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The development of public health policy in the context of the transformation of socio-economic systems

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Abstract. The study examines the mechanisms of implementation of state policy in the field of healthcare and analyzes the level of implementation of the State Program "Development of healthcare in Moscow (Metropolitan Healthcare)", which allows us to assess their impact on the quality of life of the capital's population. The study examines the specifics of state policy in the field of healthcare, with special attention being paid to the analysis of the problems of the low level of provision of qualified specialists, specialized equipment and medicines to public medical organizations. The actual causes of the outflow of medical personnel from the public sector to the private sector, as well as the lack of preferential medicines and the shortage of medical diagnostic equipment have been identified. Based on the results of the monitoring of the State Program "Development of Healthcare in Moscow (Metropolitan Healthcare)", recommendations have been proposed aimed at developing public health policy, including attracting private medical organizations to the public sector under the compulsory medical insurance system (CHI) by evenly distributing the tariffs of medical care provided between the public and private healthcare systems, which It will increase the accessibility of specialized procedures for the population, to balance the number of referrals to public and private medical organizations, and to reduce the professional burden on internists, oncologists, and ophthalmologists. In addition, government subsidies and the development of research and development activities are required for the development of Russian drugs and equipment, as well as the training of scientific, technological and production personnel in the industry in order to import foreign medicines and equipment.

Keywords: government programs, social policy, socio-economic development, quality of life, health of the population, personnel, motivation, import substitution, compulsory medical insurance, medical equipment, medical care, modernization of medical institutions

Contribution. All the authors participated in the development of the concept of this review, data collection, processing and analysis, drafted the manuscript, and formulated the conclusions.

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Развитие государственной политики в области здравоохранения в условиях трансформации социально-экономических систем

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Аннотация. Изучены механизмы реализации государственной политики в области здравоохранения и проанализирован уровень реализации Государственной программы «Развитие здравоохранения города Москвы (Столичное здравоохранение)» (далее — программа «Столичное здравоохранение»), что позволяет оценить их влияние на качество жизни населения столицы. Рассмотрены особенности государственной политики в здравоохранении, при этом особое внимание уделяется анализу проблем низкого уровня обеспечения государственных медицинских организаций квалифицированными специалистами, специализированным оборудованием и медикаментами. Выявлены актуальные причины оттока медицинских кадров из государственного сектора в частный, а также недостатка льготных лекарственных препаратов и нехватки медицинского диагностического оборудования. По результатам мониторинга программы «Столичное здравоохранение» предложены рекомендации, направленные на развитие государственной политики, в т.ч. привлечение частных медицинских организаций в государственный сектор по системе обязательного медицинского страхования (ОМС) путем равномерного распределения тарифов оказываемой медицинской помощи между государственной и частной системой здравоохранения, что позволит повысить доступность специализированных процедур для населения, сбалансировать количество обращений в государственные и частные медицинские организации, снизить профессиональную нагрузку на врачей-терапевтов, онкологов и офтальмологов. Отмечена необходимость государственного субсидирования и развития научно-исследовательских и опытно-конструкторских работ по созданию российских препаратов и оборудования, а также подготовки научных, технологических и производственных кадров отрасли с целью импортозамещения иностранных лекарственных препаратов и оборудования.

Ключевые слова: государственные программы, социальная политика, социально-экономическое развитие, качество жизни, здоровье населения, кадры, мотивация, импортозамещение, обязательное медицинское страхование, медицинское оборудование, лекарственные препараты, медицинская помощь, модернизация медицинских учреждений

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Introduction

The problem of the nation's health has been relevant throughout the history of mankind. Healthcare, being a branch of the social sphere, is of particular importance for improving the quality of life of the population and the socio-economic development of the state.

The healthcare system of the Russian Federation is in the process of reform, the objectives of which are: transition to an insurance model (providing for compulsory and voluntary medical insurance); restructuring and modernization of medical institutions; improving the quality and accessibility of medical care.

Modernization of the healthcare system and strengthening the health of the nation of the Russian Federation are key areas for improving the quality of life of the population and ensuring the national security of the country, and it is for these purposes that a long-term state policy in this area is being pursued.

The quality of life of the population is significantly influenced by the level of medical care. The economic crisis caused by the coronavirus pandemic has shown the world community the insufficient effectiveness and efficiency of government measures taken in the field of healthcare [1].

The aim of the study is to identify the problems of implementing public health policy and identify priority areas for its development.

