### The Russian demographic and health situation: Consequences and policy dilemmas

This report describes and analyses the serious demographic and health situation that Russia is facing. The population decreased from 149 million in 1993 to 143 million in 2010, and projections estimate it to be 136 million by 2030. The challenges are numerous with a rapidly decreasing working-age population, low birth rates and an increasing share of elderly people. One way of resolving the demographic crisis is promoting large-scale immigration, but that is a huge challenge due to the deep anti-immigrant feelings in Russia.

The Russian health situation is serious due to a number of interlinked factors combined with social stress as well as high levels of alcohol, tobacco and drug use. In general the biggest health problem facing Russia is the high mortality rate and short life expectancy among men of working age. The leading causes of death are cardiovascular disease and the effect of unhealthy lifestyles. There is still a too-high incidence of HIV and tuberculosis, which are increasing. Drug dependence is increasing and is seen as a threat to national security. The decreasing population and the decline in health of conscripts to the Armed Forces has already affected, and will continue to have a negative effect on the capacity and size of the Armed Forces, which are being reformed and downsized.

The Russian government's demographic and health policies are in many cases appropriate even if they mostly are over-optimistic about what they can achieve. There are, though, areas that would need further and more appropriate actions and initiatives.



# The Russian Demographic and Health Situation:

Consequences and policy dilemmas

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## The Russian Demographic and Health Situation:

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Cover photo, Russian Prime Minister Vladimir Putin congratulates a mother with newborn baby (Source: RIA Novosti)

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#### Sammanfattning

Rysslands demografiska situation och hälsoläge med minskande befolkning uppvisar unika särdrag och anses ofta som kritisk. Den ryska befolkningen var 142,9 miljoner 2010 jämfört med 148,6 miljoner 1993 och kan komma att minska med ytterligare cirka 20–30 procent under de kommande 50 åren. Den demografiska situationen bestäms huvudsakligen av tre faktorer: födelsetal, dödlighet och migration. Många länder har liknande problem med en åldrande befolkning och sjunkande födelsetal, men Ryssland har unikt hög dödlighet bland män i arbetsför ålder. Medellivslängden var 2010 för män 63 år och för kvinnor 75 år. Ett sätt att lösa demografiska kriser är att främja invandringen, men det skulle kräva omkring 25 miljoner personer fram till 2050 för att uppväga befolkningsminskningen, en stor utmaning på grund av den djupa misstro som finns mot invandrare i Ryssland.

Befolkningens hälsa var i dåligt skick 2011 och har diskuterats flera gånger inom det ryska säkerhetsrådet. Den vanligaste dödsorsaken är hjärt-kärlsjukdom där rökning, narkotika missbruk, alkoholism, dålig livsstil och stress är viktiga bidragande faktorer. Förekomsten av HIV och tuberkolos är fortfarande hög och ökar. Missbruket av narkotika har ökat dramatiskt och ses t.o.m. som ett hot mot den nationella säkerheten.

De Väpnade Styrkorna kommer att ha fortsatt svårt de närmaste tio åren att rekrytera tillräckligt med värnpliktiga om organisationen inte reformeras och numerären reduceras. Årskullen av ryska 18-åriga värnpliktiga män har sjunkit markant jämför med början av 1990 talet.

Nyckelord: Demografi, födelsetal, dödstal, förväntad livslängd, hälsa, infektionssjukdomar, HIV/AIDS, tuberkulos, narkotika missbruk

#### **Summary**

Russia's demographic and health situation with a decreasing population has unique characteristics and is often referred to as critical. The Russian population in 2010 was 142.9 million as compared to 148.6 million at the beginning of 1993, and it could decline further by around 20–30 per cent during the next 50 years. The demographic situation was mainly determined by three factors: fertility rates, mortality rates and migration. Many countries have similar problems with ageing populations and declining birth rates, but Russia is unique with its extremely high mortality rate among working-age males. Life expectancy in 2011 was 63 years for men and 75 years for women. One way of resolving the demographic crises would be to promote immigration, but that would require around 25 million immigrants between now and 2050, which would be a challenge given the extent of anti-immigrant feeling in Russia.

The population's health was in a poor state in 2011 and had even come to be discussed at the Russian Security Council. The main cause of death was cardiovascular disease, where smoking, drug abuse, alcoholism, bad lifestyle and stress were important contributing factors. The incidence of HIV and tuberculosis was still high and increasing. Drug dependency was also increasing and seen as a threat to national security.

The Russian Armed Forces will have difficulties for the next ten years finding enough conscript soldiers if it does not succeed in reforming and reducing the numbers required. The number of Russian males turning 18 years to be drafted has dropped significantly since the early 1990s.

Keywords: Demography, birth rate, death rate, life expectancy, health, non-communicable disease, infectious disease, HIV, tuberculosis, alcoholism, drug abuse

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#### 1 Introduction

Russia has been facing a serious demographic and health situation since the early 1990s with a decreasing population and high mortality rates. In 2006 then President Vladimir Putin called it 'the most acute problem that faces Russia'. In 2009 the declining health of the population became an issue for the Russian Security Council, which stated that it would work out measures to improve the demographic situation. Are the government's policies adequate to handle the problems so as to prevent them from negatively affecting social stability, economic development and the Armed Forces in the longer term? The health situation, which has been one driving force behind the demographic changes, was still very serious in 2011 due to a number of different factors. Which are the main health-related factors determining the demographic developments?

In 2011 Russia was facing demographic challenges that were similar in many ways to those faced by other developed countries, but there were also a number of features unique to Russia. In recent years researchers, media and policymakers in Russia have given increased attention to demography and health as the impact of the negative trends has become obvious in Russian society in what is frequently referred to as a demographic crisis.

#### 1.1 The aim of this study and outline

This study aims to analyse how serious the demographic and health situation is in Russia and which health factors have been the forces driving the changes observed. This is important as the demographic changes are already having farreaching effects on Russian society and politics. This study analyses the main factors that impact on the demographic situation, such as the population's health and the measures taken by the Russian authorities. The report covers a broad research area, which is why it will essentially give an overview. It has not been possible to go deep into each aspect but the report rather points to important factors and relationships for further research.

This study analyses and explores the current demographic situation, future developments and underlying causes. In order to understand and explain the current demographic changes and the projections that are made concerning future developments it is essential to identify and analyse the driving forces behind the observed decrease in population. In order to do this the study addresses a number of factors: birth rates, death rates, life expectancy and changes in health indicators.

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<sup>&</sup>lt;sup>1</sup> Vishnevsky, Anatoly G. et al. (2009) The National Human Development Report 2008 for the Russian Federation: Russia Facing Demographic Challenges (Moscow, UNDP).

<sup>&</sup>lt;sup>2</sup> Interfax (2009) 'Russian SC Alarmed by Population Decline', *Interfax*, 7 October.

Analysing the health of a population is complex as many factors interact and interrelate. To gain a better understanding of the health issues involved, a number of indicators were chosen based on the literature surveyed, to evaluate how these influence demographic facts. The indicators chosen were non-communicable diseases, infectious diseases, focusing on HIV and tuberculosis (TB), smoking, and alcohol and drug abuse. Each of these factors in turn will depend on different components that are influenced by socio-economic or policy decisions. The different factors are described and discussed in relation to demographic developments. For each chapter of the report examples are described and analysed of related Russian policies that have been planned or adopted since 2000. Are the policies so far adopted adequate and are they producing the results anticipated? This study will explore the following main issues:

- ➤ How serious are the demographic changes in Russia in the short and long term up to 2030 and which factors are the main driving forces for those changes?
- ➤ How does the health of the population in Russia influence the demographic projections and which factors will have the greatest impact?
- ➤ What impact will the ongoing HIV and TB epidemics, in combination with increased drug abuse, have for demographic developments?
- ➤ What impact will the health situation and demographic changes have on the Russian Armed Forces including its reform and when it comes to recruitment of personnel?
- Are the policies to handle the health and demographic situations adequate and are current plans realistic?

#### 1.2 Delimitations

Demography and the health of a population are linked as the demographic facts will reflect a population's health even if other factors also come in, such as the socio-economic or environmental situation etc. The time span for the demographic and health trends covered in this report is from 1985 but with a focus on recent changes since 2000. The analysis is focused on those health factors which are related to the actions of individuals, such as health behaviours and lifestyles, but not on factors such as income and social status, poverty, education, employment, working conditions, housing standards, access to appropriate health services, and the physical environment.

This study has been limited to some critical aspects that have been discussed in the academic literature as being important to Russia's future demographic development. The focus will be on how some health indicators like mortality or disease morbidity will effect the demographic situation over time. Examples are how the HIV and TB epidemics in combination with increased drug abuse will influence mortality rates and how increasing alcohol consumption is reflected in high mortality rates for cardiovascular diseases.

In this study it has only been possible to focus on the national level, and regional data are presented only as examples for illustration. For some of the Russian demographic data presented in figures, these are compared with similar data for Sweden, the European Union (EU) 'old' members and 'new' members since 2004 or 2007, previously part of the Soviet Union. For HIV and tuberculosis comparisons are also made with other countries that are severely affected by these diseases. For terms and definitions see Appendix 1.

#### 1.3 Sources

The study uses both primary and secondary sources such as academic articles by Russian demographic and health experts, UNDP (United Nations Development Programme) assessments of demographic and health developments, official documents on policies from Russian authorities, and demographic data from Rosstat (the Russian Federal State Statistical Service) and the U.S. Census Bureau, Washington, D.C. Media articles provide some insight into ongoing public discussions and information on political initiatives being planned. It has to be taken into account that this type of information has limitations when it comes to reliability. Complementary information was obtained through interviews with demographic and health experts in Moscow in May 2011. For epidemiological and infectious diseases data the study uses a number of sources, for example from the WHO and the Russian Ministry of Health and Social Development.<sup>3</sup>

The analysis of demographic, health and migration data in Russia is difficult because of their varying quality. In some areas data is unreliable. This is true not least for migration flows where the data is not very accurate. Hence, it has not always been possible to verify the data in this report by using independent sources.

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<sup>&</sup>lt;sup>3</sup> WHO, http://www.who.int; 'The Joint United Nations Programme on HIV/AIDS' (Washington, D.C., UNAIDS), on the Internet: http://www.unaids.org, http://www.unaids.ru (retrieved 10 January 2012); United States Agency for International Development (USAID), on the Internet: http://www.usaid.gov (retrieved 10 January 2012); Russian Federal AIDS Center (RFAC), on the Internet: http://www.hivrussia.org (retrieved 10 January 2012); and Russian Ministry of Health and Social Development, , on the Internet: http://www.minzdravsoc.ru (retrieved 10 January 2012).

#### 1.4 The structure of this report

The report consists of six chapters. After the introductory chapter, which outlines the aims of the study and discusses the sources used, the second chapter gives an overview of the Russian demographic situation and describes the rapid population decrease. The size and particulars of this decrease are discussed. It analyses the components including birth and death rates, life expectancy and the causes behind the current demographic trends. Demographic projections for the future development of the population are discussed up to 2030.

The third chapter presents the question of immigration and emigration, as a positive net migration flow is one way in which the demographic situation could be countered. It describes and assesses its influence, positive and negative, on Russian society. This is a controversial issue in Russia due to widespread anti-immigrant feelings.

The fourth chapter describes the health situation in general. The health of the population is one of the major factors influencing the demographic situation. Consequently, the chapter focuses on Russian fertility and mortality. Specific aspects of non-communicable and infectious diseases, particularly HIV and tuberculosis, and their impact on health and demography are also described. Closely linked to the incidence of HIV and tuberculosis is the increasing drug abuse among young people and its impact on the health situation. The way in which this is being handled by Russian authorities is reviewed. Both alcohol and tobacco are widely used in Russia and their negative effects on health are well known. Consequently they are analysed for their role in increasing mortality rates. Finally public health funding and examples of recent health policies are discussed.

As the demographic situation already has and in the future will have a direct impact on the potential size of the Armed Forces, a separate chapter is dedicated to assessing this issue. In chapter five, the decrease in the number of potential recruits during the coming years is described. The chapter also presents the health situation among conscripts and the downgrading of the Military Medical Service. Finally chapter six makes general observations and draws conclusions from the analyses made in previous chapters.

At the end of each chapter there is one section describing and discussing selected policies in place.

#### 2 The demographic situation

This chapter gives a general overview of the demographic developments in Russia, the main driving forces behind those developments (birth and death rates) and projections of future developments. Demographic policies are discussed in section 2.6 and some conclusions concerning demography are presented in section 2.7.

#### 2.1 **Population decrease**

The population in Russia increased steadily until the beginning of the 1990s. Coinciding with rapid economic reforms and the break-up of the Soviet Union, the population began to decrease from 1992 when the number of births dropped below the number of deaths. There has been a natural decrease in population ever since then to 2010. The lowest birth rates were recorded in 1998. The political system went through major changes and unemployment rates increased greatly for six consecutive years, to a record level of 13.3 per cent in 1998. That year was a turning point towards stabilization of the economy and substantial growth over the next 10 years. In the last 16 years of the Communist era, births exceeded deaths in Russia by 11.4 million; in the first 16 years of the post-Soviet era, deaths exceeded births by 12.4 million (see Figure 1).

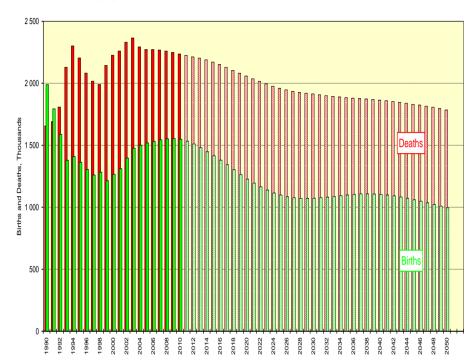
According to the 2010 census, the Russian population had decreased to 142.9 million from 148.6 million at the beginning of 1993 due to high death rates, low birth rates and partly compensated by positive net inflow of migrants. The natural decrease in the population during this period was really 13.1 million by 2010 (a decrease by around 750 000 persons per year) where the difference in numbers was due to large scale immigration.<sup>5</sup> The population growth rate was 0.47 per cent, taking into account net migration, in 2011 (thus, Russia ranked number 222 out of 230 countries).<sup>6</sup> In comparison the growth rate was still negative, - 0.07 per cent in 2009.

<sup>&</sup>lt;sup>4</sup> CEIC (2010) 'Demographic Situation in Russia: Past, Present and Future', CEIC Database Team on 3 November, on the Internet: http://www.ceicdata.com/ (retrieved 26 August 2010).

<sup>&</sup>lt;sup>5</sup> Vishnevsky, Anatoly G. et al. (2009) The National Human Development Report ...; and Moskovskie novosti (2011) 'Rossii Ostro ne khvataet migrantov', Moskovskie novosti, No. 143, 19 October, p. 6.

<sup>&</sup>lt;sup>6</sup> CIA (2011) CIA Factbook (Washington, D.C., Central Intelligence Agency) on the Internet: https://www.cia.gov/library/publications/the-world-factbook/geos/rs.html (retrieved 6 January

<sup>&</sup>lt;sup>7</sup> Popovich, Larisa et al. (2011) Russian Federation Health system review 2011, Health Systems in Transition, European Observatory (Copenhagen, WHO Regional Office for Europe) Vol. 13 No. 7, Table 1.1, p. 2.



**Figure** 1. The number of births (green columns) and deaths (red columns) in thousands from 1990 with a projection up to 2050 in Russia

Source: Figure prepared by Bengt-Göran Bergstrand, FOI, based on data from UN (2011) *World Population Prospects, 2010 Revision* (published 3 May 2011), on the Internet: http://esa.un.org/undp/wppp/ (retrieved 20 July 2011).

The natural population decline continued to slow from 2008 to 2010 due to declining death rates and slowly increasing birth rates, and in 2009 the total population was growing, due to immigration, for the first time in 15 years. The number of deaths was still higher than the number of births, but the same was true for most of Europe. Self-sustained population growth in Russia can only be achieved if the overall mortality rate is reduced by around 5 per cent annually up to 2015. The Ministry of Public Health and Social Development expected the

<sup>9</sup> Rosstat (2009) 'Demographic Figures, Rosstat', on the Internet: http://www.gks.ru/bgd/free/b10\_00/IssWWW.exe/Stg/d01/7-0.htm (retrieved 18 February 2010).

<sup>&</sup>lt;sup>8</sup> BBC (2009) 'Russia Sees First Population Increase in 15 Years', BBC Worldwide Monitoring, 19 January.

birth rate in Russia in 2011 to grow by 0.5 per cent, while the death rate was expected to drop by 2.8 per cent as against the previous year.  $^{10}$ 

There were regional differences in the population increase in the 2010 census compared to the 2002 census. For Moscow the difference was +10.9 per cent and for the North Caucasus it was +6.3 per cent, but for Siberia it was -4 per cent and for the Russian Far East it was -6 per cent. For Russia's two biggest cities the 2010 census noted a growth in population, Moscow reaching around 11.5 million and St. Petersburg 4.8 million people. The population decline has not greatly changed the percentage of ethnic Russians, which was 81.5 per cent in 1989 and 80.9 per cent in the 2010 census. One feature which is less common in other countries is the decreasing population in many cities. The share of the population living in urban areas was 74 per cent according to the Russian 2010 census and 73 per cent in the 2002 census. It should also be mentioned that the reliability of the data from the 2002 and 2010 censuses has been questioned as the results are used for political purposes, for example, concerning the North Caucasus.

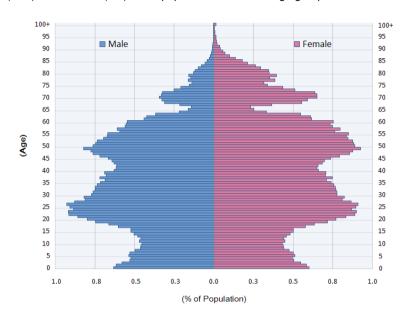
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<sup>&</sup>lt;sup>10</sup> Voice of Russia (2011) 'Russia Expects Birth Rate to Grow in 2011', *The Voice of Russia*, 26 March, on the Internet: <a href="http://english.ruvr.ru/2011/03/26/48004900.html">http://english.ruvr.ru/2011/03/26/48004900.html</a> (retrieved 14 June 2011).

<sup>&</sup>lt;sup>11</sup> Voice of Russia (2011) 'Census Reveals Population Decline in Russia', *The Voice of Russia*, 28 March; and Dzutsev, Valery (2011) 'North Caucasus Demographics Show the Regional Administrations', *Eurasia Daily Monitor*, Vol. 8, Issue 67, 6 April.

<sup>&</sup>lt;sup>12</sup> In the 2010 census, almost 6 million people (about 4% of the overall population) did not declare any ethnic origin, compared to about 1 million who did so in the 2002 census.

<sup>&</sup>lt;sup>13</sup> Rossiyskaya gazeta (2011) 'On the Results of the National Census in 2010', Rossiyskaya gazeta, 22 December.



**Figure** 2. Population pyramid for Russia as of January 2010. The percentage of males (blue) and females (red) in the population in different age groups

Source: Rosstat, on the Internet: http://www.gks.ru (retrieved 20 July 2011).

It is also important to remember that there are great regional differences within Russia, where 68 out of the 88 oblasts reported more deaths than births in 2006. The areas with a positive natural population increase were those 'republics' or 'autonomous' areas with indigenous non-Russian nationalities. 15

Demographic trends in Russia in 2011 had much in common with those in other European countries, including low fertility, shifting family structures, a high percentage of births out of wedlock, and an ageing population. At the same time, other trends differed from those of other European countries and were more like those to be seen in countries in transition. Several countries in the region had seen their population shrink due to high male mortality, as was the case in

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<sup>&</sup>lt;sup>14</sup> Sievert, Stephan, Sergey Zakharov and Reiner Klingholz (2011) The Waning World Power: The Demographic Future of Russia and the Other Soviet Successor States (Berlin, Berlin Institute for Population and Development).

Eberstadt, Nicholas (2010) Russia's Peacetime Demographic Crisis: Dimensions, Causes, Implications, NBR Project Report, May 2010 (Washington, D.C., The National Bureau of Asian Research), Figure 1.4, p. 23, and p. 22.

<sup>&</sup>lt;sup>16</sup> Yelizarov, Valery (2008) *Demographic Policy in Russia: From Reflection to Action* (Moscow, United Nations in Russia), p. 8.

Ukraine, so Russia was not unique in this respect.<sup>17</sup> In the European region 22 countries experienced some periods of population decrease in the years 1970–2004.<sup>18</sup>. The population pyramids in Figure 2 show clearly the skewed proportions of males and females over 50 years of age.

#### 2.2 Birth rates

One factor that can counter the population decline is an increase in the number of children. This can result from policies for promoting fertility but also due to other reasons. The birth rate in Russia rose from its lowest point of 8.3 live births per 1 000 people in 1999 to 12.6 live births per 1 000 in 2011 (Russia thus ranking number 173 out of 221 countries). The birth rate showed a positive trend over the five years 2006–2010. For a detailed description of how birth rates vary over time and a comparison between Russia, Sweden and the old and new EU member states, see Figure 3.

Although Russia stands out, there are some similarities between the curves. The curve for the new EU member states, transition states, shows similarities with Russian changes in birth rates. The number of children per woman in Russia was 1.5 in the 2010 census – a slight decrease since the 2002 census.<sup>21</sup> These fertility trends are not too different from Western Europe's. According to the demographic expert Sergey Zakharov the plausible value for the number of children per women is 1.5-1.7 for the foreseeable future up to 2030.<sup>22</sup>

It has been suggested that the main causes of low fertility and low birth rates were financial difficulties, the perception that living conditions would make raising children difficult, and the common intention among families not to have more than one child. Factors that simultaneously affected birth rates were the

<sup>&</sup>lt;sup>17</sup> Chawla, Mukesh et al. (2007) From Red to Grey: The 'Third Transition' of Ageing Populations in Eastern Europe and the Former Soviet Union (Washington, D.C., The World Bank), p. 5.

<sup>&</sup>lt;sup>18</sup> Council of Europe (2006) 'Recent Demographic Developments in Europe 2005' (Council of Europe); and for a comparison of other countries' episodes of population decline see: Eberstadt, Nicholas (2010) Russia's Peacetime Demographic Crisis ..., Table 1.2, pp. 14-17.

<sup>&</sup>lt;sup>19</sup> CIA (2011) The World Factbook .... and Popovich, Larisa et al. (2011) Russian Federation Health system review 2011, Health Systems in Transition, European Observatory (Copenhagen, WHO Regional Office for Europe) Vol. 13 No. 7, Table 1.1, p. 2.

<sup>&</sup>lt;sup>20</sup> UNDP (2010) National Human Development Report in the Russian Federation 2010, Millennium Development Goals in Russia: Looking into the Future (Moscow, UNDP), p. 63.

<sup>&</sup>lt;sup>21</sup> Rossiyskaya gazeta (2011) 'On the Results of the National Census in 2010', *Rossiyskaya gazeta*, 22 December.

