rely on the public healthcare system for pulmonology healthcare.*<sup>543</sup>

[Table 52](#) shows the pulmonology healthcare services that are covered by OMS and private medical insurance, including VMI.

Programme	Focus	Requirements	Scope of coverage	Pulmonology services covered
Mandatory public health insurance (OMS)	Russian citizens and permanent residents, including returning Russian migrants.  Migrants from ex-Soviet countries can obtain an OMS policy	1. Public/Federal 2. Employers finance OMS through contributions, 2 % to 3 % of salary goes into social tax, a percentage of which is paid into a national Russian healthcare fund. Once paid, the employee has	Covers healthcare benefits for all people eligible for OMS	Services included: <ul style="list-style-type: none"> <li>• Inpatient medications during hospital stays</li> <li>• Invasive procedures and surgeries</li> <li>• Medicines for asthma patients</li> <li>• Services excluded</li> <li>• Outpatient medications</li> </ul>

<sup>540</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>541</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>542</sup> Baranov, A. et al., Paediatrics in Russia: past, present and future, 2017, [url](#), p. 776

<sup>543</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

Programme	Focus	Requirements	Scope of coverage	Pulmonology services covered
	through their employers if the employer agrees.	the right to free medical care from public Russian healthcare clinics. 3. People who cannot work and do not contribute to OMI (e.g. unemployed, pensioners, children, sick people) can still access free basic healthcare.		
Government health insurance programmes for employees of specialist agencies, e.g. law enforcement	Employees of selected government agencies and companies		For the registered individual and sometimes their families	Information not publicly available
Private sector health insurance, including voluntary medical insurance (VMI)			For the registered individual and/or their family (if an employer purchases VMI for an employee, it usually only covers that individual and not their family)	Available services depending on the hospital or medical facility that the insurance covers. An example list is: <ul style="list-style-type: none"> <li>• Bronchoscopy</li> <li>• Drainage of the pleural cavity</li> <li>• Mediastinotomy</li> <li>• Pleuroscopy (also called thoracoscopy)</li> <li>• Tracheostomy</li> <li>• Tracheotomy</li> </ul>

Table 52: Public and private healthcare insurance coverage in Russia<sup>544</sup>

<sup>544</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons



### 10.3.2. International donor programmes

*The search conducted for this MedCOI report found no evidence of pulmonology healthcare being provided by international donor programmes or foundations.* However, the charitable foundation TAC Fund supports people with TB as well as cancer and HIV/AIDS.<sup>545</sup>

## 10.4. Cost of treatment

### 10.4.1. Overview

*Pulmonology healthcare is provided free of charge under the OMS to all eligible patients in Russia. Treatment prices are 30 % to 50 % higher in the private sector than the public health system. Costs are also higher in wealthier regions than poorer ones.* Public facilities must adhere to official published prices while prices in private facilities are regulated by the private healthcare market.<sup>546</sup>

Table 54 shows the cost of all relevant treatments for pulmonological conditions.

### 10.4.2. Methodology of data collection on treatment prices

The prices of treatments, diagnostics and equipment were collected using an initial Internet search for their availability and costs in Moscow. Websites used are shown in Table 53.

Name and url of website	Subject matter for prices
<a href="https://docdoc.ru/">https://docdoc.ru/</a>	Aggregator of prices and availability of the medical consultations in Moscow from a lot of private clinics
<a href="https://prodoctorov.ru/">https://prodoctorov.ru/</a>	Aggregator of prices and availability of the medical consultations in Moscow from a lot of private clinics
<a href="https://zoon.ru/">https://zoon.ru/</a>	Aggregator of information on prices for various services (including medical)
<a href="https://www.krasotaimedicina.ru/">https://www.krasotaimedicina.ru/</a>	Aggregator of prices and availability of the medical services (surgery, diagnostics, etc.) in Moscow from a lot of private clinics
<a href="https://gemotest.ru">https://gemotest.ru</a> <a href="https://www.invitro.ru/">https://www.invitro.ru/</a>	Costs of laboratory tests and some diagnostics

<sup>545</sup> ТАК надо! Благотворительный фонд поддержки людей, больных раком, ВИЧ, СПИДом, туберкулезом [TAKE it! Charitable Foundation for Support of People with Cancer, HIV, AIDS, Tuberculosis], What we do, n.d., [url](#)

<sup>546</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons





Name and url of website	Subject matter for prices
<a href="https://market.yandex.ru/">https://market.yandex.ru/</a>	Cost of equipment: overview and access to offers from many online and offline shops (including medical equipment, orthopaedic supplies, rehabilitation devices, etc.)

Table 53: Websites consulted for treatment prices

The most common prices were compared, and the median price agreed and included in [Table 54](#).

	Treatment Price RUB				Reimbursement/ special programme/free/ comments
	Public outpatient	Public inpatient	Private outpatient	Private inpatient	
Specialist					
Consultation by a pulmonologist	FOC	FOC	2 511	2 511	Prices in Moscow
Consultation by a general practitioner	FOC	FOC	4 763	4 763	Prices in Moscow

	Treatment Price RUB		Reimbursement/ special programme/ free/ comments
	Public	Private	
Laboratory tests			
Drug resistance test for tuberculosis (drugs)	FOC	-	
Sputum smear microscopy (tuberculosis)	FOC	779	
Diagnostic research: PCR for M.Tuberculosis	FOC	1732	
Diagnostic investigation			



	Treatment Price RUB		Reimbursement/ special programme/ free/ comments
	Public	Private	
Diagnostic research, in the form of lung function tests (i.e., spirometry)	FOC	1 732	Price in Moscow
Bronchoscopy	FOC	10 652	Price in Moscow
Diagnostic research: measuring arterial blood gas; arterial pH, pCO <sub>2</sub> , "base excess", arterial oxygen saturation	FOC	1 039	Price in Moscow
Diagnostic research: measuring of blood oxygen level (e.g. pulse oximetry)	FOC	520	Price in Moscow
<b>Medical devices pulmonology</b>			
Breathing machines (ventilator, etc.)	FOC	597 534	Price in Moscow**
Medical devices pulmonology: nebuliser	FOC	4 417	Price in Moscow
Spacer (with mask) for inhaler with asthma medication	FOC	1 992	Price in Moscow**
Medical devices pulmonology: oxygen therapy with device and nasal catheter	FOC	779 / 1 hour	Price in Moscow**
Medical devices pulmonology: oxygen therapy with O <sub>2</sub> pressure tank	FOC	1 472 / session	Price in Moscow**
<b>Treatment</b>			
Hospital admission in pulmonology department (daily rates)*	FOC	5 196	Prices in Moscow



	Treatment Price RUB		Reimbursement/ special programme/ free/ comments
	Public	Private	
<b>Notes</b>  FOC    Free of charge to eligible patients  * Daily rate includes bed and food only, everything else is an extra (laboratory and imaging tests, physician consultations, medications and procedures)  ** Queues and quotations foreseen in public sector			

Table 54: Cost of treatments for pulmonological conditions in the public and private health systems in Russia

## 10.5. Cost of medication

### 10.5.1. Overview

*Medicines for pulmonological conditions are accessible across Russia in theory, but access is much better in urban and particularly metropolitan regions.*<sup>547</sup> Pharmacies, particularly inter-hospital pharmacies, stockpile medicines to mitigate specific shortages. The major medicines for pulmonological diseases are registered in Russia and only registered drugs can be legally produced or imported into the country. Many are included on the national VEDL.<sup>548</sup> Prices for medications on this list are regulated and strictly controlled by the state, and those prescribed in public facilities must adhere to prices, i.e. tariffs determined by regional OMS funds.

The registration process is expensive and cumbersome and it may limit the availability of newer medications developed in other countries. In recent years, considerable efforts have been made by the state to encourage medications production in Russia and limit dependency on imports.<sup>549</sup>

<sup>547</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>548</sup> Russia, Government of Russian Federation, Распоряжение от 12 октября 2019 № 2406-р Об утверждении перечня жизненно необходимых и важнейших лекарственных препаратов для медицинского применения на 2020 год [Government Decree No. 2406-p of 12 October 2019 'On approval of the list of vital and essential drugs for medical use for 2020'], 12 October 2019, [url](#), pp. 260-261

<sup>549</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons



### 10.5.2. Methodology of data collection on drug prices

The prices of drugs for pulmonological conditions were collected using an initial Internet search for their availability and costs in Moscow. The websites used for the initial search are shown in [Table 56](#).

Name and url of website	Subject matter for prices
<a href="https://apteka.ru/">https://apteka.ru/</a> <sup>550</sup>	Aggregator of prices and availability of the medications in Moscow pharmacies
<a href="https://www.eapteka.ru/">https://www.eapteka.ru/</a>	Big online pharmacy with option of ordering medications that are rare
<a href="https://apteka.ru/">https://apteka.ru/</a>	Big online pharmacy with option of ordering medications that are rare
<a href="https://grls.rosminzdrav.ru/grls.aspx">https://grls.rosminzdrav.ru/grls.aspx</a>	State Register of Medicines

Table 55: Websites consulted for drug prices

The most common prices were compared, and the median price agreed and included in [Table 57](#). Each medication was checked on the VEDL and if not found under a generic name from the Internet search, it was checked against the State Register of Medicines.<sup>551</sup> If it was registered, a further Internet search was performed using its brand name.

Generic name	Brand name	Dosage	Form	Number of units in the container	Price per box RUB	Place (Pharmacy, hospital)	Reimbursement/ special programme/ free
First line TB medicines							

<sup>550</sup> Note from the drafter: The link is functional in Russia, but the site blocks enquiries from non-Russian IP addresses

<sup>551</sup> Russia, Government of Russian Federation, Распоряжение от 12 октября 2019 № 2406-р Об утверждении перечня жизненно необходимых и важнейших лекарственных препаратов для медицинского применения на 2020 год [Government Decree No. 2406-p of 12 October 2019 'On approval of the list of vital and essential drugs for medical use for 2020'], 12 October 2019, [url](#), pp. 260-261





Generic name	Brand name	Dosage	Form	Number of units in the container	Price per box RUB	Place (Pharmacy, hospital)	Reimbursement/ special programme/ free
Combination of isoniazid +rifampicin +ethambutol +pyrazina-mide (e.g. with brand name Forecox®)		75 mg, 400 mg, 150 mg, 275 mg	Tablets	100	3 897	Pharmacy	Included in VEDL
Ethambutol		400 mg	Tablets	100	8 920	Pharmacy	Included in VEDL
Isoniazid		10 %, 5 ml	Injections	10	52	Pharmacy	Included in VEDL
Pyrazinamide		500 mg	Tablets	100	3 464	Pharmacy	Included in VEDL
Rifampicin		150 mg	Injections	10	433	Pharmacy	Included in VEDL
<b>Second/third line TB medicines (e.g. with MDR and XDR TB and/or HIV+TB)</b>							
Amikacin		250 mg/ml, 2 ml	Injections	10	606	Pharmacy	Included in VEDL
Bedaquiline	Sirturo®	100 mg	Tablets	188	21 130	Pharmacy	Included in VEDL
Linezolid		600 mg	Tablets	10	10 912	Pharmacy	Included in VEDL





Generic name	Brand name	Dosage	Form	Number of units in the container	Price per box RUB	Place (Pharmacy, hospital)	Reimbursement/ special programme/ free
Moxifloxacin (hydrochloride)		400 mg	Tablets	5	606	Pharmacy	Included in VEDL
Rifabutin		150 mg	Capsule	30	3 291	Pharmacy	Included in VEDL
Terizidone		300 mg	Capsule	100	26 846	Pharmacy	Included in VEDL
<b>Combined anti-asthmatics</b>							
Acclidinium + formoterol	Duaklir Genuair	340 mcg + 11,8 mcg/ dose	powder	1	2 771	Pharmacy	N/A
Beclometasone + formoterol (combination)	Foster	100 mcg + 6 mcg/ dose	inhaler	120	2 252	Pharmacy	Included in VED
Indacaterol + glycopyrrolate (combination)	Ultibro Breezhaler	50 mcg + 110 mcg	capsule	30	2 944	Pharmacy	Included in VEDL
Ipratropium + fenoterol (combination)		0,25 mg + 0,5 mg/ml, 20 ml	solution for inhalations	1	303	Pharmacy	Included in VEDL





Generic name	Brand name	Dosage	Form	Number of units in the container	Price per box RUB	Place (Pharmacy, hospital)	Reimbursement/ special programme/ free
Salbutamol + ipratropium	Ipramol Steri-neb	0,2 mg + 1 mg/ml 2,5 ml	Inhalations	60	9 872	Pharmacy-registered but not on sale	Not in VEDL as separate medication
Salmeterol + fluticasone (propionate)	Sere-tide	12 mcg/ 125 mcg/ dose	aerosol	120	1472	Pharmacy	Included in VEDL
Tiotropium + olodaterol	Spiolto Res-pimat	2,5 mcg + 2,5 mcg/ dose, 4 ml	solution	1	2 858	Pharmacy	Included in VEDL
Vilanterol + fluticasone furoate (combination)	Relvar Ellipta	22 mcg + 92 mcg/ dose	powder	30	1819	Pharmacy	Included in VEDL
<b>Separate anti-asthmatics</b>							
Formoterol		12 mcg	capsule for inhalation	60	779	Pharmacy	Included in VEDL
Omalizumab	Xolair	150 mg	Inject-tions	1	21 390	Pharmacy	Included in VEDL
Montelukast sodium		10 mg	tablets	28	1645	Pharmacy	N/A
Salbutamol		100 mcg/ dose	inhaler	200	173	Pharmacy	Included in VEDL



Generic name	Brand name	Dosage	Form	Number of units in the container	Price per box RUB	Place (Pharmacy, hospital)	Reimbursement/ special programme/ free
Salmeterol + fluticasone		25 mcg + 50 mcg/ dose	inhaler	120	433	Pharmacy	Included in VEDL
Theophylline	Theophylline, Teotard	200 mg	tablets	50	216	Pharmacy	N/A
<b>Inhalation corticosteroids</b>							
Beclo-metasone		50 mcg/ dose	spray	200	173	Pharmacy	Included in VEDL
Budesonide		0,5 mg	Suspension	20	1299	Pharmacy	Included in VEDL
Fluticasone	Flixotide	125 mcg/ dose	inhaler	60	1126	Pharmacy	Not in VEDL as separate medication
<b>Parasympatholytics</b>							
Acidinium bromide	Beatris Dzhenueir	322 mcg/ dose	powder	60	1472	Pharmacy	N/A
Glycopyrronium bromide	Sibri Breather	50 mcg/ dose	capsule for inhalation	30	1819	Pharmacy	Included in VEDL



Generic name	Brand name	Dosage	Form	Number of units in the container	Price per box RUB	Place (Pharmacy, hospital)	Reimbursement/special programme/free
Ipratropium	Atro-vent	20 mcg/dose	inhaler	200	390	Pharmacy	Included in VEDL
Ipratropium + fenoterol (combination)	Bifra-dual; Inspirax	0,25 mg + 0,5 mg/ml, 20 ml	Inhalations	1	346	Pharmacy	Included in VEDL
Tiotropium	Spiriva	2,5 mcg/dose, 4 ml	solution	1	2 165	Pharmacy	Included in VEDL

Table 56: Cost of drugs for pulmonological conditions in the public and private health systems in Russia

## 10.6. NGOs

*There are international and domestic non-government organisations active in the field of TB prevention.*<sup>552</sup> It was reported by international NGO (INGO) the Red Cross in 2016, that its Russian branch ran an information campaign since 2015 to distribute health education materials about TB prevention at a detention centre for undocumented migrants in Moscow.<sup>553</sup>

Some domestic Russian NGOs and NCOs provide assistance to pulmonary disease patients, especially children and people with disabilities. Their help rarely includes medications as most are only available on prescription, and the circulation of medication is strictly regulated and controlled by the state.<sup>554</sup>

<sup>552</sup> Author interpretation based on experience of the research process.

