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ПРОБЛЕМЫ РАЗВИТИЯ ЗДРАВООХРАНЕНИЯ В РОССИИ И ЗА РУБЕЖОМ

Аннотация: в 2020 году расходы консолидированного бюджета на здравоохранение в России достигли 4,6 процента валового внутреннего продукта (ВВП) страны. Пандемия коронавируса (COVID-19) продемонстрировала значимость финансирования здравоохранения, так как число заболевших в стране было одним из самых высоких в мире. Отношение текущих расходов на здравоохранение в России к ВВП было ниже, чем в большинстве других европейских стран.

Ключевые слова: политика развития, здравоохранение, модернизация, регион, Система Семашко.

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PROBLEMS OF HEALTHCARE DEVELOPMENT IN RUSSIA AND ABROAD

Abstract: in 2020, the consolidated budget spending on healthcare in Russia reached 4.6 percent of the country's gross domestic product (GDP). The coronavirus (COVID-19) pandemic demonstrated the significance of healthcare funding, as the number of cases in the country was one of the highest worldwide. Russia's ratio of current healthcare spending to GDP was lower than in most other European countries.

Keywords: development policy, health care, modernization, region, Semashko system

The health of the Russian population continues to lag far behind that in the west. A robust public health response to the high levels of communicable and non-communicable diseases is required. This challenge has attracted considerable attention from international donor agencies and others, but there are still many questions about how the health situation in Russia is understood by policy-makers within the country and what responses are being considered. This paper examines these questions by means of a review of literature published in Russia and interviews with key informants. It concludes that although many of the determinants of health in Russia have been identified, they are typically discussed in a general way. Research on the major determinants of disease in Russia, and published in the international literature, appears to have had little impact. The need for reform to enhance the public health response is recognized. Goals of reform have been described but are poorly defined and there is typically little relationship between a stated goal and the strategy proposed to achieve it. There is a lack of clarity about what is meant by public health, and key concepts, such as inter-sectoral and multi-disciplinary working, are either ignored or misunderstood. Evidence of capacity for managed change is weak. There is an urgent need to create a shared awareness of evidence on the nature of the health challenges facing Russia and the evidence base for both the content of potential responses and the strategies that might be adopted to implement them [3].

Russia's consolidated budget spending on healthcare exceeded 4.9 trillion Russian rubbles in 2020, up from 3.8 trillion Russian rubbles in the previous year. A significant increase in the spending was attributed to the COVID-19 pandemic. Federal budget expenses on healthcare nearly doubled, reaching over 1.3 trillion Russian rubbles. The spending of state non-budgetary funds was measured at nearly 2.4 trillion Russian rubbles. The laboratory diagnostics market size in Russia was forecast at nearly 343 million tests in 2025. Approximately one fifth of Russians fully or mostly trusted their country's health system in 2022. Furthermore, neatly four out of ten

respondents trusted it to some extent. The level of trust in healthcare in Russia was lower than in several other countries worldwide. he most common cause of death in Russia was circulatory system diseases with approximately 640 deaths per 100 thousand of the country's population in 2021. Furthermore, 319 deaths per 100 thousand population occurred due to the coronavirus infection cause by COVID-19, which were the second main cause of mortality in the country. The third most common category was neoplasms, at over 194 deaths per 100 thousand residents. In 2021, 4.8 people per 100,000 population were first diagnosed with Hepatitis B in Russia. The morbidity rate of that disease saw a significant decrease over the period under consideration. In 2010, it was recorded at 15.4 individuals per 100,000 people.

As COVID-19 continues to highlight inequities within and across countries, the world's commitment to health as a human right will largely determine the sustainability of economies and societies we build and rebuild, during the pandemic and far into the future. Accelerating progress towards universal health coverage (UHC) relies on greater investments in primary health care (PHC) to bring services closer to people. The UHC Partnership, one of WHO's largest initiatives for international cooperation for UHC and PHC, is providing vital and timely support to help countries to take advantage of the opportunity to emerge stronger from the pandemic. The Partnership works in 115 countries with funding from the European Union, the Grand Duchy of Luxembourg, Irish Aid, the French Ministry for Europe and Foreign Affairs, the Government of Japan - Ministry of Health, Labour and Welfare, the United Kingdom - Foreign, Commonwealth & Development Office, Belgium, Canada and Germany. Many of these countries are demonstrating that PHC best serves communities and empowers them to choose healthier lifestyles, prevent diseases or access early detection, treatment and recovery. People-centred PHC, with equity in service delivery, ultimately paves the way for a fairer, healthier world for all. Country experiences and lessons from COVID-19 are documented in the UHC Partnership's special series of stories from the field on the COVID-19 response. WHO Eastern Mediterranean Region: Sudan is empowering people to voice their health needs by implementing community dialogues where they can take part in finding solutions and hold their local

health authorities accountable. WHO Western Pacific Region: Mongolia is bringing health services to remote communities by using mobile health technologies to reach nomadic populations, migrants and unregistered people. WHO Africa Region: Zimbabwe is maintaining essential health services by using real-time data to assess the needs of the population and ensure responsive and timely actions. WHO Americas Region: Caribbean countries are improving the availability and quality of care for critical care patients by training and empowering their health workforce. WHO South-East Asia Region: India is bringing health services closer to communities by strengthening its network of primary health care centres. WHO European Region: Uzbekistan is maintaining strong momentum to reform its health system and reduce out-of-pocket expenses for its population with a state health insurance fund that covers primary health care services [9].

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