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## Russia's Health Care System and the Covid-19 Pandemic

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### Abstract

While coping with the coronavirus pandemic, Russia currently shows only moderate (though accelerating) numbers of Covid-19 cases in international comparison. However, the real challenge that the country has to deal with is enormous. From handling statistics to dealing with infected cases, the approach to containing the virus and the condition of the healthcare system raise serious questions about the efficacy of the much-vaunted “power vertical” in this instance.

### Bad Numbers

Russia is currently facing one of the world's more moderate, though accelerating, challenges with coronavirus. The Russian government reported its first confirmed case on March 2, and its first case of community spread on March 15. As of April 16, about 28,000 Russians are reported to be infected, based on over 1.6 million conducted tests. The number of daily new reported cases has accelerated over the last 7–10 days. Russia's epidemic is skewing relatively young: 80% of reported cases as of April 5 were between the ages of 18 and 60.

There are many caveats to these reported data, however. The quality and coverage of coronavirus testing is unclear. There are numerous anecdotal reports of people hospitalized with pneumonia or other causes of severe respiratory distress who are not being tested, even though their conditions clearly indicate they might be infected. The real number of cases of Covid-19 in Russia is therefore most certainly higher than what is being reported.

Existing incentives within the Russian bureaucracy encourage officials at the local government and health facility level not to be the bearer of bad news. Many hospital heads are likely experiencing strongly conflicting impulses at this point: they desperately want additional resources to handle existing or potential Covid-19 case-loads, yet they do not want to call negative attention to themselves. To this point, Putin's videoconference with the country's regional leaders during the last week of March was extraordinary in what it implied. Putin stressed repeatedly how important it was for his underlings to tell him the truth, to provide him with real data, and to follow orders. Putin would not have stressed this point so urgently unless the reality, the way things usually work, were otherwise: subordinates lie routinely about both the situation on the ground and what they are doing about it. An effective response to any epidemic requires comprehensive, accurate data, and strict observation of public health protocols formulated on the basis of that information. The implied level of deception,

and inaction throughout the Russian system raises serious questions about the efficacy of the much-vaunted “power vertical” in this instance.

### (Limiting) the Spread

The highest burden of reported Covid-19 is not surprisingly in the largest urban areas: Moscow city and oblast, St. Petersburg, and Leningrad oblast. There are also smaller local outbreaks reported in other areas: Komi, Nizhny Novgorod, Sverdlovsk, and Krasnodar. The cases in Komi are reported to have spread through a physician at a city hospital who had traveled recently to Europe, or whose children had traveled. A Russian open-source model using data from the tutu.ru travel service finds that, based on movement of passengers on airplanes, trains, and buses in April 2020, the epidemic will last until September or longer in many Russian cities. Russia's large number of spread-out urban areas and low population density ease the task of physical distancing, if proper policies are put in place and enforced in a timely manner. The highly centralized transport system—with half of all flights across just five cities: Moscow, St. Petersburg, Krasnodar, Simferopol and Sochi—concentrates many passengers in relatively few places (which encourages spread of the virus), but also facilitates quick intervention to stop the spread of disease. The centralization of traffic flows, as everywhere, makes the residents of larger cities more vulnerable.

The capital city, Moscow, adopted serious physical distancing measures that would be expected to “flatten the curve” only very recently. There were early reports of discussions about closing Moscow off from other parts of the country, but it is unclear that Russia has the manpower to enforce such an action. The region of Chechnya—which has been charting its own, particularly harsh course of action against the pandemic from the beginning—was the first to seal off internal borders, as of April 5. It is not clear whether others will independently follow suit. Other regions have instituted varying degrees of physical distancing measures.

Tatarstan has copied Moscow's system of requiring QR codes or other special passes in order for residents to leave their homes. The Siberian provinces of Krasnoyarsk, Norilsk, and Tomsk have, as of April 6, introduced a 14-day quarantine on all visitors from Moscow. Residents of Belgorod will now be fined for driving a private automobile. It may be the case, however, that—just as in the United States—failure to introduce uniform measures across the country will prolong the extent to which the epidemic persists inside Russia, with various regions experiencing peaks over a series of months, depending on when their physical distancing and other control measures are introduced and how tightly they are enforced.

Russian President Vladimir Putin's reaction to the Covid crisis was initially tepid, at best. His March 25 address to the nation—the first point at which the national government showed signs that it was comprehending the severity of the coronavirus threat—was oddly subdued, and he spoke almost exclusively about economic impact and not at all about the kinds of measures society should be taking to slow spread of the virus. His initial announcement of a week-long paid work holiday was a huge mistake in terms of mitigating the epidemic: people took it as an announcement of vacation, and many traveled from Moscow to other parts of the country. The consequences of this blunder will not be clear for another 7–10 days, but it is possible that this move will have been responsible for spread of the virus to smaller cities and rural areas where the health care system could be easily overwhelmed.

### Health Sector's Capacity as Response

In terms of the health sector's capacity to respond, there are two major issues: (1) How well equipped are the country's two major cities, Moscow and St. Petersburg, to handle a surge of moderate to severe cases of respiratory distress? and (2) Will there be significant spread to other cities, even small towns or villages, where the health care system is much less well developed and would crumble quickly? Overall, Russia's health care system has some advantages. Stemming largely from the enduring legacy of an output-driven Soviet system that prioritized quantity over quality, it has plenty of doctors, nurses, and other personnel: according to OECD data, 4.04 doctors/1000 population, over 50% more than in the United States (2.6), and 70% more than hard-hit South Korea (2.34). Its advantage in hospital beds is even greater: 8.05 beds/1000 people, almost three times that in the U.S. (2.77) and Italy (3.17). Its vertical command structure allows redirection and mobilization of new resources relatively quickly, exemplified by the hurry-up construction of a new hospital on the outskirts of Moscow dedicated to Covid-19 patients,

and reprofiling of other health facilities and departments around the country.

Russia also has long, relevant experience dealing with infectious disease. Its recent history with tuberculosis, another respiratory infection requiring sophisticated diagnostics and high standards of infection control, may serve it well. Although Russia has not been able to bring drug-resistant TB under control, overall TB incidence has gone down by 5–6% annually since 2010, an impressive success story. Ideally, skills and experience from the world of TB and other infectious diseases will translate into a head start against Covid-19.

But more broadly, the Russian health care system is ill-equipped to handle a large influx of Covid-19 patients. Despite significant levels of investment over the last decade, access to care has diminished since the Soviet period, and improvements in quality have been far from universal. Corruption and convoluted incentive structures skew resource allocation decisions. Much of Russia's hospital equipment is still old and of poor quality. Its medical personnel are not well trained—a license to practice medicine in Russia, for example, does not automatically transfer to a license to practice in Europe or the United States—and there may not be enough of the right kinds of personnel (anesthesiologists, respiratory therapists, lab technicians, skilled intensive care nursing staff) needed specifically for treatment of moderate to severe cases of Covid-19. The Russian government has insisted that it has more than enough ventilators on hand—40,000 in total, along with ample stocks of protective gear for health care personnel—but some Russian physicians are expressing concern that many of those machines are old and in disrepair, and that neither the physical nor human supporting resources at hand to operate them are up for the challenge that may be coming. And there have been reports of wealthy Russians buying and hoarding scarce ventilators for their own personal use.

Russia does not reply on large, multi-profile hospitals as is the case in much of the Western world. Instead, most inpatient facilities are highly specialized: infectious disease hospitals, maternity hospitals, cardiovascular centers, etc. And rightly, most of the last decade's heavy investment had been in the areas most impacting the country's most severe demographic challenges: maternity and neonatal care (to increase the birth rate) and non-communicable disease (heart disease, stroke, cancer) to tackle the burden of premature mortality among working-age men. A key question is therefore: Can the Russian health sector make the shift, in terms of personnel, infrastructure, and equipment, to gear up against this pandemic? Importantly: can it break down the significant administrative and bureaucratic silos between these facilities and sub-sectors, where there

has traditionally been lack of communication and collaboration, and interactions have instead been prone to competition and turf protection?

### **Risks and Shortcomings**

All of these issues are reflected in survey data revealing the Russian public's deep distrust of their health care system. A 2018 poll of 6500 respondents across Europe found only 13% of Russians expressing confidence that their system would provide them with the best available treatment, a sharp contrast to 64% in Spain and 63% in Great Britain. Similar surveys within Russia find lack of access to health care consistently among Russians' top worries (coming in behind only inflation, poverty, unemployment, and corruption). Access to health care is one of Russia's key overall advantages, in principle—a legal resident needs only a mandatory medical insurance card, providing universal coverage—but an overwhelming majority of Russians question the quality of the services offered under that guarantee.

There are many factors impacting the extent to which Covid-19 will place overwhelming demands on Russia's health system. The US Centers for Disease Control and Prevention released data in early April making it clear that people with underlying comorbidities—heart disease, diabetes, chronic obstructive pulmonary disease—are much more likely to require intensive care if they are infected with coronavirus. Despite progress in bringing down the prevalence of these kinds of conditions over the last 15 years, Russia still suffers a disproportionately high burden, especially among middle-aged men. Russia also has a comparatively high number of people with

other diseases that compromise their immune systems and may make them more likely to contract coronavirus: HIV, tuberculosis, hepatitis-C.

Russia also has large numbers of disadvantaged, marginalized populations whose situation with coronavirus is currently unknown. Prisons are incubators for coronavirus (hundreds of incarcerated people and staff members, for example, are infected at New York's infamous Riker's Island prison), but no data have been released on infections or measures to prevent infection in Russia's detention centers and prisons. Similarly, Russia's millions of labor migrants often live in cramped, unsanitary dormitories or apartments where coronavirus could spread easily; these undocumented people have no access to health care, and therefore are unlikely to be receiving coronavirus testing should they fall ill.

Overall, the Russian government is still taking too many risks. Hundreds of Central Asian labor migrants were trapped in close quarters at a Moscow airport in late March for days, for example, waiting for flights home. Events honoring particularly vulnerable elderly World War II veterans, on the sacred occasion of the 75<sup>th</sup> anniversary of the war's end, are still being held around the country. The Ministry of Defense is proceeding with plans for the spring 2020 rounds of conscription across the country. Given the magnitude of the threat, a more urgent and robust set of physical distancing measures against coronavirus is clearly warranted. In their absence or failure, the fragility and inconsistency of Russia's medical system may force its valiant health workers to struggle mightily to deal with the consequences.

#### *About the Author*

Dr. Judy Twigg is a Professor of Political Science at Virginia Commonwealth University in Richmond, Virginia, USA, and a consultant with the World Bank, the Center for Strategic and International Studies (Washington, DC), and several other agencies. She is writing a book on health sector reform in Eurasia.