<sup>553</sup> Anca, A., Red Cross raises TB awareness among women held in Russia, IFRC, 24 March 2016, [url](#), accessed 13 September 2021

<sup>554</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons; Easy Breathing Charity Fund, Implemented projects, n.d., [url](#)



# 11. Paediatrics

## 11.1. General Information

Paediatric medicine encompasses children's physical, psychosocial, developmental and mental health. It begins periconceptually and stretches through gestation, infancy, childhood, adolescence and young adulthood.<sup>555</sup> *In the context of this report, paediatric illnesses refer to epilepsy, congenital heart diseases, feeding/nutritional problems, asthma, congenital (metabolic) disorders, mental health problems, and development disorders like speech problems or motor disorders.*

### 11.1.1. Epidemiological context

*According to the Russian Federal State Statistics Service, the estimated annual prevalence of paediatric illnesses was 45 210 900 cases among children between ages 0 and 14 in 2017.*<sup>556</sup>

All paediatric cases of illness, including acute respiratory illnesses that some children contract three to four times per year, are included in these figures.<sup>557</sup> More details can be found in the publication "Childhood diseases and causes of illness included in paediatric prevalence and incidence statistics, 2017 and 2019".<sup>558</sup> *The Federal State Statistics Service reported that, on 1 January 2021, there were 704 000 children (ages 0-17), registered as disabled.*<sup>559</sup>

### 11.1.2. National programmes and policies

*Universal paediatric healthcare is offered under the public health system in Russia and is free for children aged 0 to 18. Children's healthcare is enshrined in a set of national healthcare principles defined by the Federal Law No. 323-FZ 'On fundamental healthcare principles in the Russian Federation' as a priority (Article 7 of the Federal Law). In 2017,*

<sup>555</sup> Hardin, A.P. et al., Age limit of pediatrics, September 2017, [url](#), p. 1

<sup>556</sup> Russia, MoH, Статистический сборник 2017 год Заболеваемость детей в возрасте 0-14 лет по основным классам болезней [Statistical Compendium 2017, Morbidity for children aged 0-14 years by main disease class], 5 July 2018, [url](#); Rosstat, Население. Здравоохранение. Заболеваемость. Заболеваемость населения по основным классам болезней [Population. Healthcare. Morbidity. Morbidity by major classes of diseases], 30 November 2021, [url](#)

<sup>557</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>558</sup> Russia, MoH, Статистический сборник 2017 год Заболеваемость детей в возрасте 0-14 лет по основным классам болезней [Statistical Compendium 2017, Morbidity for children aged 0-14 years by main disease class], 5 July 2018, [url](#); Rosstat, Население. Здравоохранение. Заболеваемость. Заболеваемость населения по основным классам болезней [Population. Healthcare. Morbidity. Morbidity by major classes of diseases], 30 November 2021, [url](#)

<sup>559</sup> Rosstat, Население. Положение инвалидов. Уровень Инвалидизации. 1.2. Распределение инвалидов по полу и возрасту [Population. The situation of the disabled. Disability level. 1.2 Distribution of persons with disabilities by sex and age], 9 April 2021, [url](#)



Russian president Vladimir Putin announced in a Decree of the President of the Russian Federation (No. 240 of 29 May 2017) that 2018-2027 would be a 'Childhood Decade'.<sup>560</sup>

*Paediatric healthcare coverage is clearly evolving as new provisions are added.* For example, in January 2021, Putin signed a decree to establish a state fund entitled 'Circle of Good'. Its purpose is to help children with severe, life-threatening and chronic diseases, including rare ones, by allowing the purchase of medications and medical devices not registered in Russia. If appropriate care is not available in Russia, the fund may also pay for the treatment abroad.<sup>561</sup> In March 2021, medications for three new orphan diseases were added to the fund's coverage list.<sup>562</sup>

### 11.1.3. Content and structure of the paediatric healthcare system

*The paediatric system is oriented at prevention* although this has not always been the case in the post-Soviet period. Medical writer T. Parfitt wrote in 2005 that the emphasis was on treatment rather than prevention.<sup>563</sup> Some of its key programmes are as follows:

#### (a) Dedicated government initiatives

*These included the 'National Health Project' in the early 2000s, which encouraged the implementation of measures to support maternal and infant care, and previously the presidential programme, 'Children of Russia', which supplied additional funding and monitoring for important issues in children's healthcare.*<sup>564</sup> Two national projects were running during the summer of 2021, entitled 'Healthcare' and 'Demography'.<sup>565</sup>

#### (b) Health monitoring through paediatric examinations

*According to the Russian MoH, the health of up to 90 % of all infants and children is monitored throughout childhood via a programme of paediatric examinations under the primary healthcare system.*<sup>566</sup> Infants are given preventive examinations up to 26 times per year in their first year of life by a paediatrician and other medical specialists. Then, children are assessed annually by a paediatrician until the age of 18.<sup>567</sup> They are also assessed at set stages in childhood: before entering nursery and primary school, and later at school. Routine tests (blood, urine, ultrasound and electrocardiogram) are also carried out during childhood. A

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<sup>560</sup> Yuryev V.K. et al., Parent appraisal of accessibility and quality of general medical service rendered to children residing in rural area, *Revista Latinoamericana de Hipertensión*, 13(6), 2018, [url](#), pp. 592-597

<sup>561</sup> Russia, Administration of the Russian President, Указ Президента РФ от 05.01.2021 «О создании Фонда поддержки детей с тяжелыми жизнеугрожающими и хроническими заболеваниями, включая редкие (орфанные) заболевания, «Круг добра» ['On the establishment of a Fund to support children with severe life-threatening and chronic diseases, including rare (orphan) diseases, "Circle of Good"'], 5 January 2021, [url](#)

<sup>562</sup> GpX News, The Circle of Good Fund will provide medicines for children with three more orphan diseases, 9 March 2021, [url](#)

<sup>563</sup> Parfitt T., The Health of Russia's Children, 30 July 2005, [url](#), p. 357

<sup>564</sup> Baranov, A. et al., The Russian Child Health Care System, 2016, [url](#), p. S151

<sup>565</sup> Russia, MoH, Национальные проекты «Здравоохранение» и «Демография» [National projects 'Healthcare' and 'Demography'], 11 July 2019, [url](#)

<sup>566</sup> Baranov, A., et al., The Russian Child Health Care System, 2016, [url](#), p. S150; Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>567</sup> Baranov, A. et al., Paediatrics in Russia: past, present and future, 2017, [url](#), p. 776



child undergoes a total of 29 examinations by the age of 18.<sup>568</sup> Russia's MoH has estimated these examinations reach 90 % to 92 % of children in Russia aged 0 to 18 years.<sup>569</sup>

### (c) Screening

*Neonatal screening is offered for the following diseases: phenylketonuria, congenital hypothyroidism, adrenogenital syndrome, galactosaemia and cystic fibrosis. In their first year of life, children are offered audiological screening to help diagnose any hearing impairments so that they can be addressed as early as possible.*<sup>570</sup>

### (d) Vaccinations

*Vaccines are covered by the paediatric system for children aged 0 to 18 and are funded by the federal health budget, meaning that they are free.* The national programme for vaccinations is called the National Vaccinations Calendar (Russian: Национальный календарь профилактических прививок). It was established by the MoH Order No. 125n from 21 March 2014, 'Regarding establishing of the national prophylactic vaccinations calendar and calendar of prophylactic vaccinations for epidemiological indications'.<sup>571</sup> It is aligned with WHO recommendations with some exceptions: rotavirus and papillomavirus immunisation, and multicomponent vaccines are not currently covered. Vaccination coverage reaches 95 % to 97 % of children, which is one of the highest inoculation rates in the world, which is owed to the careful monitoring of children in local areas.<sup>572</sup>

*Children aged 0 to 18 are eligible to receive the following vaccinations: hepatitis B, tuberculosis, whooping cough, diphtheria, tetanus, polio, measles, rubella, mumps, influenza, Haemophilus influenzae, pneumococcus, parotitis and pertussis, and their revaccinations.*<sup>573</sup>

### (e) Vulnerable and mistreated children

*A key priority of the paediatric healthcare system is supporting vulnerable and mistreated children through services provided at paediatric polyclinics.* Children's mental health is prioritised with early detection of psychosocial risk factors.<sup>574</sup> Medical and social assistance is provided for children and their families who are experiencing difficult situations.<sup>575</sup> Assistance is for instance provided in case of as parental divorce, single-parent families, so-called

<sup>568</sup> Baranov, A. et al., The Russian Child Health Care System, 2016, [url](#), p. S152

<sup>569</sup> Baranov, A. et al., Paediatrics in Russia: past, present and future, 2017, [url](#), p. 776

<sup>570</sup> Baranov, A. et al., Paediatrics in Russia: past, present and future, 2017, [url](#), p. 775

<sup>571</sup> Russia, MoH, Приказ Минздрава России от 21.03.2014 № 125н "Об утверждении национального календаря профилактических прививок и календаря профилактических прививок по эпидемическим показаниям" [Order of the Ministry of Health of Russia No.125n of 21 March 2014 'On approval of the national calendar of preventive vaccinations and the calendar of preventive vaccinations according to epidemic indications'], 19 January 2016, [url](#)

<sup>572</sup> Baranov, A. et al., The Russian Child Health Care System, 2016, [url](#), p. S151

<sup>573</sup> Baranov, A. et al. The Russian Child Health Care System, 2016, [url](#), p. S151; Russia, MoH, Национальный календарь профилактических прививок [National calendar of prophylactic vaccinations], n.d., [url](#)

<sup>574</sup> Baranov, A. et al., Paediatrics in Russia: past, present and future, 2017, [url](#), p. 776

<sup>575</sup> Baranov, A. et al., The Russian Child Health Care System, 2016, [url](#), p. S152



dysfunctional families which experience issues with alcohol, drugs, legal issues, etc.<sup>576</sup> Also those who are considered to be at social risk of developing mental health problems are provided with assistance.<sup>577</sup>

### 11.1.4. Main paediatric medical facilities

Table 57 shows a sample of paediatric treatment centres in Russia offering secondary and tertiary medical services for child patients from both public and private healthcare sectors. These were identified through a search of their websites.

	State or city	Facility name	Facility Type		Specialisms
			Public	Private	
1	Moscow	The Russian Children's Clinical Hospital	X	Paid services available	Claimed largest children's multi-profile hospital complex in Russia; has Russia's only paediatrics kidney transplant unit; modern diagnostic and therapeutic equipment; research into the treatment of complex diseases. World rank: 250.
2	Moscow	Morozov Children's Hospital	X		Includes Centre for paediatric stroke; well established, among the city's largest and has first child's cardiology department.
3	Moscow	Filatovskaya Children's Hospital		X	Mother and Child: chain of multidisciplinary children's hospitals and clinics in Moscow and 27 cities. World rank 2748.
4	Moscow	Moscow Region Paediatric Psychoneurological Hospital		X	Part of Treat-NMD Neuromuscular network; performs clinical trials, received EU and other funding. Includes Centre for Life of Genetic Medicine.

<sup>576</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>577</sup> Baranov, A. et al., Paediatrics in Russia: past, present and future, 2017, [url](#), p. 776





	State or city	Facility name	Facility Type		Specialisms
			Public	Private	
5	Moscow	GEMC Children's Hospital		X	Part of the European Medical Centre (see below).
6	Moscow	Medsil		X	Multidisciplinary children's clinic; part of a nationwide network of Medsi clinics, i.e. in Volgograd, Perm, Bryansk, Barnaul, Izhevsk, Nyagan, Nizhnevartovsk.
7	St Petersburg	St Petersburg Children's City Hospital	X		Claimed the leading children's hospital in St Petersburg. Many departments and services unique in North-western Russia; scientific and clinical centres of St Petersburg medical universities; hi-tech medical and diagnostic complex.
8	St Petersburg	St Mary Magdalene Children's City Hospital	X		
9	Yekaterinburg	Republican Children Clinical Hospital,	X with paid services		High-tech and emergency hospital, and an organisational and methodological centre. Coordinate the paediatric healthcare in the Republic of Tatarstan.  Three polyclinics and a Health Centre for Children for 1 508 visits per shift: two of them (No. 1 and No. 2) function as consultative polyclinics for children from Tatarstan. The children's polyclinic "Azino" functions as a polyclinic serving Kazan's population of more than 38 000 children aged 0 to 17. Plans for a children's centre of





	State or city	Facility name	Facility Type		Specialisms
			Public	Private	
					oncology, haematology and surgery. <sup>578</sup>
10	Kazan	Regional Children Clinical Hospital	X		<p>Multidisciplinary children's hospital providing hi-tech treatment to children and post-parturient women from across the Sverdlovsk Region, the Urals Federal District and other parts of Russia.</p> <p>Includes separate children's palliative hospice. Hospital has accommodation for parents (not free). Has regional perinatal care centre.</p>
11	Krasnodar	Regional Children Clinical Hospital	X with paid services		<p>Free admission via clinic/paediatrician referral to specialist in diagnostic centre.</p> <p>Paid admission directly to the hospital for the following services:</p> <ul style="list-style-type: none"> <li>• paediatricians</li> <li>• haematologists</li> <li>• endocrinologists</li> <li>• neurologists</li> <li>• cardiologist</li> <li>• rheumatologist</li> <li>• infectious disease specialists</li> <li>• dermato-venerologists</li> <li>• nephrologists</li> <li>• urologists</li> <li>• psychologists</li> <li>• surgeons</li> <li>• orthopaedic surgeons</li> <li>• maxillofacial surgeons</li> <li>• orthodontists</li> <li>• gastroenterologists</li> <li>• ENT specialist</li> <li>• an audiologist</li> <li>• speech therapists</li> </ul>

<sup>578</sup> Realnoe Vremya, 'It has long been needed' — Kazan to open children's cancer centre worth 2bn rub in 2 years, 6 December 2019, [url](#)