<sup>&</sup>lt;sup>22</sup> Zakharov, Sergey V, (2012) Institute of Demography (IDEM) State University – Higher School of Economics (HSE) Moscow, Russia, 'Russia, Demographic Trends in Russia: Long View of the Past and Short View of the Future', Prsentation at: "Russian Demographic Situation" Informal seminar Carnegie Endowment for International Peace January 26, 2012, Washington D.C. on the Internet: <a href="http://carnegie-mec.org/events/?fa=3537">http://carnegie-mec.org/events/?fa=3537</a> (retrieved 10 February 2012).

prospects for future economic growth, family incomes, outlook on life, and social stability.  $^{23}$ 

Also contributing to the low birth rates were marriages later in life and a later average age for birth of children, as well as a larger share of people living in informal unions. Similar trends have been seen in other developed countries over several decades.<sup>24</sup> People's mentality changes as education and careers are prioritised before starting a family.<sup>25</sup>

In Russia fertility rates are low and in addition infant mortality rates in children under five are high. The infant mortality rate<sup>26</sup> in 2010 was 7.5 deaths per 1 000 (down from 8.2 in 2009).<sup>27</sup> Moreover, maternal mortality levels for women in their twenties (the decade in which childbearing is concentrated in contemporary Russia) were high, at 22 per 100 000 in 2009.<sup>28</sup> Only by 2020 would Russia be able to reach the level of maternal mortality seen in the European Union countries.<sup>29</sup> There are also clear regional differences in birth rates, with the highest in Chechnya and Dagestan at over three children per woman.<sup>30</sup>

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<sup>&</sup>lt;sup>23</sup> Kumo, Kazuhiro (2010) 'Demographic Situations and Development Programs in the Russian Far East and Zabaikalye', *RRC Working Paper Series*, No. 24, May, Russia-CIS Institute (Seoul, Korea University), p. 12.

<sup>&</sup>lt;sup>24</sup> Vishnevsky, Anatoly G. et al. (2009) The National Human Development Report ....

<sup>&</sup>lt;sup>25</sup> Balashov, Sergei (2009) 'Russians: An Endangered Species. The Government's Much Vaunted Efforts to Halt Depopulation Have Hardly Made a Dent in the Problem', *Johnson's Russia List*, 28 April, on the Internet: <a href="http://www.cdi.org/russia/johnson/2009-80-41.cfm">http://www.cdi.org/russia/johnson/2009-80-41.cfm</a> (retrieved 21 December 2010).

<sup>&</sup>lt;sup>26</sup> Russia has not yet accepted the WHO definition of live births; see Box 5.2, p. 66, UNDP (2010)
National Human Development Report .....

<sup>&</sup>lt;sup>27</sup> Rosstat (2010) 'Rosstat 2010 Demographic Figures', on the Internet: http://www.gks.ru/free\_doc/2010/demo/edn12-10.htm (retrieved 2 February 2011); and Popovich, Larisa et al. (2011) Russian Federation Health system review 2011, Health Systems in Transition, European Observatory (Copenhagen, WHO Regional Office for Europe) Vol. 13 No. 7, Table 1.3, p. 10.

p. 10. <sup>28</sup> The maternal mortality rate is the annual number of female deaths per 100 000 live births from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes); and Popovich, Larisa *et al.* (2011) *Russian Federation Health system* review...Table 1.3, p. 10.

<sup>&</sup>lt;sup>29</sup> UNDP (2010) National Human Development Report ...

<sup>&</sup>lt;sup>30</sup> Eberstadt, Nicholas (2010) Russia's Peacetime Demographic Crisis ..., p. 37.

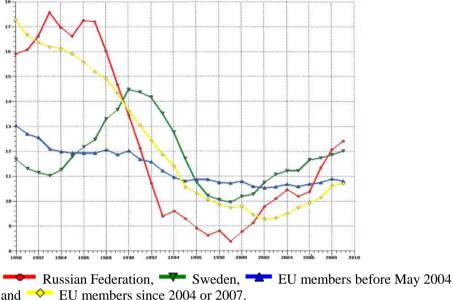


Figure 3. Live births per 1 000: a comparison of Russia, the EU countries and Sweden

Source: WHO/Europe, European HFA Database, July 2011, on the Internet: http://data.euro.who.int/hfadb/ (retrieved 20 November 2011).

Russia also has one of the highest abortion rates in the world, although the number of abortions has fallen by 23 per cent between 2005 and 2010. 31 Limiting abortions has been suggested as a way of boosting the birth rates. 32 In addition, approximately 20 per cent of Russian women and 10 per cent of men were infertile due to high rates of sexually transmitted infections (STI) in 2004.<sup>33</sup>

Since 2004, the number of women of reproductive age has fallen. Women have on average had fewer children since the 1970s. As in most of the developed world, birth rates in Russia have fallen far below levels that would maintain the population. Even if the policies agreed so far were implemented, some demographers claimed that the measures would only temporary encourage

<sup>&</sup>lt;sup>31</sup> von Twickel, Nikolaus (2010) 'Medvedev Steps Up Efforts to Boost Population', *Moscow Times*,

<sup>&</sup>lt;sup>32</sup> Minister of Health and Social Development (2009) Report by T. A. Golikova, the Minister of Health and Social Development of the Russian Federation, 'On Execution in 2007-2009 of Actions Specified by the Plan for Implementation of the Demographic Policy Concept of the Russian Federation up to 2025 for Improvement of Health Conditions of Women, Children and Teenagers.' Meeting of the Presidential Council for National Projects and Demographic Policy, 19 January 2009.

<sup>33</sup> Eberstadt, Nicholas (2004) 'Russia's Demographic Straightjacket', SAIS Review, Vol. 24, No. 2, p. 13.

people to have more children and not have an effect in the long term.<sup>34</sup> This had also been observed in other developed countries. In a survey, 81 per cent of Russian respondents said the maternity payments and other pro-family measures adopted in 2007 had no effect on their decisions to have children.<sup>35</sup>

It has also been claimed that the 'cash-for-babies' policy might even strengthen gender inequality by reducing women's opportunities in the labour market and result in a further decrease in birth rates. Another unforeseen effect could be encouraging poor families with limited incomes to have children. Some even claimed that there had been no policy-induced reversal of the downward trend in fertility anywhere in the world. However, research had shown that there was a strong correlation between affordable child care, rates of female employment, and fertility rates in other countries. If the birth rates were difficult to change using policy initiatives seen over the long term, another important factor affecting the demographic situation was high mortality or death rates.

#### 2.3 Death rates

Since the 1960s there has been a widening mortality gap between Russia and developed countries. While its birth rates were comparable to those of other developed countries in 2011, Russia's death rates were much higher especially among working-age males (16-59 years).<sup>39</sup> This was due to a comparatively high rate of fatalities caused by heart disease and other external causes such as accidents.<sup>40</sup> This underlines the specific nature of Russia's mortality crisis with its extremely high mortality among males of working age (16-59 years).<sup>41</sup> The mortality rate for the working age population in rural areas was 25 per cent higher than it was for the urban population. For females of working age 16-54 years the mortality rate was only 2.7 per 1000 females.<sup>42</sup>

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Avdeyeva, Olga A. (2011) 'Policy Experiment in Russia ...', p. 381.

<sup>38</sup> Avdeyeva, Olga A. (2011) 'Policy Experiment in Russia ...', p. 381.

<sup>41</sup> Vishnevsky, Anatoly G. et al. (2009) The National Human Development Report ....

<sup>&</sup>lt;sup>34</sup> Avdeyeva, Olga A. (2011) 'Policy Experiment in Russia: Cash-for Babies and Fertility Change', Social Politics, Vol. 18, No. 3, p. 381.

<sup>&</sup>lt;sup>35</sup> Bachman, Jessica (2009) 'State Demography Policy Won't Work, UN Warns', *Moscow Times*, 27 April.

<sup>&</sup>lt;sup>37</sup> Ioffe, Grigory (2010) Immigration to Russia: Why It Is Inevitable, and How Large It May Have to Be to Provide the Workforce Russia Needs (Washington, D.C., The National Council for Eurasian and East European Research), January; and Interfax (2010) '80% of Migrants Work in Violation of The Law – Migration Service', Interfax, 8 September.

<sup>&</sup>lt;sup>39</sup> Popovich, Larisa et al. (2011) Russian Federation Health system review...Table 1.3, p. 10.

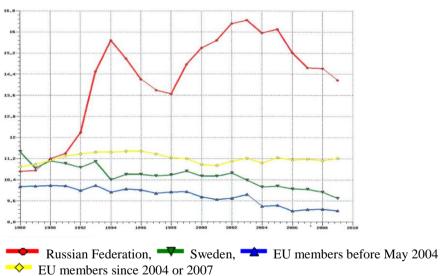
<sup>&</sup>lt;sup>40</sup> Rosstat (2009) 'Demographic Figures Rosstat', on the Internet: http://www.gks.ru/bgd/free/b10\_00/IssWWW.exe/Stg/d01/7-0.htm (retrieved 18 February 2010).

<sup>&</sup>lt;sup>42</sup> Popovich, Larisa et al. (2011) Russian Federation Health system review... Table 1.3, p. 10.

The Russian death rate was 16.0 per 1 000 population in 2011 (Russia was thus number 5 out of 223 countries). <sup>43</sup> For a comparison of the ways in which the death rate has changed over time between Russia, Sweden and the old and new EU member states, see Figure 4. The figure illustrates how different Russian death rates are from those of other countries.

Two significant economic crises hit Russia in the 1990s, the first in 1992 and the second in 1998. Both were followed by rapidly increasing death rates<sup>44</sup> (see Figure 4). The second economic crisis was also characterized by increasing levels of violence in Russian society and an increase in infectious disease-related mortality. Connected to the economic crises were increased unemployment and a decrease in overall income among Russian families. Poverty had negative implications for alcohol consumption, death rates and population growth by inducing behavioural changes within the population. If families or individuals were concerned about job security and unemployment, the likelihood of reproduction was often reduced.<sup>45</sup>

**Figure** 4. Crude death rates per 1 000 inhabitants: a comparison of Russia, the EU countries and Sweden



Source: WHO/Europe, European HFA Database, July 2011, on the Internet: <a href="http://data.euro.who.int/hfadb/">http://data.euro.who.int/hfadb/</a> (retrieved 20 November 2011).

<sup>&</sup>lt;sup>43</sup> CIA (2011) The World Factbook ....

<sup>&</sup>lt;sup>44</sup> Eberstadt, Nicholas (2009) 'Russia's Demographic "X Factor", *Washington Profile*, on the Internet: http://www.washprofile.org/en/node/6894 (retrieved 19 June 2011).

<sup>&</sup>lt;sup>45</sup> Kohler, H. and Kohler, I. (2002) 'Fertility Decline in Russia in the Early and Mid 1990s: The Role of Economic Uncertainty and Labour Market Crises', *European Journal of Population*, Vol. 18, pp. 233-62.

Researchers have not been able to identify the causes behind the extremely high death rates among males even if it was clear that cardiovascular diseases or alcohol were involved. The effect of the high death rates can clearly be seen, as can the gender differences, when we look at life expectancy.

#### 2.4 Life expectancy

The turmoil in the early 1990s caused life expectancy in Russia to fall steadily while it was steadily increasing in the rest of the world<sup>46</sup> (see Figure 5). In 2010, the average life expectancy in Russia was 63 years for males and 75 years for females. 47 Russia ranked number 129 out of 189 countries in overall life expectancy in 2010. 48 Life expectancy at birth still varied greatly between the Russian regions, for both men and women. In 2004 the highest life expectancy was to be found in Moscow and St. Petersburg but also in Chechnya and Dagestan.<sup>49</sup>

The largest contributing factor to the relatively low life expectancy was high mortality among working-age males (16–59 years) due to preventable causes such as accidents, alcohol poisoning, violent crimes, heart disease etc. HIV/AIDS and tuberculosis also had an impact when they became more widespread in the 1990s because of the general health situation of the population, the deterioration in the health-care system and increasing drug abuse. According to the WHO the death rates due to infectious and parasitic diseases were nearly 2.5 times higher than in Western Europe but accounted for only 2 per cent of total mortality for Russia in 2006.<sup>50</sup>

<sup>&</sup>lt;sup>46</sup> Life expectancy at birth is the average number of years a newborn child is expected to live.

<sup>&</sup>lt;sup>47</sup> Rosstat (2010) 'Russian Life Expectancy Figures for 2010, Rosstat', on the Internet: http://www.gks.ru/free\_doc/2010/demo/tab12-2010.xls (retrieved 2 February 2011).

<sup>&</sup>lt;sup>48</sup> World Life Expectancy Ranking 2010, on the Internet:

http://www.worldlifeexpectancy.com/world-rankings-total-deaths (retrieved 20 November 2011).

<sup>&</sup>lt;sup>49</sup> Eberstadt, Nicholas (2004) 'Russia's Demographic Straightjacket ...'.

<sup>&</sup>lt;sup>50</sup> Eberstadt, Nicholas (2010) Russia's Peacetime Demographic Crisis ..., p. 99.

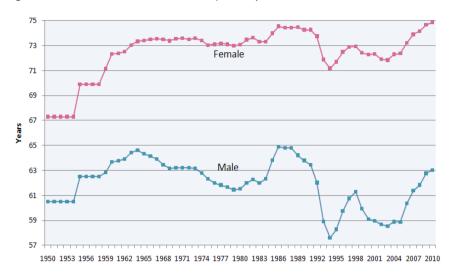


Figure 5. Russian male and female life expectancy from 1950 to 2009

Males Females

Source: Rosstat, National Census, on the Internet:

http://www.gks.ru/wps/wcm/connect/rosstat/rosstatsite/main/; Rosstat (2010) Russian life expectancy figures for 2010 Rosstat, on the Internet:

http://www.gks.ru/free\_doc/2010/demo/tab12-2010.xls (retrieved 2 February 2011); Figure by LokiiT, 5 October 2009, updated 3 February 2011 on the Internet:

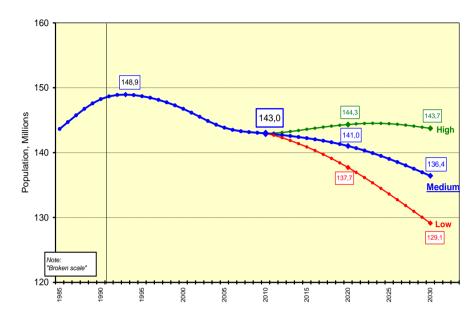
http://en.wikipedia.org/wiki/File:Russian male and female life expectancy.PNG (retrieved 20 September 2011).

Progress has been made over the five years 2006–2010 in reducing overall mortality, maternal and child mortality rates, and life expectancy has gradually increased. There was also a regional variation in health indicators. For instance, life expectancy in Moscow, where household incomes are high, was comparable to life expectancy in developed Western states. The North Caucasus region demonstrates the same pattern although the region was poor.

Future demographic developments are approximations how life expectancy, birth rates or death rates and net migration flows will change in the longer term. Demographic projections are useful tools for policymakers and planners.

#### 2.5 Demographic projections

United Nation projections indicate that the Russian population will shrink from 142.9 million in 2010 to 136 million by 2030 (medium projection) (see Figure 6). In Table 1 projections for 2025, 2030 and 2050 by Rosstat and the U.S. Census Bureau are presented for comparison.



**Figure** 6. Population (in millions) in Russia from 1985 and demographic projections – low (red), medium (blue) and high (green) – by the United Nations up to 2030

Source: Figure prepared by Bengt-Göran Bergstrand, FOI, based on data from United Nations, *World Population Prospects, the 2010 Revision*, published 3 May 2011, on the Internet: http://esa.un.org/unpd/wpp/Excel-Data/population.htm (retrieved 20 October 2011).

These projections are not forecasts but simulations that generate internally consistent outcomes based on assumptions about future fertility, mortality and migration which seemed plausible in 2011. The two leading projections for Russia are those prepared by the UNDP and the U.S. Census Bureau. The Russian official Rosstat projections differ and are more positive, indicating a smaller population decrease.<sup>51</sup>

According to Rosstat's projections this requires migration into Russia of around 200 000 persons per year using the low projections and around 500 000 to 600 000 each year using the high projections to prevent a fall in the population. Sergey Zakharov, a Moscow-based demographic expert, estimated that the population decline would continue for the next ten years and some experts estimated a population decrease of up to 20 million persons by 2030. 52

<sup>51</sup> Eberstadt, Nicholas (2004) 'Russia's Demographic Straightjacket ...', p. 29.

<sup>&</sup>lt;sup>52</sup> Meeting with Sergey Zakharov, Deputy Director of the Institute of Demography at the Higher School of Economics in Moscow, May 2011.

**Table** 1. Population projections by Rosstat and U.S. Census Bureau for 2025, 2030 and 2050, in millions

Entity	Forecast	2025	2030	2050
		Millions	Millions	Millions
Rosstat	Low	132.7	127.9	
	Medium	140.9	139.4	
	High	146.7	147.6	
U.S. census			124	109

Source: Rosstat, changes in population projections, in thousands, on the Internet: <a href="http://www.gks.ru/free\_doc/new\_site/population/demo/progn1.htm">http://www.gks.ru/free\_doc/new\_site/population/demo/progn1.htm</a>; and U.S. Census Bureau, International Database: Country Summaries - Russia. Washington, D.C., U.S. Census Bureau, 2011, on the Internet:

http://www.census.gov/population/international/data/idb/country.php.

Since 1993 there has been a decrease in the Russian population of 13.1 million people. Figure 7 shows the number of working-age men and women (aged 15–64 years), indicating the decrease in numbers up to 2040 – a decrease of 20 million people. The effects will be felt most dramatically in the Russian Far East and Siberia (36 per cent of Russia's territory and home to around 6.8 million residents). Rosstat has predicted that both Siberia and the Russian Far East would each lose 11 per cent of their populations by 2025.

Demographic projections estimate that the size of Russia's potential workforce, 15–64 years of age, will fall faster from 2011 to 2017 than that of other groups – by 1.0–1.2 million per year (see Figure 7).<sup>53</sup> Working-age mortality in Russia will have long-range and short-term implications for labour productivity.

Another aspect is that the number of women of primary reproductive age (20–29 years) started to decline in 2004 and was estimated using demographic projections as likely to fall from 8.6 per cent of the population in 2011 to 4.8 per

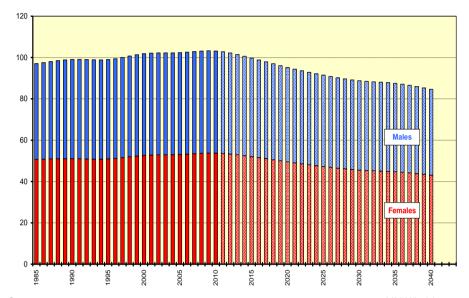
http://85.21.179.94/publications/Analitical\_report\_Ivakhnyuk\_en.pdf (retrieved 20 December 2011).

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<sup>&</sup>lt;sup>53</sup> Yelizarov, Valery (2008) Demographic Policy in Russia ..., p. 45; and IOM (2009) The Impact of the Economic Crisis on Migration Trends and Migration Policy in the Russian Federation and the Eastern Europe and Central Asia Area (Moscow, International Organisation for Migration), Figure 7, p. 20, on the Internet:

cent in 2020, according to the government.<sup>54</sup> This means that in the foreseeable future, up to 2025, the birth rate will continue to decline.<sup>55</sup>

**Figure** 7. Russian working-age population, males and females aged 15–64 years to 2040, according to the United Nations



Source: Figure prepared by Bengt-Göran Bergstrand, FOI, based on data from *UN World Population Prospects*. The data for 2011-2040 are estimates based on the UN medium variant. United Nations (2010) *World Population Prospects: The 2010 Revision*, on the Internet: <a href="http://esa.un.org/unpd/wpp/Excel-Data/population.htm">http://esa.un.org/unpd/wpp/Excel-Data/population.htm</a> (retrieved 29 August 2011).

The Russian population was also ageing rapidly and from 2008 the number of elderly persons has increased. The average age in 2011 was 38.7 years (male 35.5 and female 41.9) while in the 2002 census it was 37.7. The number of women was still significantly greater than the number of men. <sup>56</sup>

Projections have indicated that by 2020 there could be more pensioners than persons of working age (in Russia the pension age is 60 for men and 55 for women). <sup>57</sup> As population ageing continues, it is projected that the share of old people in the total population will reach 25 per cent by 2016. <sup>58</sup> According to

<sup>57</sup> Eberstadt, Nicholas (2010) Russia's Peacetime Demographic Crisis ..., p. 216.

<sup>&</sup>lt;sup>54</sup> von Twickel, Nikolaus (2010) 'Medvedev Steps up Efforts ...'.

<sup>&</sup>lt;sup>55</sup> Voice of Russia (2011) 'Census Reveals Population Decline in Russia', *The Voice of Russia*, 28 March.

<sup>&</sup>lt;sup>56</sup> CIA (2011) The World Factbook ....

<sup>&</sup>lt;sup>58</sup> Lodahl, Maria (2000) 'Russia's Demographic Trends Pose Economic Problems', *Economic Bulletin*, Vol. 37, No. 8, p. 255.

Rosstat's data the burden of children and pensioners for those of working age (for men 16–60 and for women 16–55) was 578 per 1 000 working-age people in 2007 and this will grow to 700 in 2015 and 822 in 2025. <sup>59</sup>

The number of university students was expected to drop from 7.5 million in 2010 to 4 million by 2012/13.<sup>60</sup> This decline will be a challenge for the university system.<sup>61</sup> The number of 18-year-olds available for military service will also decrease significantly (see the discussion in chapter 5).

In 2008 Russia's demographic situation was mainly affected by the following issues:<sup>62</sup>

- the general economic situation in Russia and people's expectations about their future:
- the relatively low standard of living for many, accompanied by the rising costs of housing and real estate, foodstuffs, basic necessities etc.; and
- changing family values and the traditional one-child family model.

However, on all the main indicators the demographic situation in Russia in the five years 2007–2011 had improved slightly. There had been a growth in the birth rate and a decline in the death rate since 2005 (see figures 3 and 4). However, natural loss of population was still continuing and amounted to about 240 000 persons in 2009. This was compensated for by migration. <sup>63</sup> The Russian government has begun to understand how serious the demographic situation is and has initiated a number of measures to counter the negative effects.

#### 2.6 Russian demographic policies

Political initiatives to counter the risks associated with a decreasing population have a long history in Russia. In the Presidential Address to the Federal Assembly in 2006 priority was given to the demographic crisis and to initiate policies to encourage families to have more children.<sup>64</sup> In the 2009 National Security Strategy up to 2020, the demographic problem was identified as a 'new

<sup>&</sup>lt;sup>59</sup> Vishnevsky, Anatoly (2009) 'The Challenges of Russia's Demographic Crisis', IFRI Russia/NIS Center, *Russie.Nei.Visions*, No. 41, p. 20.

<sup>60</sup> von Twickel, Nikolaus (2010) 'Medvedev Steps up Efforts ...'.

<sup>&</sup>lt;sup>61</sup> Vishnevsky, Anatoly G. et al. (2009) The National Human Development Report ....

<sup>&</sup>lt;sup>62</sup> Karmalskaia, Elena (2008) 'I am Concerned about the Quality of Reproduction ...: Russian State Demographic Policy in the Eyes of Youth Movement Activists in Tver', *Anthropology of East Europe Review*, Vol. 26, No. 2, p. 66, on the Internet: http://scholarworks.iu.edu/journals/index.php/aeer/article/view/425/500 (retrieved 21 December

<sup>&</sup>lt;u>nttp://scholarworks.iu.edu/journals/index.pnp/aeer/article/view/425/500</u> (retrieved 21 December 2010).

