

The activities of the Siberia Public Healthcare Interregional Association in the 1990s¹

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The article discusses the activities of the Siberia Public Healthcare Interregional Association (SPHCIA). The purpose of this research is to examine SPHCIA's work in the reforms of the 1990s, to identify and illustrate the main problems in medical care, describe the existing practices and mechanisms of interregional cooperation to solve these problems, and also to determine SPHCIA's role in adapting the field to new realities.

Amid the real disintegration of Russia's political and economic sphere in the early 1990s, problems in providing medical care for the population began to grow. This was associated with a reduction in healthcare management, the lack of a developed reform program and a sharp reduction in public funding for the social sphere. Under these circumstances, interregional associations were established on the initiative of the subjects of the Russian Federation. One of these associations was SPHCIA. Its activities were developed in different fields – its role was to address strategic, tactical and current goals. As a result of SPHCIA's activities, a reduction in the field's vertical control was compensated with elements of horizontal interaction, providing flexibility and dynamism to the system as a result of a rapid exchange of information on emerging problems and possible ways of addressing them. In the period under review, SPHCIA made a significant contribution to the consolidation of Siberian territories' activities aimed at healthcare reforms, as well as supporting medical facilities in Siberia. The association became a platform for the exchange of information and a tool for promoting relevant developments in all the subjects of the Russian Federation whose representatives were included in it. SPHCIA's gathering and analysis of information provided for the development and implementation of a cross-regional program to address the most pressing problems. At the same time, cooperation with federal management and authorities raised awareness of Siberian territories' problems to a national level. The activities of the association contributed to the restoration of the system for providing medical care to the population of Siberia. SPHCIA's practices were used in other regions of the country.

Keywords: *Public healthcare system, Siberian Accord, regional studies, history of Siberia*

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Social and economic reforms, including those to improve the efficiency of healthcare services, are an ongoing process due to the dynamics of social development. During an economic crisis, positive changes play a particularly important role, which requires historical experience to be addressed. In connection with this, the activities of the Siberia Public Healthcare Interregional Association (SPHCIA) are interesting. It formed during the transition period to a market economy, the decentralization of management and the

formation of federal relations, when the subjects of the Russian Federation gained independence in selecting measures to stabilize the situation and determine future development strategies.

The purpose of this work is to examine the SPHCIA's activities during the reform years of the 1990s, to identify in the period under review the main problems in the healthcare sector faced by the Siberian regions. The interregional cooperation mechanisms that provided for overcoming difficulties are identified and SPHCIA's role in the industry's adaption to new social and economic conditions is defined.

One of a few attempts to shed light on SPHCIA's activities was undertaken by its leaders and participants, who provided concise information about its creation, members,

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structure, and the main fields of its work [1]. Later we considered the prerequisites needed for the SPHCIA's establishment, structure and work [2].

Healthcare reform was the most important trend in reforms initiated in our country at the turn from the 1980s to the 1990s. A cardinal shift in the vector of social development, on the one hand, exacerbated the problems that existed in the socio-economic sphere, and, on the other, caused new problems. In particular, as it concerned the healthcare sector, the desire to move medical institutions over to new operating principles was not supported by an adequate regulatory framework. At the final stage of restructuring, the chairman of the permanent commission of the Novosibirsk Regional Council for Public HealthCare, the head physician of a regional clinical hospital, V.P. Pushkarev, said: "All sectors of the economy are looking for... some new approaches that will somehow fit into the new structures, and the new times. The situation with healthcare has not changed. No one has said how healthcare will exist now" [3]. Soon a spontaneous process of public administration decentralization began. B.P. Mashtakov, SPHCIA chairman from 1996 to 1998, recalled: "1992... We, the healthcare leaders of some Russian territories, went around Moscow offices presenting our problems, they nodded their heads in agreement, promised to immediately take the appropriate measures, but everything remained the same" [4].

The regional response to this situation was the creation of various associations, one of which was the SPHCIA – formed at the beginning of November 1992 at its founding conference in Barnaul [5]. Problems common to all of the Siberian regions became the foundation for cooperation. The Siberian Agreement Interregional Association (SAIA) provided organizational support for SPHCIA [6]. In July 1993, the SPHCIA had already joined the Siberian Agreement as one of its coordinating councils, which should have contributed to the development of coordination with federal health agencies [7].