	State or city	Facility name	Facility Type		Specialisms
			Public	Private	
					<ul style="list-style-type: none"> <li>• allergists</li> <li>• pulmonologists</li> <li>• ophthalmologists</li> </ul>
12	Moscow	Family and Health Children's Centre		X	
13	Moscow	Maryino South East Municipal District, DMC Children's Medical Centre "Healthy Generation"		X	
14	Moscow	ON Clinic Baby		X	
15	Moscow	Natural Child Health and Development Centre		X	
16	Moscow	DMC Human Health Children's Centre		X	
17	Moscow	Markushka Children's Clinic		X	Multidisciplinary centre
18	Moscow	Premier Medica		X	Specialised centre in paediatric medicine



	State or city	Facility name	Facility Type		Specialisms
			Public	Private	
19	Moscow	Moscow Children's Center of Neurology and Pediatrics		X	

Table 57: Examples of paediatric medical and treatment centres in Russia<sup>579</sup>

## 11.2. Access to treatment

### 11.2.1. Facilities and organisation

#### (a) Public healthcare system

*The key institution for outpatient paediatric care is the local paediatric polyclinic, which is staffed by district-level paediatricians and nurses. Paediatric polyclinics service specific neighbourhoods so parents of child patients will automatically be registered with one in their local area. Parents can choose a particular paediatrician who will serve as a child's primary doctor.<sup>580</sup> The lead figure at paediatric polyclinics is the district paediatrician (DP), the primary medical focal point for childhood illness.<sup>581</sup>*

The DP may be one of the following types of paediatric specialist: paediatric neurologist, otolaryngologist, allergy, specialist or cardiologists, etc. and will be supported by auxiliary staff, such as speech therapists. In the first instance, the parents of the child patient will contact the DP by phone for medical advice and may request a home visit accompanied by a ground ambulance team (GA team) if a child becomes severely ill. Emergency paediatric care (for poisoning, injuries, etc.) is provided by GA teams who will travel to the child's location. A child will remain under care of the DP and a specialist paediatrician if needed. They may be admitted to hospital when and if necessary to either a general paediatric hospital or a specialised department of a children's hospital.<sup>582</sup>

*The state/public paediatric healthcare system is made up of a network of outpatient and inpatient facilities and rehabilitation centres, some of which are replacing the sanatoriums*

<sup>579</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>580</sup> Baranov, A. et al., The Russian Child Health Care System, 2016, [url](#), p. S151

<sup>581</sup> Baranov, A. et al., Paediatrics in Russia: past, present and future, 2017, [url](#), p. 152

<sup>582</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons



and 'health resorts' of the 1990s.<sup>583</sup> These facilities and centres combine to provide all essential healthcare services, including prevention, diagnostics, medical, rehabilitative and palliative treatments, with additional institutions, such as orphanages and palliative facilities.<sup>584</sup> In the first instance, primary healthcare is offered in outpatient and paediatric polyclinics.

Child polyclinics deliver essential healthcare services, as shown in [Table 58](#) including prevention and therapeutic services, such as vaccinations and health monitoring. They are staffed by the key figure, a DP, paediatric medical specialists, and auxiliary medical staff, and are equipped with diagnostic, therapeutic and rehabilitation equipment for outpatient care, and medical devices. Mental health services for children and teenagers are increasingly integrated into paediatric polyclinics, which in some regions include a psychiatrist. Mild cases and minor issues can be addressed in regular polyclinics.<sup>585</sup>

Paediatric polyclinic's departments of psychiatric health and psychosocial care provide access to psychologists, social workers, and lawyers for children at risk of harm or psychosocial issues.<sup>586</sup> Serious and severe mental health conditions are treated in outpatient or inpatient psychiatric institutions.<sup>587</sup> Other institutions that support vulnerable adolescents are 'youth-friendly health centres.'<sup>588</sup>

Healthcare services provided by paediatric polyclinics in Russia
Provision of preventive, consultative, diagnostic and medical assistance and care for entrusted children
Antenatal care provided by the district paediatrician
Primary nursing care for neonates and infants
Hearing screen for neonates and infants who were not examined for hearing impairments at maternity facilities
Transfer of information about neonates and infants with hearing impairment identified by means of hearing screen at the centre (office) of hearing rehabilitation, as well as the transferral of children with hearing impairment to the rehabilitation centre for diagnosis

<sup>583</sup> Baranov, A. et al., The Russian Child Health Care System, 2016, [url](#), p. S151

<sup>584</sup> Baranov, A. et al., Paediatrics in Russia: past, present and future, 2017, [url](#), p. 775

<sup>585</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>586</sup> Baranov, A. et al., Paediatrics in Russia: past, present and future, 2017, [url](#), p. 776

<sup>587</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>588</sup> Baranov, A. et al., The Russian Child Health Care System, 2016, [url](#), pp. S152-S153





<b>Healthcare services provided by paediatric polyclinics in Russia</b>
Preventative examinations of children, including children at educational institutions
Provision of appropriate nutrition – for children, under 3, as well as children living and studying in educational institutions
Medical examinations of students at educational institutions before and during the period of practical training (at the organisations), of which all employees are subject to preliminary and periodic examinations
Observation of children engaged in physical education and sports
Organisation and implementation of immunoprophylaxis (e.g. vaccines) of infectious diseases
Organisation of preventive measures, detection of early and hidden forms of diseases, as well as socially significant diseases, including hepatitis B and C, HIV, tuberculosis, identification of risk factors regarding diseases, disabilities and child mortality
Organisation and implementation of anti-epidemic and preventive measures and events at centres of infectious diseases
Transferal of children with medical indications to the appropriate hospital for examination and treatment
Organisation of diagnostic and therapeutic in-home care
Organisation of appropriate follow-up care for children with chronic illnesses, children with disabilities, measures to ensure timely recovery thereof
Protection of children's reproductive health
Implementation of individual rehabilitation programmes for children with disabilities
Implementation of examinations by specialists to determine a temporary disability of parents (or legal representatives) and working or ill children



Healthcare services provided by paediatric polyclinics in Russia
Provision of medical and social expertise in order to establish a disability by determining a given medical indication
Implementation of medical, social and psychological assistance to children and families with children
Medical and social support for admissions to educational institutions
Organisation of medical care for children at recreational institutions
Analysis of the basic medical and statistical rates of morbidity, disability and mortality within children in the appointed area
Sanitary and hygienic education and training of children and their parents (or legal representatives)
Personal, social and health education for children and parents (or legal representatives) for timely detection and treatment of paediatric diseases and establishment of a healthy lifestyle

Table 58: Healthcare services provided by paediatric polyclinics in Russia<sup>589</sup>

In addition to the paediatric polyclinics, 75 % of kindergartens have a medical office usually staffed by a nurse, 16 % have agreements with a local feldsher-obstetric units, and 56 % of all schools also have a medical office staffed by a doctor or nurse. Of all school, 35 % have agreements with feldsher obstetric units or other medical organisations.<sup>590</sup>

*Secondary care within the public healthcare system consists of children's hospitals that child patients are referred to by their district paediatrician if inpatient treatment is required, and rehabilitation centres.* Children's hospitals subdivide into those associated with different healthcare needs: infectious children's hospitals, maternity hospitals, perinatal centres, and multi-profile children's hospitals. Treatment for specific medical fields is provided at the paediatric departments of specialist hospitals, such as psychiatric and narcological hospitals. Republican and federal specialist centres accept referrals to treat children who become seriously ill. Paediatric palliative care is offered at home, palliative care practices, in palliative care units (wards) in paediatric hospitals and at paediatric hospices.<sup>591</sup>

<sup>589</sup> Baranov, A. et al., Paediatrics in Russia: past, present and future, 2017, [url](#), p. 776

<sup>590</sup> Association of Heads of Educational Organizations, Лишь 56 % школ в России имеют медицинские кабинеты [Only 56 % of schools in Russia have medical offices], Education Managers, 16 October 2019, [url](#)

<sup>591</sup> Baranov, A. et al., Paediatrics in Russia: past, present and future, 2017, [url](#), p. 776; Baranov, A. et al., The Russian Child Health Care System, 2016, [url](#), p. S151





*Rehabilitation centres subdivide into daytime rehabilitation centres found in city polyclinics or may comprise specialist sanatoriums or ‘health resorts.’* They are staffed by paediatricians, nurses, physiotherapists, specialists, rehabilitation specialists and support staff. Education is provided for school-aged children.<sup>592</sup> Some provide facilities concentrated on a particular therapeutic type, for example climatic and thermal. They do not substitute hospitals and do not provide full-scale inpatient care. Children are referred to these centres for residential stays when they are chronically ill or recovering from serious diseases, injuries and surgeries.<sup>593</sup> They typically stay for around two to four weeks and receive medication, physiotherapy, exercise therapy, massages and so on, with the exception of paediatrics patients with TB, who stay much longer.

Finally, orphanages, breast milk banks and children’s hospices complete the network of paediatric institutions.<sup>594</sup>

A typical route for a paediatric patient is as follows: Each child in Russia receives a social security number and OMS policy right after getting a birth certificate. They are fully covered by OMS for all routine medical care and hi-tech care if needed. All routine care is provided by a DP, including check-ups, routine labs, vaccinations and mild illnesses. If needed, a child is referred to a specialist, such as an ENT surgeon, neurologist, ophthalmologist or other type of specialist. If the child has contracted a serious illness requiring hospital admission, they are referred to a paediatric hospital and admitted to a general paediatrics or specialised department. If any of the required care is not locally available, the child is referred to a facility elsewhere that can provide the necessary care, such as the nearest town or a regional capital city. Further still, it could be one of the federal medical centres predominantly located in Moscow or St Petersburg.<sup>595</sup>

## 11.2.2. Healthcare resources

### (a) Paediatric healthcare facilities in the public health system

*According to Parfitt, the country had a severe shortage of new equipment in 2005 and staff were frequently lost to private medical institutions and other professions. In remote areas, healthcare facilities were finely spread or otherwise out of reach to those who could not afford out-of-pocket payments.*<sup>596</sup> More recently, Baranov et al. observed in 2017 that the volume of children’s wards has decreased but the medical specialisations they cover has improved. More outpatient, polyclinics and day hospitals have been added, and rehabilitation centres are being set up all over Russia to cover the services provided by children’s sanatoriums and health resorts. Since the Soviet era, more than 100 new perinatal centres have been set up and are continuing to be built equipped with neonatal and obstetric

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<sup>592</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>593</sup> Baranov, A. et al., The Russian Child Health Care System, 2016, [url](#), p. S151

<sup>594</sup> Baranov, A. et al., The Russian Child Health Care System, 2016, [url](#), p. S151

<sup>595</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>596</sup> Parfitt, T., The Health of Russia’s Children, 30 July 2005, [url](#), p. 357





technologies, which has reduced the volume of patients with perinatal and obstetric conditions.<sup>597</sup>

*Russia's Healthcare Development Strategy until 2025 reports that the building infrastructure for paediatric care is underdeveloped, with 31.5 % of buildings at regional and republican children's hospitals not meeting 'modern requirements.'* As a consequence, child patients receive medical care for various illnesses at the sites of healthcare facilities for adults.<sup>598</sup>

### (b) Paediatric healthcare workforce

Across Russia there are 16.31 paediatric medical professionals per 10 000 children population (see [Table 59](#) for types of paediatric specialists per children population).<sup>599</sup>

Type of paediatric medical professional	Number per 10 000 of corresponding population (children), entire Russian Federation
Paediatricians (total)	16.31
District paediatricians	9.20
Paediatric psychiatrists (0 to 14 years)	0.53
District paediatric psychiatrists	0.28
Adolescent psychiatrists (15 to 17 years)	0.28
District adolescent psychiatrists	0.17
Paediatric oncologists	0.11
Paediatric urologists	0.12

<sup>597</sup> Baranov, A. et al., Paediatrics in Russia: past, present and future, 2017, [url](#), p. 776

<sup>598</sup> Russia, Administration of the Russian President, Указ Президента РФ от 06.06.2019 г. N 254 "О Стратегии развития здравоохранения в Российской Федерации на период до 2025 года", [Decree of the President of the Russian Federation No. 254 of 6 June 2019 'On the Strategy for the Development of Healthcare in the Russian Federation for the Period until 2025'], 6 June 2019, [url](#)

<sup>599</sup> Russia, MoH, 14\_Ресурсы и деятельность медицинских организаций здравоохранения [14\_Resources and activity of medical healthcare organisations], 31 July 2019, [url](#)



Type of paediatric medical professional	Number per 10 000 of corresponding population (children), entire Russian Federation
Paediatric surgeons	1.09
Paediatric endocrinologists	0.34

Table 59: Paediatric healthcare workforce in Russia<sup>600</sup>

### (c) Training for paediatricians

*Undergraduate teaching for future paediatricians is conducted separately from medicine for adults.*<sup>601</sup> Paediatricians train at the paediatric faculties of universities. Training is also offered at a limited number of newly constructed, highly specialised stimulating training centres<sup>602</sup> teaching manual skills for doctors, such as procedures, surgeries and manipulations.<sup>603</sup> Two years of postgraduate training is required for student doctors to qualify as a general paediatrician.<sup>604</sup>

### (d) Limitations on access to and quality of paediatric healthcare in Russia

*Healthcare awareness can be limited by factors of education and culture. Children living in rural and remote, scarcely populated areas often have to travel to access appropriate healthcare with travel and travel-related expenses not covered by the OMS, although there may be exceptions for children with disabilities and HIV-infected children.* These costs can impact families on low incomes. Poor regions have fewer resources so therefore the quality of medical care may be lower.<sup>605</sup> *Child patients with disabilities are at a distinct disadvantage when trying to access healthcare.* While all of Russia's citizens and permanent legal residents are entitled to free healthcare without exception, there is a stark contrast between access to healthcare for disabled children living in urban and central regions and rural areas and peripheral regions.<sup>606</sup>

*According to the Federal State Statistics Service, 55 % of urban and 40 % of rural children with disabilities are not at all or not fully informed about the free healthcare that they are*

<sup>600</sup> Russia, MoH, 14\_Ресурсы и деятельность медицинских организаций здравоохранения, [14\_Resources and activity of medical healthcare organisations], 2018, [url](#)

<sup>601</sup> Baranov, A. et al., The Russian Child Health Care System, 2016, [url](#), p. S151

<sup>602</sup> Baranov, A. et al., Paediatrics in Russia: past, present and future, 2017, [url](#), p. 776

<sup>603</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>604</sup> Baranov, A. et al., The Russian Child Health Care System, 2016, [url](#), p. S151

<sup>605</sup> Russia, MoH, Памятка для граждан о гарантиях бесплатного оказания медицинской помощи [Мемо for citizens on the guarantees of free medical care], 28 December 2018, [url](#)

<sup>606</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons



*entitled to.*<sup>607</sup> It is the view of an anonymous key informant that this can be explained by the fact that people in rural areas having fewer resources are more motivated to use all care available free of charge.<sup>608</sup> Paediatric health was not accessible to 30 % of urban and 40 % of rural cases when needed by children due to a lack of access to specialists or equipment at the primary healthcare facility.<sup>609</sup> *Treatment and medications for some paediatric conditions have limited access. These are shown in Table 60.*