<sup>63</sup> UNDP (2010) National Human Development Report ....

<sup>&</sup>lt;sup>64</sup> President of Russia (2006) 'Annual Address to the Federal Assembly', 10 May.

security challenge'. The following are some examples of the Russian government's measures to handle the demographic situation.

The Concept for Demographic Policy for the period up to 2025 was introduced in 2007. It aimed to boost Russia's population to 145 million and increase the birth rate by 50 per cent in relation to the figures of 2006. It assumed a life expectancy of 75 years by 2025 and a total birth rate of 2.0 children per woman. There was a goal of migratory gains of 200 000 persons per year in 2016 and more than 300 000 persons per year in 2025. A reduction in mortality in road traffic accidents was stated as one of the main priorities. The Concept also specifies health-related priorities such as, to reduce maternal and infant mortality; to improve reproductive health and the health of children and teenagers; and to reduce incidences of common diseases as well as promote healthy lifestyles. The concept also specifies health reduce incidences of common diseases as well as promote healthy lifestyles.

The Concept included financial incentives or 'maternity capital' from the Mothers Fund, worth \$10 000 (250 000 roubles in 2007) to women who gave birth to or adopted a second or third child from 2007 to 2016. The funds, however, must remain in the bank for three years and can only be spent on the child's education, paying off a mortgage or the mother's pension. The concept is an experiment and will be evaluated for its effects on birth rates before it is extended. 68

Since 2007 the Russian state has provided five different or complementary family and child allowances. <sup>69</sup> There was also a federal law 'On Additional Measures of State Support for Families with Children' in 2006<sup>70</sup> under the National Project Health. Legislation was also introduced in 2007 to further restrict abortions. In 2008 the Order of Parental Glory was instituted, to be given to parents with four or more children. <sup>71</sup>

In April 2011 Prime Minister Vladimir Putin pledged to spend the equivalent of \$54 billion (1 500 billion roubles) over the next five years on various measures to boost Russia's declining birth rate (as measured in 2006) by 25–30 per cent by 2015 and to boost average life expectancy from 69 years to 71 over the same

<sup>&</sup>lt;sup>65</sup> President of Russia (2007) 'Concept for a Demographic Policy of the Russian Federation for the Period up to 2025', Presidential Decree No. 1351, 8 October.

<sup>&</sup>lt;sup>66</sup> Vishnevsky, Anatoly G. et al. (2009) The National Human Development Report ....

<sup>&</sup>lt;sup>67</sup> Vishnevsky, Anatoly G. et al. (2009) The National Human Development Report ..., pp. 170-1.

<sup>&</sup>lt;sup>68</sup> Avdeyeva, Olga A. (2011) 'Policy Experiment in Russia', pp. 371-3; and Yelizarov, Valery (2008) *Demographic Policy in Russia* ..., p. 56.

<sup>&</sup>lt;sup>69</sup> Avdeyeva, Olga A. (2011) 'Policy Experiment in Russia ...', p. 372.

<sup>&</sup>lt;sup>70</sup> Federal Law (2007) On Additional Measures of State Support for Families with Children', No. 256-Fz, 1 January.

<sup>&</sup>lt;sup>71</sup> President of Russia (2011) 'Presentation of the Order of Parental Glory to Parents of Large Families', 1 June, on the Internet: <a href="http://eng.kremlin.ru/news/2312">http://eng.kremlin.ru/news/2312</a> (retrieved 20 December 2011).

period.<sup>72</sup> In addition President Dmitry Medvedev stated in 2010 that the government would focus on reducing infant and maternal mortality rates, fighting alcohol and drug abuse and improving support for families and children.<sup>73</sup>

The best way to deal with a demographic crisis, according to the Russian government, was radically to increase the number of families with three or more children. One way to do this was to introduce additional tax benefits for families with three or more underage children.<sup>74</sup>

According to Deputy Prime Minister Alexander Zhukov, the demographic situation was already improving in 2011 thanks to the National Health Project as the birth rate had increased by 23 per cent, the death rate had fallen by 11 per cent, infant mortality had decreased by 30 per cent and maternal mortality had decreased by 13.4 per cent since 2006. The February 2012 Prime Minister Vladimir Putin commented on the positive achievements concerning birth rates noting that the demographic situation still was unstable and priority should be given to regions with a recorded negative demographic trend. According to the Russian Government if new programmes and support measures were initiated and implemented the population could grow to 154 million by 2050. The situation of the programmes and support measures were initiated and implemented the population could grow to 154 million by 2050.

#### 2.7 Conclusions

The Russian government is well aware of the demographic situation, as was made clear by the Presidential Address to the Federal Assembly already in 2006. A number of measures have been initiated since then but the question is whether they will be enough. As has been pointed out in this chapter, there are several interacting factors that will determine how the demographic situation develops. The government's policies have concentrated mainly on those that can produce

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von Twickel, Nikolaus (2010) 'Medvedev Steps up Efforts ...'.

<sup>&</sup>lt;sup>72</sup> RIA Novosti (2011) 'National Project Helped Improve Health, Demography In Russia – Deputy PM', *RIA Novosti*, 28 February; and The Guardian (2011) 'Vladimir Putin Pledges to Spend £32bn on Increasing Russian Life Expectancy, Prime Minister Appears to Make a Play for Return to Presidency as He also Promises to Boost Flagging Birth Rate by 30%', *The Guardian*, 21 April, on the Internet: <a href="http://www.guardian.co.uk/world/2011/apr/21/vladimir-putin-increasing-russian-life-expectancy">http://www.guardian.co.uk/world/2011/apr/21/vladimir-putin-increasing-russian-life-expectancy</a>.

<sup>&</sup>lt;sup>74</sup> Medvedev, Dmitry (2010) 'Russian President Dmitry Medvedev's Annual Address to Federal Assembly', *Voltaire International Edition*, 30 November, on the Internet: <a href="http://www.voltairenet.org/article167672.html">http://www.voltairenet.org/article167672.html</a> (retrieved 22 December 2010).

<sup>&</sup>lt;sup>75</sup> RIA Novosti (2011) 'National Project Helped Improve Health, Demography In Russia – Deputy PM', *RIA Novosti*, 28 February.

<sup>&</sup>lt;sup>76</sup> Russian Government /2012) 'Prime Minister Vladimir Putin Holds a Videoconference in Naberezhnye Chelny on the Implementation of Demographic Policy and Regional Programmes to Modernize Healthcare, 15 February; on the Internet: <a href="http://government.ru/docs/18137/">http://government.ru/docs/18137/</a> (retrieved 20 February 2012).

positive signs rapidly, like promoting childbirth through subsidies. In many cases the concepts and strategies are fairly general in nature even if they cover the relevant topics, and one question is whether and how they will be implemented.

It is important to be aware that the demographic projections are not forecasts and that they differ depending on which organization produced them. Russia's population decrease will continue to be a major concern for the Russian government, not least because it will be difficult to sustain the elderly population if it greatly outnumbers the workforce. Raising the general retirement age is one option to keep the pension system solvent. The current retirement age is 60 years for Russian men and 55 years for Russian women. It has been proposed to increase the pension age to 62 years for both men and women, which would mean that the number of pensioners would reach 30 million by 2025, compared to 36 million if left at current levels. TRussia's population is continuing to decrease and this could cause socio-economic problems and threaten Russia's economic development in the long term.

Russian demographers remain sceptical about the Russian government's policies based on their extensive research. UN experts have claimed that the 'cash-for-babies' model has usually only caused short-term surges and shifted the timing of births. Such measures are the least efficient in having a long-term impact on fertility.<sup>79</sup>

The so-called modernization theory suggest that low birth rates are a feature of modern highly developed societies and that cash interventions cannot effectively change the reproductive behaviour of a population. Some experts believe that the use of monetary rewards for having children will create incentives for people with low incomes to have children who will then grow up in poverty.

Other research points to the fact that the low birth rates are a result of rational behaviour: families believe they cannot support two or three children due to the social and economic barriers in Russian society. Some believe that the government's subsidies are not high enough in comparison with the extra costs involved in having children. One aspect of this is that there are not adequate places in day-care facilities for young children to enable women to combine work with raising children. It can also be argued that in industrialized countries

<sup>&</sup>lt;sup>77</sup> According to a proposal by the pension reform working group in Russia's Development Strategy 2020 project; and Russia Profile (2011) 'Until Death Do Them Part: Russia's Demographic Crisis

May Compel Russian Women to Bear Equal Economic Burden with Men', *Russia Profile*, 19 December; and ITAR-TASS, (2012) 'Question of Raising Retirement Age Must be Solved Now – Kudrin', *ITAR-TASS*, 19 January.

<sup>&</sup>lt;sup>78</sup> Eberstadt, Nicholas (2009) 'Drunken Nation: Russia's Depopulation Bomb', World Affairs, spring, on the Internet: <a href="http://www.worldaffairsjournal.org/articles/2009-Spring/full-Eberstadt.html">http://www.worldaffairsjournal.org/articles/2009-Spring/full-Eberstadt.html</a> (retrieved 15 December 2010).

<sup>&</sup>lt;sup>79</sup> Bachman, Jessica (2009) 'State Demography Policy Won't Work, UN Warns', *Moscow Times*, 27 April.

low fertility rates can be avoided only if gender equality is achieved in the labour market and in the family.

The causes of the high mortality rate among working age men are widely debated, with some academics blaming alcohol abuse as the main cause, and others citing the major and broadly negative changes in lifestyle caused by the drastic economic reforms that were carried out after the dissolution of the Soviet Union. The very high mortality rate for males of working age is characteristic for Russia and this problem has been well known for many years. It has, though, remained an unresolved issue since the mid-1960s and still requires high-level attention

It is difficult to reduce the high mortality among working-age men as the factors driving this are neither identified nor fully understood. For politicians this issue is less of a priority as measures dealing with the problem are difficult to explain for the media and would be impopular among the general public. There has been 40 years of negative mortality trends, and it is surprising that not enough information has been gathered so as to develop policies that would work. The Russian government should give higher priority to reducing the death rate. The difficulty here is that the causes of the high death rate are multiple and a number of factors are involved, so that policy initiatives must be well thought out and cover several areas. It will not be easy to reduce mortality rates significantly in Russia over the next ten years or so and it will be difficult to encourage a sustained increase in birth rates. The great difference in death rates can also be seen when analysing the life expectancy at birth for men and women in Russia.

The rate of population decline will decrease thanks, at least in part to the government's measures aimed at helping families with several children – thus raising the birth rate – and by improving the health of the population – thus reducing death rates. Government officials also point out that Russia's population experienced its first increase in 2009 after over a decade of decline. This indicates that the policies put in place could be having some effect on the population decline. The government's initiatives have so far focused on increasing birth rates as visible results in the short term can be achieved in this way, and that can attract positive media attention.

It has been questioned whether the implementation of the Concept for Demographic Policy for the period up to 2025 will be enough to increase birth rates sufficiently or compensate for the increasing share of pensioners in the population, even if it did help in decreasing mortality over the period 2007–2010

<sup>80</sup> RIA Novosti (2010) 'Natural Population Decline in Russia Down by 31% in 2009 – Putin', *RIA Novosti*, 16 February, on the Internet: http://en.rian.ru/russia/20100216/157906438.html (retrieved 21 January 2011).

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and increasing birth rates.<sup>81</sup> The Concept provides a good start if it is implemented but further initiatives will also be needed. It can also be questioned why mortality due to alcohol abuse was not included among the concepts prioritised tasks.

One way to limit the consequences of the decrease in the natural population is to increase immigration drastically, but this has its drawbacks as there are very strong anti-immigration feelings not only in the general public as well as among politicians. It will be difficult for Russia to support high economic growth while the population, especially in working-age groups, is declining.

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<sup>&</sup>lt;sup>81</sup> Galetskaya, R. A. (2011) 'Demographic Development of Russia in the First Quarter of the 21st Century and Tasks of Strengthening the Social Support of the Population', *Studies on Russian Economic Development*, Vol. 22, No. 6, p. 676.

#### 3 Migration

This chapter discusses international migration, internal migration, emigration and anti-immigration feelings. Section 3.5 discusses policies and section 3.6 presents some conclusions.

#### 3.1 International migration to Russia

It is difficult to get reliable data on immigration and emigration in Russia. Olga Chudinovskikh has identified 11 separate sources in Russia but she claims that most of the data is not very reliable. Official statistics on flows of long-term immigration into Russia are based on the processing of primary arrival and departure forms obtained from territorial bodies of the Federal Migration Service, which are filled in during population registration or deregistration at places of residence. In other words, an immigrant is a person who has arrived in Russia from abroad and has been officially registered at a new place of residence. An emigrant is a person who has been officially deregistered from his or her current place of residence to leave for a new place of residence abroad.

During the period 1981–2009 a total of 17.8 million immigrants arrived in Russia. The figure for emigration under the same period was 11.6 million. It is estimated that in 2010 more than 12 million residents in Russia were born abroad. There were 9.5 million foreigners in Russia 2011 registered by the Federal Migration Service, only 13 percent of which had work permits, Approximately 3.5 million people in that group were most likely working illegally. The numbers of immigrants increased from 2004 to 2007, was fairly constant from 2007 to 2009 and declined from 2010 to 2011. The foreign labour force represents less than 3 per cent of the total but they are most significant in some regions and in specific industries like construction, transport, maintenance and repair. There was a clear trend of an increase in regular labour

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<sup>82</sup> Eberstadt, Nicholas (2010) Russia's Peacetime Demographic Crisis ..., Table 5.1, p. 151.

<sup>83</sup> Ioffe, Grigory (2010) Immigration to Russia: Why It Is Inevitable, and How Large It May Have to Be to Provide the Workforce Russia Needs (Washington, D.C., The National Council for Eurasian and East European Research), January, p. 1; and Chudinovskikh, Olga, Mikhail Denisenko, Elena Tyuryukanova and Nikita Mkrtchyan (2010) The Russian Federation, Country Report, SOPEMI Report 2010, Box 2, p. 11 and p. 35, on the Internet: <a href="http://www.migrationinformation.org/datahub/countrydata/files/RussianFederationCountryReport">http://www.migrationinformation.org/datahub/countrydata/files/RussianFederationCountryReport</a>

http://www.migrationinformation.org/datahub/countrydata/files/RussianFederationCountryReport\_SOPEMI2010.pdf (retrieved 20 November 2011).

<sup>&</sup>lt;sup>84</sup> Moscow Times (2012) 'Estimate: 3.5 Million Migrants Toil Illegally', *Moscow Times*, 22 February; and for further details on from which countries immigrants come and statistical information see: Chudinovskikh, Olga *et al.* (2010) *The Russian Federation, Country Report ...*,

<sup>&</sup>lt;sup>85</sup> IOM (2009) The Impact of the Economic Crisis on Migration Trends and Migration Policy in the Russian Federation and the Eastern Europe and Central Asia Area (Moscow, International Organisation for Migration) p. 12, on the Internet:

migration after new regulations came into force in 2007. The number of work permits issued had increased from 213 in 2000 to 2.4 million in 2008 with the main workforce suppliers being Uzbekistan and Tajikistan. For the period 2007–2009 net migration to Russia was 250 000 persons per year and in 2010 it was 192 000 persons (see Figure 8), of whom 50 per cent were ethnic Russians. To achieve the aims of the Concept for Demographic Policy (see also section 3.5 on immigration policies), net annual immigration of 400 000 persons would be needed. 88

The numbers presented by different authors and the uncertainty regarding data on immigration into Russia have been discussed by among others Eberstadt. <sup>89</sup> According to Sergey Zakharov the number of migrant workers in Russia has been increasing rapidly. In 2005 it was one per cent of the total number of employees and in 2010 it was more than ten per cent. <sup>90</sup> However, the data is only estimates as a large part of it concerns illegal immigration (around 50 per cent, which fell to around 25 per cent after 2007 due to more liberal immigration laws). <sup>91</sup> Authorities have also begun to expel illegal immigrants and in 2010 around 30 000 were expelled.

There are two types of immigrants, (a) Russians or their descendents returning and (b) economic migration, which is now the dominant part. Most immigrants seeking permanent residence were homecoming ethnic Russians and other ethnic groups originating from Russia, or their descendants. A few million more may yet return but the numbers are limited as there are not so many left willing to move to Russia. Nearly 90 per cent of net migration to Russia is linked to the former Soviet republics. <sup>92</sup>

http://85.21.179.94/publications/Analitical\_report\_Ivakhnyuk\_en.pdf (retrieved 20 December 2011).

<sup>&</sup>lt;sup>86</sup> Ibid., Figure 1, pp. 13-15.

<sup>&</sup>lt;sup>87</sup> Rosstat (2010), on the Internet: <a href="http://www.gks.ru/bgd/regl/b11">http://www.gks.ru/bgd/regl/b11</a> 12/IssWWW.exe/stg/d01/05-08.htm (retrieved 20 November 2011).

<sup>&</sup>lt;sup>88</sup> Galetskaya, R. A. (2011) 'Demographic Development of Russia ...', pp. 670-7.

<sup>&</sup>lt;sup>89</sup> Eberstadt, Nicholas (2010) Russia's Peacetime Demographic Crisis ..., p. 155.

<sup>&</sup>lt;sup>90</sup> Zakharov, Sergey V, (2012) 'Russia, Demographic Trends in Russia...

<sup>&</sup>lt;sup>91</sup> Sievert, Stephan, Sergey Zakharov and Reiner Klingholz (2011) The Waning World Power ..., p. 23.

Yelizarov, Valery (2008) Demographic Policy in Russia ..., p. 43.

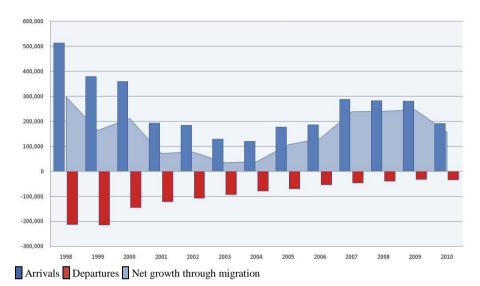


Figure 8. International migration to and from Russia since 1998

Source: *Demographics of Russia* (2011), based on data from Rosstat, on the Internet: http://en.wikipedia.org/wiki/Demographics\_of\_Russia (retrieved 20 July 2011).

Migrants are concentrating in the largest cities and their vicinities, particularly in Moscow or St. Petersburg. Moscow attracts around 78 per cent of all legal immigrants and its immigrant population is rapidly increasing. A large share will be there illegally and Russian officials have not been able or willing to regulate this flow adequately as many businesses depend on them for cheap labour. A significant proportion of those immigrants, and especially the illegal immigrants, come from Central Asia and the Caucasus, causing public concern in Russia's cities due to anti-immigrant feelings. The media has also mentioned that the proposed formation of a Eurasian Union could result in increased migration inflows and associated problems. There are no good data on the number of Muslims in Russia but estimates indicated around 16 million in 2010

<sup>&</sup>lt;sup>93</sup> Ioffe, Grigory (2010) *Immigration to Russia* ...; and Interfax (2010) '80% of Migrants Work in Violation of the Law – Migration Service', *Interfax*, 8 September.

<sup>&</sup>lt;sup>94</sup> ITAR-TASS (2009) 'Program for Compatriots' Relocation to Russia to Extend Past 2012', ITAR-TASS, 2 December.

<sup>95</sup> Eberstadt, Nicholas (2010) Russia's Peacetime Demographic Crisis ..., pp. 176-89.

<sup>&</sup>lt;sup>96</sup> ITAR-TASS (2012) 'Criminal Charges May Be Brought for Migration Regulations Violation', ITAR-TASS, 23 January.

projected to rise to around 18.6 million in 2030. Around 10-15 per cent of the population follows Islam. <sup>97</sup>

There is also a real fear of mass immigration of Chinese into Siberia and the Russian Far East. <sup>98</sup> Estimates range from 200 000 to 400 000 Chinese living and working in Russia, mostly in trade and small manufacturing. <sup>99</sup> These numbers are not well documented and the issue of Chinese mass immigration is highly politicized. Consequently the numbers are frequently exaggerated. Because of China's economic advantages over Russia, however, the reverse may well happen; young, well-educated Russians are already going to China to work but it is still a small scale phenomenon.

## 3.2 Emigration

Russia has also had to deal with problems of emigration, including a so-called brain drain, since 1991. Some experts claim that 100 000 persons with academic degrees left between 1991 and 2011 and there are no reasons to expect an end to the ongoing brain drain. <sup>100</sup>

During the period 1981–2009, 11.6 million persons emigrated, and of these 10.2 million went to former Soviet Union states. <sup>101</sup> According to the Federal Service of Immigration, 145 000 persons left Russia between 2008 and 2010 and fewer than 30 000 people leave Russia for good every year (see Figure 8). <sup>102</sup> Emigration has not so far taken place on a large scale in recent years, but can become a serious problem in the coming years as it is highly qualified professionals who leave.

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<sup>&</sup>lt;sup>97</sup> Pew (2011) 'The Future of the Global Muslim Population', Pew Research Center. http://features.pewforum.org/muslim-population/. Retrieved 22 December 2011; and Popovich (2011) *Russian Federation Health system* review..., p. 3.

<sup>&</sup>lt;sup>98</sup> Alexseev, Mikhail A. and Richard C. Hofstetter (2006) 'Russia, China, and the Immigration Security Dilemma', *Political Science Quarterly*, Vol. 121, No. 1.

<sup>&</sup>lt;sup>99</sup> Weir, Fred (2010) 'Russia's Population Decline Spells Trouble: One Demographer Predicts that the Ratio of Worker to Pensioner will be 1 to 1 within Two Decades', *Christian Science Monitor*, 18 April, on the Internet: <a href="http://www.csmonitor.com/2002/0418/p06s02">http://www.csmonitor.com/2002/0418/p06s02</a> (retrieved 19 December 2010); and Interfax (2012) 'Chinese expansion to Russia should not be feared – Romodanovsky', Interfax, 21 March.

Danilova, Yevgenia and Svetlana Pokrovskaya (2011) 'Time to Leave: Almost 1.25 Million People Left Russia for Good in the Last Decade, Just Like in the Wave of <u>Immigration</u> after the 1917 Revolution', *Profil*, No. 44, 28 November.

<sup>101</sup> Chudinovskikh, Olga et al. (2010) The Russian Federation, Country Report ..., p. 35.

<sup>102</sup> Danilova, Yevgenia et al. (2011) 'Time to Leave ...'

#### 3.3 Internal migration

The scale of internal migration fell by over 50 per cent from 1989 to 2007. leaving Russia with one of the least mobile populations among advanced countries. 103 Internal migration is important for economic development. 104 There was a trend in the post-Soviet period of a 'western drift' of internal migrants from eastern regions of the Russian Federation to the European parts. This led to an accelerating population decrease in areas that were underpopulated to begin with, like Siberia and the Russian Far East. These areas have a very low population density as it is, at 2.5 persons per square kilometre. It will be increasingly difficult to keep up economic development, counter ongoing deindustrialization and secure control over natural resources if the Russian population continues to decrease and this is seen as a national security issue. 105

#### 3.4 **Anti-immigrant sentiments**

Nationalist rallies and inter-ethnic clashes in December 2010 on Moscow's Manezh Square and in other Russian cities led to an increased level of public discussion about the need to improve inter-ethnic relations in the country and to combat xenophobia. Despite the introduction of various new initiatives there are many ambiguous political messages being voiced that risk increasing ethnic tensions without addressing their root causes. 106 For a long time politicians and the media have sown resentment against non-Russian immigrants from the Caucasus, Central Asia or China, Russian policies in the North Caucasus can also have an impact and spillover effect on inter-ethnic relations. At the same time authorities have made efforts to control nationalist violence in recent years. 107 This ethnic polarization is potentially a very serious problem. The fear of terror attacks has led to growing xenophobia among Russians. There are fairly active nationalist groups that use violent means trying to stop immigration. <sup>108</sup> There are also reports in the media that illegal immigrants help to spread HIV and TB infections. 109

<sup>107</sup> Ibid., p. 133.

