

Provocations

**How collaboration on health can improve U.S.-
Russian relations, contingency planning for a nuclear
attack in a U.S. city, the unexpected impact of North
Korea's nuclear test, and more ...**



Improving Russian-U.S. Collaboration on Health

U.S.-Russian bilateral relations are in a bad state, arguably at their lowest point since the end of the Cold War. Suspicions and recriminations abound as each accuses the other of regressive bad behavior and ill intentions and intimates that the other may consciously make matters worse in the future.

In this period, Russian opinion of the United States, reaching into Russia's youth and emerging middle class, has deteriorated steeply. Russians frequently argue that past U.S. democratization and economic assistance programs were designed to keep Russia weak and contributed to Russia's internal chaos in the 1990s. Now that Russia has recovered and again become a strong and assertive state, according to a popular line of reasoning, Washington feels threatened. A spring 2007 CSIS survey of 1,800 Russian youth revealed that nearly 80 percent fully or somewhat agree that "the United States tries to impose its norms and way of life on the rest of the world." Sixty-nine percent disagree with the statement that the United States "does more good than harm." Three-quarters agree partially or fully that the "United States gives aid in order to influence the internal politics of countries," and nearly two-thirds see the United States as a far greater threat to Russia than Iran or China is.¹

On the U.S. side, a 2006 survey indicated that 53 percent of Americans feel that Russia is generally having a negative impact on the rest of the world. Interestingly, Americans do not generally feel that Russian foreign policy significantly harms or threatens U.S. interests.²

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The deterioration in the U.S.-Russian relationship is not in the long-term interests of Russia or the United States, considering their respective might in the world and their shared strategic interests in nuclear nonproliferation, global energy security, and regional stability. Spotlighting this problem and what is at stake is simple. It is another matter altogether to reverse the dynamic and find a path that places Russian-U.S. relations back on a more constructive and civil footing. Any durable improvement will require significant changes in policies and attitudes on both sides, as well as time.

Expanded collaboration on health issues is one choice target of opportunity where there is considerable promise. The health sector is one in which major historic changes are underway within Russia and the United States, and both states are grappling with the challenge of addressing chronic disease. Current evolving efforts to upgrade Russia's national health care system are of huge import to its future and are a high priority to its national leadership. The U.S. domestic political debate has put a spotlight on reform of its own health care system, which will only intensify as the 2008 presidential election approaches. Americans and Russians both strive for enlightened answers and approaches to improving citizens' health and life chances, and both struggle to overcome formidable obstacles. That gives them a good deal of common ground and presents the possibility for expanded cooperation in the health sector.

A Legacy of Achievement

The health sector has a legacy of significant historical achievement in Russian-U.S. collaboration. From the 1950s to the 1970s, U.S. and Soviet scientists, public health officials, and elected officials worked together intensively to achieve major gains worldwide in polio and smallpox eradication campaigns. During the 1950s, two prominent doctors, one American and one Russian, successfully developed the Sabin polio vaccine, which was used to inoculate more than 70 million people in Russia and the United States. The extraordinary collaboration between the Soviet Union and the United States between 1965 and 1977, during some of the most tenuous years in U.S.-Soviet relations, was essential to wiping out smallpox, one of the world's most deadly diseases. Russian leadership, expertise, and commitment were crucial to the success of the global smallpox eradication campaign. Without the active collaboration and partnership of Russian and American scientific communities during periods of high tension between the two nations, these public health successes would never have been possible.

As these past initiatives demonstrate, health is a sector in which people-to-people contact can be expanded to create enduring relationships and goodwill

and in which it is possible to generate concrete benefits that visibly improve individuals' lives. Health initiatives, if carried out carefully and thoughtfully, can transcend skepticism, demonstrate our shared humanity, and reaffirm our shared desire to make the lives of our citizens fuller and more productive.

In Russia and the United States, there is rising awareness of how expanded international cooperation on pressing global public health challenges holds the power to be a currency for peace. This awareness, combined with Russia's desire to assert itself as a global leader on health issues and to incorporate Russia's scientific expertise more deeply into global surveillance and detection networks, motivated President Vladimir Putin to make global public health, including expanded collaboration on avian influenza, a high priority at the 2006 Group of Eight (G-8) summit in Saint Petersburg. It was a similar consciousness two years earlier that prompted President George W. Bush to give high prominence to global HIV/AIDS control efforts and health financing mechanisms at the 2004 G-8 summit at Sea Island, Georgia.