**(e) Health policy limitations on access to treatment for paediatric health conditions**

Table 60 shows the specific conditions where patients face restricted access. Some treatment and medications are covered by the state fund Circle of Good, but as this is only recently established it is not possible to state how efficient this will be.<sup>610</sup>

Name of disease	Limitation on access: treatment and/or medications
Leukodystrophy	Treatment has limited access
Arteriovenous malformations	As above
Neuronal ceroid lipofuscinosis type 2	Treatment and medications are limited, but accessible for free via the state fund Circle of Good <sup>611</sup>
Acute myeloid leukaemia	As above
Primary immunodeficiencies D80	As above
Spinal muscular atrophy G12	As above

<sup>607</sup> Rosstat, Население. Положение инвалидов. Детская инвалидность [Population. The situation of the disabled. Child disability], 14 April 2020, [url](#)

<sup>608</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>609</sup> Rosstat, Население. Положение инвалидов. Детская инвалидность [Population. The situation of the disabled. Child disability], 14 April 2020, [url](#)

<sup>610</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>611</sup> It is the professional opinion of Contact 1 that there may not be enough specialised staff for diseases with an incidence rate of far less than 1 in 100 000 live births in most countries. Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons





<b>Name of disease</b>	<b>Limitation on access: treatment and/or medications</b>
Tuberous sclerosis Q85.1	As above
Duchenne myodystrophy G71.0	As above
Cystic fibrosis (mucoviscidosis) E84	As above
Cryopyrin-associated periodic syndrome (CAPS), M08.2	As above
Tumour necrosis factor receptor-associated periodic syndrome (TRAPS), E85.0	As above
Familial Mediterranean fever (FMF), E85.0	As above
Mucopolysaccharidosis IVA, E76.2	As above
Lysosomal acid lipase deficiency, E75.5	As above
Disorders of phosphorus metabolism (hypophosphatasia), E83.3	As above
Glycogen storage disease type II (Pompe disease) E74.0	As above
Short bowel syndrome K92.1	As above
Primary myelofibrosis D47.4	Treatment is limited and medications are not included in OMS (state insurance programmes) either federal or regional
Acromegaly and pituitary gigantism E22	As above
Devic's disease (Neuromyelitis optica) G36.0	As above
Huntington's disease G10	As above



Name of disease	Limitation on access: treatment and/or medications
Chronic thromboembolic pulmonary hypertension I27.8	As above
Amyotrophic lateral sclerosis G12.2	As above
Autoinflammatory diseases (hyper-IgD syndrome/mevalonate kinase deficiency syndrome (HIDS/MKD), D89.0	As above
Acromegaly, E22.0	As above
Lymphangioleiomyomatosis, D48.7	As above
Urea cycle disorders, E72.2	As above
Biotinidase deficiency, E53.8	As above
Rickets-like diseases	As above
Familial hypercholesterolemia (homozygous form) E78.0	As above
Still's disease (adult), M06.1	As above
Transthyretin amyloid cardiomyopathy E85.4 + I43.1*+E85.8	As above
Transthyretin familial amyloid polyneuropathy E85.1	As above
Chronic thromboembolic pulmonary hypertension, I27.8	As above

Table 60: Diseases for which treatment or medications are limited through the public healthcare system in Russia<sup>612</sup>

### 11.2.3. Private healthcare system



*The private healthcare sector offers a range of paediatric healthcare services, but primarily outpatient care, such as consultations, including specialist reviews, diagnostic and therapeutic procedures. Private healthcare clinics are only available in urban areas (areas with about 100 000 residents) and typically, in big cities (those with a population starting at 500 000 residents). Private paediatric hospitals are rare and only available in large cities, such as Moscow and St Petersburg.*<sup>613</sup>

### 11.3. Insurance and national programmes

*Like healthcare for the population at large, paediatric healthcare in Russia, including dental care,<sup>614</sup> both outpatient and inpatient, is covered by the OMS mandatory public health insurance within the public healthcare system.<sup>615</sup> It is funded by the state for Russian citizens, permanent legal residents or legally employed people. Returning Russian citizens and foreign migrants to Russia are covered by OMS once they are registered as legal residents.*<sup>616</sup>

*Children aged three years and under (and some other categories of paediatric patients, including children with disabilities) are entitled to receive free outpatient medications on receipt of a valid prescription from a local polyclinic or inpatient treatment facility, and medical devices and special nutrition if it is medically required.<sup>617</sup> Children are also entitled to treatment in a sanatorium. Paediatric medications are included on the federal VEDL.<sup>618</sup> Regional health authorities in each region of Russia draw up their own list and may add drugs to the federal VEDL but are not allowed to remove any items from it. Regional drugs lists may*

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<sup>612</sup> Zaitseva S., Нельзя не помочь. Как в России будут лечить орфанные заболевания? [It is impossible not to help. How will orphan diseases be treated in Russia?], Аргументы и факты [Arguments and facts], 7 December 2020, [url](#); Kaishauri, N., В России это не лечат [This is not treated in Russia], Милосердие.ru, 22 January 2018, [url](#); All-Russian Union of Patients, Опрос: доступность государственных гарантий в сфере оказания медицинской помощи и лекарственного обеспечения 2019 год [Survey: availability of state guarantees in the field of medical care and drug provision 2019], 23 December 2019, [url](#); State fund Circle of Good (Krug Dobra). Перечень тяжелых жизнеугрожающих и хронических заболеваний, в том числе редких (орфанных) заболеваний [List of severe life-threatening and chronic diseases, including rare (orphan) diseases], 29 July 2021, [url](#); Russia, Government of the Russian Federation, Проект постановления об утверждении Порядка обеспечения оказания медицинской помощи (при необходимости за пределами Российской Федерации) конкретному ребенку с тяжелым жизнеугрожающим или хроническим заболеванием, в том числе с редким (орфанным) заболеванием, либо группам таких детей [Project of the decree on the approval of the Procedure for ensuring the provision of medical care (if necessary outside the Russian Federation) to a specific child with a severe life-threatening or chronic disease, including a rare (orphan) disease, or to groups of such children], 3 February 2021, [url](#)

<sup>613</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>614</sup> Expatica, Healthcare in Russia: the Russian healthcare system explained – Children's healthcare, 11 June 2021, [url](#)

<sup>615</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>616</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>617</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>618</sup> Russia, Government of the Russian Federation, Распоряжение от 12 октября 2019 № 2406-р Об утверждении перечня жизненно необходимых и важнейших лекарственных препаратов для медицинского применения на 2020 год [Government Decree No. 2406-p of 12 October 2019 'On approval of the list of vital and essential drugs for medical use for 2020'], 2019, <http://static.government.ru/media/files/K1fPEUzF2gmvwTkW74iPOASarj7Kggl.pdf>, 12 October 2019, [url](#)

have featured more medications than on the federal list. *Insufficient funding remains a serious problem today: the government health spending is still below 6 %—the WHO recommended minimum—and are around 4 % gross domestic product.*<sup>619</sup> Parents may also have to pay for services not covered by OMS or costs that are not medically indicated, for example, additional tests which are not covered by OMS but that parents want done or for physical therapy such as massages. In hospitals, they may pay for better facilities, such as a private or semi-private room, or better food.<sup>620</sup> Public healthcare facilities can only charge drug and treatment prices set and regulated by the government, but patients are sometimes still charged unofficial ‘gratification’ charges.<sup>621</sup> In 11 % of urban and 8 % of rural cases of paediatric patients, parents have had to make an unofficial, out-of-pocket payment.<sup>622</sup>

Table 6 in [Chapter 3 Economic factors](#) lists privilege holders who receive free or discounted medications, and [Table 7](#) lists the conditions that entitle patients to receive free or discounted medications from the state.

### 11.3.1. Private paediatric healthcare

*Different forms of private medical insurance, including VMI, are available to those able to afford them.* However, stateless people are obliged to pay for private healthcare as they are not covered by the OMS policy. People on low incomes are forced to rely on the public healthcare system out of lack of choice. Parents who hold VMI can use the policy to pay for their child/ren’s tests, consultations and treatments which are covered. If there are items that are not covered, they must pay before the medical care commences. On the occasions that a client is well known and established at a particular medical facility, then payments will be accepted after the medical care is given.<sup>623</sup> [Table 60](#) shows the paediatric services that are covered by OMS and private medical insurance, including VMI.

Programme	Focus	Requirements	Scope of coverage	Paediatric services covered
Mandatory public health insurance (OMS)	Russian citizens and permanent residents, including returning	1. Public/Federal  2. Employers finance OMS through contributions, 2-3% of salary goes into social tax, a percentage of	Covers healthcare benefits for all people eligible for OMS	Services included: <ul style="list-style-type: none"> <li>Universal paediatric healthcare for children up to 18 years old, including</li> </ul>

<sup>619</sup> Baranov A. et al., Paediatrics in Russia: past, present and future, 2017, [url](#), p. 776

<sup>620</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>621</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>622</sup> Russia, MoH, Памятка для граждан о гарантиях бесплатного оказания медицинской помощи [Мемо for citizens on the guarantees of free medical care], 28 December 2018, [url](#)

<sup>623</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

Programme	Focus	Requirements	Scope of coverage	Paediatric services covered
	<p>Russian migrants.</p> <p>Migrants from ex-Soviet countries can obtain an OMS policy through their employers if the employer agrees.</p>	<p>which is paid into a national Russian healthcare fund. Once paid, the employee has the right to free medical care from public Russian healthcare clinics.</p> <p>3. People who cannot work and do not contribute to OMI (e.g. unemployed, pensioners, children, sick people) can still access free basic healthcare.<sup>624</sup></p>		<p>monitoring, mental healthcare, rehabilitation and restorative care, hi-tech care, dental care, inpatient and outpatient care.</p> <ul style="list-style-type: none"> <li>• Medications for children under three years old and for inpatients stays</li> <li>• 'Circle of Good' fund purchases medications and medical devices not registered in Russia for children with severe, life-threatening and chronic diseases, including orphan ones. May also pay for treatment abroad if unavailable in Russia.<sup>625</sup></li> <li>• Neonatal screening for some diseases</li> <li>• Vaccines</li> <li>• Social services support</li> </ul> <p>Services Excluded:</p> <ul style="list-style-type: none"> <li>• Medications for children over 3 years old</li> <li>• Sputnik V vaccine against COVID-19 (still</li> </ul>

<sup>624</sup> Expatica, Healthcare in Russia: the Russian healthcare system explained, n.d., [url](#)

<sup>625</sup> GpX News, The Circle of Good Fund will provide medicines for children with three more orphan diseases, 9 March 2021, [url](#)





Programme	Focus	Requirements	Scope of coverage	Paediatric services covered
				under trial with paediatric patients) <ul style="list-style-type: none"> <li>High quality hospital facilities, such as a private or semi-private room, or better food.<sup>626</sup></li> </ul>
Government health insurance programmes for employees of specialist agencies, e.g. law enforcement	Employees of selected government agencies and companies		For the registered individual and sometimes their families	Information not publicly available
Private sector health insurance, including VMI			For the registered individual and/or their family (if an employer purchases VMI for an employee, it usually only covers that individual and not their family)	Services included:  Mostly outpatient care, such as consultations, including specialist reviews, diagnostic and therapeutic procedures.

Table 60: Public and private healthcare insurance coverage in Russia<sup>627</sup>

<sup>626</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>627</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons



### 11.3.2. Paediatric programmes funded by international donors

*There is evidence of a small amount of international donor activity on paediatric healthcare and diseases in Russia.*<sup>628</sup>

## 11.4. Cost of treatment

*Paediatric healthcare is provided free of charge under the OMS to all eligible patients in Russia. Treatment prices are 30 % to 50 % higher in the private sector. Costs are also higher in wealthier regions than poorer ones.* These statements are based on treatment prices in public facilities for non-eligible patients, not so-called tariffs. Public facilities must adhere to official published prices (tariffs) determined by the regional OMS funds in settlements with the Territorial Fund of Obligatory Medical Insurance (TFOMS, TΦOMC) and other public facilities.<sup>629</sup> When public healthcare facilities provide services to patients who are not eligible to receive OMS coverage, prices are regulated by the private healthcare market, as are treatment prices ordinarily at private sector healthcare facilities.

### 11.4.1. Methodology of data collection on treatment prices

The prices of treatments, diagnostics and equipment were collected using an initial Internet search for their availability and costs in Moscow. The websites used are shown in [Table 61](#). The most common prices were compared, and the median price agreed and included in [Table 62](#).

Name and url of website	Subject matter for prices
<a href="https://docdoc.ru/">https://docdoc.ru/</a>	Aggregator of prices and availability of the medical consultations in Moscow from a lot of private clinics
<a href="https://prodoctorov.ru/">https://prodoctorov.ru/</a>	Aggregator of prices and availability of the medical consultations in Moscow from a lot of private clinics
<a href="https://zoon.ru/">https://zoon.ru/</a>	Aggregator of information on prices for various services (including medical)

<sup>628</sup> Author interpretation based on experience of the research process; Bill & Melinda Gates Foundation, Annual Report, 2000, [url](#), p. 32

<sup>629</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons



Name and url of website	Subject matter for prices
<a href="https://www.krasotaimedicina.ru/">https://www.krasotaimedicina.ru/</a>	Aggregator of prices and availability of the medical services (surgery, diagnostics, etc.) in Moscow from a lot of private clinics
<a href="https://gemotest.ru">https://gemotest.ru</a> <a href="https://www.invitro.ru/">https://www.invitro.ru/</a>	Costs of laboratory tests and some diagnostics
<a href="https://market.yandex.ru/">https://market.yandex.ru/</a>	Cost of equipment: overview and access to offers from many online and offline shops (including medical equipment, orthopaedic supplies, rehabilitation devices, etc.)