The transition to compulsory medical insurance (CMI), proclaimed by the Russian Soviet Federative Socialist Republic government in June 1991, became one of the first problems associated with reforming the healthcare system. Insurance funds needed to be created in the

regions, a licensing and accreditation system for medical institutions needed to be organized, and the range of healthcare services to be provided under CMI had to be established. Furthermore, the law did not set out the specific mechanisms for running the new system, and the transformation's outset was not accompanied by methodological and regulatory support from the Russian Ministry of Health.

Cooperation within the framework of the SPHCIA provided a solution to the problem. With its direct participation, specialized seminars and courses for the heads of regional healthcare authorities were organized. The SPHCIA actively used the experience of the Altai territory, Kemerovo and Novosibirsk regions, where the transition to CMI started earlier than in other Siberian territories, in preparing regulatory documents. The association developed common standards for the provision of medical care to the population of Siberia. In Barnaul, the SPHCIA's executive directorate established an interregional training center for licensing and accreditation commission experts and developed specialized programmes [8].

The lack of a clear government action plan and increasing management problems led to the Siberian regions turning to a programme proven under the Soviet system. This turned out to be in the interest of, firstly, the regional health departments, as they were responsible for the situation on the ground, but did not actually receive any guidelines from the center; and secondly, the scientific medical institutions, as funding for programme development based on state orders was drastically reduced and there was the issue of maintaining scientific capacity and skilled personnel.

On January 31, 1991, the Presidium of the Siberian branch of the Academy of Medical Sciences (AMS) of the USSR recommended some promising areas of cooperation to the SAIA, one of which was to be the development and implementation of integrated regional public healthcare programs [9]. Back in the 1970s and 1980s in Siberia, considerable experience had been accumulated in the use of a targeted programme approach for scientific research. However, if previously the main focus of research in the field of healthcare development were issues related to human adaptation to local conditions,

in the early 1990s the range of problems expanded and concerned not only healthcare, but also the environment and the social sphere as a whole. In autumn 1992, the SAIA's Executive Directorate expressed the need to develop a program for the "integration of Siberian healthcare's capacity and strength," which was seen as "an autonomous Siberian economic improvement [...], based on local budgets and equity institutions and individuals, economically interested in the health of their workers" [10].

There were difficulties in obtaining information on the situation within Siberian healthcare. The association organized the collection of statistical data by region and analyzed the results at the subsequent conference on the development of regional productive forces,² which was held in Novosibirsk from June 8–11, 1993. On the basis of its recommendations, 53 projects combined into eight blocks were created within the framework of the Siberian scientific and technical program. One of the blocks was "People's HealthCare in Siberia," [11] the coordinator of which was AMS Academic V.A. Trufakin. The SAIA recommended that the Russian government and the regional authorities use the conference's conclusions and recommendations in the formation of social and economic policy [12].

The key event that defined the main trends in the further development of healthcare in the Siberian regions was the SPHCIA-initiated Health of the Siberian Population assembly that was held in Novosibirsk in June 1994 and supported by the SAIA. It was attended by about a thousand people. The forum came to a disappointing conclusion: the demographic situation and the state of health of Siberia's inhabitants was critical, which threatened "the strategic interests of the Russian Federation as a great power" [13]. The conclusions were announced on June 26, 1994, at the SAIA Council meeting in Irkutsk [14]. SPHCIA chairman N.F. Gerasimenko gave a presentation. He noted that the assembly had stirred great interest because it raised questions concerning Siberians' health and the situation was catastrophic. The Siberian region's main problems were identified. One of the most important problems was the falling birthrate and rising mortality. It was noted that the observed

processes could not be only explained by a "natural" decline in fertility, which reoccurred, according to the minister of labor, every 20 years. Gerasimenko expressed his categorical disagreement with the idea presented by the minister in his speech that the birth rate should not be stimulated in a sick society and said that in that case there would be no future [14. l. 57].

