

## THE DEVELOPMENT OF RUSSIAN HEALTH-CARE SYSTEM: PROBLEMS AND PROSPECTS

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A search for new forms of development in public health care and health promotion is currently being conducted in Russia. Accordingly, the understanding of health as a socially significant aspect of well-being is becoming widely recognized, and the importance of medical services has increased.

At the same time negative trends are developing in this sphere, specifically, in the health indices. Uneven development of the health-care system has become more apparent, and popular dissatisfaction with medical quality of services has grown. Thus, to create an efficient and well-developed health-care system first of all it is necessary to make an analysis of existing system.

Russia inherited the Soviet health-care model, the main concept of which was to provide an equal access to the health care services for all citizens of the country. In the Soviet Union there was a very strict system of health planning, that allowed the government to maintain a balance between the network of medical institutions and the funds allocated to their financing [4, p. 181]. At the same time functions of financing, production and allocation of medical services were not separated. The government was both the producer and the buyer of the medical services. It also controlled all outcomes of the health care system and managed its development. That's why in Soviet times, quite insufficient importance was attended to the effectiveness problem in the health-care system.

With Russia's transition to a market economy the old planning system collapsed, while a new one was not created. A shift from the budgetary system of financing to the multi-financing system was the pivot of reforms of health services in Russia in the 1990s.

From an economic standpoint, Russian health services system at the end of 1990s was characterized by two key problems:

- lack of balance between government guarantees of providing free medical care and their financial backing;
- incompletely introduced insurance system of financing and as a result the eclectic combination of elements of the old and the new financing systems.

The new Russia has changed to a mixed model of health care with a predominance of the public sector. Article 41 of the Constitution of the Russian Federation confirmed a citizen's right to healthcare and medical assistance free of charge [2]. This is achieved through Obligatory Medical Insurance (OMI), a public system of citizens' health protection. So, in the case of medical service necessity citizens can get it at the expense of funds accumulated in the Federal Mandatory Medical Insurance Fund. To realize the state program of obligatory medical insurance, special federal and local funds were created in order to accumulate the necessary financial resources. The amount of obligatory payments to these funds by factories, enterprises, and other institutions are calculated as a percent of salaries paid to workers. Currently the payment is established at 5.1 percent, which has to be paid to the federal fund [1].

The Obligatory Medical Insurance and the introduction of new free market providers were intended to promote both efficiency and patient choice. A purchaser-provider split was also expected to help facilitate the restructuring of care, as resources would migrate to where there was greatest demand, reduce the excess capacity in the hospital sector and stimulate the development of primary care. Finally, it was intended that insurance contributions would supplement budget revenues and thus help to maintain adequate levels of healthcare funding.

However, the transition to the new system was not as effective as intended. Nowadays there is still a serious gap between the number of claimed social guarantees and the financial support of these guarantees. The Organization for Economic Cooperation and Development

(OECD) reported that unfortunately, the undertaking reforms did not work out as planned [3]. In a various documents with a surprising regularity there are a lot of data about the deterioration of health indicators and demographic situation in the country. Private health care delivery has not managed to make much an advance and public provision of health care still predominates. The resulting system is overly complex and very inefficient. Although there are a great number of insurers in the market, real competition for patients is leaving most patients with little or no effective choice of insurer. The insurance companies have failed to develop as active, informed purchasers of health care services. Most are passive intermediaries, making money by simply channeling funds from regional OMI funds to healthcare providers.

The whole reform process, for the moment, is taking place in the financial field only; but the very idea of medical insurance concerns many other issues, such as the organization, management, and delivery of health care, and not only the payment mode. The OMI system functions presently, but not as a true insurance system because market conditions are still absent. This has stopped any increase in the effectiveness of medical care and the development of medical organizations [4, p.186].

There are many problems in the health care system that could not be solved simply by providing more funds. Current spending is insufficient; there are no clearly defined federal and local health protection policies, no openly declared system of control and delegation of responsibilities for state structures and public health institutions.

From our point of view the further development of Russian health-care system requires the following measures:

1. Standardization of medical care

One of the key factors in creating a system of quality and accessible health care is to have the same orders and standards of health care for the whole territory of the Russian Federation. It also includes the specification of state guarantees of free medical care. Thus, state guarantees should be legally defined.