To achieve this goal, the following tasks have been solved: the mechanisms of state policy in the field of healthcare have been studied; the level of implementation of the State Program "Development of Healthcare in the city of Moscow (Metropolitan Healthcare)" has been analyzed; the actual problems of implementing state policy in the field of healthcare have been identified and recommendations for the development of public policy have been proposed.

Methods

The research methodology was based on the study, generalization, systematization of normative legal acts and official documents in the field of state policy in the field of healthcare, including Federal Law No. 52-FZ

of 30.03.1999 "On Sanitary and Epidemiological Welfare of the population"[1], Federal Law No. 323-FZ of 21.11.2011 "On the Basics of protection of the health of citizens in the Russian Federation"[2], Decree of the President of the Russian Federation No. 254 dated 06.06.2019 "On the Strategy for the Development of Healthcare in the Russian Federation for the period up to 2025"[3], Decree of the President of the Russian Federation No. 1351 dated 09.10.2007 (ed. dated 07/01/2014) "On approval of the Concept of Demographic Policy of the Russian Federation for the period up to 2025"[4], Decree of the Government of the Russian Federation dated December 26, 2017. No. 1640 "On Approval of the State Program of the Russian Federation "Development of Healthcare"[5], Decree of the Government of the Russian Federation dated December 28, 2012 No. 2580-r "On Approval of the Strategy for the Development of Medical Science in the Russian Federation for the period up to 2025"[6], Decree of the Government of Moscow dated October 04, 2011 No. 461-PP "On Approval of the State Program of the City of Moscow "Development of healthcare of the city of Moscow (metropolitan Healthcare)"[7] (as amended on 03/21/2023), as well as analytical materials from the official website of the Ministry of Health of the Russian Federation and the official website of Rosstat.

[1] Federal Law No. 52-FZ of March 30, 1999 "On the Sanitary and Epidemiological Welfare of the Population". Ministry of Health of the Russian Federation: official website. URL: https://minzdrav.gov.ru/documents/8004-federalnyy-zakon-52-fz-ot-30-marta-1999-g (accessed: 24.02.2025).

[2] Federal Law of the Russian Federation No. 323-FZ of November 21, 2011 "On the Fundamentals of Health Protection of Citizens in the Russian Federation". Ministry of Health of the Russian Federation: official website. URL: https://minzdrav.gov.ru/documents/7025-federalnyy-zakon-323-fz-ot-21-noyabrya-2011-g (accessed: 24.02.2025).

[3] Decree of the President of the Russian Federation No. 254 of June 6, 2019 "On the Strategy for the Development of Healthcare in the Russian Federation until 2025". Federal Service for Surveillance in Healthcare: official website. URL: https://roszdravnadzor.gov.ru/documents/60367 (accessed: 27.06.2025).

[4] Decree of the President of the Russian Federation No. 1351 of October 9, 2007 (as amended on July 1, 2014) "On approval of the Concept of demographic policy of the Russian Federation for the period up to 2025". Official online resources of the President of Russia: official website. URL: http://www.kremlin.ru/acts/bank/26299 (accessed: 27.06.2025).

[5] Resolution of the Government of the Russian Federation No. 1640 of December 26, 2017 "On approval of the state program of the Russian Federation "Healthcare Development". Ministry of Health of the Russian Federation: official website. URL: https://minzdrav.gov.ru/ministry/programms/health/postanovlenie-pravitelstva-rossiyskoy-federatsii-ot-26-12-2017-1640-red-ot-30-11-2023-ob-utverzhdenii-gosudarstvennoy-programmy-rossiyskoy-federatsii-razvitie-zdravoohraneniya (accessed: 27.06.2025).

[6] Order of the Government of the Russian Federation No. 2580-r of December 28, 2012 "On approval of the Strategy for the development of medical science in the Russian Federation for the period up to 2025". Ministry of Health of the Russian Federation: official website. URL: https://minzdrav.gov.ru/documents/5413-rasporyazhenie-pravitelstva-rossiyskoy-federatsii-ot-28-dekabrya-2012-g-n-2580-r (accessed: 27.06.2025).

[7] Resolution of the Government of Moscow No. 461-PP of October 4, 2011 "On approval of the State Program of the City of Moscow "Development of Healthcare in the City of Moscow (Capital Healthcare)". Garant System: official website. URL: https://base.garant.ru/397733/ (accessed: 27.06.2025).