One of the assembly's main recommendations was a proposal to prepare and review at the next SAIA Council meeting a concept for the program "Protection of public health and healthcare reform in Siberia." The chairman of the SAIA Council, L.K. Polezhaev, supported the decision. [14. l. 58] Particular emphasis was placed on the position of the Ministry of Health, which, despite having been issued an invitation, almost did not take part in the assembly's work.

The development of the comprehensive program required considerable funds, which the regions did not have. The solution was to attract federal resources. The 16th SAIA Council was held in Omsk on March 25, 1995. It was attended by the minister of health and the medical industry, E.A. Nechayev [15]. The report, which was prepared by Gerasimenko and V.A. Trufakin, pointed out that in Siberia over recent years, there had been a steady trend towards the deterioration of the population's health, which was due to natural geographical conditions and environmental conditions in the region, unbalanced dietary structures and social problems. The decision adopted by the SAIA Council was addressed to the Federation Council with a proposal to examine the health of the Siberian population. A request was formulated and addressed to the president and the Russian government, to instruct the relevant ministries and agencies, together with the SAIA and the Siberian branch of the Russian Academy of Sciences (RAS) and the Russian Academy of Medical Sciences (RAMS) to develop and submit for approval a draft for the Health of the Siberian Population federal programme [16]. After repeated discussions at regional and federal levels, the Healthcare of the Population and Reform of Siberian Healthcare programme concept was included as a special section in the Siberian federal target program (FTP). B.N. Yeltsin signed the decree for its development in May 1996 [17]. By the end of the 1990s, the document had been

² Such conferences were held every five years.

repeatedly discussed within the SAIA framework and further developed, taking into account criticisms that had been received, including from the Ministry of Health. The main complaint concerned the lack of developed problem-solving mechanisms, techniques for assessing the results achieved, attracting additional investments, and so on. At the same time, a number of the programme's projects (for example, related to the improvement of reproductive health, family planning and others) began to be implemented in the Siberian regions [18]. Overall, however, the Protection of Public Health and Healthcare Reform in Siberia program, like the Siberian FTP, did not receive the necessary funding and was not implemented in full.

In addition to active work on the development of a regional health strategy, the SPHCIA took steps to improve the quality of medical care provided to the population of Siberia. Interregional programmes aimed at addressing the most pressing problems were developed and implemented. Particular attention was paid to maternal and child healthcare. During the first half of the 1990s in Siberia, the infant mortality rate increased from 17.4 to 20 children per 1,000 live births, which was 20 percent higher than the Russian average and several times higher than in developed countries. Maternal mortality in the Siberian region remained the highest in the country and accounted for 50.8 per 100,000 pregnant women [19]. On March 23rd, 1994, a meeting of the SAIA coordinating council for healthcare took place in Kemerovo, where it was announced that maternal and child healthcare would become a priority [20], and it was decided that an appropriate interregional programme would be developed. With SAIA members' assistance, in the course of its implementation, imported equipment was purchased for children's hospitals and maternity homes, seminars and courses on perinatology and neonatology were organized for doctors, as well courses for the retraining of paramedical personnel. With the SPHCIA's assistance, interregional centers were opened – the Genetic Center founded on the basis of the clinical genetics institute in Tomsk, the Center of Placental Diagnosis of Fetal and Neonatal Pathology at the Institute of Pathology and Human Ecology in Novosibirsk, the Pediatric Ophthalmology Center in Krasnoyarsk and

others. Work was conducted on introducing new preventive and therapeutic methods for ensuring children's healthcare.

Of no less importance was the SPHCIA's work on the creation of the Siberian regional Anti-AIDS program. The decision concerning the need for it was made by the SAIA Council in July 1992 [21]. In January 1994, the program was approved and started its work with the federal center authorities' financial support [22].