Table 61: Websites consulted for treatment prices

Public outpatient and inpatient treatments with prices are referred to as tariffs, i.e. fixed prices used by OMS funds for reimbursements to medical facilities and payments between public medical facilities.<sup>630</sup>

	Treatment Price RUB				Reimbursement/ special programme/free/ comments
	Public Outpatient	Public Inpatient	Public Inpatient	Private Inpatient	
Specialist					
Consultation by a paediatrician	FOC	FOC	1905	1905	Prices in Moscow
Consultation by paediatric cardiologist	FOC	FOC	2 252	2 252	Prices in Moscow

<sup>630</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons





	Treatment Price RUB				Reimbursement/ special programme/free/ comments
	Public Outpatient	Public Inpatient	Public Inpatient	Private Inpatient	
Consultation by paediatric neurologist	FOC	FOC	2 165	2 165	Prices in Moscow
Consultation by paediatric surgeon	FOC	FOC	2 338	2 338	Prices in Moscow
Consultation by paediatric psychiatrist	FOC	FOC	4 936	4 936	Prices in Moscow
Consultation by paediatric physical therapist	FOC	FOC	2 165	2 165	Prices in Moscow
Consultation by paediatric pulmonologist	FOC	FOC	2 858	2 858	Prices in Moscow
Consultation by paediatrician specialised in metabolic diseases	FOC	FOC	3 031	3 031	Prices in Moscow
Consultation by speech therapist	FOC	FOC	1992	1992	Prices in Moscow

	Public	Private RUB	Reimbursement/special programme/free/comments
<b>Treatment</b>			
Hospital stay/admission fee in paediatrics department (or	FOC	5 196	Prices in Moscow



	Public	Private RUB	Reimbursement/special programme/free/comments
subspecialist paediatric department) (daily rates)*			
Day care for children with medical conditions**	FOC	3 464/day	Prices in Moscow
Feeding: supplements for children for malnutrition	FOC	866/400 g of nutrition powder for kids under 10 years	Prices in Moscow
Feeding: nutrition, liquid food high energy, high protein, vitamin and mineral rich	FOC	866/400 g of nutrition powder for kids under 10 years	Prices in Moscow
Gastroenterological care/treatment: tube feeding (naso-gastric)	FOC	866 - tube; 3 031- placement of tube, 9 - 1L of liquid food	Prices in Moscow
Gastroenterological care/treatment: tube feeding (PEG)	FOC	19 918 – tube; 29 790 - placement of tube; 779 - 1 litre of liquid food	Prices in Moscow
Feeding: tube feeding; dosage machine/pump	FOC	164 538	Prices in Moscow
Feeding: parenteral nutrition infusions: like glucose % fat emulsion % aminoplasmal %	FOC	6 408 for 1400 kkal/1920 ml - combination of glucose + fat emulsion + aminoplasmal	Prices in Moscow; included in VEDL
Feeding; parenteral feeding by venous catheter for children; Broviac	FOC	12 990 - tube; 39 836 - placement of tube	Prices in Moscow



	Public	Private RUB	Reimbursement/special programme/free/comments
Medical devices pulmonology: spacer (with mask) for inhaler with asthma medication	FOC	1992	Price in Moscow; queues and quotations foreseen in public sector
A multidisciplinary consultation/evaluation by a centre for developmental disorders***	FOC	6 062	Prices in Moscow
<b>Note</b>  FOC: Free of charge to eligible patients.  * Daily rate includes bed and food only, everything else is extra (laboratory and imaging tests, physician consultations, medications and procedures)  ** A day under kindergarten teacher and nurse supervision, food, nap time, lessons with psychologist, speech therapist. Purely medical care - extra/or not possible at the day care institution  *** Consultation by neuropsychologist + speech therapist + remedial educationalist: 60-minute treatment, rehabilitation plan			

Table 62: Cost of treatments for paediatric conditions in the public and private health systems in Russia

## 11.5. NGOs

*There is evidence of extensive activity by domestic Russian NGOs and charitable foundations, but little work by international NGOs.*<sup>631</sup> Some Russian non-profit funds can stretch to establishing small medical facilities with a limited number of, for example, hospices. They provide financial, organisational or judicial assistant, and pay for expensive treatment, medicines, equipment or arranging for patients to receive treatment abroad in cases that cannot be successfully treated in Russia. It would be rare for them to fund a scaled-up medical facility due to expensive and heavy regulation.<sup>632</sup>

<sup>631</sup> Author interpretation based on her experience of the research process.

<sup>632</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons



To access services funded by NGOs, parents or patients contact the NGO, submit required information and ask for help.<sup>633</sup> NGOs process these requests through their internal procedures. Instructions on how patients can access their programmes are missing from websites.<sup>634</sup> A non-exhaustive list of NGOs is provided below.

### 11.5.1. Domestic NGOs

*Russian NGOs with international donor funding or a combination of donor funding and Russian government funding packages have run specific programmes around children and youth health.*<sup>635</sup> For example, NGO, Healthy Russia Foundation, collaborated with the state to run a programme of health awareness workshops for teenagers called ‘Everything That Concerns You.’<sup>636</sup> Other Russian NGOs advocating on paediatric illnesses are shown in [Table 63](#).

Name of NGO (Russian/English)	Purpose/diseases addressed	Year founded	Example annual turnover
Подари жизнь! [Give a life!]	Oncological, haematological and other severe illnesses.	2006	RUB1 billion 738 million in 2019.
Русфонд [RusFund]	Severe illnesses, orphans and disabled children.	1996	RUB1 billion 436 million in 2019
Фонд Алёша [Fund Alyosha]	Helps sick children.	2009	RUB 864 million in 2019
Фонд WorldVita [WorldVita Fund]	Helps severely ill children with onco-, haematological, cardio- and other pathologies.	2009	RUB 856 million in 2019
Children’s Palliative Care Fund [«Детский паллиатив», благотворительны й фонд развития]	Education, pain control, open ICU (access to ICUs in Russia is often restricted), work with orphanages for sick children, so called ‘internats’, perinatal palliative care, respiratory support		RUB 34 million in 2020 and slightly over RUB 3 million in 2021(to date)

<sup>633</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>634</sup> Author interpretation based on viewing the websites cited.

<sup>635</sup> Author interpretation based on viewing the websites cited.

<sup>636</sup> Parfitt, Russia’s health promotion efforts bloom, The Lancet, 27 June 2009, [url](#), p. 2186





<b>Name of NGO (Russian/English)</b>	<b>Purpose/diseases addressed</b>	<b>Year founded</b>	<b>Example annual turnover</b>
паллиативной помощи]			

Table 63: Examples of domestic Russian NGOs covering paediatric medicine





## 12. Patients with disabilities

### 12.1. General information

Disability is any condition of the body or mind that limits activities for the person with the condition and how they interact with the world around them. It includes total or partial loss of the person's bodily or mental functions.<sup>637</sup> Disability has three dimensions: Impairment in a person's body structure or function, or mental functioning; activity limitation, such as hearing; and participation restrictions in normal daily activities.<sup>638</sup> *In the context of this report, disability refers to patients with such mental and/or physical disabilities (since birth or acquired), and also highlights physical disabilities like hearing problems and problems with sight.*

#### 12.1.1. Epidemiological context

*The Federal State Statistics Services reports that, on 1 January 2021, there were 11 631 000 people of all ages on the Federal Register of Disabled Persons which equated to 79.6 people per 1 000 population.*<sup>639</sup> These statistics are composed of figures enumerating the following causes of disabilities: tuberculosis; malignant neoplasms; endocrine system diseases, eating disorders and metabolic disorders; mental and behavioural disorders; diseases of the nervous system; diseases of the eye and its adnexa; ear and mastoid diseases; diseases of the circulatory system; respiratory diseases; diseases of the digestive system; diseases of the musculoskeletal system and connective tissue; the consequences of injuries, poisoning and other influences of external causes; the consequences of industrial injuries; and occupational diseases.<sup>640</sup>

The number of people who are registered as disabled in Russia have increased in the recent decade – from 4.7 million people (3.2 % of the population) in 1993 to 13.2 million people (9.2 %) in 2013.<sup>641</sup> With population ageing and demographic transition underway in Russia, the proportion of people with disabilities may continue to increase in the next 20 years, particularly among people over 60.<sup>642</sup>

<sup>637</sup> Australian Network on Disability, What is a disability, n.d., [url](#); CDC, Disability and Health Overview, n.d., [url](#)

<sup>638</sup> CDC, Disability and Health Overview, n.d., [url](#)

<sup>639</sup> Rosstat, Население. Положение инвалидов. Уровень Инвалидизации. Общая Численность Инвалидов По Группам Инвалидности [Population. The situation of the disabled. Disability level. Total number of persons with disabilities by disability group (Table 1.1)], 1 September 2021, [url](#)

<sup>640</sup> Contact 2, Research Assistant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>641</sup> UNCRPD (UN Committee on the Rights of Persons with Disabilities), Consideration of reports submitted by States parties under article 35 of the Convention : Convention on the Rights of Persons with Disabilities : initial reports of States parties due in 2014 : Russian Federation, 9 September 2014, [url](#), p. 4

<sup>642</sup> Vasin, S.A., Prospects of changes in the total size and age composition of adults with disability in Russia, 7 September 2017, [url](#), p. 558



## 12.1.2. National policies and programmes

When Russia became a signatory to the UN Convention on the Rights of Persons with Disabilities (UNCRPD) in 2008, it ratified Federal Act No. 36-FZ of 3 May 2012, which entered into force on 25 October 2012. This ratification has enabled the country to pass new laws on social protection, assistive services i.e. guide dogs, and cash transfers for people with visual impairments.<sup>643</sup>

*The State Accessible Environment Programme is important as it seeks to cover accessibility for children and adults with disabilities and refine the disability assessment and rehabilitation sector, among other goals. The programme's goal is to foster inclusion within legal, economic and institutional activities within the country to improve the standard of living for people with disabilities.* Mainly, the act works on mainstreaming and improving accessibility in services, rehabilitation, employment and facilities, among other aspects of life.<sup>644</sup>

## 12.1.3. Example of treatment centres

Table 64 shows a sample of example treatment centres in Russia specialising in healthcare for patients with eye disabilities from both the public and private healthcare sectors. These were identified through a search of their websites.

	State or city	Facility name	Facility type		Specialisms
			Public	Private	
1	Moscow	'Scope' Clinic, Moscow ('Sfera')		X	Specialist clinic for ophthalmology, adults and children
2	Moscow	Ophthalmology Clinic 'Vision Restoration Centre,' Moscow		X	Ophthalmological clinic where all types of diagnostics and treatment of eye diseases are carried out using microsurgical, laser and therapeutic methods.

<sup>643</sup> UNCRPD (UN Committee on the Rights of Persons with Disabilities), Consideration of reports submitted by States parties under article 35 of the Convention : Convention on the Rights of Persons with Disabilities : initial reports of States parties due in 2014 : Russian Federation, 9 September 2014, [url](#), pp. 4-5

<sup>644</sup> Russia, Ministry of Labour and Social Protection of the Russian Federation Российской Федерации, Отчет о ходе реализации и об оценке эффективности государственной программы Российской Федерации «Доступная среда» [Report on the implementation and assessment of the effectiveness of the state programme "Accessible Environment" of the Russian Federation], 28 February 2020, [url](#)



	State or city	Facility name	Facility type		Specialisms
			Public	Private	
3	Moscow	S.Fyodorov Eye Microsurgery Federal State Institution	X	Paid services available	Claims to be a leading provider of health services in the Russian Federation and world-class centre of excellence of ophthalmic research and education.

Table 64: Example facilities for the treatment of patients with eye disabilities<sup>645</sup>

## 12.2. Access to treatment

### 12.2.1. Overview of access to treatment

*In 2020, 71.1 % of people with disabilities, aged 15 or over, sought outpatient and polyclinic care from health care providers.*<sup>646</sup>

### 12.2.2. Limitations on access to healthcare for people with disabilities

*Patients in rural areas are at a distinct disadvantage when it comes to getting a disability or disabilities diagnosed. Few rural areas have health facilities with sufficient specialist medical expertise in-house, which makes it more difficult for patients to have access to these critical services.*<sup>647</sup>

The geographical distribution of offices of Medical-Social Expertise is based on a population-based principle of one office per 70 000 to 90 000 people. Moscow has one office per 17 square kilometres while Krasnodar region has one per 1 170 square kilometres and the

<sup>645</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>646</sup> Rosstat, Население. Положение инвалидов. Медико-социальная экспертиза и социальное обслуживание инвалидов, Получение амбулаторно-поликлинической помощи: инвалидами в возрасте 15 лет и более в 2018 году [Population. The situation of the disabled. Medical and social expertise and social services for the disabled. Receipt of outpatient care: for persons with disabilities aged 15 and over in 2018], n.d., [url](#); Rosstat, Население. Положение инвалидов. Медико-социальная экспертиза и социальное обслуживание инвалидов, Получение амбулаторно-поликлинической помощи: инвалидами в возрасте 15 лет и более в 2020 году [Population. The situation of the disabled. Medical and social expertise and social services for the disabled. Receipt of outpatient care: for persons with disabilities aged 15 and over in 2020], n.d., [url](#)

<sup>647</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons



Republic of Tyva has one office per 42 600 square kilometres, demonstrating how physically inaccessible these facilities are for people living in remote settlements.<sup>648</sup>

*Technically, referral systems allow patients to be referred out-of-region for specialist assessment and care and Russia's OMS, the mandatory health insurance policy within the public healthcare system will cover the costs. However, budgetary constraints mean that only some individuals will have their costs covered through a long process, so some patients – particularly those with urgent needs – must pay directly for travel expenses and sometimes treatment.* In 2018, 23 % of people with disabilities who sought outpatient care at health care facilities did not receive treatment. The reasons for failing to receive treatment are given as there being no necessary specialist (35.6%); could not make an appointment with a doctor in advance (20.5%); there was no necessary medicine or equipment (9.1%); long waiting lists for appointments (7.1%); the necessary treatment was offered on a fee-for-service basis (20.3%); medical care was refused for another reason (7.3%).<sup>649</sup> Other barriers in accessing care include unfamiliarity or inability to use computers or legal resources. Cultural beliefs also deter some people from seeking help with disability from science-based medicine.<sup>650</sup>

### 12.2.3. Rehabilitation

*As of 2015, Russia's rehabilitation system was managed by the federal, regional and municipal governments.* The state funds rehabilitation programmes and will supply necessary technology and assistive devices. The Social Protection for Persons with Disabilities Act, Art. 10 guaranteed access to community-based rehabilitation, regardless of where a person lives and created a database of state-funded facilities.<sup>651</sup> Rehabilitation included assistive living for people with intellectual disabilities, as well as institutions for people with psychosocial and physical disabilities.<sup>652</sup> The state-funded rehabilitation system included 85 offices; 72 prosthetic and orthopaedic companies; 1 411 social care facilities; 134 facilities for children with disabilities; 600 rehabilitation centres; and 11 residential colleges for people with

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<sup>648</sup> Russia, Ministry of Labour and Social Protection, Сборник по трудоустройству инвалидов, сформированный на основе успешно реализованных региональных практик и мероприятий, в том числе осуществляемых социально ориентированными некоммерческими организациями, [A compendium on the employment of persons with disabilities, based on successful regional practices and activities, including those carried out by socially oriented non-profit organisations], 2019, [url](#)

<sup>649</sup> Rosstat, Население. Положение инвалидов. Медико-социальная экспертиза и социальное обслуживание инвалидов, Получение амбулаторно-поликлинической помощи: инвалидами в возрасте 15 лет и более в 2018 году [Population. The situation of the disabled. Medical and social expertise and social services for the disabled. Receipt of outpatient care: for persons with disabilities aged 15 and over in 2018], n.d., [url](#);

<sup>650</sup> Russia, Ministry of Labour and Social Protection, Сборник по трудоустройству инвалидов, сформированный на основе успешно реализованных региональных практик и мероприятий, в том числе осуществляемых социально ориентированными некоммерческими организациями, [A compendium on the employment of persons with disabilities, based on successful regional practices and activities, including those carried out by socially oriented non-profit organisations], 2019, [url](#), pp. 4, 5, 41, 65

<sup>651</sup> UNCRPD (UN Committee on the Rights of Persons with Disabilities), Consideration of reports submitted by States parties under article 35 of the Convention : Convention on the Rights of Persons with Disabilities : initial reports of States parties due in 2014 : Russian Federation, 9 September 2014, [url](#), pp. 49-50

