



Russian Federation - Researched and compiled by the Refugee Documentation Centre of Ireland on 10 November 2009

Information on the availability and quality of healthcare for people with dementia and the elderly in Russia

Specific information on quality of healthcare for the elderly and for those suffering from dementia in Russia were scarce among sources consulted by the Refugee Documentation Centre within time constraints.

A document from the *International Federation of Red Cross and Red Crescent Societies* states:

“In 2005, the RRC consulted with over a 1,200 older people within the PAR process from across Russia, including the Far East, Siberia, North West, central Russia and the North Caucasus. Despite regional specifics, a consistent picture emerged of older people without family support networks struggling to survive on pensions that barely cover utility bills and food. Participants described a life of constant economizing and of a diet with no fish, meat or fruits. The experience of material poverty is exacerbated by the exclusory effect of negative attitudes towards older people. Older people feel excluded from access to quality health care, from access to the labour market on an equal footing with younger people, from opportunities to relax and socialize in public places, from being treated with dignity with a regard for age and experience, from being taken seriously by politicians and being allowed to participate in and influence policy debates.” (International Federation of the Red Cross and Red Crescent Societies (undated) Appeal 2006 – 2007)

A report to the *Council of Europe* by the Commissioner for Human Rights, Mr Alvaro Gil-Robles, in a section titled ‘Problems Linked to the Health System’ states:

“The economic crisis experienced by Russia since 1991 has had drastic consequences for the health system. The lack of resources has brought resulted in serious difficulties, and the level of care has deteriorated, as have the facilities provided by hospital establishments, many of which have dilapidated equipment and are in dire need of modernisation. Alongside them, brand new, very well equipped complexes are springing up but, which, unlike the older hospitals above all provide private care. We visited some of these recent complexes, which have new equipment and extensive diagnostic capabilities: the new regional oncology centre in Khabarovsk, the regional diagnosis centre in Irkutsk and the highly efficient regional hospital in Khanty-Mansiysk. Those I spoke to feared a widening gulf between the old hospitals deprived of resources and the new establishments, which are mostly private. A two-track medical care system has become established in Russia in recent years, which I find most worrying.

All the surveys carried out since the beginning of the 1990s concur that the health of Russians has generally declined. This has affected all categories of the population but, as I have already pointed out on several occasions, the least privileged have been particularly hard hit. In 1999 the average life expectancy was 59 years for men and 72 for women.” (Council of Europe (Office of the Commissioner for Human Rights) (20 April 2005) *Report by Mr Alvaro Gil-Robles, Commissioner for Human Rights, on his visits to the Russian Federation*, p.94)

A study by Anna Beryozkina of the *International Federation on Ageing* states:

“The current situation of the elderly in the Russian Federation is obviously extremely complex with many interconnected factors and role players. Without succumbing to oversimplification, several key problems can be disentangled from the mess. The first, and probably the most significant obstacle, is the poverty of the elderly in Russia. As the number of free prescriptions in Centres of Social Services is limited, many pensioners can not afford to buy the medication they require (Karioukhin 2004). As a result, many older people cut back on other basic necessities such as food or reduce the dosage of their medication in order to make it last longer (Karioukhin 2004).

Secondly, specialized in-patient and out-patient services are exceedingly difficult to obtain. Bed space is limited and many times older individuals are turned away because of the common perception that old people “block” hospital beds; yet, the truth of the matter is that they have no where else to go for in-patient care (Karioukhin 2002). If a person is admitted to a hospital or geriatric centre, he will likely need to bring his own linen and food. The hospitals do not receive enough funding from the government to provide basic sanitary necessities not to mention to update the equipment, conduct renovations, or purchase supplies and medication. Among the geographical regions in Russia, the European part (Privolozhsky, Central, Southern, and Ural) dominates in the number of public gerontological centres. Furthermore, the waiting lists for nursing homes and health resorts are getting longer, especially in rural areas and eastern regions of the country. It is not surprising then, that the majority of the elderly in Russia prefer to receive public services through other forms such as: home care, day care, and urgent care (Vasilchikov 2002). Around 45% of the elderly population receive care from out-patient services (Vasilchikov 2002). In fact, the number of older persons living at home who receive various social services is 90 times more than the number of seniors in in-patient care (Vasilchikov 2002). This data suggests that most elders prefer to spend old age in the comfort of their homes and communities. Thus, a concentrated effort must be made by all sectors of society to develop and improve non-traditional out-patient care services.