To improve the level of health workers' training, the SPHCIA provided support in conducting scientific conferences, most of which took place in the second half of the 1990s.³ (For example, the All-Russian Scientific-Practical Conference on Problems of Pulmonology Dedicated to the 30th Anniversary of the Krasnoyarsk Pulmonary Allergy Center [Krasnoyarsk, 1997]; Laboratory Medicine – Trends and Prospects for New Technological Achievements [Omsk, 1998]; Health Science – the Science of Health in Medical Education [Novosibirsk, 1998]; Technopark, New Medical Technologies [Tomsk, 1998], among others). The SPHCIA, together with the Siberian branch of the Academy of Medical Sciences and the Siberian Fair Association, held an exhibition of medical equipment, new medical technologies and pharmaceuticals. The exhibition not only presented work by medical scientists from Siberia, but also from other regions of the country. Similar exhibitions were held in Novosibirsk, Krasnoyarsk and Barnaul in 1995. In 1997, similar events were held in Kemerovo: Miners' Health; Emergency Medicine; Rehabilitation. Siberian manufacturers of medical equipment presented their products at the Russian exhibition in Yekaterinburg in 1997.

Among the negative phenomena associated with the reform of the Siberian healthcare system, the problem of providing healthcare to residents of rural areas was particularly significant [23, p. 192]. In 1997, the SPHCIA started to address this issue [24]. It was supposed to organize a professional development school in Barnaul to providing healthcare in rural areas and make appropriate recommendations. The Ministry of Health and the Russian government received

³ In the first half of the 1990s, many events were hampered by a lack of funding and their participants' low level of participation.

a request for the All-Russian Seminar on Rural Health and the Preservation of Rural Benefits for Employees of Medical Institutions in June 1998. A competition was announced among specialized universities in Siberia for the best training program for specialists to work in rural medical and obstetric centers. Around the regions the SPHCIA circulated guidelines prepared by Altai specialists, Organization of Rural Healthcare Under the Conditions of Compulsory Medical Insurance, and also raised the issue of training paramedics to work in small towns and with groups of people who led a nomadic lifestyle. A draft programme, curriculum, content requirements and preparation levels for graduates of this specialization were sent to the Russian Ministry of Health. The SPHCIA developed Instructions on the Provision of First Aid With a Preventative Foundation and Patient Care [25]. From 1999, an experiment began on implementing a paramedic institute in the territory of the Taimyr and Altai Republics with the assistance of the SPHCIA [26].

A serious problem for Siberian regions was that the centres designed to provide high-quality medical assistance to the population were mainly located in the European part of the country, and given the ongoing commercialization of medicine and their territorial remoteness, these services became almost inaccessible for residents of Siberia [27]. With SPHCIA's active participation, an interregional network of specialized medical centers (INSMC) was created in order for everyone to be able to have access to a doctor. By the end of the 1990s, the center consisted of 23 institutions in six regions of Siberia. Among these organizations were the INSMC: Medical Genetics and Asthma Center (Tomsk); the Treatment of Kidney Stones and Ophthalmologic Conditions (Krasnoyarsk); the Homeopathic and Spine Pathology (Novosibirsk); the Oriental Medicine (Ulan-Ude); the Surgery of the Liver and Kidney (Omsk) and others [28]. For the rational use of INSMC, an informational-analytical service for advanced medical technologies was created as part of the SAIA publishing house. The SPHCIA, in conjunction with the Research Institute of Blood Circulation Pathology and nearby cardiac centers, participated in the formation of an interregional specialized cardiac-surgery service.

Work was carried out on the creation of a unified Siberian system for fighting tuberculosis with the support of the association and the Novosibirsk Tuberculosis Research Institute.

The SPHCIA also contributed to the improvement of medicinal and technical support for healthcare institutions, including support for the pharmaceutical industry in Siberia, which had experienced a sharp decline in production leading to critically low levels of medicinal drugs for the region. In 1992 the SAIA took the initiative of creating an association for the development of this sector – Sibpharm, which aimed to unify the region's chemical-pharmaceutical plants [6]. Of the 67 previously produced substances for the manufacture of medicines, only 11 were being produced in local factories, using no more than 30 percent of capacity, and 60 percent of workers and employees were on indefinite leave. Thus, Siberia had great potential for the development of the pharmaceutical industry on the basis of numerous companies (the largest of them: the Berd Biochemical Plant, the Novosibirsk and Krasnoyarsk medicinal plants, the Novosibirsk and Tomsk chemical and pharmaceutical plants, the Biysk Chemical Plant and the Novosibirsk Association Vector) [29, p. 31]. In the summer of 1993, SAIA petitioned the Russian government to provide a 5 billion ruble credit to the Sibpharm company [30]. Soon, the company's turnover reached 18 billion rubles, and although production problems persisted, SAIA's efforts managed to preserve the pharmaceutical industry in Siberia. Along with this, SPHCIA initiated the creation of a "specialized distributor" for the delivery of medicine. A two- to threefold decrease in budget expenditures was made possible due to the organization of centralized procurement for medicines and medical equipment.