2. Innovative development of health-care system

Improving of medical care is only possible if the development of health-care system based on the achievements of basic science, creation and implementation of new effective therapeutic and diagnostic technologies in medical practice. In our opinion the considerable attention should be paid to the full recovery system in the health care. At present there is no harmonious system of restorative treatment and rehabilitation. In many cases, the patient is discharged from the hospital "under the observation of the local doctor," which in reality means "under their own observation". There is no system "hospital at home", the continuity between the hospital and polyclinic is often not working well, and rehabilitation activities are not available to patients. The current rooms for follow-up treatment and rehabilitation do not meet modern requirements for diagnostic equipment and medical equipment. Finally the necessary legal and regulatory documents completely are absent.

3. It is necessary to introduce market (competitive) mechanisms, namely:

- to present an opportunity to choose health care institution through the patient's awareness about the quality of health care facilities and the presence of a single state tariff policy;
- to promote competition among health care institutions, where it is possible, for example, in big cities;
- to tie funding of health care institutions and salaries of health workers in depend of the volume and quality of medical care;
- to expand the rights and powers of the management of health care institutions in the management of health care.

Thus, the implementation of the above mentioned points will assist the efficiency of a modern health-care system in general. It also helps to provide affordable and quality medical service on the basis of common requirements and approaches according to the latest achievements of scientific and technical progress, which will be guarantee of sustainable socio-economic development of Russia in the long term.

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## МЕТОДИЧЕСКИЕ ПОДХОДЫ К ОЦЕНКЕ ВНЕШНЕЭКОНОМИЧЕСКОЙ ДЕЯТЕЛЬНОСТИ РЕГИОНА

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Внешнеэкономическая деятельность (ВЭД) является основой межгосударственной политики любой страны. Благодаря осуществлению ВЭД происходит экономический рост страны в целом и быстрое социально-экономическое развитие регионов в частности.

Внешнеэкономическая деятельность страны (региона) происходит в основном по двум приоритетным направлениям: внешнеторговая деятельность (ВТД) и инвестиционное сотрудничество с иностранными партнерами.

Определение направлений совершенствования и развития внешнеэкономической деятельности страны (региона) требует адекватной оценки состояния внешнеторговой и инвестиционной деятельности. Данная оценка происходит по обоим направлениям в отдельности и в итоге делается общий вывод о текущем состоянии и проблемах развития ВЭД.

Отечественными и зарубежными исследователями разработаны ряд различных методик оценки внешнеторговой деятельности страны (региона). Однако в настоящее время не существует единого универсального метода, позволяющего всесторонне оценить влияние эффективности внешней торговли на региональном уровне. Выделяют четыре подхода к оценке влияния внешнеторговой деятельности на экономику региона [3, с.32].

1) В первом подходе используется сопоставление характеристик оборота внешней торговли страны с региональным уровнем.

2) Вторым подходом предполагается из показателей внешней торговли сделать интегральный показатель, который комплексно характеризовал бы внешнеторговую деятельность регионов. Для её оценки экономистами используется интегральная оценка, рассчитанная по базовым индикаторам на основе математико-статистического алгоритма. Так, Н.В. Редькина разработала методику оптимизации региональной внешнеэкономической деятельности, позволяющую обзреть и количественно просчитать все возможные варианты выбора контрактов, их условий, заказчиков, исполнителей и пр [4, с.42].

3) Целью третьего подхода является группировка регионов по различным критериям внешнеторговой деятельности. Так, С. Н. Блудова, разработала блок-схемы алгоритма формирования региональных кластеров на основе внешнеторговой деятельности. Сначала автор предлагает провести оценку отраслевой специализации региона и определить экспортноориентированные и импортноориентированные отрасли. Далее проводится оценка рациональности структуры экспорта и импорта для экспортноориентированных и импортноориентированных отраслей соответственно и формируется оптимальная структура внешнеторговых операций. Для этого используется коэффициент Грубела-Ллойда, расчет которого позволяет оценить уровень развития внешней торговли по товарным группам [7]: