Russia’s Global Health Leadership
May 19, 2011

On May 19, 2011, in Moscow, the Russia and Eurasia Program of the Center for Strategic and International Studies (Washington) and the International Organizations Research Institute of the Higher School of Economics (Moscow) co-hosted a one-day conference on Russia’s global health leadership. Formal presentations were made by:

- Dr. Andrew Kuchins, Senior Fellow and Director, Russia and Eurasia Program, CSIS
- Dr. Judy Twigg, Senior Associate and Director of Eurasia Health Project, CSIS, and Professor, Virginia Commonwealth University
- Dr. Marina Larionova, Head, International Organizations Research Institute, HSE
- Jenilee Guebert, Director of Research, Global Health Diplomacy Program, Munk School of Global Affairs, University of Toronto
- Charles North, Mission Director, USAID Mission to Russia
- Dr. Alexey Bobrik, Deputy Director, Open Health Institute, Moscow
- Evgeny Levkin, Head, Private Sector and Development Assistance Cluster, United Nations Development Programme, Moscow
- Dr. Nikolai Briko, Head of the Epidemiology Department, I.M. Sechenov First Moscow State Medical University
- Dr. Inna Jurkevich, Director, American International Health Alliance, Moscow

The meeting’s discussions centered on several key points:

- **Russia’s comparative advantage as a donor:** The landscape for international development is changing rapidly, affording Russia a unique opportunity to build its domestic infrastructure for development assistance and structure its division of labor with other donors to align with this new global architecture. Done well, Russia’s emergence as a new global health donor can respond effectively to the new needs of developing countries and to the evolving global agenda.

- **Russia and international organizations:** To date, Russia’s contributions to global health have been channeled almost exclusively through multilateral organizations – over $300 million to the Global Fund alone, plus hundreds of millions more toward other programs supporting the fight against infectious disease, vaccine development, surveillance, maternal and child health, and health system strengthening. The 2006 G8 meeting in St. Petersburg, under Russia’s presidency, was the first to highlight global health as a central priority. The G20 is not yet a major player in global health; in fact, there was a concerted effort in Toronto last year to keep health off the G20 agenda. But with the emergence of non-communicable diseases as a central global health
theme – and with Russia as the host of this year’s first global ministerial conference on healthy lifestyles and NCDs – health and NCDs may emerge as a key part of the near-term G20 conversation, framed as a labor force issue. The 2006 G8 appears to have been a major catalyst for Russia’s development of a preliminary concept for overseas development assistance (its 2007 Concept Paper), and it is probable that a future global event, where Russia is at the helm, will provide the impetus for the next step in the evolution of Russia’s capacity for health leadership. Specifically, an international “push” can be instrumental for Russia to solidify its 2007 Concept into a coherent strategy, and for its initial efforts at capacity-building for bilateral assistance to culminate in the formation of an agency charged with the mission of development assistance (a Russian version of USAID or DfID). Several opportunities for these developments are on the horizon: Russia has offered to host the G20 in 2013; it probably will host the BRICS meeting that same year; and it will be home to both the Olympic games and the G8 in 2014.

- **Limited, but growing, capacity and interest in bilateral assistance:** Although there is generic support for global health involvement among the Russian leadership, there are still no key domestic players to act as “champions” in this area. Expertise and capacity are being developed through “triangular cooperation” relationships matching Russia with the World Bank, UNDP, or USAID, and recipient countries. For example, the Strategic Health Partnership Initiative (SHPI) brings together USAID, the American International Health Alliance, and the Russian Ministry of Health in series of projects building Russia’s capacity to provide professional assistance to the countries most affected by the global TB and HIV/AIDS epidemics. Through SHPI, Russians physicians have trained counterparts in Tanzania, Botswana, and Namibia in laboratory diagnostics, and a recent mission of Russian doctors to Ethiopia resulted in the development of a rabies vaccine suitable for local production. The challenges for these and similar efforts, however, are daunting. Not many Russian physicians speak English, and few are trained according to international standards. Without a legal framework for ODA in Russia, coordination of all the interested ministries – Finance (informally the lead agency), Foreign Affairs, Health and Social Development, and Economic Development – is problematic. Russian universities offer little training that would produce the necessary human resources to develop and implement bilateral assistance projects or programs. Although significant experience and expertise remain from Soviet-era assistance programs, there seems to be little appetite to tap into those residual skills in any systematic way. And the non-governmental organizations that might have the capacity for effective international action do not enjoy support from the government.

Overall, the meeting concluded that action on overseas development assistance in general, and specifically on health, is increasingly expected of Russia. To meet these obligations as a responsible member of the international community, the Russian government should articulate a clear strategy for health leadership.
This strategy should be part of Russia’s overall approach to cooperation for development. It should engage the country in an appropriate balance of multilateral and bilateral efforts, with institutional responsibility for formulating and implementing projects unambiguously defined. For bilateral assistance projects, where continued reliance on third-party capacity-building will remain important for the foreseeable future, focus should be placed on a relatively limited number of recipient countries where it is possible to make a tangible, evaluable contribution. Central Asian countries – who share with Russia a common language, health profile, and legacy of the Soviet health system – are likely to remain the most appropriate candidates.

Russia’s top political leaders are searching for vehicles to demonstrate expanding global responsibility and influence. Health can be an important venue and issue area for Russia’s global leadership aspirations, but only if approached carefully and responsibly, with thoughtful strategy and institutional development preceding substantial allocation of resources and action.