<sup>&</sup>lt;sup>103</sup> Ioffe, Grigory (2010) *Immigration to Russia* ..., p. 8.

<sup>&</sup>lt;sup>104</sup> St. Petersburg Times (2010) 'Government to Overhaul Migration Rules', St. Petersburg Times,

<sup>&</sup>lt;sup>105</sup> Leshchenko, Ya. A. (2010) 'Problems of the Socio-demographic Development of Siberia', Studies on Russian Economic Development, Vol. 21, No. 6, pp. 638-43; and Kumo, Kazuhiro (2010) 'Demographic Situations and Development Programs ...'.

<sup>&</sup>lt;sup>106</sup> Croft, Jennifer (2011) 'Security in a Multiethnic Russia: Is the "Melting Pot" Boiling Over?', Security and Human Rights, Vol. 22, No. 2, pp. 127-34.

Sievert, Stephan, Sergey Zakharov and Reiner Klingholz (2011) The Waning World Power ...,

RIA Novosti (2011) 'Illegal Labour Fuels HIV and TB in Russia – Health Watchdog', RIA Novosti, 12 October.

#### 3.5 Immigration policies

The status of all categories of foreigners in Russia (independently of purpose of arrival and duration of stay) is determined by several federal laws, <sup>110</sup> among them the Law on Foreign Citizens' Status (2002) and related acts. 111

New migration rules in Russia were introduced in 2007 as part of an effort to address the demographic crisis, to further simplify the immigration system and to prevent illegal immigration. 112 The law defines quotas for migrant-sending countries and high penalties for employers who employ migrants illegally. It has resulted in an increased inflow of legal immigrants. There are in addition 41 job positions to be exempted from the quota requirement in 2012.

Quota levels have decreased every year since their introduction, from 6 million in 2007 to 1.3 million in 2010. 113 Furthermore, by pushing migrants into the informal sector, as a result both of the quota mechanism itself and of the corruption involved in the implementation process, a large pool of cheap (albeit illegal) labour was created. 114 In 2011 President Medvedev set up a government commission to coordinate activities and authorities involved in the fight against extremism. 115

The new migration rules aimed to stimulate the return of ethnic Russian 'compatriots' while limiting the numbers of migrants from the former Soviet countries of the Commonwealth of Independent States (CIS). 116 Russian experts were encouraged to return but with very limited success. 117 During the three years 2007–2009 only 10 000-17 000 Russian experts abroad out of 300 000

113 Schenk, Caress (2010) 'Open Borders, Closed Minds ...', pp. 101-21.

<sup>&</sup>lt;sup>110</sup> Chudinovskikh, Olga et al. (2010) The Russian Federation, Country Report ..., Box 4, p. 21.

<sup>&</sup>lt;sup>111</sup> Antonova, Olga (2006) 'Data Sources on International Migration: Case of the Russian Federation', United Nations Expert Group Meeting on Measuring International Migration: Concepts and Methods, 4–7 December 2006 (New York, United Nations) Doc. ESA/STAT/AC.119/17, November, United Nations Secretariat, Department of Economic and Social Affairs Statistics Division; and Federal Law (2002) 'On the Legal Status of Foreign Citizens in the Russian Federation', No. 115-FZ, 25 July.

<sup>112</sup> Federal Law (2007) 'On Migration Accounting of Foreign Citizens and Persons without Citizenship in the Russian Federation', 15 January.

<sup>114</sup> Schenk, Caress Rene (2010) A Typical Country of Immigration? The Russian Immigration Regime in Comparative Perspective, PhD Thesis (Miami, Miami University, Political Science) pp. 4-7, on the Internet: http://etd.ohiolink.edu/send-

pdf.cgi/Schenk%20Caress%20Rene.pdf?miami1274997400 (retrieved 10 November 2011). <sup>115</sup> Croft, Jennifer (2011) 'Security in a Multiethnic Russia ...', p. 129.

<sup>&</sup>lt;sup>116</sup> President of Russia (2006) President's Decree No. 637 of 22 June 2006 'On Measures to Assist in Voluntary Return of Compatriots Living Abroad to the Russian Federation'.

Balashov, Sergey (2009) 'Russians: An Endangered Species. The Government's Much Vaunted Efforts to Halt Depopulation Have Hardly Made a Dent in the Problem', Johnson's Russia List, 28 April, on the Internet: <a href="http://www.cdi.org/russia/johnson/2009-80-41.cfm">http://www.cdi.org/russia/johnson/2009-80-41.cfm</a> (retrieved 21 December 2010).

compatriots returned. 118 The government also wanted to attract foreign professionals and investors, who were necessary to help modernize the country. 119

The main trend in 2011 in Russian migration legislation was to adapt the legal framework to include international standards relating to immigration. Russian immigration policies need to achieve a balance between the economic need for migrant labour and the widespread xenophobia in society. The measures taken focused on using work permits and quotas as the main control mechanisms.

In line with the Concept of the State Migration Policy of the Russian Federation, which was prepared by the Federal Migration Service (FMS), Russia may give up quotas on workforce migration when improving its migration laws over the period 2012–2025. It will aim to actively attract a foreign workforce. Among the innovations is a grading system for the selection of migrants who want to come to Russia. Age, education, professional qualifications, and the ability to adapt to changes may figure as the required criteria. <sup>120</sup>

#### 3.6 Conclusions

An efficient solution to the demographic crises in Russia, though controversial, would be to increase immigration so as to compensate for the natural population shrinkage and to supply the labour market with the workforce it needs. In addition to these positive effects, however, immigration, at least on the large scale that is needed, will be accompanied by increasing socio-political and ethnocultural tensions that are already well known in Russia. Even if immigration is being promoted, not much progress has been made on reducing the tensions that already exist in major cities.

The unregistered or illegal nature of labour migration to Russia has deprived migrants of citizen rights, made them vulnerable to underground employers and inciting fear among Russians that immigration could drastically alter the country's ethnic make-up. According to the 2010 census there is no evidence to this effect.

It is a serious problem for the government how to overcome the widespread antiimmigrant sentiment, xenophobia. In Russia this remains very strong, not only among the general population but also among politicians. Surveys indicate that over 50 per cent of the population is disturbed by the scale of migration. An

118 Schenk, Caress (2010) 'Open Borders, Closed Minds: Russia's Changing Migration Policies:

Liberalization or Xenophobia?', *Demokratizatsiya*, Vol. 18, Issue 2, spring, pp. 101-21. <sup>119</sup> Sievert, Stephan, Sergey Zakharov and Reiner Klingholz (2011) *The Waning World Power ...*, pp. 23 and 35; and St. Petersburg Times (2010) 'Government to Overhaul Migration Rules', *St. Petersburg Times*, 30 March.

<sup>&</sup>lt;sup>120</sup> Moscow Times (2011) 'Russia Changes Its Migration Policy', Moscow Times, 11 August.

increasing Muslim population due to immigration is generally seen as a potential threat to many in Russia.

One aspect of immigration is that allowing large numbers of immigrants from CIS states means that they will transfer large sums of money to their countries of origin. Expelling illegal immigrants can be counterproductive as it could lead to both major unemployment and poverty in their home countries that in turn could lead to social instability in the long term.

The brain drain or emigration of academics and highly qualified professionals could become a problem, depending on how the political and socio-economic situation develops in Russia in the near future. To prevent that Russian society needs to develop in a more positive direction than what most observers could see signs of in 2011.

#### 4 The health situation

This chapter gives an overview of the health situation in Russia and some important aspects of non-communicable and infectious diseases, as well as drug and alcohol abuse, which are of such significance that they influence the demographic situation. The situation of the health-care system and health funding are also reviewed. Section 4.9 describes policies and section 4.10 presents some conclusions.

In general the biggest health problem facing Russia is the very high level of mortality and short life expectancy among men of working age. The global burden of disease is shifting from infectious diseases to non-communicable diseases, with chronic conditions such as heart disease and stroke now being the chief causes of death globally. Are the patterns similar for Russia? Besides chronic conditions, some infectious diseases, primarily tuberculosis and HIV/AIDS, have added to Russia's health problems as the authorities have not managed to control the ongoing epidemics. In addition alcohol, tobacco use is high as well as drug abuse is increasing that will negatively affect the population's health.

## 4.1 The public health-care system

Since the Soviet period much has changed in the health-care system. It used to be highly centralized, wasteful, and inefficient, but free of charge for everybody. The economic reforms in the 1990s caused a reduction in public health financing, a partial introduction of chargeable medical services, the deterioration of access to health care for the general population, and as a consequence an increase in mortality. The number of directly paid services grew for the sections of the population that could afford the high prices. Reforms of the health-care system were initiated but still much remains to be done, and national targets for health are still lacking.

At the end of the Soviet period Russia had the world's highest ratio of doctors and hospital beds to population (45 doctors per 10 000 persons) in the world and yet was not able to handle its health crises and the HIV/AIDS and tuberculosis epidemics in a better way. Corruption and bribery are still common in the health sector as well as others. It can be noted that the numbers of doctors have not decreased and in 2009 there were 50.1 doctors per 10 000 population. <sup>121</sup>

Doctors were poorly paid but thanks to the National Health Project their salaries have increased significantly and the number of doctors in primary care has increased since 2007. The state of the health service meant that it was common

<sup>121</sup> Popovich, Larisa et al. (2011) Russian Federation Health system review, ...pp. 102-4.

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practice for doctors to accept money and gifts (worth around 50 per cent of their salary) from patients and their relatives for services that were officially free, while many public hospitals officially charged patients for 'extra' examinations and treatment. Around 40 per cent of patients had to pay for inpatient care and 33 per cent had to pay for outpatient services. 123

Health issues are under the joint jurisdiction of the Russian Federation and the Subjects of the Russian Federation. <sup>124</sup> The Ministry of Health and Social Development (MoHSD), together with the Federal services Rospotrebnadzor, Roszdravnadzor, the Federal Medical and Biological Agency (FMBA), and the Federal Mandatory Health Insurance (MHI) Fund are the dominant institutions in the Russian health system. <sup>125</sup>

Access to health care has become polarized between the part of the population that can afford private high-quality health care and the rest, who have to make do with the remnants of Soviet-type health care. Russia's overall health situation is far from satisfactory.

A renowned paediatrician, Leonid Roshal, has publicly criticized the Health and Social Development Ministry for the bad conditions in the country's health sector. Most facilities lack modern equipment and medical staff are underpaid, which contributes to widespread corruption. Many Russian doctors support his views. <sup>126</sup>

While the availability of pharmaceutical drugs has increased through imports, the affordability of drugs has fallen and many Russians are unable to purchase medication they need. Overall, access to prescribed medications is improving, but many patients were still unable to obtain their prescribed medications. Drugs not included on the Essential Drugs List must be purchased by patients themselves. This means that the state pays for cheaper, essential medicines and patients pay for more expensive treatments.

<sup>&</sup>lt;sup>122</sup> Expo (2010) 'Russia: The Challenge of Access to Medicines', *Expo*, expo.rusmedserv.com, on the Internet: http://www.rusmedserv.com/expo/articl2.html (retrieved 21 December 2010).

<sup>&</sup>lt;sup>123</sup> Shishkin, Sergey and Vassiliy Vlassov (2009) 'Russia's Long Struggle to Come in from the Cold', *BMJ*, Vol. 339, July, p. 141-3; and Shishkin, Sergey (2010) 'Challenges for Health Care and Perspectives of Health Care Reform in Russia', Report presented for the ICCEES Conference, 26–31 July 2010, Stockholm.

Russian Federation (1993) 'Foundations of the Legislation of the Russian Federation on the Protection of Citizens' Health' (No. 5487, 22 July 1993); and Popovich Larisa *et al.* (2011)
 Russian Federation Health system review...Table 1.3, p. 10.

<sup>&</sup>lt;sup>125</sup> Popovich Larisa et al. (2011) Russian Federation Health system review...,p. 13-40.

<sup>&</sup>lt;sup>126</sup> St. Petersburg Times (2011) 'President Medvedev and Health and Social Development Minister Golikova', St. Petersburg Times, Issue 1653 (15), 27 April.

#### 4.2 Non-communicable diseases

The leading causes of death in Russia are non-communicable diseases. This review is based on official statistical data from Rosstat. The statistics show (see Table 2) that circulatory disorders, external causes, tumours, digestive diseases such as ulcers, respiratory diseases such as pneumonia and bronchitis, and infectious diseases, together with tuberculosis, were important causes of death. The percentages of deaths due to infectious diseases are similar to other developed countries. On the other hand deaths due to external causes are much higher in Russia than in the EU area. A reservation should be made here, however, in that the Russian statistics are influenced by incorrect diagnoses of causes of death. Traditionally, for example, acute cardiovascular failure had been used to write off many 'strange' deaths. Another problem is how the different causes of death reported are defined; definitions differ from those used in the EU countries.

Cancer was the second cause of mortality in Russia in 2009 and the incidences of cardiovascular diseases and cancer had doubled since 1990. Mortality from heart attacks in Russia was four times higher than in the European Union area, and mortality from strokes was 5–6 times higher. It was estimated that 25 per cent of male deaths and 15 per cent of female deaths were caused by cardiovascular diseases induced by alcohol abuse. Mortality from traumas and poisoning was four times higher in Russia than in the European Union countries. It is also necessary to examine the distribution of causes of death broken down by age and gender in order to better set priorities for health care and define government targets in Russia. It has been suggested that there are social reasons which explain why Russia is underestimating its public health problems. <sup>130</sup>

<sup>&</sup>lt;sup>127</sup> Expo (2010) 'Russia: The Challenge of Access to Medicines ...'.

<sup>&</sup>lt;sup>128</sup> Shishkin, Sergey and Vassiliy Vlassov (2009) 'Russia's Long Struggle to Come in from the Cold', pp. 141-3.

<sup>&</sup>lt;sup>129</sup> UNDP (2010) National Human Development Report..., p. 73.

<sup>&</sup>lt;sup>130</sup> Vishnevsky, Anatoly G. *et al.* (2009) *The National Human Development Report* ..., Table 3.5, pp. 65-7.

Table 2. Leading causes of death per 100 000 persons, 2009 and 2010, according to Rosstat

Cause	% of causes 2010	2010 number	2009 number	2010 % of 2009
Death total/100 000		1432.3	1416.8	101
Infectious & parasitic diseases	1.6	23.0	24.0	96
Tuberculosis (all forms)	1.0	15,1	16.8	90
Diseases of the circulatory system	56.1	804.2	801.0	100.4
Diseases of the digestive system	4.5	64.3	62.7	102.6
Respiratory diseases	3.6	51.8	56.0	93
External causes	10.2	145.5	158.3	92
Accidental alcohol poisoning	0.7	10,1	15.0	67.3
Suicide	1.6	23,5	26.5	89
Murder	0.1	13.2	15.2	87.4

Source: Rosstat, 'Causes of Death in the Russian Federation 2009 and 2010', Table 3.3, on the Internet: <a href="http://www.gks.ru/free\_doc/2010/demo/tab043-3.xls">http://www.gks.ru/free\_doc/2010/demo/tab043-3.xls</a> (retrieved 20 September 2011).

It is expected that pensioners will account for a larger share of the population, putting increasing pressure on health care and demand for medicines. <sup>131</sup> In 2009 almost a third of all children had health problems by the time they reached school age and two-thirds of teenagers had health issues. <sup>132</sup>

The effects of excessive smoking on health are well documented. Smoking rates in Russia were among the highest in the world: six out of every 10 men and two

<sup>&</sup>lt;sup>131</sup> The Lancet (2005) 'Reforming the Russian Health-care System', *The Lancet*, Vol. 365, 19–25 March, 2005, pp. 1012-14.

<sup>&</sup>lt;sup>132</sup> Vishnevsky, Anatoly G. et al. (2009) The National Human Development Report ....

out of every 10 women smoked in 2009, and smoking was estimated to cause nearly 300 000 deaths every year. <sup>133</sup>

Mortality from traffic accidents was 14 per cent lower in 2010 than in 2009. Suicide rates were three times higher in Russia than the world average. <sup>134</sup> Russia occupied second place in the world concerning the number of suicides per year. From 1990 to 2010, 800 000 persons killed themselves in Russia. <sup>135</sup>

The socio-economic situation also affects people's health. The number of people living below the poverty line in Russia was 49.7 million (35.5 per cent) in 1992 and this had decreased to 18.5 million (13.1 per cent) in 2008. However, there were great regional variations. For example in Siberia and the Russian Far East the share of poor people in the population was 32.9 per cent. In 2010 the health situation was worst in areas with a high proportion of poor people. Poverty is also directly connected with unemployment and affects psychological well-being and health. It has been estimated that 7 per cent of the population was undernourished in 2009, based on the calorie count of the minimum consumer 'basket'. The share of people with incomes lower than the subsistence minimum was the main national criterion for defining poverty, and this has ranged from 13 to 17 per cent over the period 2006–2009. There was a National Poverty Reduction Strategy but this did not guarantee protection from extreme poverty.

Studies have shown that there is a fairly good correlation between health and socio-economic development for most countries, but this is not true for Russia. Experts have not been able to explain this. <sup>138</sup> According to World Health Organization (WHO) experts, medical care and hereditary factors together were responsible for 30 per cent of a person's health, whereas 50 per cent is the result of lifestyle factors and 20 per cent is the result of environmental influences. There were also serious problems with nutrition and lack of physical exercise,

<sup>138</sup> Eberstadt, Nicholas (2010) Russia's Peacetime Demographic Crisis ..., p. 143.

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<sup>&</sup>lt;sup>133</sup> UNDP (2010) *National Human Development Report...*, p. 77; Danishevski K, Gilmore A, McKee M (2007). Public attitudes towards smoking and tobacco control policy in Russia. *Tobacco Control*, 17:276–83; and Eke, Steven (2006) 'Russia faces demographic disaster', *BBC News*, 7 June, 2006, on the internet: <a href="http://news.bbc.co.uk/1/hi/world/europe/5056672.stm">http://news.bbc.co.uk/1/hi/world/europe/5056672.stm</a> (retrieved 15 October 2008); Twigg Judyth (2008) 'A habit that's hard to kick: the evolution of tobacco control policy in Russia', *Russian Analytical Digest* 35, p. 2.

<sup>&</sup>lt;sup>134</sup> Makowski, Michael (2004) Russia's Fatal Half Measures: Demographic Crisis and Half Economic Measures, Paper presented at the AAASS Conference on 4–5 December 2004, Boston, U.S., p. 7.

<sup>&</sup>lt;sup>135</sup> Moscow News (2011) 'Russia Has Second Worst Suicide Rate in the World', *Moscow News*, 11 October.

<sup>&</sup>lt;sup>136</sup> Prokhorov, B. B. (2011) 'Regions of Russia on the Path to a Medico-Demographic Future', Studies on Russian Economic Development, Vol. 22, No. 1, p. 81.

<sup>&</sup>lt;sup>137</sup> UNDP (2010) *National Human Development Report...*, pp. 30-1; and Federal Law (2006) 'On the Consumer Basket for the Russian Federation in General', No. 44-FZ, 31 March.

which distinguishes the Russian population.<sup>139</sup> In 2009, there was almost no improvement in people's attitudes to their own health which is one obstacle to reducing mortality rates.<sup>140</sup>

There are two ways to interpret what is included in a healthy lifestyle. One includes a set of individual practices, norms and individual behaviours that lead to an improvement or deterioration in health (health risk). These traditionally include alcohol consumption, smoking, physical activity and diet, and sometimes include safe sex, drug use and other individual behavioural norms. The second interpretation is the extended healthy lifestyle, which involves a broader social context: living and working conditions, environmental conditions, etc. In such a context, a healthy or unhealthy lifestyle depended on both the individual and society as a whole. <sup>141</sup> A survey conducted in 2011 revealed that the Russian lifestyle was deeply affected by stress, low incomes, a poor living environment and poor health, Russia scoring only 37 out of 100 on the index of well-being. <sup>142</sup>

#### 4.3 Alcohol abuse

It is widely recognized that alcohol use can have negative effects on the health of a population and that alcohol abuse is a long-standing problem in Russia. The Russian figure for alcohol consumption went up 140 per cent between 1989 and 2008 and in 2010 was on average 15.8 litres of absolute pure alcohol a year per head of population (putting Russia at number 4 out of 188 countries). This was nearly twice the level recognized by the WHO as posing a special threat to people's health (8 litres). According to the Ministry of Health and Social Development, annual per capita alcohol consumption in 2011 had dropped by 3 litres from 2010. One difficulty in analysing the figures on alcohol consumption is that they are not always reliable and it is not made clear what is included in the figures, for example, whether illegally produced alcohol or beer is included.

The amount of illegal alcohol consumed was estimated on average for the ten years 2001–2010 to be about 60 per cent of the total amount consumed. Much of

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<sup>&</sup>lt;sup>139</sup> Kalinin, Alexey, Marina Kolosnitsyna and Liudmila Zasimova (2011) *Healthy Lifestyles in Russia: Old Issues and New Policies*, Working Paper Series: Public Administration, WP BRP 02/PA/2011 (Moscow, National Research University Higher School of Economics), p. 2.

<sup>&</sup>lt;sup>140</sup> Vishnevsky, Anatoly G. et al. (2009) The National Human Development Report ....

<sup>&</sup>lt;sup>141</sup> Kalinin, Alexey, Marina Kolosnitsyna and Liudmila Zasimova (2011) Healthy Lifestyles in Russia ....

<sup>&</sup>lt;sup>142</sup> RIA Novosti (2011) 'More Cause for Winter Blues: Russia Scores Low in Global Life Quality Poll', RIA Novosti, 1 December.

<sup>&</sup>lt;sup>143</sup> WHO (2011) WHO Global Status Report on Alcohol and Health 2011 (WHO, Geneva); and 'World Life Expectancy, Alcohol Consumption', on the Internet: http://www.worldlifeexpectancy.com/alcohol-consumption-vs-deaths (retrieved 6 January 2011).

it was even produced in legal factories due to weak law enforcement. <sup>144</sup> In 1991 the prohibition on producing illegal alcohol, *samogen*, was dropped, but selling it was still illegal. There is a risk that if prices of vodka increase due to taxes the amounts of illegal alcohol consumed will increase.

Experts have estimated the number of alcoholics at 5 million (officially 2 million were registered) or 3.4 per cent of the entire population, and of these 60 000 were under 14 years of age. In 2010, 2 560 males and 550 females per 100 000 persons suffered from alcoholism, although the trend was declining. On the other hand there was a rising trend among teenagers with 1 962 persons out of 100 000 suffering from alcoholism in 2010. The figures were 150–200 per cent higher than corresponding indicators in most European countries and in over 70 per cent of cases were due to hard liquor consumption.

Each year (2007–2009) around 100 000 people died from alcohol-related causes. This figure includes up to 10 000 who died of chronic alcoholism; an average of 33 000–34 000 deaths per year were caused by alcoholic intoxication. <sup>146</sup> It has been estimated that in total around 7.7 million persons died of alcohol-related diseases over the period 1997–2007. <sup>147</sup> Heavy alcohol consumption was causing almost 50 per cent of all mortality in Russian men of productive age. <sup>148</sup>

Alcohol-related deaths in Russia in 2008 were six times higher for men and five times higher for women than in the rest of Europe. A significant proportion of alcohol-related deaths occurred in marginalized groups but alcohol consumption was also very high among even socially well-adapted groups.<sup>149</sup>

Mikhail Gorbachev introduced an anti-alcohol campaign that was in place from 1985 to 1988. It was successful for about a year and male life expectancy improved by two years. However, when this programme ended the result was that even greater amounts of alcohol were consumed in Russia (particularly illegally made alcohol), followed by a fall of three years in average life expectancy by 1993. Previous research has shown that there is a strong relationship between per capita consumption of alcohol and a range of alcohol-

<sup>&</sup>lt;sup>144</sup> Nemtsov, Alexander (2011) A Contemporary History of Alcohol in Russia (Södertörn Academic Studies), Vol. 43, pp. 1-346.

Moscow Times (2011) 'Report: Adults Drink Less, Teens More', *Moscow Times*, 16 November.
 Zaigrayev, Grigory (2010) 'Alcoholism and Alcohol Abuse in Russia: Ways of Overcoming the Crisis', *Social Sciences*, No. 1, pp. 116-28.

Moscow Times (2011) 'Report: Adults Drink Less, Teens More'.

<sup>&</sup>lt;sup>148</sup> BMJ (2011) 'Russia's Alcohol Problem', 17 August, BMJ, Vol. 343, d5240; and Leon, David et al. (2007) 'Hazardous Alcohol Drinking and Premature Mortality in Russia: A Population Based Case-control Study', The Lancet, Vol. 369, Issue 9578.

Yelizarov, Valery (2008) Demographic Policy in Russia ..., p. 34.

<sup>&</sup>lt;sup>150</sup> Nemtsov, A. and V. Shkolnikov (1997) 'The Anti-Alcohol Campaign and Variations in Russian Mortality', in J. L. Bobadilla, C.A. Costello and F. Mitchell (eds), *Premature Death in the New Independent States* (Washington, D.C., National Academy Press), pp. 239-61.

related health conditions. <sup>151</sup> The Gorbachev campaign officially ended in 1988 due to its unpopularity and the loss of alcohol-related revenue for the government. <sup>152</sup>

Rough estimates published by the Russian Public Chamber indicated that the cost of alcohol abuse in Russia in 2008 was nearly \$57 billion (1 700 billion roubles). The government has been keen to increase taxes on alcohol and tobacco in order to increase revenues and limit consumption, but there are strong industrial interests against such taxes. Prime Minister Vladimir Putin has opposed an increase in the excise tax on alcohol and tobacco for the sake of easing pressure on business. From 2001 to 2011 beer sales in Russia rose by more than 40 per cent while vodka sales fell by nearly 30 per cent.

## 4.4 Drug abuse

The rate of drug dependency in Russia was so high (it increased by 900 per cent between 1993 and 2010) that it could become a threat to social stability and an issue of national security. <sup>155</sup> Drug abuse was also a serious health problem as 70 per cent of injecting drug users were HIV-positive and many got tuberculosis and mortality was high in 2009. <sup>156</sup>

Heroin consumption had been rising steeply, and in January 2011 the number of drug addicts had increased to 674 000 and the average age of drug users was falling. The official numbers for drug addicts are not very accurate as they depend on individuals registering at state narcotics clinics, and even Russian officials, like Gennady Onishchenko, chief physician, have indicated that a factor of seven should be used for calculation of the true numbers. This would mean for

<sup>155</sup> Kozlov, Alexander A. *et al.* (2005) 'Heroin Dependence in the Russian Federation: The Current Situation', Research Report, *Heroin Add & Rel Clin Probl*, Vol. 8, No.1, pp. 11-24.

Rehm J., R. Room and K. Graham (2003) 'The Relationship of Average Volume of Alcohol Consumption and Patterns of Drinking to Burden of Disease: An Overview', *Addiction*, Vol. 98, pp. 1209-28.
 Bhattacharya, J., C. Gathmann and G. Miller (2011) 'The Gorbachev Anti-Alcohol Campaign

<sup>&</sup>lt;sup>152</sup> Bhattacharya, J., C. Gathmann and G. Miller (2011) 'The Gorbachev Anti-Alcohol Campaign and Russia's Mortality Crisis', Stanford Medical School and NBER, on the Internet: <a href="https://iriss.stanford.edu/sites/all/files/iriss/Russia\_mortality\_crisis.pdf">https://iriss.stanford.edu/sites/all/files/iriss/Russia\_mortality\_crisis.pdf</a> (retrieved 20 September 2011).

<sup>&</sup>lt;sup>153</sup> Kalinin, Alexey, Marina Kolosnitsyna and Liudmila Zasimova (2011) Healthy Lifestyles in Russia..., p. 12.

<sup>&</sup>lt;sup>154</sup> Interfax (2011) 'Increasing Alcohol, Tobacco Excise Tax Unacceptable – Putin', *Interfax*, 8 December.

<sup>&</sup>lt;sup>156</sup> Holt, Ed (2010) 'Russian Injected Drug Use Soars in Face of Political Inertia', *The Lancet*, Vol. 376, Issue 9734, 3–9 July, pp. 13-14 and Kiselev, Veronika (2010) 'AIDS Epidemic in the Russian Federation and Policy Reform', *SIT Study Abroad/ ISP Collection* (Washington, University of Washington) 14 July, p. 8.

<sup>&</sup>lt;sup>157</sup> Vostochno-Sibirskaya pravda (2011) 'Svodki s narkofrontov, Federal Drug Control Service, Press Release', *Vostochno-Sibirskaya pravda*, No. 115, 11 October.

2011 that around 5 million people were abusing drugs, which was what the Federal Agency for Drug Control (FSKN) also claimed. <sup>158</sup> Russia had almost as many heroin users as all other European countries put together. <sup>159</sup> It was ranked as number one in the world when it came to heroin consumption and used around 21 per cent of all heroin in the world according to the United Nations in 2010. <sup>160</sup>

Heroin was the most widely used drug and 90 per cent of it came from Afghanistan. Preventing illegal drug trafficking from Afghanistan was seen as a serious national security issue. The amount of pure Afghan heroin reaching the Russian market each year was estimated to be around 42 tonnes. <sup>161</sup> In 2011 the FSKN confiscated some 60 tonnes of narcotics, including 3.5 tons of heroin. According to the FSKN heroin trafficking in Russia had decreased from 2007 to 2011. <sup>162</sup> Russian officials blamed the drug situation on the United States' failure to eradicate heroin production in Afghanistan. <sup>163</sup>

It was estimated that mortality was increasing, and over 100 000 young people died from drugs in 2011 according to the FSKN. <sup>164</sup> There was a growing problem with synthetic drugs, primarily among young people in larger cities as it had become harder and more expensive to come by heroin. <sup>165</sup> These home-cooked drugs based on desomorphine were far more lethal than heroin. They were called Crocodile, and were being used by around 100 000 young people in 2011. <sup>166</sup> Desmorphine drugs are based on codein containing drugs and from the summer

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<sup>&</sup>lt;sup>158</sup> Kramer John M. (2011) 'Drug Abuse in Russia An Emerging Threat', *Problems of Post Communism*, Vol. 58, No. 1, January/February, pp. 31-43.

<sup>&</sup>lt;sup>159</sup> UNODC (2010) World Drug Report 2010 (New York, United Nations Office on Drugs and Crime), p. 50.

<sup>&</sup>lt;sup>160</sup> Ibid., p. 50.

<sup>&</sup>lt;sup>161</sup> Interfax (2012) 'HIV Infections in Russia Increasing with Drug Addiction Rates – Health Chief', Interfax, 5 January.

<sup>&</sup>lt;sup>162</sup> ITAR-TASS (2011) 'World Drug Cartels Can Launder Almost All Earnings – FSKN Chief', ITAR-TASS, 22 November; and ITAR-TASS (2011) 'Drug Control Agency Confiscates 60 Tons of Narcotics in 2011', ITAR-TASS, 3 January 2012.

<sup>&</sup>lt;sup>163</sup> New York Times (2009) 'Russia, Plagued by Heroin Use, to Press U.S. on Destroying Afghan Poppy Crops', *New York Times*, 22 September, on the Internet:

 <sup>&</sup>lt;a href="http://www.nytimes.com/2009/09/23/world/europe/23russia.html">http://www.nytimes.com/2009/09/23/world/europe/23russia.html</a> (retrieved 6 May 2011).
 Interfax (2012) 'HIV Infections in Russia Increasing with Drug Addiction Rates – Health Chief',

Interfax, 5 January.

165 UNODC (2009) Addiction, Crime and Insurgency: The Transnational Threat of Afghan Opium (Vienna, United Nations Office on Drugs and Crime); and Twigg, Judyth (2007) HIV/AIDS in Russia: Commitment, Resources, Momentum, Challenges, A Report of the CSIS HIV/AIDS Task Force (Washington, D.C., Center for Strategic and International Studies), October.

<sup>&</sup>lt;sup>166</sup> Kozlov (2005) 'Heroin Dependence in the Russian Federation ...', pp. 11-24; and RIA Novosti (2011) 'Desomorphine', *RIA Novosti*, 3 June.

2012 these will only be sold as prescription drugs as tests had shown that this reduced crocodile use by addicts. <sup>167</sup>

One problem in Russia has been the criminalization of drug users which impeded implementation of effective HIV/AIDS and TB programmes. There was even a proposal in 2011 to reintroduce an article in the Criminal Code, from Soviet times, requiring jail sentences for illicit drug users. Russia has refused to finance harm reduction programmes such as needle exchanges, or to legalize methadone. In 2012 even web-sites discussing methadone were closed down. These kinds of programmes have been found to be fairly effective in other countries. Many Russian doctors felt helpless in the face of the problem and pointed to the lack of a coherent national policy for fighting drug abuse. Officials sometimes view concepts such as 'harm reduction' as a corrupting influence of the West, and instead label drugs users as unproductive, dangerous, and criminal.

The Russian government's attempts to control the increased drug trafficking from Afghanistan have so far not been enough. This has resulted in everincreasing numbers of young people using drugs, followed by social exclusion, deaths from overdoses and increasing incidences of HIV and TB infections, as well as hepatitis, sexually transmitted infections, and other health problems.

It is most unfortunate that the Russian government is making it more difficult for international NGOs (non-governmental organizations) with good experience and reputations in implementing programmes to prevent drug abuse. The inadequate way in which the drug problem has been handled so far in Russia has hampered the fight against linked diseases like HIV/AIDS and tuberculosis. It will take time before Russia can accept that drug dependence is a public health issue, rather than a problem that can be solved by intimidation and force.

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<sup>&</sup>lt;sup>167</sup> ITAR TASS (2012) 'Number of drug dens decrease 30 – fold in 20 Russian regions', ITAR TASS, 11 March.

<sup>&</sup>lt;sup>168</sup> Russian Press Digest (2011) 'Anti-drug Service Sponsors Bill to Reinstate Drug Prison Time', Russian Press Digest, No. 1124a, 24 November.

Holt, Ed (2010) 'Russian Injected Drug Use...'

<sup>&</sup>lt;sup>170</sup> Bradford Mcintyre (2012) 'Russia: Government Shuts HIV-Prevention Group's Website', 8 February.

<sup>&</sup>lt;sup>171</sup> Stolyarova, Galina (2007) 'Russia: Get Well or Else. Some Say Russia Faces a "Catastrophe" of Drug Use, but is the Cure Worse than the Disease?', European Aids Treatment Group, 10 April, on the Internet: <a href="http://www.eatg.org/eatg/Global-HIV-News/News-archive/Russia-get-well-or-else">http://www.eatg.org/eatg/Global-HIV-News/News-archive/Russia-get-well-or-else</a> (retrieved 27 January 2011).

Tkatchenko-Schmidt, E. *et al.* (2008) 'Prevention of HIV/AIDS and Barriers to Scaling-up of Harm Reduction Programmes', *Health Policy*, Vol. 85, pp. 62–171.

#### 4.5 Infectious diseases in general

Russia has a long history of handling outbreaks of infectious diseases. The state sanitary and epidemic surveillance and monitoring system for infectious diseases has also been improved. <sup>173</sup> In 2009 the Russian Federation had a high (97–99 per cent) level of coverage of the population with prophylactic immunization against infectious diseases, such as whooping cough, diphtheria, tetanus, measles, mumps, rubella and hepatitis B, which makes it possible to maintain low levels of these diseases. Mass vaccination against B-type hepatitis had not only drastically decreased the incidence of infection but also reduced the number of patients with chronic liver pathologies. This will reduce the number of patients with primary liver cancer in the long run. Reduction of the incidence of infectious diseases was also important for reducing infant mortality of which 40 per cent was caused by infectious diseases.

The positive achievements so far, up to 2010, were however insufficient to ensure stable and effective control of TB and HIV/AIDS. The spread of these diseases is to a great extent determined by social conditions. Potential future risks include the constantly increasing pandemic threat from new and recurring infectious diseases such as SARS, avian flu and H1N1 influenza, etc. <sup>175</sup> Since the break-up of the Soviet Union there has also been a sharp increase in sexually transmitted diseases, not seen in other industrialized countries during the 20th century. <sup>176</sup> (For the policies being implemented by the Russian government see section 4.9 on health policies.)

#### 4.6 HIV/AIDS

In the National Security Strategy of the Russian Federation to 2020, it was recognized that HIV was a primary threat to national security and national health. HIV became epidemic in Russia around 1996–1997. In December

<sup>&</sup>lt;sup>173</sup> BWC (2009) 'Russia: Implementation of Global Strategy Against Infectious Diseases: Contribution of the Russian Federation', BWC Working Paper BWC/MSP/2009/MX/WP.27, August, on the Internet: <a href="http://daccess-dds-">http://daccess-dds-</a>

 $<sup>\</sup>underline{ny.un.org/doc/UNDOC/GEN/G09/634/47/PDF/G0963447.pdf?OpenElement} \ (retrieved\ 26\ August\ 2010).$ 

<sup>&</sup>lt;sup>174</sup> Roffey, Roger (2010) *Biotechnology in Russia: Why Is It Not a Success Story?*, FOI-R--2986--SE (Stockholm, FOI), pp. 90-6; and UNDP (2010) *National Human Development Report ...*, p. 75. <sup>175</sup> UNDP (2010) *National Human Development Report ...*.

<sup>&</sup>lt;sup>176</sup> Ibid., p. 82.

 <sup>177</sup> Ibid.; and Ministry of Health and Social Development (2009) 'Country Progress Report ...'.
 178 Ministry of Health and Social Development (2009) 'Country Progress Report of the Russian Federation on the Implementation of the Declaration of Commitment on HIV/AIDS adopted at the 26th Special Session of the United Nations General Assembly on 27 June 2001, Reporting Period: January 2008–December 2009', Ministry of Health and Social Development of the Russian

2011, Russia had 637 000 cases, mainly among young people (589 581 cases in 2010), including over 100 000 deaths per year. Experts estimated the true number of people living with HIV in Russia in 2011 to be over a million, and many experts have estimated it to be 1.5 to 2.0 million of the adult population. The number of cases of AIDS diagnosed was 7 638 and mortality was 6 230 cases in 2009. The mortality increase in HIV patients due to TB was around 50 per cent. <sup>179</sup>

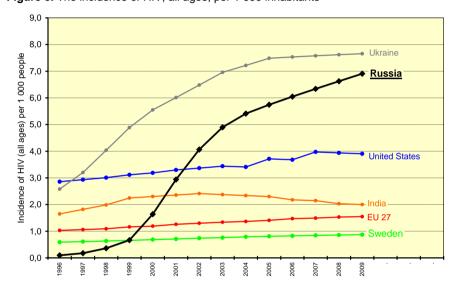


Figure 9. The incidence of HIV, all ages, per 1 000 inhabitants

Source: Figure prepared by Bengt-Göran Bergstrand, FOI, based on data from WHO and IMF World Economic Outlook.

In 2011 the HIV epidemic was growing fastest in the 15–30 years age group and accounted for around 78 per cent of HIV cases. <sup>180</sup> The incidence of HIV per 1 000 people is compared for a number of countries in Figure 9. It can be seen that the incidence has increased over time and that Ukraine has a higher

Federation and Federal Service for Surveillance of Consumer Rights Protection and Human Well-Being, Moscow, 2010, p. 12.

Demikhova1, Olga V. and Eduard V. Karamov (2011) 'The Situation of HIV/M. Tuberculosis Co-Infection in Russia', *The Open Infectious Diseases Journal*, Vol. 5, Suppl. 1-M4, p. 40. <sup>180</sup> Ibid., pp. 36-50; Eurasian Harm Reduction Network (2011) 'Russia is under a Threat of a New Round of the HIV/AIDS Epidemic', *Eurasian Harm Reduction Network*, 10 October, on the Internet: <a href="http://www.harm-reduction.org/news/2253-russia-is-under-a-threat-of-a-new-round-of-the-hivaids-epidemic.html">http://www.harm-reduction.org/news/2253-russia-is-under-a-threat-of-a-new-round-of-the-hivaids-epidemic.html</a> (retrieved 20 September 2011); Reuters (2011) 'This Updates a Special Report on HIV in Russia' *Reuters*, 21 December; and Interfax (2012) 'HIV Infections in Russia Increasing with Drug Addiction Rates – Health Chief', *Interfax*, 5 January.

incidence than Russia. Some other countries such as India, the U.S. and the EU member states are included for comparison.

The highest HIV infection rates 2009 were among prison populations with an average rate of 4.9 per cent or over 60 000 people. <sup>181</sup> Other risk groups were injecting drug users and sex workers. There had also been growth in the spread of HIV in heterosexual groups and in the number of children born to HIV-positive mothers (about 10 000 per year). <sup>182</sup> In the worst-affected regions, such as Samara and Irkutsk, over 2 per cent of the total adult populations were HIV-positive, and the percentage of HIV-positives among young people between 17 and 25 years of age in some towns in these regions was as high as 10 per cent. <sup>183</sup> There was a dramatic increase in drug abuse among young people and there was a direct correlation between injecting drugs and HIV. <sup>184</sup> In 2011 the main mode of transmission of HIV was via IDU (injecting drug users) with 58 per cent among new cases. <sup>185</sup>

Some estimates predicted that annual AIDS mortality would grow from 72 000 to 250 000 people in 2010–2020 under the best-case scenario. <sup>186</sup> The short-term impact on Russia's demographic situation would, though, be limited. Only around 1.0–2.0 per cent of the Russian population was estimated to be HIV-infected, so that the effect on life expectancy would be small. <sup>187</sup>

Almost all of the available funds were being allocated to treatment and the organization of mass testing, despite international experience of successfully countering HIV/AIDS through preventive measures as well. While the necessary medicines, including medicines for drug-resistant HIV strains, were available in Russia, the number of patients who received treatment was not great, at only around 70 000 to 90 000, while it should have been about 200 000 people. 189

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<sup>&</sup>lt;sup>181</sup> Ministry of Health and Social Development (2009) 'Country Progress Report', p. 20.

<sup>&</sup>lt;sup>182</sup> UNDP (2010) National Human Development Report..., p. 83.

<sup>&</sup>lt;sup>183</sup> Ibid.

Demikhova1, Olga V. and Eduard V. Karamov (2011) 'The Situation of HIV/M. Tuberculosis ...', p. 40.

<sup>&</sup>lt;sup>185</sup> Komsomolskaya Pravda (2012) 'Russian AIDS infects more women and teenagers', Komsomolskaya Pravda. No. 36, 13 March.

<sup>&</sup>lt;sup>186</sup> Webster, Paul (2003) 'HIV/AIDS Explosion in Russia Triggers Research Boom', *The Lancet*, Vol. 361, p. 2132; and Barnett, Tony and Gwyn Prins (2006) *HIV/AIDS and Security, Facts*, *Fiction and Evidence* (London, London School of Economics), p. 24.

<sup>&</sup>lt;sup>187</sup> Ancker, Svetlana (2008) 'Demographic Impact of HIV/AIDS in Russia: Projections, Analysis and Policy Implications', *China and Eurasia Forum Quarterly*, Vol. 6, No. 4, p. 49-79.

<sup>&</sup>lt;sup>189</sup> Nezavisimaya gazeta (2010) 'Going against the Trend: The AIDS Mortality Rate in the World is Decreasing, but is Rising in Russia', *Nezavisimaya gazeta*, 18 May; and Komsomolskaya Pravda (2012) 'Russian AIDS infects...'

Civil society has played an important role in fighting the HIV epidemic in Russia. <sup>190</sup> The government was unfortunately making it very difficult for NGOs and foreign aid organizations to continue working in Russia to help with limiting the effects of the HIV/AIDS and TB epidemics. In 2010 the Russian government even blamed foreign groups for making the country's HIV epidemic worse. Health experts and drug addicts alike point to official inaction as the real problem. <sup>191</sup> So far harm reduction programmes in Russia had operated with funds from international organizations and NGOs, including from the Global Fund. <sup>192</sup> Less than 50 per cent of patients who needed it received antiretroviral therapy in 2010. <sup>193</sup> Russian authorities have focused on combating the epidemic primarily by cutting off the supply of narcotics.

Many Russians chose not to be HIV-tested because the social isolation of HIV-positive people remained an acute problem. Doctors often failed to keep the diagnosis secret, and as a result it was not uncommon for HIV-positive people to lose their jobs and many claimed that they were suffering discrimination. <sup>194</sup>

Street-level policing practices in Russia have resulted in a sense of risk and fear of arrest, fine or detainment among drug users, and this is why they will not register for treatment. Moreover, civil society responses to HIV prevention, treatment and care for injecting drug users remain weak, as does public health policy and infrastructure, which has depended heavily upon international donations. Although steps are being taken to deal with the ongoing HIV/AIDS epidemic, more needs to be done to ensure that these policies are implemented properly and proper procedures are being followed. Closely connected with drug abuse and HIV is tuberculosis.

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<sup>&</sup>lt;sup>190</sup> Civil Society Report (2008) Russia's Way Towards Universal Access to HIV Prevention, Treatment and Care, Opinions and Views (Moscow, EHRN and ITPC EECA), June.

Reuters (2011) 'In Russia, a Glut of Heroin and Denial', Reuters, 25 January, on the Internet: <a href="http://www.eatg.org/eatg/Global-HIV-News/Epidemiology/In-Russia-a-glut-of-heroin-and-denial">http://www.eatg.org/eatg/Global-HIV-News/Epidemiology/In-Russia-a-glut-of-heroin-and-denial</a> (retrieved 27 January 2011).
 World Bank (2006) Preventing the Spread of HIV/AIDS in Russia: New Assessment of Harm

World Bank (2006) Preventing the Spread of HIV/AIDS in Russia: New Assessment of Harm Reduction Programs, European Aids Treatment Group, 31 August, on the Internet: <a href="http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/ECAEXT/0,.contentMDK:21034565%7EmenuPK:258604%7EpagePK:2865106%7EpiPK:2865128%7EtheSitePK:258599,00.htm">http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/ECAEXT/0,.contentMDK:21034565%7EmenuPK:258604%7EpagePK:2865106%7EpiPK:2865128%7EtheSitePK:258599,00.htm</a>
<a href="http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/ECAEXT/0,.contentMDK:21034565%7EmenuPK:258604%7EpagePK:2865106%7EpiPK:2865128%7EtheSitePK:258599,00.htm">http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/ECAEXT/0,.contentMDK:21034566%7EpiPK:2865128%7EtheSitePK:258599,00.htm</a>
<a href="http://web.worldbank.org/wBSITE/EXTERNAL/COUNTRIES/ECAEXT/0,.contentMDK:21034566%7EpiPK:258604%7EtheSitePK:258599,00.htm">http://web.worldbank.org/wBSITE/EXTERNAL/COUNTRIES/ECAEXT/0,.contentMDK:21034566%7EpiPK:258604%7EtheSitePK:258599,00.htm</a>
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<a href="http://www.new.ecaextraction.org/wbsite-pk:2865128%7EtheSitePK:258599,00.htm">http://www.new.ecaextraction.org/wbsitePk:2

EATG (2010) 'In Russia, Half of HIV-positive People in Need of Treatment Do Not Get Medicines', European AIDS Treatment Group, 16 September, on the Internet: <a href="http://www.eatg.org/eatg/Global-HIV-News/Access-to-treatment/In-Russia-half-of-HIV-positive-people-in-need-of-treatment-do-not-get-medicines">http://www.eatg.org/eatg/Global-HIV-News/Access-to-treatment/In-Russia-half-of-HIV-positive-people-in-need-of-treatment-do-not-get-medicines</a> (retrieved 27 January 2011).

<sup>&</sup>lt;sup>94</sup> St. Petersburg Times (2010) 'HIV Patients Protest against Denial of Access to Treatment', St. Petersburg Times, 9 November, on the Internet:

http://www.sptimes.ru/index.php?action\_id=2&story\_id=32883 (retrieved 27 January 2011). 

195 Sarang, Anya, Tim Rhodes, Nicolas Sheon and Kimberly Page (2010) 'Policing Drug Users in Russia: Risk, Fear, and Structural Violence', *Substance Use & Misuse*, Vol. 45, No. 6, May, pp. 813-64.

Bhattacharya, J. et al. (2011) 'The Gorbachev Anti-Alcohol Campaign ...'.

#### 4.7 Tuberculosis

According to the WHO, Russia ranks 11th out of the 22 countries with the highest incidence of tuberculosis worldwide and accounts for 35 per cent of all primary TB cases in the WHO's European region. The incidence of tuberculosis in Russia was 82–100 cases per 100 000 people 2007–2010 (Sweden had five to six cases per 100 000 people) and the death rate was 16–18 per 100 000 people. In 2010 more than 290 000 people had TB in Russia. State statistics showed that the rate of infection was still growing. For TB, 80 per cent of cases occurred in the productive age groups from 15 to 54 years. For the incidence per 100 000 inhabitants over time and a comparison between Russia and a number of countries, see Figure 10. The incidence of tuberculosis is higher for India than for Russia, Ukraine or China.

The incidence of multi-drug resistant tuberculosis was high and had accounted for 5–6 per cent of total deaths among people between 25 and 44 years of age in 2008. The spread of tuberculosis with multiple drug resistance (MDR TB) was serious and there were 50 000 cases in 2009. The share of MDR TB in the total number of new cases of tuberculosis is increasing in Russia and was 36 per cent in 2009. The percentage of MDR TB in the total number of TB cases varied between regions. Russia was among the 10 countries with the highest incidence and prevalence of MDR TB per 100 000 people in 2010. The percentage of MDR TB per 100 000 people in 2010.

Drug-resistant TB requires more expensive treatment than drug-sensitive strains of the disease. Health experts have blamed the government for not supplying enough key medicines that could have limited antibiotic-resistant forms of TB,

<sup>&</sup>lt;sup>197</sup> ITAR-TASS (2008) 'Tuberculosis Poses Security Threat in Russia, Official Says: The Russian Government Plans to Allocate 26 Billion Russian Roubles, or about \$1 billion, from 2007 to 2011 for a TB Prevention and Treatment Program', 25 September, *ITAR-TASS*, on the Internet: <a href="http://www.eatg.org/eatg/Global-HIV-News/TB-Malaria/Tuberculosis-poses-security-threat-in-Russia-official-says">http://www.eatg.org/eatg/Global-HIV-News/TB-Malaria/Tuberculosis-poses-security-threat-in-Russia-official-says</a> (retrieved 20 December 2010).

<sup>&</sup>lt;sup>198</sup> Institute of Medicine (2011) 'Drug-Resistant Tuberculosis in the Russian Federation', pp. 29-36, in *The New Profile of Drug Resistant Tuberculosis in Russia: A Global and Local Perspective: A Summary of a Joint Wurkshop* (Washington D.C., The National Academic Press); Demikhova1, Olga V. and Eduard V. Karamov (2011) 'The Situation of HIV/M. Tuberculosis ...', p. 49; and WHO (2011) 'Russian Federation Tuberculosis Profile', on the Internet: <a href="https://extranet.who.int/sree/Reports?op=Replet&name=/WHO\_HQ\_Reports/G2/PROD/EXT/TB">https://extranet.who.int/sree/Reports?op=Replet&name=/WHO\_HQ\_Reports/G2/PROD/EXT/TB</a> CountryProfile&ISO2=RU&outtype=html (retrieved 11 November 2011).

<sup>199</sup> UNDP (2010) National Human Development Report..., p. 86.

<sup>&</sup>lt;sup>200</sup> Ibid., p. 86

<sup>&</sup>lt;sup>201</sup> Institute of Medicine (2011) 'Drug-Resistant Tuberculosis...' pp. 29-36.

<sup>&</sup>lt;sup>202</sup> UNDP (2010) *National Human Development Report...*, p. 86; Demikhova1, Olga V. and Eduard V. Karamov (2011) 'The Situation of HIV/M. Tuberculosis ...', pp. 36-50; and WHO (2011) 'Russian Federation Tuberculosis Profile', on the Internet:

https://extranet.who.int/sree/Reports?op=Replet&name=/WHO\_HQ\_Reports/G2/PROD/EXT/TB\_CountryProfile&ISO2=RU&outtype=html (retrieved 11 November 2011).

although the Ministry of Health and Social Development denied that this was the case. <sup>203</sup> Russia's chief epidemiologist, Gennady Onishchenko, warned in 2007 that only 9 per cent of the country's TB hospitals met basic hygiene standards, nearly a fifth suffered shortages of required drugs and more than 40 per cent lacked adequate medical equipment. <sup>204</sup>

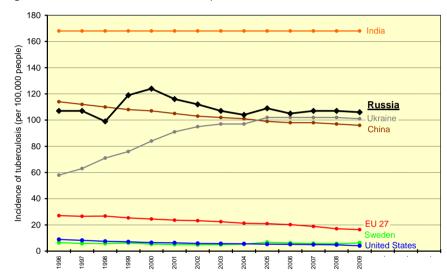


Figure 10. The incidence of tuberculosis per 100 000 inhabitants

Source: Figure prepared by Bengt-Göran Bergstrand, FOI, based on data from WHO and IMF World Economic Outlook.

Since 2005 much has been done to limit the spread of TB using mainly funds provided by the World Bank, the Global Fund and the National Project Health. The WHO Office in Moscow had assisted Russian health authorities on activities against tuberculosis and HIV/AIDS. Some NGO's claim that the lack of drugs for treatment was correlated to that Russia refused to receive further support from the Global Fund. <sup>206</sup>

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Washington Post (2009) 'Washington Post Examines Spread of Drug-resistant TB in Russia', Washington Post, 24 August, on the Internet: <a href="http://www.eatg.org/eatg/Global-HIV-News/TB-Malaria/Washington-Post-examines-spread-of-drug-resistant-TB-in-Russia">http://www.eatg.org/eatg/Global-HIV-News/TB-Malaria/Washington-Post-examines-spread-of-drug-resistant-TB-in-Russia</a> (retrieved 27 January 2011).

Washington Post (2009) 'Washington Post Examines Spread of Drug-resistant TB in Russia ...'.
 UN (2011) United Nations in the Russian Federation, on the Internet:
 <a href="http://www.unrussia.ru/en/agencies/world-health-organization-who">http://www.unrussia.ru/en/agencies/world-health-organization-who</a> (retrieved 11 November 2011);
 and on the Internet: <a href="http://www.who.int/nha/country/rus/en/">http://www.who.int/nha/country/rus/en/</a> (retrieved 11 November 2011).

<sup>&</sup>lt;sup>206</sup> Kommersant (2012) 'Rejection of international aid threatens the Russian outbreak of tuberculosis', No. 52, 26 March.

The epidemiological situation for TB has been stabilizing since 2006 and the effectiveness of measures used to treat TB has been improving. However, the situation still remains grave and significant improvements are needed to reach the specified target for 2015: 'To have halted the spread of tuberculosis and other socially-determined infectious diseases and considerably reduced incidence of these diseases'. <sup>207</sup> The number of deaths from TB in 2010 had declined by 25 per cent since 2006. <sup>208</sup>

There is evidence for a correlation between TB and HIV. A high percentage of those having TB are also HIV-infected, and TB is one of the main causes of death for HIV sufferers. <sup>209</sup> The Federal Centre for treating TB in people who were HIV-positive predicted that, as more people reached advanced stages of HIV/AIDS, the number of HIV/AIDS patients suffering from TB would reach 150 000 by 2015.<sup>210</sup>

There were too high percentages of inmates in Russian prisons in 2009 suffering from diseases such as TB and hepatitis or who were infected with HIV, according to the Prosecutor General's Office. 211 In 2010 it was estimated that 4423 interns died in Russian prisons (out of a total of 900 000 prisoners), mostly due to bad health and lack of adequate medication. 212

Tuberculosis was deemed so serious that it could pose a threat to Russia's security and labour force. The rapid increase in the number of people infected with HIV/AIDS, TB or MDR TB and injecting drug users (IDUs) has become a serious public health challenge in Russia.

#### Public health funding 4.8

In 2011, improving health services had become a priority for the Russian government, and health expenditure had increased. However, the country's health care system remained in a bad state and needed increased spending according to Vladimir Putin: 'Over 30 per cent of the country's medical

<sup>&</sup>lt;sup>207</sup> UNDP (2010) National Human Development Report..., p. 85.

<sup>&</sup>lt;sup>209</sup> Demikhova1, Olga V. and Eduard V. Karamov (2011) 'The Situation of HIV/M Tuberculosis ...',

pp. 44-5. <sup>210</sup> UNDP (2010) National Human Development Report in the Russian Federation 2010, Millennium Development Goals in Russia: Looking into the Future, Moscow, p. 89.

<sup>&</sup>lt;sup>211</sup> EATG (2010) 'Nine out of 10 Russian Prisoners are Sick, Prosecutors Say' European AIDS Treatment Group (from Business Week), on the Internet: http://www.eatg.org/eatg/Global-HIV-News/Prevention/Nine-out-of-10-Russian-prisoners-are-sick-prosecutors-say (retrieved 15 June

<sup>&</sup>lt;sup>212</sup> UNDP (2010) National Human Development Report..., p. 83.

institutions are hazardous or in need of major repairs, despite everything that has already been done'. <sup>213</sup>

Russia's health expenditure was 5.3 per cent of gross domestic product (GDP) for 2010 – a slight increase from 5.2 per cent in 2008 – but in the EU area the trend was for an increase, with health expenditure on average amounting to 8–10 per cent of GDP in the 'old' EU member states (see Figure 11). The Russian level of funding was substantially below the level of health spending in the EU countries and not enough to ensure a broad public guarantee of free health care.

The economic crisis of 2008–2009 meant that spending per head on health fell 25 per cent in 2009, to \$460 (current US\$). It increased to \$587 per head in 2010 compared with \$3 000 in Western Europe. The economic crisis of 2008–2009 delayed the initiation of health reforms. Health-care spending is expected, according to a forecast by the Economist Intelligence Unit, to remain at 5.3 per cent of GDP and spending per head was estimated to rise to just over \$1 000 by 2015. The two major sources of public health-care funding 2009 were mandatory insurance funds (30 per cent) and federal and regional budgets (70 per cent). <sup>216</sup>

Russian health care still needs deep reforms and modernization. This is one of the most important policy priorities envisaged in *Russia 2020, the Concept for Long-Term Socio Economic Development of the Russian Federation from 2008.* <sup>217</sup> It declares that public health-care funding would increase to 2020. <sup>218</sup>

\$10 bln (UPDATE 1)', RIA Novosti, 20 April.

<sup>216</sup> Shishkin, Sergey (2010) 'Challenges for Health Care and Perspectives of Health Care Reform in Russia', Report, presented for the ICCEES Conference, 26–31 July 2010, Stockholm, p. 13.

<sup>218</sup> Shishkin, Sergey (2010) 'Challenges for Health Care...'.

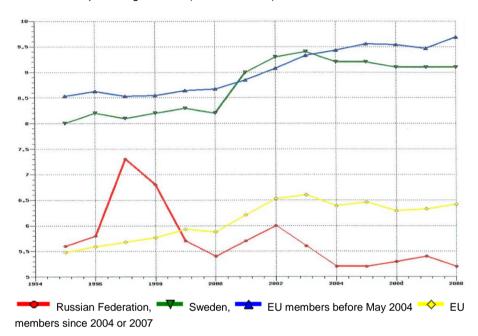
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Medetsky, Anatoly (2010) 'In a Populist Move, Putin Promises \$16Bln for Health Care', Moscow Times, No. 4376, 21 April, on the Internet: http://dlib.eastview.com/browse/doc/21766807 (retrieved 12 January 2011); and RIA Novosti (2010) 'Putin Says Russia Needs Major Health Care Reform, Pledges Initial Investment of over

<sup>&</sup>lt;sup>214</sup> Total health expenditure is the sum of public and private health expenditures as a ratio of total population. It covers the provision of health services (preventive and curative), family planning activities, nutrition activities, and emergency aid designated for health but does not include provision of water and sanitation. Data are in international dollars converted using 2005 purchasing power parity (PPP) rates.
<sup>215</sup> Footpomist Intelligence Mail (2011) (PPP) and PPP and PPP)

<sup>&</sup>lt;sup>215</sup> Economist Intelligence Unit (2011) 'Eastern Europe: Healthcare Outlook', *Healthcare Briefing & Forecasts*, , 19 January; Homchenko, Yulia (2011) 'Audit Chamber Slams Inadequate Spending on High-tech Medicine', *Business and Economic Reports*, 17 November; and World Health Organization National Health Account database, on the Internet: http://www.who.int/nha/en (retrieved 20 December 2011).

<sup>&</sup>lt;sup>217</sup> Ministry of Economic Development and Trade (2008) 'The Long-Term Concept for Social and Economic Development of the Russian Federation up to 2020' [Kontseptsiya dolgosrochnogo sotsialnogo i ekonomicheskogo razvitiya Rossiyskoy Federatsii], Russia 2020, Ministry of Economic Development and Trade of the Russian Federation, adopted by Order #1662-p of the Government of the Russian Federation, 17 November, Moscow.



**Figure** 11. Total health expenditure from 1995 to 2010 for Russia, Sweden and the EU countries as a percentage of GDP (WHO estimates)

Source: WHO/Europe, European HFA Database, July 2011, on the Internet: <a href="http://data.euro.who.int/hfadb/">http://data.euro.who.int/hfadb/</a> (retrieved 20 November 2011).

Prime Minister Putin had in 2010 pledged to double health funding over the next two years to pay for modernization. Total spending on health care was, according to an official from the Health and Social Development Ministry, to almost triple from \$17 billion (540 billion roubles) in 2010 to \$45 billion (1.4 trillion roubles) in 2015. It was, however, indicated in 2011 that the health care budget for 2012–2014 would be cut by 4 per cent compared to the 2011 level. 221

President Medvedev had 2010 signed into law another large-scale health-care reform, worth up to \$15.1 billion (460 billion roubles) from 2011 to 2014. The reforms aimed to transfer responsibility for basic health provision from municipal to regional administrations and reform the mandatory health insurance

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<sup>&</sup>lt;sup>219</sup> RIA Novosti (2010) 'Health Spending to Double as Putin sees "Potemkin" Wards', *RIA Novosti*, 10 November.

Moscow Times (2011) 'Free Health Care Not So Free Anymore', *Moscow Times*, 23 November.
 Defense & Security (2011) 'Budget without Kudrin: The Military Defeated the Teachers',
 Defense & Security, No. 276, 23 November; and Nezavisimaya gazeta (2011) 'Huge Increase in Military, Law Enforcement Expenditures in 2012–2014', *Nezavisimaya gazeta*, 28 December.

scheme.<sup>222</sup> In addition the focus under the new legislation was to be on health-care delivery by emphasizing population health, the promotion of healthy behaviour and the combating of non-communicable diseases, including socially-driven conditions relating to smoking, alcohol, STIs and drug abuse.<sup>223</sup>

The total budget of the National Health Project for 2007–2009 was \$14 billion (346 billion roubles), which added 0.3 per cent of GDP or 10 per cent to public health funds. Regional and municipal levels had also contributed to financing the programme. The programme was extended until the end of 2013 with a further \$28 billion (789 billion roubles). 225

In addition the Russian government allocated \$1.1 billion (26 billion roubles) from 2007 to 2011 for a TB prevention and treatment programme. <sup>226</sup> In 2010 it also doubled the spending (a 60-fold increase since 2005) on HIV drugs and expanded prevention programmes focusing on young people. Health officials denied that Russia was having difficulty curbing the epidemic. <sup>227</sup>

The Russian government gives high priority to increasing funding for the health sector. However, some health experts claim that, given the level of financing, better results, especially in the field of primary care, should have been achieved.<sup>228</sup>

## 4.9 Health policies

Improving the health situation in Russia has been given high priority since 2005, and not least in the period before the presidential election in 2012. A number of health-related initiatives have been launched and some are presented below.

The National Priority Project of the Russian Federation aimed to develop social welfare in Russia by additional funding by the state of four selected National

<sup>&</sup>lt;sup>222</sup> Federal Law (2010) 'On Compulsory Health Insurance. Draft' [Federalnyi zakon ob obyasatelnom meditsinskom strakhovanii. Proekt], adopted at the first reading by the State Duma of the Russian Federation on 9 July.

President of Russia (2011) 'Meeting of the State Council Presidium and the Commission for the Implementation of Priority National Projects', 30 May; and Christopher, Gerry (2011) 'Russian Health Care: A Healthy Future?', *Modern Russia*, 14 February.

<sup>&</sup>lt;sup>224</sup> Stockholm Region Office in St. Petersburg (2010) Russian Healthcare System Overview, Prepared by the Stockholm Region Office in St. Petersburg, June.

Moscow Times (2011) 'Free Health Care Not So Free Anymore', *Moscow Times*, 23 November. <sup>226</sup> ITAR-TASS (2008) 'Tuberculosis Poses Security Threat in Russia ...'.

<sup>&</sup>lt;sup>227</sup> UNDP (2010) *National Human Development Report* ..., pp. 84-5; and New York Times (2011) 'Inadequate Fight against Drugs Hampers Russia's Ability to Curb H.I.V', *New York Times*, 16 January, on the Internet:

http://www.nytimes.com/2011/01/17/world/europe/17russia.html?\_r=1&pagewanted=print (retrieved 31 January 2011).

<sup>228</sup> Stockholm Region Office in St. Petersburg (2010) Russian Healthcare System Overview.

Projects focusing on public health, education, housing and agriculture. The programme was supervised by the Council for Implementation of the Priority National Projects, headed by the president.

In 2006, a National Health Project<sup>229</sup> was initiated by President Vladimir Putin to improve the country's health-care system through improved funding and infrastructure. The priorities were:

- the development of primary health care;
- the development of a preventive approach in health care; and
- providing health institutions with high-technology medical equipment.

Hospitals and clinics were to get upgraded equipment, 15 new medical centres were to be built (seven had been constructed by 2011) and nationwide vaccination programmes would be initiated as well as free health check-ups. One part involved building new centres to nurse newborn infants (11 were constructed by 2011) as part of the Russian government's aim to increase birth rates. A key element was to reduce the spread and consequences of preventable diseases and to ensure access to medical services across different economic groups and regions, particularly for preventative treatment and primary care. Birth certificates (vouchers) were introduced in 2006 to improve finances for health care for pregnant women and to encourage families to have more than one child. The project would also encourage healthy lifestyles.

The National Health Project also included increased efforts on preventive measures for HIV, hepatitis B and C, the detection and treatment of HIV and supplementary immunization of the population, including against influenza. In addition there were sub-programmes for cardiovascular diseases (from 2008) and cancer (from 2009), emergency care for victims of road accidents (since 2008), etc. The National Health Project was extended until the end of 2013.

In 2007–2008 a Pilot Project aimed at boosting the quality of health-care services was carried out in 19 regions. It included possibilities for regions to test new funding mechanisms. <sup>233</sup> The Law on Mandatory Health Insurance was passed in late November 2010 and came into force on 1 January 2011. <sup>234</sup>

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<sup>&</sup>lt;sup>229</sup> Official website, on the Internet: http://www.rost.ru/ (retrieved 20 December 2011).

<sup>&</sup>lt;sup>230</sup> Minister of Industry and Energy (2007) 'Industrial Policy of the Russian Federation in the Field of Medical Industry', Report of the State Secretary, Deputy Minister of Industry and Energy at the All Union Congress of the Medical Industry, *Medical Equipment and Medical Supplies*, No. 1, Issue 37, January/February.

<sup>&</sup>lt;sup>231</sup> Moscow Times (2010) 'Putin to Chair Meeting on Pharmaceutical and Medical Industry', Moscow Times, 8 December.

<sup>&</sup>lt;sup>232</sup> Yelizarov (2008) *Demographic Policy in Russia* ..., p. 38.

<sup>&</sup>lt;sup>233</sup> Popovich, Larisa *et al.*(2011) *Russian Federation Health system* review..., p. 142-3; and Shishkin, Sergey (2010) 'Challenges for Health Care ...', pp. 15-17; and Ministry of Health and

To restructure the health-care system the Health-care Development Concept up to 2020 was initiated in preparation for the 2008 Presidential election, It including many of the National Health Project's provisions, focusing on: <sup>235</sup>

- the development of primary health care;
- optimizing the distribution of specialized outpatient care and inpatient care among providers through the establishment of inter-regional centres of specialized care, etc.;
- the introduction of methods of payment for providers, enabling better structural efficiency; and
- reducing inequalities in access to health care for urban and rural citizens.<sup>236</sup>

The Concept also aimed to reduce mortality in people of working age, especially by lowering rates of injuries and alcohol poisoning, as well as reducing infant and maternal mortality. It also included actions against socially determined conditions, such as drug addiction, smoking, hazardous drinking, sexually transmitted diseases, tuberculosis and AIDS. It emphasized high-technology equipment, reducing hospital overcapacities, the improvement of management, the introduction of new systems of payment for facilities and individual providers of services, the construction of cardiology centres and the transition to insurance-based health care. The objectives were:<sup>237</sup>

- population growth (up to 145 million people);
- increased life expectancy (to 75 years);
- decreased infant mortality (to 7.5 per 1 000 born a 20 per cent decrease compared to 2007);
- decreased maternal mortality (to 18.6 per 100 000 births a 15.7 per cent decrease compared to 2007);

Social Development (2010) 'Report on the activities of the Ministry of Health and Social Development of the Russian Federation for 2010 and plans for 2011', [Otchet o deyatel'nosti Ministerstva zdravookhraneniya i sotsial'nogo razvitiya Rossiisckoi Federatsii za 2010 i plany na 2011 god], Moscow, Ministry of Health and Social Development.