The Centres of Social Services form the backbone of public out-patient care in Russia. Yet, as noted earlier, the development of social gerontological care is extremely unevenly distributed throughout the country. The Central (515), Southern (284), and Privolozhsky (511) regions have the most Centres of Social Services. Moscow, as the most prosperous and financially stable city in Russia, has the most centres (118) (Vasilchikov 2002). The Centres of Social Services, however, only cover about 20% to 60% of the elderly

population in need (Karioukhin 2004). On average, an elderly person will spend 30 days in a temporary-stay residence, and Departments of Day Care are able to receive about 30 people at a time (Karioukhin 2004). In this way, due to limited capacity and resources an individual may visit Centres of Social Services only a few times a year.

Another setback is the general lack of trained specialists in social gerontology, geriatric professionals, and social workers. The initiative to pursue social professions is extremely low as often “a common retiree’s pension is higher than the salary of the social worker who visits him” (Kachalova 1999). Tatiana Chubarova (2004) also notes that Russia does not have a history of health management as a specialty. In the Soviet Union and now, doctors may hold several positions and are responsible for both managerial and medical tasks. More emphasis on degree programs designed to specifically train people in health administration and management would allow hospitals, Centres of Social Services, and GNGO’s to function more efficiently. Third, the laws and programs of the government relating to the elderly have no practical effects. The Russian government does not have a comprehensive document stating its policy regarding the elderly population. The federal program “Older Generation”, which has been renewed several times, contains no specific guidelines or deadlines (Federal Review Committee 2003). Financial resources set aside for the actualization of the program either were never allotted or were pocketed by municipal authorities (Federal Review Committee 2003).” (Beryozkina, Anna (undated) *Growing old in Russia: Is there hope?*, pp. 30-33)

Under the heading ‘Medical Situation’, the report continues:

“One of the main social problems of the elderly in Russia is loneliness. In 1987, there were more than 354,000 single elderly individuals in Russia. Data gathered by O.V. Belokon (1995) suggest that in 1995, there were 4.6 million single seniors of which 4 million were women (7.2 times more than men) (Karioukhin 2002). Ten percent of the elderly population have some range of mobility (around their apartments) and 1.5% is totally bed-ridden-41.3% of this group are women. These individuals are obviously the most in need of home care services but are often the most neglected and least likely to receive them. V.S. Preobrazhenskaya and N.H. Michnevich (1995) showed that 5.7% of elderly people do not have any close relatives and therefore require special attention by both medical and social workers (Karioukhin 2002).

More than 60% of older persons have chronic diseases. Sixty-two percent of individuals who turn to home care services have chronic diseases (Karioukhin 2002). In 1994, 16.7% of the population was made up of individuals 60 years and up and were responsible for utilizing 33.2% of the medical services (Karioukhin 2002). In reality, less than 10% of elderly people with functional disturbances receive help from the government. Meanwhile, 75% of elderly who live at home also lack help from the informal sector (family and friends).” (Ibid, pp. 13-14)

Under the heading ‘Economic Situation’, this report also states:

“Economically, 32.4% of elderly people said they could not “make ends meet” (Karioukhin 2002). Specifically, 62.4% rely solely on their pension for

support, 28% receive help from their children, 2.8% from grandchildren, 1.8% from friends, 4.6% from social services, and 0.5% from charitable organizations. Only 23% of elderly people reported receiving free medications. U.M. Evsyukova (1995) acknowledges that the elderly were the first and hardest hit during the many economical crises following the collapse of the Soviet Union. The meagre pension allowance is not sufficient for the rapidly rising rent, electricity, and food costs. O.V. Belokon (1995) showed that the number one problem facing old people in Russia is their material poverty. " (Ibid, p.14)