Perhaps most importantly, the health sector presents concrete options for expanded U.S.-Russian collaborations on issues that Russians themselves have identified as critically important to their national interests and on which they would welcome U.S. contributions. Key Russian health leaders, governmental and nongovernmental alike, have appealed for U.S. assistance with their country's domestic health care challenges, despite a persistently strong line of argument within the Russian government that U.S. foreign assistance within Russia should end.

**Expanded
collaboration
on health holds
considerable promise.**

Promoting Public Health in Russia

At its base, Russian national security considerations drive the focus on health issues. The national leadership and Russia's citizenry are aware that unless the country's deteriorating health status of the past 30–40 years is reversed, its future economic growth, the viability of its military, the vitality of its society, and its integration with Europe will all be at risk. Saint-Petersburg State University's (SPSU) chief medical officer, Larisa Kocharova, reported that only 10 percent of students ages 16 to 27 at the university today are free of health problems. This reality, in her view, is a "disaster" that threatens national security. "If urgent measures are not taken, it will be a very heavy burden for the nation."³ In response to this challenge, momentum is emerging on public health issues within Russia's governmental and nongovernmental sectors.

There is a legacy of significant historical achievement in Russian-U.S. health collaboration.

In Saint Petersburg in May 2007, CSIS and SPSU collaborated on a Forum on Global Health, which aimed to advance a dialogue on emerging health challenges with a focus on national health policies and the evolving global health agenda. SPSU has launched Russia's first master's of public health degree program, which seeks to bridge the long-standing divide between tra-

ditional medical science training and the social sciences—psychology, politics, economics, sociology, and ethics—building a curriculum that more fully accounts for the role of human behavior in the spread, acquisition, and successful control of disease.

This multidisciplinary approach is new to Russia, but the SPSU program is an important first step in building a cadre of public health care workers that goes beyond the formal health infrastructure and can draw on the strengths of academic, private, corporate, and nongovernmental organizations (NGOs). The pro-

gram, which was launched with the support and advice of the U.S. Fogarty International Center of the National Institutes of Health and a consortium of non-Russian university centers, including the Yale University Center for Interdisciplinary Research on AIDS and the Duke University Global Health Institute, celebrated its first graduating class this year. The SPSU program is an example of what transnational cooperation and public-private partnerships can achieve.

A number of dedicated and energetic individuals are working in the non-governmental sector through indigenous organizations such as Humanitarian Action, Stellit, the Russian Red Cross, and Doctors of the World, serving neglected children and adolescents, the homeless, intravenous drug users, commercial sex workers, and people living with HIV/AIDS. These individuals and organizations are truly at the frontlines in fighting the linked threats of HIV/AIDS, tuberculosis, sexually transmitted diseases, and drug and alcohol addiction. They are working hard to create an atmosphere of trust and compassion among their health care colleagues, patients, and clients, an approach that allows them to reach some of society's most marginalized populations with care, protection, and hope for a better life.

They are also striving to change public and governmental attitudes on health care interventions for these populations who, stigmatized by society and often even by health care professionals, are easily driven underground and out of reach. Many of these NGOs are eager to build stronger partnerships with the Russian government, recognizing that the respective roles of the private and nongovernmental sector are vital and fundamentally complementary.

Many of Russia's leading political figures, such as Deputy Chief Sanitary Officer Liudmila Gultchenko, Deputy Minister of Health and Social Development Vladimir Starodubov, and Vice Chair of the Duma Health Committee Nikolay Gerasimenko, recognize the shared interests and opportunities on health issues between Russia and the United States. The Russian government has made a serious commitment to improving public health, as demonstrated by the national priority project on health, growing activism in the Duma on national health policy, and the kind of global outreach on health issues that was manifested at the Saint Petersburg G-8 summit. There is an openness and receptivity among key health leaders to expanded collaboration between the United States and Russia on a wide array of health issues.