The formation of a unified information space was of particular relevance given the real breakdown in vertical communications. The SPHCIA's publishing house played an important role in accumulating information on various healthcare fields, and then distributing it to the territories. The Sibpresszdrav agency was created [31], the Bulletin of the Siberia Public Healthcare Association was published [32], as was the interregional newspaper Siberian Health Today. With SPHCIA's support, a number of books were released, devoted to the region's

actual healthcare problems (Medical and Demographic Processes in Siberia, the State of the Environment in Siberia, The Incidence of Disease Among Adolescents in the Regions of Siberia, The Incidence of Disease Among Children in the Regions of Siberia, The Morbidity of the Adult Population in the Regions of Siberia, The Peculiar Factors in the Training and Development of Physicians under Modern Conditions, The Organization of the Primary Prevention of Sexually Transmitted Diseases Among Adolescents, and others) [25]. While carrying out its work, the association held dozens of international, national and interregional conferences, symposiums, and seminars with subsequent publication of materials. Each year, overviews of the state of the environment and health of Siberia's inhabitants were published.

The most important field in the association's work became the training and retraining of staff. In particular, the creation of a unified system of certification tests for doctors was proposed. In the early 1990s, thanks to the SPHCIA's cooperation with the United States Agency for International Development (USAID), practical healthcare representatives from almost all the territories of Siberia became acquainted with healthcare management in the United States [33]. Also, steps to improve the status of healthcare workers were undertaken as well as to boost their motivation for the high-quality performance of their official duties. Scholarships for students and awards for industry workers were established, competitions for the best research and development were held (Best in the Profession, Best Work of a Young Siberian Scientist in the Field of Clinical Medicine, Best Development in the Field of Healthcare Organization Among the Heads of Siberian Healthcare Institutions, and so on) [34]. The V.V. Gavryushov Prize was established for active work on the development of the maternal and child healthcare project. In order to attract public attention to the problems of public healthcare, a creative competition, The Health of Siberia: Problems and People, was held [35].

In the 1990s, healthcare's legal regulation did not meet the needs of the current situation. In order to correct this, the SPHCIA developed local legal acts and provided amendments to federal legislation (as a result of SPHCIA representatives'

participation in parliamentary hearings and expert groups). Within the framework of these activities, the most interesting project was the development of a code of health laws for the Siberian population, [36] the purpose of which was "the realization of the inalienable rights of citizens to a high level of mental, physical and moral health." On the SPHCIA's recommendation, the SAIA council regularly sent to the State Duma amendments prepared by the Siberian regions and comments on draft federal laws ("On the fight against tuberculosis," "On drinking water," "On the sanitary-epidemiological welfare of population," "On health insurance for citizens of the Russian Federation," "On the private healthcare system" and others). With SPHCIA's active participation, new calculations for the Siberian regions' medicine and equipment needs were developed and submitted to the Ministry of Health. These included the establishment of special funds to improve the epidemiological situation. SPHCIA representatives regularly participated in parliamentary hearings on healthcare issues and took part in expert groups in the committees of the State Duma, as well as the collegium of the Ministry of Health.