The *United Kingdom Home Office Operational Guidance Note* for the Russian Federation states:

"A basic health service is provided for all citizens in the Russian Federation. All health care in the Russian Federation was previously financed by the state, however in 1993, a health insurance scheme, the Medical Insurance Fund, was introduced, funded by employers' contributions. In 1999 there were 213 members of the population per physician, and 87 per hospital bed. In 2000 federal budgetary expenditure on health care (including sport) was 23 million roubles (1.7% of the total).

The state dominates healthcare provision. The system is free at the point of use for a basic package of services. Excluded items include dentistry, and pharmaceuticals are only partly covered in certain circumstances. Most people are insured under compulsory medical insurance agreements. Private healthcare provision is growing, but remains small. Under funding of the state system has pushed those who can afford it to turn to the private sector and has also encouraged unofficial payments within the state system. There are a number of therapeutic drugs generally available at the primary health care level in Russia.

Although health care is free in principle, it was reported in 2006 that, in practice, adequate treatment increasingly depended on wealth, and private health care was increasingly sought. Doctors were reportedly generally poorly trained and inadequately paid; most hospitals were in poor condition, many lacking running water and sewerage, and waiting lists were long. There was a persistent shortage of nurses, specialised personnel, and medical supplies and equipment. Facilities and medical personnel were higher in urban areas, especially politically influential cities. Russia's high ratio of hospital beds to population – 12.1 to 1,000 in 1998 was reported to be because outpatient care was not emphasised as much as in the West. In 2004 there were 4.9 doctors per 1,000 inhabitants." (United Kingdom Home Office (17 November 2009) *Operational Guidance Note – Russian Federation*, pp. 20 - 21)

In relation to the provision of psychiatric services, this report states:

"It was reported in 2007 that mental health had been a low priority within the Russian health system. While landmark legislation in 1992 guaranteed the rights of individuals with mental health problems, resources to support the system's modernisation have been insufficient. The need to further improve mental health services was recognised in the federal Psychiatric Care Network Reorganization programme for 2003–2008. This initiative set

objectives of improving access to services and conditions in mental health hospitals; expanding outpatient services, day-care facilities and sheltered workshops; and bringing psychiatric dispensaries closer to patients' homes. Care remained predominantly institution based, provided in 2004 through 279 psychiatric hospitals and 110 inpatient departments within 171 psychiatric dispensaries, each serving a population of approximately 25 000. Care could be provided in psychiatric departments within general hospitals as well. The Russian Federation continued to have one of the highest levels of psychiatric beds per capita in Europe at 113.2 per 100 000 population, or more than 161000 beds in 2005. Ambulatory care was provided through 171 psychiatric dispensaries, 2,271 psychoneurological doctors' offices, psychotherapeutic centres and 1,117 psychotherapeutic offices. There were 15,287 places in day-care hospitals, but community based treatment and care facilities were very limited. While psychiatrists were numerous (13.3 per 100 000), there were few social workers (1.2 per 100 000)." (Ibid, p.21)

A document from the *International Organization for Migration*, under the heading 'Health Care', states:

"In the Russian Federation medical care is provided both by the state and private medical institutions. The majority of existing medical institutions are the state ones; however the private sector is developing rapidly. Nevertheless, the situation with the health care in Russia is quite difficult: it is insufficiently financed from the state budget - at the half of the amount required, according to the Minister of Health and Social Development. Some 80% of state medical institutions are financed from the regional and/or municipal budgets which do not have enough financial resources for it and cannot secure high-level medical care. Medical equipment is usually obsolete; basic medical institutions are understaffed, as only 60% of the required staff is employed. As a result, the quality of free of charge medical service decreases." (International Organization for Migration (April 2009) *Information on Return and Reintegration in the Countries of Origin – IRRICO II – Russian Federation*, p. 3)

A June 2007 *New York Times* report states:

"Medical care in Russia is among the worst in the industrialized world. A 2000 World Health Organization report ranked Russia's health system 130th out of 191 countries, on a par with such nations as Peru and Honduras.