<sup>652</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

disabilities.<sup>653</sup> *Given the stigma and difficulty accessing disability services, many people with disabilities were institutionalised.*<sup>654</sup>

Numbers of adults in residential social care, 2011-2014				
	2011	2012	2013	2014
<b>Facilities for adults</b>				
Number of people with disabilities in residence (total)	203 027	206 898	207 478	213 455
<b>Facilities for children (dropped due to placement with families and adoption)</b>				
Number of people with disabilities in residence (total)	6 805	4 359	4 707	4 234

Table 65: Numbers of adults in residential social care in Russia<sup>655</sup>

## 12.2.4. Private healthcare sector

*Holders of private healthcare insurance, including VMI, can access medical care and disease management support at private hospitals and clinics, many of which are located in Moscow, where most of which are limited to wealthier Russians,* international assignees and medical tourists.<sup>656</sup> Two examples are JSC “Medicine” (Clinical of Academician Roytberg) in Moscow, which offers a full range of physiotherapy and other services, including polyarthritis in adults, exercise therapy, rheumatology, outpatient surgery in its ophthalmology centre, rheoencephalography, ultrasound scanning at home and manual therapy;<sup>657</sup> and the National Pirogov Medical Centre in Moscow, which offers haematopoietic stem cell transplantation that helps some multiple sclerosis patients with paralysis to regain their movement.<sup>658</sup>

*Some public facilities offer paid services, and their prices are usually lower than at standard private sector hospitals.*<sup>659</sup> An example is an ultrasound of the abdomen costing RUB 1 819 in the paid public sector in Moscow and RUB 3 031 in the private healthcare sector. In Russia’s regions, the prices of paid services at public healthcare facilities are 1.5 to 2 times lower. However, there are limitations to accessing consultations, test and diagnostics, such as

<sup>653</sup> UNCRPD (UN Committee on the Rights of Persons with Disabilities), Consideration of reports submitted by States parties under article 35 of the Convention : Convention on the Rights of Persons with Disabilities: initial reports of States parties due in 2014: Russian Federation, 9 September 2014, [url](#), p. 50

<sup>654</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>655</sup> UNCRPD (UN Committee on the Rights of Persons with Disabilities), Consideration of reports submitted by States parties under article 35 of the Convention : Convention on the Rights of Persons with Disabilities: initial reports of States parties due in 2014: Russian Federation, 9 September 2014, [url](#), p. 50

<sup>656</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>657</sup> JSC “Medicine”, Physiotherapy, n.d., [url](#)

<sup>658</sup> Pirogov Russian National Research Medical University, About the Centre, n.d., [url](#)

<sup>659</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

queues, long waiting times for results and little flexibility in different ways of receiving the results of medical reviews, which may impact people with disabilities.<sup>660</sup>

## 12.3. Insurance and national programmes

*Like healthcare for the population at large, healthcare for adults and children with disabilities is provided under the state-funded health insurance system, the OMS.<sup>661</sup>* Non-urgent care is provided to Russian citizens, permanent legal residents or long-term visa holders and/or legally employed people who hold an OMS policy and have a registered address in Russia. Returning Russian migrants and foreign migrants to Russia are covered by OMS once they are registered as legal residents. Access to urgent psychiatric care, including hospital admissions, is provided free to all patients in need.<sup>662</sup> *Insufficient funding remains a problem with government health spending below 6 % – the WHO recommended minimum – and around 4 % of gross domestic product.<sup>663</sup>*

Table 6 in [Chapter 3 Economic factors](#) lists privilege holders who receive free or discounted medications, and [Table 7](#) shows patients with certain conditions entitled to receive free medications from the state.

### 12.3.1. Private healthcare insurance

*Different forms of private medical insurance, including VMI, are available to those able to afford them, and enable those patients to receive healthcare at private healthcare facilities.* However, stateless people and internally displaced people are obliged to pay for private healthcare as they are not covered by the OMS policy. People on low incomes are forced to rely on the public healthcare system for neurological healthcare out of lack of choice.<sup>664</sup>

T shows the public and private healthcare coverage for patients with disabilities that are covered by OMS and private medical insurance, including VMI.

Programme	Focus	Requirements	Scope of coverage	Services covered for disabled patients
Mandatory public health insurance (OMS)	Russian citizens and permanent residents,	1. Public/Federal 2. Employers finance OMS through	Covers healthcare benefits for all	<ul style="list-style-type: none"> <li>Inpatient medications during hospital stays</li> </ul>

<sup>660</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>661</sup> Russia, Ministry of Health, Ресурсы и деятельность медицинских организаций Основные показатели здравоохранения 2018, Основные показатели здравоохранения 2018 [Resources and activities of medical organisations, Key health indicators 2018], 31 July 2019, [url](#)

<sup>662</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>663</sup> Baranov, A. et al., Paediatrics in Russia: past, present and future, 2017, [url](#), p. 776

<sup>664</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

Programme	Focus	Requirements	Scope of coverage	Services covered for disabled patients
	including returning Russian migrants. Migrants from ex-Soviet countries can obtain an OMS policy through their employers if the employer agrees.	<p>contributions, 2-3 % of salary goes into social tax, a percentage of which is paid into a national Russian healthcare fund. Once paid, the employee has the right to free medical care from public Russian healthcare clinics.</p> <p>3. People who cannot work and do not contribute to OMI (e.g. unemployed, pensioners, children, sick people) can still access free basic healthcare.<sup>665</sup></p>	people eligible for OMS	<ul style="list-style-type: none"> <li>• Free or discounted prescription medications for outpatient care, depending on approval from federal authorities, and depending on the disability type.</li> <li>• Assistive technology</li> <li>• Consultation by a physical therapist</li> <li>• Consultation by an occupational therapist</li> <li>• Consultation by an orthopaedic surgeon</li> <li>• Consultation by a psychiatrist</li> <li>• Consultation by a psychologist</li> <li>• Consultation by a neurologist</li> <li>• Consultation by a neurosurgeon</li> <li>• Consultation by a social worker, social services orientation, basic legal help, family consultation</li> <li>• Consultation by a nurse at home</li> <li>• Consultation by an ENT specialist</li> <li>• Consultation by an audiologist</li> <li>• Consultation by an ophthalmologist</li> <li>• Special schooling for children with hearing impairment; costs for one year</li> <li>• Special schooling for the mental/intellectual disability; costs for one year</li> <li>• Institutions/school for blind people; costs for one year</li> </ul>

<sup>665</sup> Expatica, Healthcare in Russia: the Russian healthcare system explained, n.d., [url](#)



Programme	Focus	Requirements	Scope of coverage	Services covered for disabled patients
				<ul style="list-style-type: none"> <li>• (classic) Wheelchair</li> <li>• Electric wheelchair</li> <li>• Devices for blind people</li> <li>• Medical devices orthopaedics</li> <li>• Care for patients with combined mental and physical disabilities: long-term institutional round-the-clock care; long-term institutional round-the-clock care</li> <li>• Care for patients with physical disability: long-term institutional round-the-clock care; day care</li> <li>• ENT: implantation repair and follow-up of Cochlear Implant</li> </ul> <p>Services excluded:</p> <ul style="list-style-type: none"> <li>• Outpatient medications (some are free or subsidised)</li> <li>• Services for ineligible patients, such as stateless people and internally displaced people</li> </ul>
Government health insurance programmes for employees of specialist agencies, e.g. law enforcement	Employees of selected government agencies and companies		For the registered individual and sometimes their families	Information not publicly available
Private sector health insurance, including voluntary medical insurance (VMI)			For the registered individual and/or their family (if an employer purchases VMI for an employee, it usually only covers that	<p>Coverage of services depending on the hospital or medical facility that the insurance covers. An example list is:</p> <ul style="list-style-type: none"> <li>• Physiotherapy and other services, including polyarthritis in adults, exercise therapy, rheumatology</li> </ul>



Programme	Focus	Requirements	Scope of coverage	Services covered for disabled patients
			individual and not their family)	<ul style="list-style-type: none"> <li>• Outpatient surgery</li> <li>• Rheoencephalography (a technique of continuous registration of cerebral blood flow)</li> <li>• Ultrasound scanning at home and manual therapy</li> <li>• Haematopoietic stem cell transplantation</li> </ul>

Table 66: Public and private healthcare coverage for patients with disabilities in Russia<sup>666</sup>

## 12.4. Cost of treatment

*Healthcare for patients with disabilities is provided free of charge under the OMS to all eligible patients in Russia. Treatment prices are 30 % to 50 % higher in the private sector.*

Costs are also higher in wealthier regions than in poorer ones. By law, public facilities must adhere to official published prices while prices in private facilities are regulated by the private healthcare market.<sup>667</sup> *Most public providers do uphold the official tariffs, but in some regions, informal gratuity payments are expected by medical personnel, mainly in relation to rare medical care and equipment.*<sup>668</sup> These payments are not included on any invoices, and affects if the patient will get help and the speed at which they receive that help. This is a form of inequality and amounts to discrimination.<sup>669</sup>

### 12.4.1. Methodology of data collection on treatment prices

The prices of treatments, diagnostics and equipment were collected using an initial Internet search for their availability and costs in Moscow. Websites used are shown in [Table 67](#).

Name and url of website	Subject matter for prices
<a href="https://docdoc.ru/">https://docdoc.ru/</a>	Aggregator of prices and availability of the medical consultations in Moscow from a lot of private clinics

<sup>666</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>667</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>668</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons; Izvestia, 100 тыс. за инвалидность. Генпрокуратура проверит Минтруд на нарушения в работе медико-социальной экспертизы [100 000 for disability. The Prosecutor General's Office will check the Ministry of Labour for violations in the work of medical and social expertise], 19 April 2016, [url](#)

<sup>669</sup> Izvestia, 100 тыс. за инвалидность. Генпрокуратура проверит Минтруд на нарушения в работе медико-социальной экспертизы [100 000 for disability. The Prosecutor General's Office will check the Ministry of Labour for violations in the work of medical and social expertise], 19 April 2016, [url](#)



Name and url of website	Subject matter for prices
<a href="https://prodoctorov.ru/">https://prodoctorov.ru/</a>	Aggregator of prices and availability of the medical consultations in Moscow from a lot of private clinics
<a href="https://zoon.ru/">https://zoon.ru/</a>	Aggregator of information on prices for various services (including medical)
<a href="https://www.krasotaimedicina.ru/">https://www.krasotaimedicina.ru/</a>	Aggregator of prices and availability of the medical services (surgery, diagnostics, etc.) in Moscow from a lot of private clinics
<a href="https://gemotest.ru">https://gemotest.ru</a> <a href="https://www.invitro.ru/">https://www.invitro.ru/</a>	Costs of laboratory tests and some diagnostics
<a href="https://market.yandex.ru/">https://market.yandex.ru/</a>	Cost of equipment: overview and access to offers from many online and offline shops (including medical equipment, orthopaedic supplies, rehabilitation devices, etc.)

Table 67: Websites consulted for treatment prices

The most common prices were compared, and the median price agreed and included in [Table 68](#).

	Treatment price RUB				Reimbursement/ special programme/free/ comments
	Public outpatient	Public inpatient	Private outpatient	Private inpatient	
Specialist (for physical and intellectual disabilities)					
Consultation by a physical therapist	FOC	FOC	1 645	1 645	Prices in Moscow
Consultation by an occupational therapist	FOC	FOC	3 637	3 637	Prices in Moscow
Consultation by an orthopaedic surgeon	FOC	FOC	2 944	2 944	Prices in Moscow
Consultation by a psychiatrist	FOC	FOC	2 944	2 944	Prices in Moscow



	Treatment price RUB				Reimbursement/ special programme/free/ comments
	Public outpatient	Public inpatient	Private outpatient	Private inpatient	
Consultation by a psychologist	FOC	FOC	5 889	5 889	Prices in Moscow
Consultation by a neurologist	FOC	FOC	2 252	2 252	Prices in Moscow
Consultation by a neurosurgeon	FOC	FOC	2 511	2 511	Prices in Moscow
Consultation by a social worker**	FOC	/	2 511	2 511	Prices in Moscow
Consultation by a nurse at home (price of one consultation or price per hour and price of one day of continuous care at home)	FOC	/	/	3 897	Prices in Moscow
Consultation by an ENT specialist	FOC	FOC	1 472	1 472	Prices in Moscow
Consultation by an audiologist	FOC	FOC	2 944	2 944	Prices in Moscow
Consultation by an ophthalmologist	FOC	FOC	1 472	1 472	Prices in Moscow

	Public	Private RUB	Reimbursement/special programme/free/comments
<b>Schooling</b>			





	Public	Private RUB	Reimbursement/special programme/free/comments
Special schooling for children with hearing impairment; costs for one year	FOC	398 356	Prices in Moscow*
Special schooling for the mental/intellectual disability; costs for one year	FOC	493 615	Prices in Moscow*
Institutions/school for blind people; costs for one year	FOC	597 534	Prices in Moscow*
<b>Medical devices</b>			
(classic) Wheelchair	FOC	9 959	Prices in Moscow
Electric wheelchair	FOC	199 178	Prices in Moscow*
Devices for blind people: a) Braille typewriters or computers; b) canes; c) 'talking' products, e.g. special clocks and timers, etc.	FOC	a) 59 753 or 398 356; b) 779; c) 953	Prices in Moscow*
Medical devices orthopaedics: spinal or corset brace	FOC	3 464	Prices in Moscow*
Medical devices orthopaedics: lower and upper limb orthoses	FOC	3 984	Prices in Moscow*



	Public	Private RUB	Reimbursement/special programme/free/comments
Medical devices orthopaedics: orthopaedic shoes	FOC	5 975	Prices in Moscow*
<b>Treatment</b>			
Care for patients with combined mental and physical disabilities: long- term institutional around- the-clock care (costs for one year)	FOC	536 914	Prices in Moscow*
Care for mentally/intellectually disabled patients: long- term institutional around- the-clock care (costs for one year)	FOC	536 914	Prices in Moscow*
Care for mentally disabled: day care	FOC	1 472 a day	Prices in Moscow*
Care for patients with physical disability: long- term institutional around- the-clock care (costs for one year)	FOC	536 914	Prices in Moscow*
Care for patients with physical disability: day care	FOC	1 472 a day	Prices in Moscow*
ENT: implantation repair and follow-up of Cochlear Implant	FOC	84 434 (without implant)	Prices in Moscow*
<b>Note</b>			



	Public	Private RUB	Reimbursement/special programme/free/comments
<p>FOC: Free of charge to eligible patients.</p> <p>* Queues and quotations foreseen in public sector</p> <p>** Social services orientation, basic legal help, family consultation</p>			

Table 68: Cost of treatments for patients with disabilities in the public and private health systems in Russia

## 12.5. NGOs

*There are several of domestic NGOs and/or NCOs working in the field of disability in Russia, which resemble developed countries' patterns of service providers and advocacy-focused organisations.<sup>670</sup> NGOs and NCOs provide assistance to patients with disabilities, particularly children. In addition, so do public organisation, public movements, associations and unions and funds.<sup>671</sup>*

Well-known NGOs in Russia include the following:

**The Regional Society of Disabled People 'Perspektiva'** in Moscow is an NGO that fundraises for inclusive youth sports activities. Founded in 1997 by Denise Roza, it supports physical education teachers in schools, parents of children with and without disabilities, and training and inclusive sports activities for a number of disabled athletes. In St Petersburg, Perspektiva supports families and children with severe mental and physical disabilities in order to normalise their lives.<sup>672</sup>

**Best Buddies Russia**, founded in 2009, is part of a global volunteer movement creating opportunities for one-to-one friendships, integrated employment and leadership development for people with intellectual development disabilities.<sup>673</sup>

**Hope** (Archangelsk) aims to improve the quality of life of people with disabilities locally. Their activities include rehabilitation through physiotherapy exercises, personal computer training, cultural events, board games, dance classes, etc.<sup>674</sup>

**Zhuravlik Foundation** (Moscow) is an education charity that fundraises, among other things, to give children with special needs a chance to be supported by tutors, specialists and

<sup>670</sup> Toepler, S. and Fröhlich, C., Advocacy in authoritarian contexts: the case of disability NGOs in Russia, 2020, [url](#), pp. 1482-1483

<sup>671</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>672</sup> Perspektiva, Russian disability NGO 'Perspektiva', n.d., [url](#)

<sup>673</sup> Best Buddies, Best Buddies Russia, n.d., [url](#)

<sup>674</sup> Bridges, Hope, n.d., [url](#)



paraprofessionals in state school and preschool environments through its ‘Inclusive Capsule’ initiative.<sup>675</sup>

**Happy Childhood** is a local NGO in Archangelsk that works in the field of preschool education, psychological consultation and rehabilitation of disabled children. It funds summer camps with intensive training for children with autism, autism spectrum disorder, Down’s syndrome and so on.<sup>676</sup>

**Severodvinsk local public organisation of disabled people with hearing loss.** This NGO operates in the field of health, preschool and school education. Its emphasis is on rehabilitation through sport and training of specialists.<sup>677</sup>

**Kargopol Organisation of the All Russian Society of Disabled People.** This branch of the VOI helps protect the rights and interests of people with disabilities through help with their leisure pursuits and everyday life. Its activities include consultations, seminars, training and conferences.<sup>678</sup>

**Friends House Moscow**, a Quaker organisation, has been running initiatives in the Russian Federation. Additional partners included Vera, a club for people with disabilities, the Department of Social Protection, Pokrov Social Centre, the Employment Centre and educational institutions in the city.<sup>679</sup>

**The United Kingdom’s St Gregory’s Foundation** operates in Moscow and St Petersburg. It helps children and teenagers with hearing loss to communicate and connect to the world in order to promote independence. It also helps families living with impaired hearing to participate fully in their communities. It provides security, care and food aid to disadvantaged children. Working with local authorities and other charities and organisations it provides part funding for long-term projects, helps partners build their knowledge and deliver high-quality skills by bringing together specialists, and encourages local fundraising.<sup>680</sup>

**Garage Museum of Contemporary Art**, Moscow. In 2015, this institution became the first in Russia to launch an Inclusive Programmes Department, as well as a training programme for cultural institutions welcoming deaf and hard of hearing, blind, visually impaired and deaf-blind visitors, who are entitled to free museum admission with a carer. This grew into an annual international conference. Garage has prepared a compilation of materials entitled *Experiencing the Museum for people with disabilities*.<sup>681</sup>

**Protek charitable foundation** is the charitable arm of one of the largest pharmaceutical groups in Russia. Its ‘Health for People’ programme provides free drugs and medicinal products to all 85 regions, assistance to healthcare institutions, social welfare agencies,

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<sup>675</sup> Bridges, Zhuravilk Charity Foundation, n.d., [url](#)

<sup>676</sup> Bridges, Happy Childhood, n.d., [url](#)

<sup>677</sup> Bridges, Severodvinsk Local Public Organization of Disabled People with Hearing Loss, n.d., [url](#)

<sup>678</sup> Bridges, Kargopol Organization of the All-Russian Society of Disabled People, n.d., [url](#)

<sup>679</sup> Friends House Moscow, Helping disabled young people find work, n.d., [url](#)

<sup>680</sup> St Gregory’s Foundation, Welcome to St Gregory’s Foundation, n.d., [url](#)

<sup>681</sup> Garage Museum of Contemporary Art, Diversity and inclusion, 2022, [url](#)





charitable foundations and non-profit organisations, associations of veterans and disabled people, orphanages, shelters and boarding schools. During the coronavirus pandemic in April-June 2020, medicines and personal protective equipment worth more than RUB 20 million were supplied to 150 institutions in 17 regions.<sup>682</sup>

**The All Russian Society of the Deaf.** Based in Moscow but with 615 local branches, this is the largest and oldest public organisation of the hearing impaired in Russia, formed in 1926. It aims to foster social rehabilitation and integration, focusing on civil rights, availability of information and services, education, training and employment, as well as medical care, social and transport infrastructure, and cultural institutions.<sup>683</sup>

**So-edinenie (Connection)** is a deaf-blind support foundation formed in 2014. The aim is to promote solutions and practices that will allow deaf-blind people the opportunity to better integrate into society. The foundation's programmes include science and education, regional projects and initiatives, and improved information and communication attracting volunteers.<sup>684</sup>

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<sup>682</sup> Protek Group, Charity, n.d., [url](#)

<sup>683</sup> All-Russian Society of the Deaf, About VOG, n.d., [url](#)

<sup>684</sup> Со-единение [Connection. The Deaf-Blind Support Foundation], Миссия [Mission], n.d., [url](#)





## 13. Elderly patients

### 13.1. General information

Geriatric medicine is the branch of medicine concerned with all aspects of health and illness in older adults.<sup>685</sup> *In the context of this report, geriatric conditions refer to any kind of conditions related to ageing like any form of dementia, hearing problems, mobility problems and dependency on care.*

#### 13.1.1. Epidemiological context

*In 2018, there were approximately 30 million Russians aged 60 years and older, accounting for one in five or 21.3 % of all Russians.*<sup>686</sup> Women, aged 55 and older, and men aged 60 and older are deemed to be over working age.<sup>687</sup> These are also the ages at which people of respective genders become regarded as ‘elderly’. The total estimated incidence rate of diseases commonly affecting older aged people increased between 2000 and 2018 from 73 573 new cases per 100 000 to 78 213, with more substantial increases in diabetes (18 %), as well as cancer and cardiovascular disease (25 %). It was estimated in 2018 that there were around 4 million senior citizens in need of strong, reliable support.<sup>688</sup> In 2019, WHO reported that Alzheimer’s disease and other dementias were the fifth leading cause of death in Russia.

#### 13.1.2. National policies and programmes

According to the NGO Human Rights Watch in an article outlining a chronic deficit in home-based care services for senior citizens in Russia, *the national constitution and federal laws promise citizens the right to health and social security that guarantees them a dignified life.* The NGO suggested *that these obligations include older people with disabilities and their right to not be institutionalised, but live with support in the wider community.* There have been numerous laws containing aged-friendly provisions, yet their implementation remains the key challenge.<sup>689</sup>

In 2016, the Russian federal government published the “Strategy of Action for Senior Citizens in the Russian Federation until 2025” which covered health and social care. There is a federal government project on elderly people and health called “Development and implementation of

<sup>685</sup> United Kingdom National Health Service, Geriatric medicine, date, [url](#)

<sup>686</sup> Davis, C.M., Priorities, shortages, and rationing in the UK and Russia national health services during 2000–2019: initial conditions for responses to Covid-19, 11 September 2020, [url](#), p. 991

<sup>687</sup> Puzin, S.N. et al., Disability in Elderly People due to Hypertensive Disease in the Russian Federation, 24 September 2018, [url](#), pp. 171–176

<sup>688</sup> Davis, C.M., Priorities, shortages, and rationing in the UK and Russia national health services during 2000–2019: initial conditions for responses to Covid-19, 11 September 2020, [url](#), p. 997

<sup>689</sup> Human Rights Watch, Insufficient Homes Services for Older People, 24 August 2021, [url](#)



the programme of systematic support and improvement of the quality of life of senior citizens 'The Older Generation.'"<sup>690</sup>

### 13.1.3. Key facilities for the treatment of geriatric conditions

Table 70 shows a sample of treatment centres in Russia specialising in health conditions associating with ageing and gerontology from both the public and private healthcare sectors.

	State or city	Facility name	Facility type		Specialisms
			Public	Private	Geriatric medicine
1	Moscow	Moscow State Healthcare Institution City Clinical Hospital N°1 NI. Pirogov and Pirogov Russian National Research Medical University, Russian Clinical and Research Center of Gerontology	X		The leading scientific and clinical geriatric institution of the Russian Federation, according to its website. Clinic includes therapeutic, cardiological, neurological, gynaecological, urological, orthopaedic and surgical units. It provides medical care for all ages but focuses on elderly patients.
2	Ekaterinburg	UMMC-Health		X	Provides full range of services for diagnostics, treatment and prevention of disease. Specialisms include gynaecology, neurology, endocrinology, ophthalmology and others. Includes psychiatry for the elderly.
3	Ekaterinburg	City Clinical Hospital No.40	x	Paid services available	Free medical care for residents of the city insured in the compulsory medical insurance system (OMS). Services include diagnostics, obstetrics and gynaecology, outpatient polyclinic, surgery, neurosurgery, infectious diseases.

<sup>690</sup> Russia, Ministry of Health, Федеральный проект «Разработка и реализация программы системной поддержки и повышения качества жизни граждан старшего поколения «Старшее поколение» [Federal project "Development and implementation of the programme of systematic support and improvement of the quality of life of senior citizens "The Older Generation"], 7 October 2019, [url](#)



	State or city	Facility name	Facility type		Specialisms
			Public	Private	Geriatric medicine
4	Yekaterinburg	Sverdlovsk Regional Clinical Hospital # 1	X	Paid services available	One of the biggest hospitals in the Ural region. Autonomous state institution. Provides medical care in areas, including cardiovascular surgery, neurosurgery, abdominal surgery, gynaecology, ophthalmology, otolaryngology, urology, oncology, haematology, traumatology and orthopedy, gastroenterology, neurology, rheumatology, endocrinology, viscera and marrow transplantation. 11 regional specialised clinics.

Table 70: Example facilities for the treatment of elderly patients

## 13.2. Access to treatment

### 13.2.1. Structure and organisation of healthcare for elderly patients in the public healthcare system in Russia

*Elderly patients, like other categories of patients, are entitled to access free healthcare treatment within Russia's public healthcare system*, as described in [Chapter 3](#). Elderly patients with impairments need expert assessment to receive guaranteed social services. It has been observed locally that most senior patients gain access to healthcare via the local polyclinics.<sup>691</sup>

*There are some healthcare privileges for people with disabilities who served for the army, national security agency and others, such as free medications. Non-recipient older people of limited income must pay for their own medications prescribed in outpatient settings, although those given during hospital stays and in urgent and emergency settings are covered by the OMS. The high cost of medications is prohibitive for many elderly.* Households with resident older members tend to give out 2.5 times more payments for medications, in comparison with households accommodating working and middle-aged members only. Sometimes these seniors have to choose between food and access to treatment.<sup>692</sup> In 2020, Selezneva et al

<sup>691</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>692</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons



reported that older people have lower levels of trust in physicians and medicine and that they tend to neglect their diseases seeking help late.<sup>693</sup>

Two Russian academics, Golubeva and Khabarova, based at an academic institution and the regional Ministry of Labour and Social Development in the city of Arkhangelsk, stress that *while there remains a great need for care services for older adults, the majority are looked after by relatives.*<sup>694</sup> *Almost one in three Russian families has relatives who require full-time care and attention from their families.*<sup>695</sup> In less populated areas, such as small towns, villages and rural areas, 35 % to 40 % of senior citizens are looked after by their families. Overall, most people in Russia, around 94 %, provide elderly care independently and just 4 % rely on state-run programmes. Just 2 % received care from private visiting nurse services (home nurses).<sup>696</sup> *There is no financial support available from the federal government to support family carers, just restricted support in the form of small benefit payments but no carer training and non-cash benefits*, such as additional annual leave.<sup>697</sup>

### 13.2.2. Healthcare for elderly patients in the private healthcare sector in Russia

*Human Rights Watch postulates that there is a rising count of private nursing homes. Some are operating illegally, avoiding state or independent oversight. Russia's media reports problems at these institutions*, including fires and other unsafe events.<sup>698</sup> Human Rights Watch estimated that the number of available beds in this sector may be up to 30 000.<sup>699</sup> Selezneva et al. conducted a social survey to assess elderly people's satisfaction with health and social services. *They stated that the main barrier for older people attaining healthcare in the private sector is the high charges for services and the low incomes of many individuals.* Another barrier is the worry that private healthcare providers may be dishonest. Although the private sector is reputed to offer better quality services than the public sector, family members often have more faith in public social protection, preferring to give social workers direct financial rewards rather than pay commercial firms for care. Public services are regulated and monitored. Selezneva reports that *elderly patients expressed a preference for social services from public sector providers*: respondents considered it easier to exercise control over public sector workers and they valued the lower rates of turnover of personnel

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<sup>693</sup> Selezneva, E.V. et al., Assessing the Needs of the Elderly in Integrated Health and Social Services in the Russian Federation, World Bank, 2020, [url](#), p. 24

<sup>694</sup> Golubevaa, E.Y. and Khabarova, L.G., Family Care as a Tool for Mitigating the Social Risks of the Elderly People in Remote Areas, 13 September 2019, [url](#), p. 374

<sup>695</sup> Russia, Government of the Russian Federation, Распоряжение Правительства РФ от five февраля 2016 г. N 164-р О Стратегии действий в интересах граждан старшего поколения в РФ до 2025 г [Order of the Government of the Russian Federation of 5 February 2016 No. 164-r On the Strategy of Action in the Interests of Citizens of the Older Generation in the Russian Federation until 2025], 5 February 2016, [url](#)

<sup>696</sup> Golubeva, E. Yu. and Khabarova, L. G., Family Care as a Tool for Mitigating the Social Risks of the Elderly People in Remote Areas, 13 September 2019, [url](#), p. 374

<sup>697</sup> Selezneva, E. V. et al., Assessing the Needs of the Elderly in Integrated Health and Social Services in the Russian Federation, World Bank, 2020, [url](#), p.55

<sup>698</sup> Human Rights Watch, Insufficient Homes Services for Older People, 24 August 2021, [url](#); RIA Novosti, Нелегальный приют. Кто "убивает" стариков в частных домах престарелых [Illegal shelter. Who "kills" old people in private nursing homes], 18 October 2017, [url](#); Rossiyskaya Gazeta, Как работают нелегальные дома престарелых [How illegal nursing homes work], 12 May 2020, [url](#)