The National Priority Project on Health

In his first annual address to the Federal Assembly on July 8, 2000, Putin identified Russia's demographic crisis as its biggest challenge. Subsequently, in 2005 his administration established four priority "national projects" essential to the nation's future: health, education, housing, and agriculture. The project to reform Russia's health care system, still in its early phases, is historic, ambitious, long term, and not unlike the U.S. health policy challenges in being complex and very expensive.

The project aims to reverse Russia's demographic decline—an annual drop in population of an estimated 500,000–700,000 people—and raise the number of annual births, which has declined by more than one million per year since the end of the Cold War. It also seeks to close the mortality gap between Russia and Europe. Russia's male life expectancy, at slightly higher than 58 years, is 15 or more years lower than that of a German male. Female life expectancy lags by almost nine years. The project will have to grapple with the root causes of decline: cardiovascular disease, obesity, diabetes, cancer, and the related lifestyle choices of smoking and alcohol use and lack of exercise. Expenditures on the project amounted to \$3.5 billion in 2006 and in 2007 are projected to reach \$5 billion. At present, more than 3 percent of Russia's gross domestic product (GDP) goes toward health care. The Russian government hopes that overall health expenditures, public and private, will rise to 6 percent of GDP. The project's investments concentrate on salaries, equipment, medications, and training. A priority in 2008 will be the establishment of 14 new tertiary care centers that can significantly expand access to high-end care outside the wealthy urban metropolises of Moscow and Saint Petersburg. Prevention of chronic disease will also require major public education campaigns.

Starodubov forecasts that the national project could boost the numbers of persons living with HIV with access to antiretroviral treatment to 30,000–

35,000 in 2007. He reports that the government is moving ahead in enlisting NGOs to bid on contracts for expanding HIV prevention activities. Small, recent improvements in life expectancy and birth and death rates are cited as evidence of early success of the national priority project.

Gerasimenko, a former heavy smoker, acknowledged openly that Russians do not have the term “public health.” To improve discourse on health issues, in May 2007 he organized the first all-Russia forum on health and tobacco in concert with several U.S. organizations and has launched a new Duma project on the “Healthy Heart.” He has gone out of his way to register his support and admiration for the Russian NGOs that have pushed forward HIV/AIDS treatment, prevention, and care programs. He has also sought new legislation on organ donation.

In Russia, the tobacco and alcohol lobbies are powerful and well positioned and have thwarted recent discussion of control efforts. Procurement of drugs and equipment is vulnerable to corruption. The national project’s multiple funding streams are confusing to disentangle and access. The national project itself needs more specific benchmark targets and a clearer, more coherent overall strategy that guards against pouring money into a bloated health care system and instead puts in place new incentive schemes for improved physician performance. No less important, Russia’s citizens need to be reassured that reform efforts will be sustained beyond the current national political cycle. To an American ear, none of these concerns should be unfamiliar.

Starodubov’s and Garasimenko’s insights prove just how vital it is that Russia’s grand experiment in modernizing its health care system succeed. They are surprisingly emphatic and specific that higher levels of U.S. engagement would be welcome in a few key areas: in promoting interparliamentary dialogue on national health policy, likely with a strong focus on diet, alcohol, and tobacco control, and in providing training and related expertise to the planned tertiary specialized-care centers. Russia and the United States should work diligently together to identify how partnerships can reinforce the chances of Russia’s success in these areas.

The Twin Epidemics: Heroin Addiction and HIV/AIDS

The tight intermarriage of heroin addiction and HIV/AIDS in Russia endures as one of Russia’s most daunting health challenges. More than 70 percent of those persons known to be living with HIV in Russia are injection drug users, a far larger proportion than seen in Europe or North America. Needle sharing is a major transmission route. There is some evidence that transmission of HIV in Russia is increasingly driven by heterosexual contact, though current data does not discriminate between old and new incidence, which feeds con-

tinued debate over how much actual heterosexual transmission independent of drug use is occurring in Russia. Many experts believe that much of the new heterosexual transmission is in fact the interplay of injection drug use and commercial sex.