This is one of the few nations in the world where life expectancy has declined sharply in the past 15 years. The average Russian can expect to live only to age 66 - at least a decade less than in most Western democracies, according to a 2005 World Bank report. For men, the figure is closer to 59 - meaning many Russian men do not live long enough to start collecting their pension at age 60.

Compounded by alcoholism, heart disease claims proportionately more lives than in most of the rest of the world. Death rates from homicide, suicide, auto accidents and cancer are also especially high.

Russia's population has dropped precipitously in the past 15 years, to below 143 million in what President Vladimir Putin calls "the most acute problem of contemporary Russia."

In 2004, according to the Organization for Economic Cooperation and Development, Russia spent \$441 per capita on health care, about a fifth of what the European Union spends. Over the past two years, the government has more than doubled total health care spending to some \$7 billion, but that still works out to only about 3.4 percent of all government spending, and the World Health Organization recommends at least 5 percent." (New York Times (28 June 2007) *Despite oil wealth, Russia faces huge health care problems*)

A May 2006 *Voice of America News* article states:

"Russian health care has not been seriously reformed since the collapse of the former Soviet Union in 1991. But earlier this year, the Russian government launched a so-called national projects plan that aims to improve four sectors of Russian life, including health care. In the last decade, the health of the average Russian has grown significantly worse. Overall life expectancy has fallen from 70 years to 65, with Russian men at particular risk. On average, a Russian man lives 13 years less than his female contemporaries the widest gender gap in the world.

The three major causes of illness among Russians are respiratory disease, circulatory disorders, and alcohol-related injury and poisoning. Russia also has sky-rocketing HIV/AIDS infection rates and growing problems with multi-resistant strains of tuberculosis.

Yet, despite these alarming trends, public health has not been high on the governments agenda. For years, only about three percent of Russias Gross Domestic Product was spent on health care. But according to the Kremlin that will soon change.

That is because beginning this year, the government has approved an additional \$3.2 billion in spending on health care as part of its so-called national priority projects. The funds, mostly drawn from Russias oil revenues, are expected to cover salary hikes for doctors and nurses, the purchase of new equipment for clinics, and the construction of eight high-tech medical centers in Russias vast, outlying regions." (Voice of America News (1 May 2006) *Russia Readies Radical Health Care Reform*)

A document published by the *United Kingdom Foreign & Commonwealth Office* states:

"Healthcare in Russia remains in a poor state. Public hospitals and polyclinics face severe funding shortages and a population in seemingly ever-poorer health." (United Kingdom Foreign & Commonwealth Office (undated) *Russian Healthcare Market*)

A section of this document titled "Health Expenditure" states:

“While a private healthcare system has appeared in the past decade in the larger cities, it remains underdeveloped, specialised and out of the reach of most people. Of far greater importance is the "unofficial" sector, whereby patients make payments to hospitals and healthcare staff in return for treatment. According to a study by the Russian Institute of Social Research and the Boston University Legal and Regulatory Reform Project, unofficial payments for healthcare in Russia amounted to \$2.2 billion, in addition to the substantial official expenditure on private healthcare.” (Ibid)

This section comments on the level of healthcare spending as follows:

“The current level of healthcare spending in Russia is very low. It has been kept at 4–4.6% of GDP, based on government estimates, or about \$95–133 per capita in 2001, and only around 10% of this figure is covered by official public expenditure. This is more than 20 times less than in developed countries and clearly insufficient to cover the actual cost of healthcare. Even in purchasing power parity terms, the level of healthcare expenditure in Russia is two–three times lower than in Mexico, Brazil or Poland.” (Ibid)

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This response was prepared after researching publicly accessible information currently available to the Refugee Documentation Centre within time constraints. This response is not and does not purport to be conclusive as to the merit of any particular claim to refugee status or asylum. Please read in full all documents referred to.

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