<sup>699</sup> Human Rights Watch, Insufficient Homes Services for Older People, 24 August 2021, [url](#)



which mean that the same social worker will give care to any one person for a longer time. The respondents to Selezneva's survey also acknowledged that public sector workers were overloaded with clients, and poorly remunerated.<sup>700</sup>

### 13.2.3. Geriatric programmes funded by international donors

*The search conducted for this MedCOI report found no evidence of geriatric programmes being funded within the international system.*

### 13.2.4. Geriatric health and social care resources

#### (a) Geriatric facilities

*A recent study by Christopher Mark Davis concluded that Russia's social care network for the elderly and patients with dementia (as defined by the Organisation for Economic Co-operation and Development (OECD)) is underdeveloped.* This situation is plausibly linked to attitudes and institutions inherited from Soviet times, where there was a lack of social workers and poor financing. Davis reported that between the years of 2000 and 2019, care possibilities got better, including a rise in the number of government-owned care homes for elderly and disabled patients, from 1132 in 2000 to 1,307 in 2018. Simultaneously, there was an increase in beds from 232 000 beds to 263 000 beds. There was an increase in beds in private nursing homes from 700 to 40 000. *Yet the standard of care is reported to span from intolerably low to reasonable.*<sup>701</sup> Despite the increase in the number of facilities, most older people opt to remain living at home, and acquire help from family and medical personnel from the public healthcare system.<sup>702</sup>

#### (b) National centre on geriatrics

*The Pirogov Russian National Research Medical University in Moscow hosts the Russian Clinical and Research Center of Gerontology.* This has a clinic with therapeutic, cardiological, neurological, gynaecological, urological, orthopaedic and surgical units, and leads the development of gerontology and geriatrics in Russia. *The Centre trains medical doctors from across Russia.*<sup>703</sup>

#### (c) Medical staff focused on geriatric medicine and healthcare

*Selezneva et al. reviewed government statistics and concluded that there was a severe shortage of medical specialists in geriatric medicine* in 2018, with only 322 geriatricians in that year, 17.3 % of the total number required to provide sufficient services to cover the older-aged population. According to these data from 2018, *a third of Russia's regions*, being 27 out

<sup>700</sup> Selezneva, E.V. et al., Assessing the Needs of the Elderly in Integrated Health and Social Services in the Russian Federation, World Bank, 2020, [url](#), p. 55

<sup>701</sup> Human Rights Watch, Insufficient Homes Services for Older People, 24 August 2021, [url](#)

<sup>702</sup> Davis, C.M., Priorities, shortages, and rationing in the UK and Russia national health services during 2000–2019: initial conditions for responses to Covid-19, 11 September 2020, [url](#), pp. 997-998

<sup>703</sup> Pirogov Russian National Research Medical University, Russian Clinical and Research Centre of Gerontology, About Institute, publication date, [url](#)





of 85, *did not have a single geriatrician*. This deficit precludes the formation of adequate professional teams at institutions. The drawback of non-clinical staff predominating at older aged care homes are their inadequate training in assisting elderly patients, for example, in administering drugs properly to those patients unable to swallow or who have problems with their mouth cavity, which may mean these staff may not attempt to administer the drugs.<sup>704</sup>

### **13.2.5. Limitations on healthcare and social care for elderly patients in the public healthcare system**

*The coverage of healthcare institutions and social services is particularly poor in rural and scarcely populated, remote locations across Russia.* Yet this is not connected to an individual's status, but to their residential location and its poor accessibility. Patients in these areas must travel to major cities and regional capitals for most forms of specialist medical treatment. Another specific major barrier to geriatric healthcare is the shortage of geriatric medical specialists, discussed above, and also of diagnostic equipment.<sup>705</sup>

In 2017, Selezneva's team conducted a review assessing the quality of, and access to public services, including healthcare and social services, which indicated that *many older people with disabilities in Russia were not accessing the care that they required*. The study found that 2 % of people older than working age received support from social services, and 7.2 % of that proportion had the extra challenge of disabilities. 11 % of older-age people without registered disabilities get care support from social workers and 17.2 % of those with disabilities.<sup>706</sup> There is a lack of awareness of available services compounded by older people's computer and legal illiteracy.<sup>707</sup> Other factors in low level of access to care include a lack of medical supplies and complex bureaucracy barring gaining access to medical and social help, and queues to reach free healthcare treatment provided by the state.<sup>708</sup>

*In addition to the deficit in available care services that is described in this report, there are accounts of the mistreatment of individuals in residential care institutions.*<sup>709</sup> The Russian government stated that 278 000 people live in government-managed residential care

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<sup>704</sup> Selezneva, E.V. et al., Assessing the Needs of the Elderly in Integrated Health and Social Services in the Russian Federation, World Bank, 2020, [url](#), pp. 47, 72

<sup>705</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons

<sup>706</sup> A Selezneva, E.V. et al., Assessing the Needs of the Elderly in Integrated Health and Social Services in the Russian Federation, World Bank, 2020, [url](#), pp. 55, 56

<sup>707</sup> Selezneva, E.V. et al., Assessing the Needs of the Elderly in Integrated Health and Social Services in the Russian Federation, World Bank, 2020, [url](#), pp. 48, 60

<sup>708</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons; Shishkin S.V. (ed.), Сроки ожидания медицинской помощи: зарубежный опыт и российская практика: докл. к XX Апрель. междунар. науч. конф. по проблемам развития экономики и общества, Москва, 9–12 апр. 2019 [Waiting times for medical care: foreign experience and Russian practice], 2019, [url](#); Shishkin S. V. et al., Рейтинг доступности и качества медицинской помощи в субъектах Российской Федерации [Rating of accessibility and quality of medical care in the constituent entities of the Russian Federation], 2019, [url](#), pp. 23, 30

<sup>709</sup> Human Rights Watch, Insufficient Homes Services for Older People, 24 August 2021, [url](#)



institutions for the elderly and people with disabilities.<sup>710</sup> Certain antipsychotics may be prescribed to seniors more often due to reimbursement/pricing. Specifically, the proportion of older drugs prescribed in Russia is higher than in Western Europe, likely due to the low prices of older drugs.<sup>711</sup>

*Another challenge for seniors who wish to access healthcare is negative experience of and hence negative attitude towards formal services, given the small size of pensions, high costs of medication and healthcare, and worries about loneliness.*<sup>712</sup>

### 13.3. Insurance and national programmes

*Like healthcare for the population at large, geriatric healthcare coverage is provided under state-funded health insurance system, the OMS.* Healthcare is provided to Russian citizens, permanent legal residents or long-term visa holders and/or legally employed people who hold an OMS policy and have a registered address in Russia. Returning Russian migrants and foreign migrants to Russia are covered by OMS once they are registered as legal residents. Urgent care is universally provided for free.<sup>713</sup>

*The OMS covers medication in inpatient settings, such as public hospitals, but not medicines prescribed in outpatient settings.* There is no universal medication coverage per se, but certain categories of patients are entitled to subsidised or reduced prices if in receipt of a valid prescription, and some are also entitled to free medications. According to 2016 data, out-of-pocket payments were reported to be higher for elderly patients, 26 % of the cost of healthcare for people aged 65 to 74, and slightly less at 25.6 % for those above the age of 75.<sup>714</sup>

Table 6 in Chapter 3 Economic factors lists privilege holders who receive free or discounted medications, and Table 7 lists the conditions that entitle patients to receive free or discounted medications from the state.

Table 69 shows the geriatric healthcare services that are covered by OMS.

<sup>710</sup> Russia, Ministry of Labour, Доклад о результатах комплексного мониторинга социально-экономического положения пожилых людей в 2019 году [Report on the results of integrated monitoring of the socio-economic situation of elderly people in 2019], 15 July 2020, [url](#)

<sup>711</sup> Kosteva, K. and Osinab, G., Treatment Patterns of Patients with All-Cause Dementia in Russia, 3 January 2020, [url](#), p. 9

<sup>712</sup> Selezneva, E.V. et al., Assessing the Needs of the Elderly in Integrated Health and Social Services in the Russian Federation, World Bank, 2020, [url](#), pp. 4, 24-28

<sup>713</sup> Russia, Ministry of Health, Статистический сборник 2018 год – 14 Ресурсы и деятельность медицинских организаций здравоохранения. Медицинские кадры 2018 [14 Resources and activities of health care organisations. Health workforce 2018], 31 July 2019, [url](#)

<sup>714</sup> Baird, K., High Out-of-Pocket Medical Spending among the Poor and Elderly in Nine Developed Countries, January 2016, [url](#), p.1479





Programme	Focus	Requirements	Scope of coverage	Geriatric services covered
Mandatory public health insurance (OMS)	<p>Russian citizens and permanent residents, including returning Russian migrants and migrants from ex-Soviet countries.</p> <p>Migrants from ex-Soviet countries can obtain an OMS policy through their employers if the employer agrees.</p>	<ol style="list-style-type: none"> <li>Public/Federal</li> <li>Employers finance OMS through contributions, 2 % to 3 % of salary goes into social tax, a percentage of which is paid into a national Russian healthcare fund. Once paid, the employee has the right to free medical care from public Russian healthcare clinics.</li> <li>People who cannot work and do not contribute to OMI (e.g. unemployed, pensioners, children, sick people) can still access free basic healthcare.</li> </ol>	Covers healthcare benefits for all people eligible for OMS	<p>Services Included:</p> <ul style="list-style-type: none"> <li>Inpatient and outpatient treatment at polyclinics and some hospitals</li> <li>Inpatient drugs</li> <li>Some social services provision</li> <li>State nursing home care</li> </ul> <p>Services Excluded:</p> <ul style="list-style-type: none"> <li>Outpatient drugs except for holders of federal privileges</li> <li>Transport to regional specialist medical centres</li> </ul>
Government health insurance programmes for employees of specialist agencies, e.g. law enforcement	Employees of selected government agencies and companies		For the registered individual and sometimes their families	Information not publicly available

Table 69: Public healthcare coverage for elderly patients in Russia

### 13.3.1. Private healthcare insurance

Different forms of private medical insurance, including VMI, are available to those able to afford them. However, stateless people and internally displaced people are obliged to pay for private healthcare as they are not covered by the OMS policy.<sup>715</sup>

Table 70 shows the geriatric healthcare services that are covered by private medical insurance.

<sup>715</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons



Programme	Focus	Requirements	Scope of coverage	Geriatric services covered
Private sector health insurance, including VMI			For the registered individual and/or their family (if an employer purchases VMI for an employee, it usually only covers that individual and not their family)	Available services depending on the hospital or medical facility that the insurance covers. An example list is: <ul style="list-style-type: none"> <li>• All regular paid medical services for standard medical conditions, such as diagnostics, treatment and prevention of disease, including: <ul style="list-style-type: none"> <li>• Gynaecology</li> <li>• Neurology</li> <li>• Endocrinology</li> <li>• Ophthalmology</li> <li>• Psychiatry for the elderly</li> </ul> </li> </ul>

Table 70: Private healthcare coverage for elderly patients in Russia

## 13.4. Cost of treatment

Treatment prices are 30 % to 50 % higher in the private sector than the public health system. Costs are also higher in wealthier regions than poorer ones. Public facilities must adhere to official published prices while prices in private facilities are regulated by the private healthcare market.<sup>716</sup> Table 72 shows the cost of all relevant treatments for conditions associated with ageing and geriatrics.

### 13.4.1. Methodology of data collection on treatment prices

The prices of treatments, diagnostics and equipment were collected using an initial Internet search for their availability and costs in Moscow. Websites used are shown in Table 71. The most common prices were compared, and the median price agreed and included in Table 72.

Name and url of website	Subject matter for prices
<a href="https://docdoc.ru/">https://docdoc.ru/</a>	Aggregator of prices and availability of the medical consultations in Moscow from a lot of private clinics
<a href="https://prodoctorov.ru/">https://prodoctorov.ru/</a>	Aggregator of prices and availability of the medical consultations in Moscow from a lot of private clinics

<sup>716</sup> Contact 1, Medical Doctor and local consultant, email, July-September 2021. The person wishes to remain anonymous for security reasons



Name and url of website	Subject matter for prices
<a href="https://zoon.ru/">https://zoon.ru/</a>	Aggregator of information on prices for various services (including medical)
<a href="https://www.krasotaimedicina.ru/">https://www.krasotaimedicina.ru/</a>	Aggregator of prices and availability of the medical services (surgery, diagnostics, etc.) in Moscow from a lot of private clinics
<a href="https://gemotest.ru">https://gemotest.ru</a> <a href="https://www.invitro.ru/">https://www.invitro.ru/</a>	Costs of laboratory tests and some diagnostics
<a href="https://market.yandex.ru/">https://market.yandex.ru/</a>	Cost of equipment: overview and access to offers from many online and offline shops (including medical equipment, orthopaedic supplies, rehabilitation devices, etc.)

Table 71: Websites consulted for treatment prices

	Treatment Price RUB				Reimbursement/ special programme/ free/ comments
	Public Outpatient	Public Inpatient	Private Outpatient	Private Inpatient	
Specialist					
Consultation by a geriatric specialist	FOC	FOC	3 291	3 291	Prices in Moscow
Consultation by an internist	FOC	FOC	1645	1645	Prices in Moscow
Consultation by a psychiatrist	FOC	FOC	3 984	3 984	Prices in Moscow
Consultation by a neurologist	FOC	FOC	1472	1472	Prices in Moscow
Consultation by an ENT doctor	FOC	FOC	1992	1992	Prices in Moscow



	Public treatment price	Private treatment price RUB	Reimbursement/ special program/ free/ comments
<b>Medical devices</b>			
Walking aid such as a walker or a cane	FOC	2 685,260	Prices in Moscow*
Wheeled walker ("rollator")	FOC	12 124	Prices in Moscow*
Medical devices urology: (adult) diapers	FOC	1 039/30 pieces	Prices in Moscow*
<b>Medical devices</b>			
ENT: hearing aid including repair and replacement	FOC	25 114	Prices in Moscow*
<b>Treatment</b>			
24/7 care in a nursing home (costs of one year)	FOC	536 914	Prices in Moscow*
Geriatric care; sheltered housing for elderly/ Centre for elderly without 24/7 care but with day care by nurses (costs per month)	FOC	363 716	Prices in Moscow*
Home assistance / care at home by a	FOC	173/hour; 3 464 /day	Prices in Moscow*





	Public treatment price	Private treatment price RUB	Reimbursement/ special program/ free/ comments
nurse (costs of one session/day)			
Home assistance/ care at home by a care giver/social worker (costs of one session/day)	FOC	87/hour; 2 078/day	Prices in Moscow*
<b>Note</b>  FOC: Free of charge to eligible patients. * Queues and quotations foreseen in public sector			

Table 72: Cost of treatments for geriatric conditions in the public and private health systems in Russia



# Annex 1. Bibliography

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Contact 1, Medical Doctor and local consultant responsible for in-country data collection of the report, email correspondence, July-September 2021. The person wishes to remain anonymous for security reasons.

Contact 2, Research Assistant responsible for translation of statistical information into English for the report, email correspondence, July-September 2021. The person wishes to remain anonymous for security reasons.

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