Russia's twin epidemics pose acute challenges. Russia's drug-addicted population remains large, by many estimates 1.5–3 million, by others far higher, at 4–6 million (of a total population of 142 million). Fueled by cheap and ever more abundant Afghani heroin, Russia's addiction levels have yet to stabilize. The twin epidemics invite persistent clashes between police and health care agencies, with the criminal control imperative usually prevailing.

HIV/AIDS treatment and care needs must be addressed simultaneously with drug addiction. Yet, operating on these dual tracks has proven profoundly complex and difficult in country after country where drug use and HIV/AIDS intersect. In Russia, a number of factors make it even more complicated. Russia's youth are acutely vulnerable to heroin and progress to such hard drugs more frequently and rapidly than children in the West. Second, addiction treatment services are wholly separate from HIV/AIDS centers, making delivery of comprehensive care and prevention services difficult. There is passionate, widespread opposition to methadone or other forms of substitution therapy from the Federal Drug Control Services, the police, the medical profession, and political authorities because substitution therapy is seen by these groups as simply trading one form of addiction for another. These groups do not accept that the evidence on methadone treatment proves its efficacy and cost-effectiveness and hence see no need to change their policies. Needle exchange programs, functioning as pilot programs in several places in Russia but not widely available, are recognized as important to control HIV infection among injection drug users but, as in the United States, remain controversial.

There have been some encouraging developments. Parents and teachers are increasingly taking initiatives to better protect children. Antidrug campaigns (and the stigma of HIV/AIDS) are reducing the glamour associated with heroin. Police have entered into cooperative pilot schemes to permit NGO access to injection drug users. At an international level, multilateral efforts have intensified to combat trafficking of heroin from Afghanistan through Russia. A promising and unusually active dialogue continues between the UN Office for Drug Control and Crime Prevention and the government of Russia on treatment therapies for addicted populations.

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More can be done in the future in Russian-U.S. collaborations to help better address these interconnected epidemics. The dialogue on substitution therapy and youth campaigns can be expanded, including more sharing of evidence and comparative experiences. Joint steps can be taken to improve the quality of data on HIV transmission, and care can be taken to ensure that intensified drug control efforts along the Afghan-Russian border succeed.

The Growing Vitality of NGOs

In the past few years, emerging Russian NGOs have quietly and rapidly cemented their role in the delivery of HIV/AIDS care, prevention, and treatment services, especially in reaching marginal, high-risk populations: men who have sex with men, injection drug users, and commercial sex workers. More than 110 indigenous organizations now operate in this area. Of these, more than 20 have acquired considerable depth and capacity.

Since a CSIS delegation visited Russia in 2005 to discuss approaches to HIV/AIDS, the progress that has occurred has been remarkable. The Global Fund to Fight AIDS, Tuberculosis and Malaria, an innovative, international health funding mechanism launched in 2002, consciously risked investing \$87 million in a five-member NGO coalition to implement HIV/AIDS programs in Russia. The coalition, called the GLOBUS group, has since been tremendously successful. Russia's NGO leaders can point to many concrete indicators of their expanding ability to deliver critical services. They can credibly claim a major role in pushing down the price of antiretroviral medications, from more than \$7,000 per person per year in 2004 to today's level of approximately \$1,700.

Russia's health NGOs have earned the respect of much of the medical establishment, established a newfound legitimacy as partner implementers of health care services, and gained the overt political support of important figures such as Starodubov and Chief Sanitary Inspector Gennady Onnishenko. They are integrated into the newly formed National Commission on HIV/AIDS, as well as the national priority project on health.

In Saint Petersburg, complex new partnerships are forming to reach injection drug users, commercial sex workers, and people living with HIV. These partnerships blur traditional lines between government and nongovernment agencies as well as between domestic and international groups. At historic Botkin Hospital, a honeycomb of relations integrates these difficult-to-access populations into multiple services by interlinking hospital officials, Russian and international NGOs, federal and municipal funding authorities, and external partners such as the United Kingdom, the United States, UNAIDS, and the Global Fund. Relations with local police have improved markedly, creating

the space for medical service providers to reach injection drug users with less fear of interruption or arrest by the police. Coverage rates are still meager in many respects—4,000 injection drug users have been reached, out of a potential population of 50,000—but these early substantial gains have laid the foundation for bringing programs of this kind to scale in the future.