Financing was required for healthcare system reforms, but the funding allocated by the central government was negligible. A solution was seen in the accumulation of local finances by creating a Siberian Healthcare Bank, as well as by attracting resources from the federal center. The SPHCIA managed to cooperate with the chambers of the Federal Assembly, the government and the Ministry of Health. Later, the Ministry of Health entered into cooperation agreements with healthcare associations that had been founded in other regions of the country, following the SPHCIA's example. The federal authorities' attention was drawn to the problems of Siberia during SAIA Council meetings with the participation of top state and relevant ministry officials. In Omsk in March 1995, Minister of Health E.A. Nechayev participated in the work of the SAIA Council [15, l. 41]. In January 1999, the issue of the sanitary and epidemiological situation in Siberia was addressed at the SAIA Council in Kemerovo with the participation of Prime Minister E.M. Primakov [37]. As a result of the council's work, a list of instructions to address the problems of Siberian regions was sent to the federal ministries

and departments, and additional funding was allocated. At the same time, the socio-economic crisis and the fiscal deficit weakened the economic basis for interregional cooperation, requiring the strengthening of administrative mechanisms for the implementation of the Protection of Public Health and Healthcare Reform in Siberia programme (part of the Siberia FTP), as well as in the carrying out of various therapeutic and preventive measures. This trend is reflected in the SPHCIA initiative for the establishment of Russian Federation Ministry of Health representative offices at the SAIS publishing house, to coordinate the activities of practical healthcare bodies and public associations on behalf of the Ministry of Health [38].

An analysis of SPHCIA's work allows us to identify the main problems of providing medical assistance to regional populations in the 1990s. Firstly, there was the breakdown in vertical communications and a loss of control in the healthcare sector. Secondly, there was the launch of reforms in the absence of a developed programme, reliable data on the situation on the ground, a regulatory framework and guidelines from the central authorities on reforms. Thirdly, there was a reduction in public funding, which drastically reduced the quality of medical services provided, resulting in the degradation of medical institutions' material and technical base and the actual bankruptcy of companies in the medical industry, which contributed to a reduction in the research activity and prestige of the medical profession.

As a result of the SPHCIA's work, the weakening of the industry's vertical control was compensated for by elements of horizontal interaction. The traditional hierarchical structure of "centre – region" ("ministry – territorial administration") was supplemented by organizations on an interregional level, based on agreed principles. As a result, it created a mechanism that provided flexibility and dynamism to the system, which worked as follows: the regional administration and hospitals actualized the problem, possible solutions were developed within SPHCIA's framework, and via SAIA (or with its support) information was provided to the federal level. This system improved management and procurement for the industry under crisis conditions, as well as becoming an important

institution in the reform and development of healthcare in Siberia. The model of horizontal interaction was used by the central authorities which, by means of the SPHCIA, tested a variety of projects, adjusted regulations and maintained the stability of the industry.

The SPHCIA's framework created new interregional institutions: seminars, workshops, training centers and periodicals. It became possible to form a common information space, to share experience gained, improve skills, introduce new forms of medical treatment and provide access to specialized care. All this contributed to improving the quality of care during the transition period. Participating in the creation of a regulatory framework and implementing interregional programs, the SPHCIA played an important role in the development of healthcare strategies for the Siberian regions and the country as a whole, as well as in supporting medical science and technology (promoting new methods of treatment, organizing conferences and exhibitions of professional techniques and equipment). The association actively defended regional interests at the federal level; in particular, it contributed greatly to supporting the local pharmaceutical industry, which helped provide the Siberian population with Russian medicines. The healthcare reforms brought to the fore a wide range of problems, which emerged as a rule from outside the industry itself. The SPHCIA initiated and participated in the development of the Protection of Public Health and Healthcare Reform in Siberia programme and demonstrated to administrations of Russia's regions the dependency of the public's health on socio-economic processes.

At the same time, the solutions taken within SPHCIA's framework were not binding, therefore they were not followed by all regions. However, the relationship established between SAIA, SPHCIA and the territorial healthcare departments provided influence in policy making in the field of medical care for the Siberian population. On the one hand, SPHCIA provided regional leaders with professionally prepared solutions to various problems, and on the other hand, if in any region the implementation of the solutions developed by the association led to a significant positive effect, the rest of the territory had to apply such recommendations.

As a result of the great diversity of its work, the SPHCIA created a mechanism for the system's adaptation to market conditions: initially through attention to specific issues, with simultaneous formation of new institutions, which ensured

adjustments to the reforms. By the early 2000s, the SPHCIA's work stopped in practice, but the organization "succeeded in having its say in saving healthcare during a very difficult time in recent Russian history. It deserves great credit for this" [4].

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