<sup>&</sup>lt;sup>234</sup> Popovich, Larisa et al. (2011) Russian Federation Health system review..., p. 152.

<sup>&</sup>lt;sup>235</sup> Ministry of Health and Social Development (2008) 'The Concept of Healthcare System Development until 2020' [Kontseptsiya razvitiya systemy zdravookhraneniya do 2020], on the Internet: <a href="http://www.zdravo2020.ru/concept/Konceptciya\_Zdravo2020.doc">http://www.zdravo2020.ru/concept/Konceptciya\_Zdravo2020.doc</a>. (retrieved 20 July 2010); Popovich, Larisa et al. (2011) Russian Federation Health system review..., p. 147; Sheiman, I. M. and S. V. Shishkin (2010) 'Russian Health Care: New Challenges and New Objectives' Problems of Economic Transition, Vol. 52, No. 12, April, pp. 4-49; and Shishkin, Sergey V. and Vassiliy Vlassov (2009) 'Russia's Long Struggle ...', pp. 141-3.

<sup>&</sup>lt;sup>236</sup> Shishkin, Sergey (2010) 'Challenges for Health Care ...'.

<sup>&</sup>lt;sup>237</sup> Stockholm Region Office in St. Petersburg (2010) Russian Healthcare System ....

- promoting a healthy lifestyle, including decreasing demand for tobacco and alcohol; and
- improved quality and accessibility of health-care services.

The first stage (2009–2015) will see the development of a health assessment system, and production of standards for various risk groups. The second stage (2016–2020) includes government guarantees for free medical care, improved organization of medical care, a better system of drug provision for outpatient treatment, better human resources policy and modernization of the health-care system. <sup>238</sup>

A Federal Draft Law on Fundamentals of Public Health Protection in the Russian Federation was adopted in 2011. This pulls together the various laws, orders and norms which have been brought in since the enactment of the Federal Law on Public Health Protection (No. 5487-1, 22 July 1993) to provide a single law that extends basic principles of public health protection. Further there was the Draft Law on Biomedical Technologies from 2010 and a Draft Concept of Health Information System up to 2020.<sup>239</sup>

There were clearly stated objectives for the fight against infectious diseases and there was also a Federal Target Programme for Protection Against and Control of Socially Significant Diseases 2007–2011. The goal of the programme was to reduce the incidence of diseases in the population, improve and introduce new methods to prevent diseases, and early diagnosis to increase the effectiveness of treatments and rehabilitation. The programme was divided into nine subprogrammes including viral hepatitis, HIV/AIDS, tuberculosis, sexually transmitted diseases, vaccine prophylaxis and diabetes. There was also the TB/AIDS Control Project which covers 86 regions of the Russian Federation aiming at actions for the short and medium term to reduce the threat.

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<sup>&</sup>lt;sup>238</sup> Popovich, Larisa et al. (2011) Russian Federation Health system review..., p. 147-8.

<sup>&</sup>lt;sup>239</sup> Ibid, p. 159; and Ministry of Health and Social Development (2011) 'Concept for the development of a health care information system for the period to the year 2020', [Kontseptsiya sozdaniya informatsionnoi sistemy v zdravookhranenii na period do 2020], Moscow, Ministry of Health and Social Development, on the Internet: <a href="http://www.minzdravsoc.ru/docs/mzsr/projects/838">http://www.minzdravsoc.ru/docs/mzsr/projects/838</a> (retrieved 20 October 2011).

<sup>&</sup>lt;sup>240</sup> Demikhova1, Olga V. and Eduard V. Karamov (2011) 'The Situation of HIV/M. Tuberculosis ...', pp. 44-5.

Popovich, Larisa et al. (2011) Russian Federation Health system review..., p. 30; and Roffey, Roger (2010) Biotechnology in Russia ..., Table 8 and pp. 90-6.

<sup>&</sup>lt;sup>242</sup> Demikhova1, Olga V. and Eduard V. Karamov (2011) 'The Situation of HIV/M. Tuberculosis ...', pp. 44-5.

The international community had been and could be important for supporting Russia's response to HIV/AIDS, TB and hepatitis. 243 Russia, though, no longer saw itself in 2011 as a recipient of financial support but rather as a partner, which was why it was also helping to fund international initiatives such as the global programme for the eradication of poliomyelitis and the Global Foundation against AIDS, TB and malaria (GFATM), and those of the World Bank, as well as supporting states of the CIS. 244

One focus area for policies was to promote healthy food and lifestyle<sup>245</sup> and to acknowledge the existing situation with low intake of fruits, vegetables and fish and the growing problem of overweight among the population.<sup>246</sup>

According to Prime Minister Putin: 247

'Russia's economy needs to attract a labour force, but this process should be balanced and free from unnecessary social tensions. Another issue to discuss is the development of the health-care system. We have two basic goals in this area, which are to continue lowering the death rate and raising our life expectancy and living standards. We need to set clear-cut priorities in health-care development and policy in order to improve living standards and address Russia's demographic situation'.

There was a national strategy to curb tobacco consumption in Russia during the period up to 2014. This act was to replace the previous Act on Limitation of Tobacco Smoking that regulated the main principles of tobacco use in Russia. The new Act was in line with the WHO Framework Convention on Tobacco Control (WHO FCTC) from 2008, which Russia had signed. The Act included taxation, measures to protect the population from tobacco smoke, full information for consumers on the effects of tobacco on health, the total prohibition of tobacco advertising, help in stopping smoking, etc. However,

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<sup>&</sup>lt;sup>243</sup> Twigg, Judyth (2007) *HIV/AIDS in Russia: Commitment, Resources, Momentum, Challenges. A Report of the Task Force on HIV/AIDS* (Washington, D.C., Center for Strategic and International Studies), October, on the Internet: <a href="http://csis.org/files/media/csis/pubs/071016\_russiahivaids.pdf">http://csis.org/files/media/csis/pubs/071016\_russiahivaids.pdf</a> (retrieved 18 September 2010).

<sup>&</sup>lt;sup>244</sup> UNDP (2010) *National Human Development Report...*, pp. 84-5.

<sup>&</sup>lt;sup>245</sup> Russian Government (2010) 'The Principles of Public Policy on Healthy Nutrition' (approved by the Federal Government from 25 November 2010), No. 1837-p).

<sup>&</sup>lt;sup>246</sup> Kalinin, Alexey, Marina Kolosnitsyna and Liudmila Zasimova (2011) *Healthy Lifestyles in Russia* 

Russian Government (2011) 'Prime Minister Vladimir Putin Chairs a Meeting on the Preliminary Results of Expert Research into Socio-economic Strategy through 2020', 29 March, official website of the Government of the Russian Federation, on the Internet:

http://government.ru/eng/gov/priorities/docs/14653/ (retrieved 20 July 2011).

248 Ministry of Health and Social Development, (2010) National Anti-tobacco Policy Concept

<sup>(</sup>Government Resolution No. 1563 of 23 September 2010).

<sup>&</sup>lt;sup>249</sup> Kalinin, Alexey, Marina Kolosnitsyna and Liudmila Zasimova (2011) *Healthy Lifestyles in Russia* ....

many of these measures were not strictly observed.<sup>250</sup> Enhanced efforts are needed and these will be implemented.

President Medvedev launched a campaign against alcohol in August 2009, and in 2010–2011 several legal initiatives were introduced. The government's plans were ambitious – cutting the consumption of alcohol to 8 litres per person per year within the next 10 years.

A state policy concept and a strategy to reduce alcohol abuse were introduced in 2009.<sup>252</sup> The goals were to cut alcohol consumption by half by 2020, and curb the production and distribution of low-quality ethyl alcohol. The strategy included increasing the penalties for selling alcohol to underage persons, raising an excise tax for ethyl alcohol and its products and fixing minimum retail prices for alcohol.<sup>253</sup> It was hoped that the illegal alcohol market in Russia might be eliminated by 2015 as a result.

The key priority for the second stage was the implementation of the programme to promote a healthy lifestyle. <sup>254</sup> The first phase (2010–2012) would include measures to cut alcohol consumption by 15 per cent per capita. The second phase (2012–2020) would include the elimination of the illegal alcohol market and a reduction in consumption levels by 55 per cent. <sup>255</sup>

In 2010 President Medvedev signed a bill that officially classified beer as alcoholic. Until 2010 anything containing less than 10 per cent alcohol in Russia was considered a foodstuff. This would allow ministers to control the sale of beer in the same way as spirits. <sup>256</sup>

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<sup>&</sup>lt;sup>250</sup> Putin, Vladimir (2009) 'Meeting of the Presidium of the Presidential Council for the Implementation of Priority National Projects and Demographic Policy: Vladimir Putin's Opening Remarks', 25 February, on the Internet: <a href="http://www.cdi.org/russia/johnson/2009-40-7.cfm">http://www.cdi.org/russia/johnson/2009-40-7.cfm</a> (retrieved 9 September 2010).

<sup>&</sup>lt;sup>251</sup> Rossiyskaya gazeta (2011) 'Alcohol Consumption in Russian Cities Decreasing', *Rossiyskaya* gazeta, 23 August.

<sup>&</sup>lt;sup>252</sup> Russian Government (2009) 'Strategy of State Policy to Reduce the Consumption of Alcoholic Beverages and Alcohol Abuse Prevention among the Population for 2020' (approved by the Federal Government from 30 December 2009, No. 2128-p); and Russian Federal Service for Regulating the Alcohol Market (Rosalkogolregulirovaniye) (2009) 'Reducing the Scale of Alcohol Abuse and Preventing Alcoholism in the Population of the Russian Federation for the Period until 2015'.

<sup>&</sup>lt;sup>253</sup> Yelizarov, Valery (2008) *Demographic Policy in Russia* ..., p. 34.

<sup>&</sup>lt;sup>254</sup> RIA Novosti (2009) 'Russian Agency Draws up Blueprint for Reducing Alcohol Consumption', *RIA Novosti* Moscow, 10 November, on the Internet: <a href="http://www.cdi.org/russia/johnson/2009-207-24.cfm">http://www.cdi.org/russia/johnson/2009-207-24.cfm</a> (retrieved 29 September 2010).

<sup>&</sup>lt;sup>255</sup> RIA Novosti (2011) 'Russia Plans to Cut Alcohol Consumption in Half by 2020', RIA Novosti, 22 March.

<sup>&</sup>lt;sup>256</sup> BBC (2011) 'Russia Classifies Beer as Alcoholic', *BBC News*, 21 July, on the Internet: http://www.bbc.co.uk/news/world-europe-14232970 (retrieved 20 September 2011).

Drug abuse was also a growing problem and Prime Minister Putin stated, 'the growing number of drug addicts in this country, including young people, is a direct threat to the Russian nation's future'. President Medvedev has called heroin a threat to national security. In June 2010, the government adopted the State Antidrug Policy Strategy of the Russian Federation for the period 2010—2020. It was the first comprehensive document consolidating the government's efforts to prevent the spread of drug abuse in the country.

The Strategy aimed to suppress the illicit production of and trafficking in drugs, reduce drug demand by improving the system for prevention and rehabilitation, and strengthen international cooperation in the area of drug control. <sup>260</sup> It acknowledged Russia's failure so far to confront the problem adequately: 'Prophylactic activities, medical aid and rehabilitation of patients with drug addiction are not sufficiently effective'. <sup>261</sup>

#### 4.10 Conclusions

Russia's demographic and health situation is serious with high mortality, high disease morbidity rates, a high incidence of social and occupational health problems, high levels of alcoholism and drug abuse, rising incidences of HIV/AIDS and high levels of tuberculosis. All this, in combination with an ageing population and the resulting reduction in the number of people of working age, will increase the pressure on the public health system.

The Russian health crisis can be seen as a complex mix of relationships between social stress, more general social disruption, bad health and economic difficulties promoting increased use of alcohol, tobacco and drugs. Periods of economic crisis associated with enhanced social stress and shifts towards less healthy food consumption, increased alcohol consumption and smoking have been important general explanations for the decline in Russian health. The impacts of the economic crisis are not straightforward but will depend on the population's health status, the available health system, public health policies, food consumption and nutrition patterns.

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<sup>&</sup>lt;sup>257</sup> Kramer, John M. (2011) 'Drug Abuse in Russia An Emerging Threat', *Problems of Post Communism*, Vol. 58, No. 1, January/February, pp. 31-43.

<sup>&</sup>lt;sup>258</sup> Russia Now (2010) 'Russia Puts Anti-narcotics in Afghanistan at Top of International Agenda', Russia Now, 21 June.

<sup>&</sup>lt;sup>259</sup> President of Russia (2010) 'On Approval of State Strategy Anti-drug policy of the Russian Federation until 2020', Presidential Decree No. 690, 9 June 2010 (in Russian), on the Internet: <a href="http://graph.document.kremlin.ru/page.aspx?1;1285491">http://graph.document.kremlin.ru/page.aspx?1;1285491</a> (retrieved 20 September 2011).

<sup>&</sup>lt;sup>260</sup> INCB (2010) Report of the International Narcotics Control Board for 2010, International Narcotics Control Board (New York, United Nations), pp. 101-10.

<sup>&</sup>lt;sup>261</sup> President of Russia (2010) 'On Approval of State Strategy Anti-drug Policy of the Russian Federation until 2020'.

Socio-economic inequalities and poverty are also important for people's health, but this has not been thoroughly investigated in Russia. <sup>262</sup> According to the Human Development Index, which uses health as well as economic data to measure a country's living standards as they affect quality of life, Russia was number 66 and Sweden number 10 out of 141 countries in 2010. <sup>263</sup> On the other hand economic turmoil in other countries has not resulted in decreases in life expectancy like those seen in Russia.

Most experts believe that the high level of alcohol consumption is one of the most important factors for the high mortality rates among males, even if smoking or the general health situation of an individual will be important.<sup>264</sup> However, the harm associated with heavy drinking is likely also to include adverse impacts on the drinkers' partners and children, which should not be forgotten. Russian attitudes to treatment and passive attitudes towards health and drinking are also factors.<sup>265</sup>

The research reviewed suggests that non-communicable diseases are strongly associated with lifestyle risk factors such as smoking, alcohol consumption, a diet rich in fats, sugars and salts, and physical inactivity. Non-communicable diseases usually appear when a person reaches middle age, after years of living with unhealthy behaviours. These are often linked to societal changes and urbanization and result in interrelated conditions like high blood pressure and overweight. Smoking is known to be the leading contributor to cardiovascular diseases among men worldwide. This kind of lifestyle is more characteristic of Russian men than women, and this is reflected in longer life expectancy for women.

Better affordability/accessibility and quality of health care are needed. Strategies should be developed to limit major morbidity and mortality risk factors. The general public should become more aware of the importance of protecting and improving their health. The prevalence of alcoholism, smoking and drug abuse needs to be further addressed through adequate policies that are well implemented.

Health issues have been given a higher political priority – but can the health sector urgent needs be reconciled in the budget process with the large increases

<sup>262</sup> Manning, Nick and Nataliya Tikhonova (2008) *Health and Health Care in the New Russia* (Farnham, Ashgate) pp. 10-16.

<sup>&</sup>lt;sup>263</sup> UNDP (2011) 'Human Development Index (HDI) – 2011 Rankings, International Human Development Indicators', on the Internet: <a href="http://hdr.undp.org/en/statistics/?gclid=CNv29-7Tq6wCFelXmAod6GMmAg">http://hdr.undp.org/en/statistics/?gclid=CNv29-7Tq6wCFelXmAod6GMmAg</a> (retrieved 20 September 2011).

<sup>&</sup>lt;sup>264</sup> Denisova, I. (2010) 'Adult Mortality in Russia', *Economics of Transition*, Vol. 18, No. 2, pp. 333-64.

 <sup>&</sup>lt;sup>265</sup> Saburova, Lyudmila *et al.* (2011) 'Alcohol and Fatal Life Trajectories in Russia: Understanding Narrative Accounts of Premature Male Death in the Family', *BMC Public Health*, Vol. 11, Issue 481, pp. 1-10.

in defence spending currently proposed? Even if large sums have been set aside it will take time for the Russian health services to reach the same level as those of other developed countries. Many of the policies are well thought out and funded but they seem to be difficult to implement, probably due to inefficiency and widespread corruption.

One important initiative in 2006 was the National Health Project which resulted in the population's health and demographic trends slowly improving and continuing to do so despite the recent economic turbulence. These positive achievements are often mentioned by Russian government officials.

The National Health Project has however so far made little impact on the structural or practical deficiencies plaguing the Russian health-care system. Examples of this are that: basic health care remains underfunded even if funding is increasing; the bulk of care is still provided by the hospital sector; the failings of the mandatory health insurance scheme remain; informal payments or corruption are still common practice; and there has been little concrete effort to address health behaviours. Officials often use the very large sums spent on the health programmes as an indication of their success. In many cases the funds have been allocated without a good analysis of medical needs, for example, when very sophisticated equipment is purchased but there are no qualified personnel to operate it. According to the demographic expert Sergey Zakharov, 'The system of free public health deteriorates. National programs and reforms in public health are chaotic, inconsistent, and often have the character of PR events. The system of expert evaluations of program effectiveness is absent'. 266

One of the major difficulties in assessing the health-care system in Russia is that there are only very limited data showing how spending translates into better health outcomes such as improved mortality, improved morbidity, increased economic output and productivity or improvements in the number of life-expectancy years gained. Another problem is that the bulk of funding for the Russian health-care system comes from the State Insurance Fund, which receives its money from business contributions. Thus, if business is bad it has a negative effect on the health insurance system.

The increased funding for public health should be directed towards improving the health-care system and targeting high-priority non-communicable diseases, HIV/AIDS and TB. The large increases in funding proposed by Prime Minister Putin did fit in well with a plan to boost his popularity ahead of the presidential election in 2012. Some economists described these budget increases as a threat to Russia's economy. Russian Prime Minister Vladimir Putin presented plans to increase spending on health care, education and social services, as part of his

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<sup>&</sup>lt;sup>266</sup> Zakharov, Sergey V, (2012) 'Russia, Demographic Trends in Russia...'

presidential campaign  $2012.^{267}$  It will be interesting to see if these proposals are followed through after the presidential election.

Although Russia has taken significant steps in the last decade there is no doubt that HIV/AIDS, tuberculosis and a number of other infectious diseases, whose spread is to a great extent determined by social conditions, continue to pose serious challenges to the health-care system. They impact negatively on the country's economy but so far have had no major impact on the decrease of the total population. The government has rightly been criticized for not providing enough HIV treatment and the insufficient and uneven supply of HIV drugs is affecting many regions negatively.

The general bad health of the population is also reflected when young men are called up for military service and have to go through medical check-ups.

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 $<sup>^{267}</sup>$  Voice of Russia (2012) 'Putin's new campaign article focuses on social policies', *Voice of Russia*, 13 February.

# 5 The consequences for recruiting personnel to the Armed Forces

This chapter discusses how the demographic situation will affect the Russian Armed Forces' recruitment of personnel, the health situation in general for conscripts being drafted, and the restructuring of the medical services of the Armed Forces. In Section 5.4 some conclusions are presented.

## 5.1 The effect of a decreasing population on the Armed Forces

The future demographic situation will have a direct impact on the recruitment of conscripts to the Armed Forces. The numbers of 18-year-olds have been decreasing since 2006, so it has become increasingly difficult to find the required numbers of recruits for the Armed Forces to reach the stated aim of 1 million men in the future (see Figure 12). The shortage of conscripts became serious after 2008 since the period of service for conscripts was shortened from 24 months to 12 months. In 2011 the Armed Forces and the recruitment system were being reformed and were in a state of transition.

The number of Russian males turning 18 years will be between 600 000 and 700 000 each year over the period 2011–2020 (see Figure 12). As a consequence, structural reforms were being carried out in the Russian Armed Forces. <sup>268</sup> In accordance with the plans, the Armed Forces will decrease from 1.2 million to 1 million servicemen by 2012. <sup>269</sup> Already in 2011, though, experts estimated that the Armed Forces consisted of only 800 000 men and that this figure would decrease further in the period up to 2020. <sup>270</sup> Then the population of 18-year-old Russian males will be just over 700 000 (see Figure 12). <sup>271</sup>

<sup>&</sup>lt;sup>268</sup> Klein, Margarete (2009) 'Russia's Military Capability, "Great Power" Ambitions and Reality', SWP Research Paper, RP 12 (Berlin, German Institute for International and Security Affairs), p. 28; and Eberstadt, Nicholas (2004) *The Emptying of Russia* (Washington, D.C., American Enterprise Institute), p. 3.

<sup>&</sup>lt;sup>269</sup> Defense & Security (2011) 'President Dmitry Medvedev: About 40% Servicemen will Serve under Contract in 2012', *Defense & Security*, No. 290, 26 December.

<sup>&</sup>lt;sup>270</sup> McDermott, Roger N. (2011) *The Reform of Russia's Conventional Armed Forces* (Washington, D.C., Jamestown Foundation), p. 152; and McDermott, Roger N. (2011) 'Arbat Square's Dream Machine Conjures Up a Professional Russian Army', *Eurasia Daily Monitor*, Vol. 8, Issue 187, 12 October.

<sup>&</sup>lt;sup>271</sup> Russian Federal Statistic Service (2006) 'Age Sex Structure of the Russian Population on 1 January 2004', Russian Demographics as of 1 January 2006, on the Internet: www.gks.ru/bgd/free/b06\_00/IssWWW.exe/Stg/d01/7-00.htm (retrieved 15 March 2010).

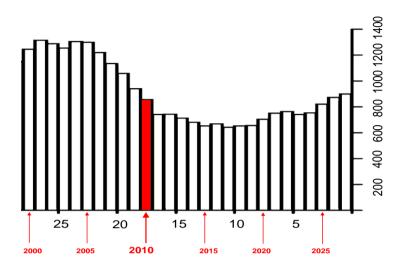


Figure 12. Males in the 18-years age group for drafting into military service from 2000 to the numbers forecast for 2025 (in thousands)

Source: Reproduced from Oxenstierna, Susanne Figure 8.6, chapter on the Economy in Vendil Pallin, Carolina et al. (eds) (2012) Russian Military Capability in a Ten-Year Perspective (Stockholm, FOI). Figure prepared by Bengt-Göran Bergstrand, FOI, based on data from Figure 2 and the Russian Demographic Yearbook 2010. Federal State Statistical Service, Russia,272

In 2011 there were 355 000 drafted and 186 000 contract servicemen in the Armed Forces. The numbers of conscripts to be drafted in the spring 2012 were increased compared to 2011 as it was found more difficult than expected to recruit contract soldiers. 273 One effect of not being able to get enough conscripts had been to increase the number of contract soldiers, despite the associated higher costs. It was planned that by 2017, 425 000 would have been contracted; there would then be a maximum of 270 000 conscripts and 220 000 officers.<sup>274</sup> One problem was that many soldiers who had served under contract were refusing to extend their contracts due to several factors, among them low salaries, a lack of promised housing and corruption. <sup>275</sup> There was a proposal to pay soldiers an amount equal to half the amount given to mothers to encourage them to have children. That would be something like \$6 000 for each soldier, for a

<sup>&</sup>lt;sup>272</sup> Federal State Statistics Service (2011) Russian statistical yearbook 2010, Moscow, [Rossiiskii statisticheskii ezhegodnik, 2010, Federal'nava sluzhba gosudarstvennoi statistiki].