Russian NGOs are in the midst of an uncertain and increasingly competitive transition. External funding sources are declining as internal funding expands. NGOs are under intensifying pressures to respond to multiple, often confusing bidding processes and to meet new registration and reporting requirements.

Two policy questions will dominate debate in the near and medium terms. First, will Russian NGOs, as they become increasingly dependent on official Russian government resources, be able to expand and sustain programs that reach stigmatized groups, such as men who have sex with men, commercial sex workers, and injection drug users? A closely related second question is, Will the health NGOs that have thus far successfully navigated Russia's political climate be able to preserve their political neutrality, sustain relations with official and external donor sources, and avoid self-censorship while continuing to work with at-risk populations and others, such as prisoners, whose constrained civil rights can impede their health status?

Russia's male life expectancy is 15 or more years lower than a German male.

Opportunities for U.S. Engagement

Russian NGOs in the health care sphere could continue to perform well, earn the respect of the Russian public, and demonstrate their special expertise, particularly with regard to difficult-to-reach populations. They will continue to need and benefit substantially from partnerships with U.S. and other international NGOs as well as ongoing relations with U.S. and other bilateral agencies, international organizations such as the Global Fund and UNAIDS, and private foundations. Existing collaborations in this area are working and enjoy broad acceptance. They should be carefully sustained and enlarged in the future.

The United States should seize on Russia's considerable optimism and specific appeals for U.S. partnerships on health care initiatives. The United States can take an active role in helping to expand Russia's public health workforce and its prevention programs on obesity and tobacco and alcohol use, steps essential to reverse increasing rates of cardiovascular disease and cancer. It can help strengthen Russia's new tertiary specialized-care centers, a high priority

of the national priority project on health. Expanded cooperation between the Russian Duma and Congress could generate new synergy and thinking on approaches to national health policy, with a special focus on chronic disease and lifestyle choices. Joint scientific research can be profitably enlarged, building on an existing foundation, several decades in the making, of already extensive cooperation.

**The tight
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Russia endures.**

Collaborations among NGOs can be sustained and strengthened, focusing particularly on connecting difficult-to-reach populations that are crucial to containing the threat of HIV/AIDS and related infectious diseases. U.S. and Russian officials increasingly recognize their own limitations in gaining access to men who have sex with men, injection drug users, and commercial sex workers. They also recognize the strong comparative advantages of NGOs as

bridging agents in the provision of prevention, care, and treatment programs.

There are also opportunities at the international level to expand efforts to strengthen global surveillance and detection of emerging infectious diseases, such as avian influenza and extremely drug-resistant tuberculosis. The same is true of the opportunity to work together at a higher level to bolster the Global Fund, a promising though still young international financing mechanism.

Turning the Corner

Bilateral relations between Washington and Moscow remain fraught. Putin and Bush met in early July 2007 in Kennebunkport, Maine, but with little apparent impact in lowering tensions and confrontation. As each country prepares for elections and new national leadership in 2008–2009, prospects for a renewal of bilateral ties may improve. Well before new leaders take over, engaging on health issues will provide concrete options to begin to improve the tone and content of the U.S.-Russian dialogue.

There should be no doubt that a healthier Russia is in everyone's interest. Russia is in the midst of a dramatic economic recovery, but the risk remains that a sick and declining population will limit Russia's labor market, curb future growth, and erode optimism and security. The United States has valuable expertise in combating chronic and communicable diseases, changing habits in the use of tobacco and alcohol, and creating skilled public health leaders. A widening Russian-U.S. partnership on health issues can help address Russia's core challenges and simultaneously put to rest the perception that the United States favors a weakened Russia.

Notes

1. Theodore P. Gerber and Sarah E. Mendelson, "Putin and the Young Anti-Americans" (manuscript, July 2007).
2. "Russians Positive on China's Foreign Policy, Economic Model, Negative on U.S. Policies, Bush," World Public Opinion, May 30, 2006, http://www.worldpublicopinion.org/pipa/articles/views_on_countriesregions_bt/200.php?nid=&id=&pnt=200.
3. Saint Petersburg Forum on Global Health, St. Petersburg, May 21–22, 2007, <http://www.csis.org/globalhealthforum/>.