<sup>&</sup>lt;sup>273</sup> Russian Press Digest (2012) 'Army increases conscription due to shortage of military volunteers', Russian Press Digest, No. 402a, 2 April.

McDermott, Roger N. (2011), 'Arbat Square's Dream Machine ...'.

<sup>&</sup>lt;sup>275</sup> McDermott, Roger N. (2011) The Reform of Russia's Conventional Armed Forces, pp. 63-4.

year of service. 276 A law from January 2012 will also increase military pay by 250-300 per cent and military pensions by 150 per cent, in order to keep personnel.<sup>277</sup>

In 2012 the Armed Forces would need to draft 670 000 conscripts per year according to revised plans. If the number of conscripts drafted to serve in troops of the other 'power agencies', estimated at 80 000, is added, then a total of 750 000 men would have to be drafted each year to reach the stated aim of one million men. If 70 per cent of these conscripts are 18-year-olds, as has been the case in the past, some 525 000 males of this age would have to be conscripted in 2011, (compare Figure 12). This would mean that nearly all 18-year old males would need to be drafted if Russia is to retain the existing recruitment model. Some of the power agencies were already suffering from a shortage of conscripts. 27

To achieve the required numbers, there has been discussion of abolishing deferred conscription due to university studies, increasing the age at which men could be drafted from today's 18–27 to 18–30, and ceasing to share conscripts with other uniformed services, which usually got 10–15 per cent of conscripts.<sup>279</sup> The percentage of call-ups deferred was 32.7 per cent in 1988 and in 2006 it had increased to 67.6 per cent. <sup>280</sup> In total only 11.7 per cent of 18-year-old men could be called up for military service in 2011, according to Chief of the General Staff General Nikolay Makarov, which indicated the scale of the problem.<sup>281</sup>

In line with a new concept for military service, the Defence Ministry will reduce the percentage of conscripts deemed unfit for service from 60–63 per cent to 10 per cent by 2020. The first stage (until 2016) aims to reduce the share of conscripts deemed unfit to 20 per cent but the plan does not explain how this will

No. 1, pp. 25-7; and RIA Novosti (2011) 'General Staff, General Public Scared ...'.

<sup>&</sup>lt;sup>276</sup> 'Russia's Army Crippled by Alcoholism and Grim Census Results', 4 April, on the Internet: http://bigpeace.com/jxenakis/2011/04/04/russias-army-crippled-by-alcoholism-and-grim-censusresults/ (retrieved 12 May 2011).

277 RIA Novosti (2011) 'General Staff, General Public Scared of Nuclear War and the Lack of

Military Personnel', RIA Novosti, 17 November.

<sup>&</sup>lt;sup>278</sup> ISN (2011) 'Russian Conscription Crisis Looming?', International Relations and Security Network (ISN), 30 March, on the Internet: http://www.isn.ethz.ch/isn/Current-Affairs/ISN-Insights/Detail?lng=en&id=128116&contextid734=128116&contextid735=127098&tabid=12709 8 (retrieved 20 May 2011); and Norberg, Johan and Märta Carlsson (2012) chapter on the Armed Forces in Carolina Vendil Pallin et al. (eds) Russian Military Capability (Stockholm, FOI, in press).
<sup>279</sup> Lukanin, Mikhail (2011) 'Demographics versus the Russian Army', *Moscow Defence Brief*,

<sup>&</sup>lt;sup>280</sup> Feshbach, Murray (2007) Russian Demography, Health and the Military: Current and Future Issues, AIDS, Security and Conflict Initiative (Washington, D.C., Woodrow Wilson International Center for Scholars), p. 25; and Keir, Giles (2006) Where Have All the Soldiers Gone? Russia's Military Plans Versus Demographic Reality, Conflict Studies Research Centre (Defence Academy of the United Kingdom), 12 October, p. 2.

<sup>&</sup>lt;sup>281</sup> RIA Novosti (2011) 'General Staff, General Public Scared ...'.

be done. The second stage (until 2020) will aim for a reduction to 10 per cent by creating conditions for significant improvements in the health and physical condition of recruits. The types of disease that allow potential conscripts to avoid military service will now also be reduced. 282

It was further proposed that young men would have to appear in front of the draft committee. Those who fail to do so would be guilty of a criminal offence. Men of draft age would not be able to leave the country without producing a special pass. It was also suggested that male Russians who have not served in the Army would not be appointed to important state positions. <sup>283</sup>

The level of bullying is a well-known problem in the Armed Forces and had increased in 2010, although it showed a small decrease in 2011. According to media reports a total of 1 167 servicemen were victims of bullying and four died of 'non-regulation relations' – the term used for bullying – in 2010. <sup>284</sup> Polls indicated that 35 per cent of young men do not wish to be in the military at all.<sup>285</sup> There is a sophisticated system of corruption for the purpose of draft evasion, making it easy for those with money to avoid conscription for a price of approximately \$10 000.<sup>286</sup>

Liability for service will be tightened for citizens with a record of dodging military service, as the number of Army dodgers had reached a record figure of over 100 000 in 2010, according to Deputy Chief of the Army General Staff Vasily Smirnov. However, only 80 criminal cases had been opened against draft dodgers during 2010 and only 74 had been convicted. 287 The numbers of young men that evaded drafting was from 56 000 in 2002 to 11 500 in 2008. <sup>288</sup>

In addition to the difficulties of finding enough conscripts there were the deteriorating health of drafted young males and the unpopularity of compulsory

<sup>283</sup> Ryabykh, Vyacheslav (2010) 'The Defence Ministry Will Impose Much Stricter Penalties for Those Who are Seeking to Dodge the Draft', Novye izvestiya, 11 August.

Directorate of the General Staff of the Armed Forces Colonel-General Vasily Smirnoy, Spring Call-Up-2007', Russian Military Times, 4 April, pp. 2-5.

<sup>286</sup> Iva Savic (2010) 'Rethinking Russia: The Russian Soldier Today', *Iva Savic*, Vol. 63, No. 2,

<sup>288</sup> Lukanin, Mikhail (2011) 'Demographics versus the Russian Army', *Moscow Defence Brief*, No. 1, Table 1, pp. 26-27.

<sup>&</sup>lt;sup>282</sup> Kukolevsky, Alexander (2010) 'They Will Start Looking for Soldiers in Maternity Hospitals', Defense & Security, No. 22, 3 March (from Kommersant-Vlast, No. 8, 1–7 March), p. 19.

<sup>&</sup>lt;sup>284</sup> RIA Novosti (2010) 'Bullying in Russian Army up 50 per cent in 2010 – Military Prosecutor', RIA Novosti, 21 July; and RIA Novosti (2011) 'General Staff, General Public Scared ...'. <sup>285</sup> Russian Military Times (2007) 'Speech by the Chief of the Organization-Mobilization

spring/summer, pp. 219-29.

287 Interfax (2011) 'About 200 000 Russian Conscripts Dodge Army Service, and Most of Them are from Moscow, Deputy Chief of the Army General Staff Vasily Smirnov Said on Friday', Interfax, 15 July; RIA Novosti (2012) 'Russian Military Claims Draft Evasion on Rise, Blames Court System', RIA Novosti, 11 January; and Ministry of Defence (2012) 'For Draft Dodgers', on the Internet: http://eng.mil.ru/en/career/alternative/hide.htm (retrieved 20 December 2011).

military service, so they would take any chance to evade it. The military leadership was slowly adapting to this situation but seemed to be unsure of the best way forward and unwilling to take the necessary decisions.

# 5.2 The health of conscripts affects the numbers that can be recruited for service

Many young men evade conscription due to health problems. In 2010 the health and physical fitness of 30 per cent of potential conscripts did not meet Army requirements. <sup>289</sup> In 2009 approximately one-third of conscripts suffered from malnutrition and was seriously underweight. <sup>290</sup> Among those unfit for military service in 2009, 2.8 per cent had tuberculosis, 0.3 per cent HIV, and 2.5 per cent chronic viral hepatitis. <sup>291</sup> The reliability of this kind of data from the Armed Forces has been questioned, as has the adequacy of the Russian military's programme for handling HIV/AIDS and TB to address the problems.

Surveys of conscripts show that around 10 per cent of new draftees fall into the category of drug and alcohol abusers or have a police record. It is estimated that narcotics use is greater in the military than in the civilian world and around 3 000 conscripts were declared unfit for army service in 2010 due to abuse of narcotics. The number of narcotics crimes among servicemen, including trafficking, doubled between 2005 and 2010.<sup>292</sup> Many of the conscripts drafted in 2009 had been to prison and most were from low-income homes.<sup>293</sup> In order to better prepare young men for military service, 80 centres would be established to engage 1 million people in pre-draft training and patriotic and military education.<sup>294</sup>

Among the conscripts drafted in 2011, 60 per cent had to be dismissed for health reasons according to Chief of the General Staff General Makarov. On the other hand, among those being exempted from the Army on health grounds, 40 per cent of their relevant documents were either purchased or in some way faked, and control in this area was to be tightened.<sup>295</sup> There has also been discussion of

<sup>291</sup> Sievert, Stephan et al. (2011) The Waning World Power ..., p. 42.

<sup>&</sup>lt;sup>289</sup> ITAR-TASS (2010) '1/3 of Young Men Unprepared for Army due to Bad Pre-conscription Training', *ITAR-TASS*, 16 June.

<sup>&</sup>lt;sup>290</sup> Klein, Margarete (2009) 'Russia's Military Capability ...'.

<sup>&</sup>lt;sup>292</sup> Red Star (2010) 'Together – Against Drugs', *Red Star*, 2 December, on the Internet: http://redstar.ru/2010/12/02\_12/3\_01.html (retrieved 20 December 2011).

<sup>&</sup>lt;sup>293</sup> Sievert, Stephan et al. (2011) The Waning World Power ..., p. 42.

<sup>&</sup>lt;sup>294</sup> Interfax (2010) 'A Million Russian Teenagers to Get Pre-draft Training – Official', WNC Interfax, 27 October.

<sup>&</sup>lt;sup>295</sup> RIA Novosti (2011) 'General Staff, General Public Scared ...'; and Nezavisimoe voennoe obozrenie (2010) 'Bednaya Armiya – Bednye Prizyvniki', *Nezavisimoe voennoe obozrenie*, No. 37, 1 October.

the government increasing the numbers of conscripts by redefining those who were 'healthy'. <sup>296</sup>

# 5.3 The Military Medical Service

The reform of the Armed Forces will also mean restructuring and cutting down on medical support; moreover, the size of the Army is falling as a result of the demographic problems. The Military Medical Service has been withdrawn from the jurisdiction of the Rear Services Command and assigned directly to the General Staff. This will be positive for its funding, operation and authority.<sup>297</sup>

In 2012 in comparison to 2006, the number of military doctors would be reduced by 80 per cent. The Main Military Medical Directorate indicated that the authorized number of military doctors would be 22 000 and only 5 800 officers would serve in such institutions (there were 97 000 civilian employees in the military medical service in 2010). Each year 300 military doctors would be recruited on contract.<sup>298</sup> The Military Academy branches in Saratov, Samara and Tomsk were to be closed as well as 30 hospitals and more than twenty military poly-clinics in 2010. The Medical Services of the Armed Forces would consist of 13 central military hospitals including 105 branches plus the clinics at the Military Medical Academies.<sup>299</sup>

The total number of beds would be 30 000 and 800 000 persons would be able to receive inpatient treatment. There were 7 million Russians who were entitled to medical treatment at military hospitals. Military health care would not be enough for both military personnel and pensioners. The Ministry of Defence would pay for medical treatment of soldiers.

The sanitary epidemiological service of the Armed Forces was also to be reduced. According to critics, the Main Military Medical Inspectorate would be unable to work on the prevention of especially dangerous infections among servicemen. In the past, the Military Medical Service was strong when it came to fighting especially dangerous infections but this is no longer the case. <sup>301</sup>

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<sup>&</sup>lt;sup>296</sup> Feshbach, Murray (2007) Russian Demography, Health and the Military ..., p. 12.

<sup>&</sup>lt;sup>297</sup> President of Russia (2009) 'On Some Aspects of the Russian Armed Forces', Presidential Decree No. 1878, December; and Feshbach, Murray (2007) *Russian Demography, Health and the Military* 

Mukhin, Vladimir (2010) 'The Army Healthcare Was Cut without a Scalpel', Defense & Security, No. 63, 16 June, Nezavisimaya gazeta, 10 June, p. 1.

<sup>&</sup>lt;sup>299</sup> Belevitin, Aleksandr (2011) 'Russia's "New Look" Army: The Medical Service', *Moscow Defence Brief*, No. 1, pp. 20-4.

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#### 5.4 Conclusions

The number of 18-year-old men in the population will decrease to around 600 000–700 000 in 2018, which will impact on the numbers of potential conscripts for military service. This will make it more urgent for the Armed Forces to achieve the required structural reforms and to increase the numbers of contract personnel in order to counter the fall in numbers of conscripts. This in turn means leaving the mass mobilization model behind and making the transition to a modern conventional armed force. The health of conscripts was a problem. Among those drafted, 60 per cent had to be dismissed for health reasons in 2011. There seems to be a need for improved medical service for the conscripts and the Armed Forces rather than reducing it.

# 6 Concluding discussion

It is clear that the fall of the Soviet Union and the turmoil that followed played a key role for demographic developments in Russia. The birth rate collapsed and the death rate increased dramatically. The demographic situation became serious and the country lost around 750 000 of its population annually. By 2030, Russia will have experienced over 30 years of continuous decline in the native Russian population. The number of working-age people may have declined by 14 million by 2030 while the number of pensioners may have increased from 20 to 30 per cent of the population. The overall result could be a decline of around 10–15 per cent in the total population compared to 2010. One concern for the Russian government is that whole regions of Siberia and the Russian Far East are being depopulated, which can cause security problems in the future.

The main driving forces for these demographic changes are still-low fertility and high mortality, especially among working-age males. This can be seen in the short life expectancy in Russia. The policies being implemented by the government are having some positive impact. However, at the present rate it will take a long time before the population decline ends unless further and more effective measures are initiated.

Some progress has been achieved in reducing overall mortality and maternal and child mortality rates, while life expectancy is slowly increasing. The policies being implemented will alleviate the population decrease, but the projections for the future demographic development, according to the United Nations 'middle' scenario, seem realistic, implying a continued population decrease.

The measures taken to encourage families to have more than one child have had a positive effect on birth rates. The 'cash-for-babies' measures will not be enough and the long-term effects are expected to be limited if other measures are not taken focusing on making it easier for mothers both to work and to have good, affordable childcare options. Families' socio-economic situation will need to be improved. More focus is needed also on reducing the high mortality rate among males.

In the short term the loss of population can be resolved through a high level of immigration, and Russia would need several million migrant workers in the coming 20 years — mainly from its overpopulated Asian neighbours — in order to prevent further population decline. The influx of immigrant workers has already caused strong anti-immigrant and nationalistic sentiments in major cities. The polarization of Russian society is potentially very dangerous since deepening mutual distrust can only be reversed over a very long time.

How the government is going to handle large increases in the numbers of immigrants still remains to be seen and will be a sensitive political issue in Russia for the next five to ten years. The severity of Russia's population decline

has so far been masked by an influx of immigrants from the former Soviet republics of Central Asia and the Caucasus.

The health situation was still serious in 2011, although funding has been much increased so as to improve the health of the population. Even if many health indicators are slowly moving in the right direction, much more needs to be done. The analysis of the underlying determinants of the increased mortality in Russia suggests that it has been caused by the negative changes in the social, economic and health systems, the high prevalence of unhealthy behaviours, and the limited success in the prevention and control of non-communicable diseases.

Deaths from non-communicable diseases like cardiovascular diseases and from accidents, alcohol poisoning, widespread abuse of alcohol and the very high percentage of smokers, together with unsatisfactory public health conditions, have probably been the main contributors to the high mortality rates. It seems that individual health depends on many factors, like lifestyle, but the health-care system as such plays a relatively minor contributing role for the high mortality rates.

Although there is a strong connection between alcohol consumption and the fluctuations in mortality, other factors are involved too. Psycho-social stress, for example, has been suggested as an explanation for the high mortality among men. However, the underlying causes and risk factors are still not well understood, even if some factors seem more important than others, and this is why further studies are needed.

The scale of the HIV epidemic, with around 1 million people infected, and its convergence with the tuberculosis epidemic with MDR TB pose a serious threat to the welfare in Russia, and this problem reaches far beyond the health-care system. The incidence of HIV/AIDS was still increasing in 2011 while the incidence of tuberculosis seems to be stabilizing. The reasons for the current situation are several, and include the socio-economic decline, failures of the health-care system, outdated treatment practices, poor disease control and the dramatic increase in drug abuse among teenagers. Eighty per cent of HIV-positive people are under 30 years of age and some 70 per cent of HIV infections in Russia are due to drug injecting.

Russian experts see the demographic crisis as a security threat to Russia. The decreasing population and the deterioration in the health of conscripts have already and will in future damage the capability and size of the Armed Forces, which is being reformed and downsized. The present conscription model of the Russian Armed Forces is unsustainable, and increasing numbers of contract personnel will therefore have to be sought.

The Russian government's policies to handle both the demographic and the health problems show that the authorities are now concerned and are trying to tackle the issues. Many of the measures proposed are appropriate even if in some

instances they are overly optimistic as to what they can achieve. There are areas that will need further and more appropriate actions and initiatives. One common problem in Russia is the poor implementation of measures adopted and the lack of follow-up to evaluate the effects they have had.

The country's population decline has already dampened economic growth projections. The costs involved in countering the negative effects of the demographic and health situation will be substantial and the question is whether the necessary money can be found. Much will depend on how the Russian economy develops. To be successful, modernization in Russia needs to penetrate all areas of society, including the health sector.

Russian officials have claimed that Russia will emerge as the world's fifth largest economy by 2020. There are few countries that could manage to keep up an annual growth rate of 4–7 per cent of GDP for long periods while the working population is declining at a rate of 1 per cent per year. It is also very unusual to have deteriorating health levels for a country whose per capita income level has increased over several years. (In fact in many modern societies one sees health improving even when income goes down, during recessions.)

The challenges due to the future demographic situation are numerous: the continued rapid decline of the total population; the rapid natural decrease of the working-age population; the increasing share of elderly people; the growing demographic burden on the working-age population; the decline in the number of potential mothers; a large influx of immigrants; and the possible rise in emigration rates. In addition, the Russian government needs to improve the health situation drastically. Solutions and more proactive demographic policies must be sought, in part through higher fertility, supporting families with children and reducing mortality as well as in economic, health, lifestyle and social measures.

How such policies will be viewed and affect the country's domestic political situation, its defence and its international security posture needs to be further analysed. One positive sign is that both government and Russian society at large are now beginning to understand and discuss the full extent of the demographic situation. In spite of this, the inadequate measures taken so far are not in line with the rhetoric calling it the 'most pressing problem facing Russia'. It will be important to follow how Russia handles these complex issues in the near future.

**FSKN** 

## **Abbreviations**

AIDS acquired immunodeficiency syndrome

CIA Central Intelligence Agency (U.S.)

CIS Commonwealth of Independent States

FMBA Federal Medical and Biological Agency

GDP gross domestic product

GFATM Global Fund to Fight AIDS, Tuberculosis and Malaria

Russian Federal Drug Control Service

HIV human immunodeficiency virus

IAS International AIDS Society

IDU injecting drug users

IOM International Organisation for Migration

MDR multiple drug resistance

MHI Federal Mandatory Health Insurance ()

NGO non-governmental organization

RF Russian Federation

Rosstat Federal State Statistical Service STI sexually transmitted infection

TB tuberculosis

UN United Nations

UNAIDS Joint United Nations Programme on HIV/AIDS

UNDP United Nations Development Programme
UNODC United Nations Office on Drugs and Crime

WHO World Health Organization

#### **APPENDIX 1** Terms and definitions

**Demography** is the study of the growth, change, and structures of a human population. Changes in a population's size and structure are caused by changes in the birth rate, the death rate, and the net migration rate. Demographic research focuses on why people have the number of children they do; on factors that affect death rates; and on the reasons for immigration, emigration, and geographic mobility. A population's health will be reflected in the demographic statistics.

**Indicators of demographic change**: a population's history of birth and death rates influences the age and gender structure in a way that is easy to predict. Generally, a fertility decline reduces the proportion of children in a population, while a decline in death rates increases life expectancy and the proportion of elderly persons in the population.

**Birth rate** is the number of births in a given place and year per 1 000 population. **Total fertility rate** measures the average number of children that women would have in their lifetime if birth rates remain at current rates in the future.

**Death rate** (also called the crude death rate) is the number of deaths in a given place and year per 1 000 population.

**Life expectancy** measures the average number of years people would live if death rates remain at the current level in the future.

Public health in this study is a social and political concept aimed at improving health, prolonging life and improving the quality of life among whole populations through the promotion of good health, the prevention of disease and other forms of health intervention. It is concerned with threats to the overall health of a community based on population health analysis. Health in this report is studied as morbidity which is an incidence of ill health. It is measured in various ways, often by the probability that a randomly selected individual in a population at some date and location would become seriously ill within some period of time. The other aspect of health used in this report is mortality, which is the incidence of death in a population. It is measured in various ways, often by the probability that a randomly selected individual in a population at some date and location would die within some period of time.

A **health indicator** is a characteristic of an individual or population, which is subject to measurement (directly or indirectly) and can be used to describe one or more aspects of the health of an individual or population (quality, quantity and time). Health indicators may include measurements of illness or disease which are more commonly used to measure health outcomes, or positive aspects of health, of behaviours and actions by individuals which are related to health.

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## The Russian demographic and health situation:

### Consequences and policy dilemmas

This report describes and analyses the serious demographic and health situation that Russia is facing. The population decreased from 149 million in 1993 to 143 million in 2010, and projections estimate it to be 136 million by 2030. The challenges are numerous with a rapidly decreasing working-age population, low birth rates and an increasing share of elderly people. One way of resolving the demographic crisis is promoting large-scale immigration, but that is a huge challenge due to the deep anti-immigrant feelings in Russia.

The Russian health situation is serious due to a number of interlinked factors combined with social stress as well as high levels of alcohol, tobacco and drug use. In general the biggest health problem facing Russia is the high mortality rate and short life expectancy among men of working age. The leading causes of death are cardiovascular disease and the effect of unhealthy lifestyles. There is still a too-high incidence of HIV and tuberculosis, which are increasing. Drug dependence is increasing and is seen as a threat to national security. The decreasing population and the decline in health of conscripts to the Armed Forces has already affected, and will continue to have a negative effect on the capacity and size of the Armed Forces, which are being reformed and downsized.

The Russian government's demographic and health policies are in many cases appropriate even if they mostly are over-optimistic about what they can achieve. There are, though, areas that would need further and more appropriate actions and initiatives.