Results

The projects being developed by the Government of the Russian Federation should have the first tangible social or economic effects in the first one and a half to two years of implementation. They are aimed at achieving a new quality of life and are implemented in 12 main areas of strategic development of the Russian Federation [2].

To assess the impact of government programs in the field of healthcare on the quality of life of the population, we will consider a number of major problems that arise in the implementation of state policy in the field of healthcare in Moscow, as well as the main causes of their occurrence and solutions (Fig. 1).

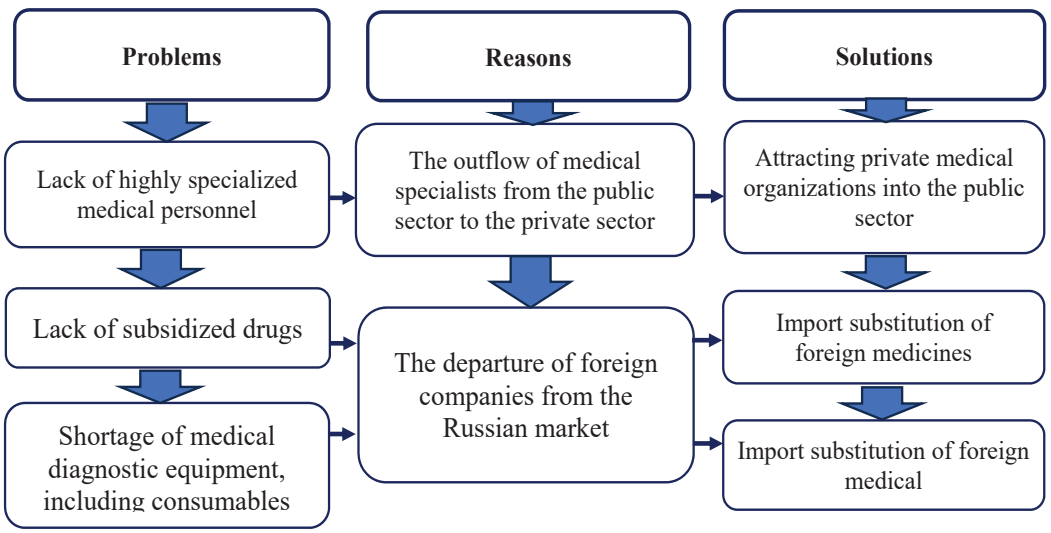

Fig. 1. Problems of state policy in the field of healthcare in Moscow and ways to solve them
Source: developed by M.V. Aleksandrova, E.A. Maslyukova, O.V. Yutkina.

State programming is one of the most important tools for implementing social policy in the Russian Federation. The purpose of state programs in the field of social protection of the population is to increase the level of public welfare, the level of labor productivity, and to achieve equal access to basic social benefits for the population, primarily medical and social services, as well as education [3].

State programming provides for the financing of projects aimed at reforming socially oriented areas and solving priority tasks. One of the key industries using budgetary investment resources and having a significant impact on the level of public welfare is healthcare [4].

The main weakness in the Russian healthcare system, from which all other problems arise, is long-term underfunding from government sources.

Government spending on healthcare in the Russian Federation averaged 3.3% of GDP in 2012–2019. Over the same period, they were 1.5 times higher in the "new" EU countries, and 2.3 times higher in the "old" ones (5% and 7.7% of GDP, respectively) [5].

The state program "Development of Healthcare in Moscow (Capital Healthcare)" is a fundamental document that systematizes the main goals and objectives of improving medical care for Muscovites. The organization of health protection for Moscow residents provides for the formation of a healthy lifestyle, the development of medical care technology, and improving the quality of life of citizens.

Recently, in the Russian Federation, including in the city of Moscow, the issue of providing qualified personnel to medical organizations has been the most acute. If the government does not take the necessary measures in a timely manner, the shortage of medical personnel will entail consequences that will directly affect the quality of medical care provided to the population. Let's consider the above problem in detail to identify possible ways to solve it.

Currently, there is a shortage of personnel in many medical specialties, including a shortage of specialized medical personnel. In the context of rapid technological progress, it is important to regularly invest in human capital so that staff are ready to work with new technologies and can effectively use innovations [6].

The outflow of medical personnel from the public to the private healthcare system is due to a decrease in the attractiveness of the public sector in terms of remuneration. As a result of the analysis, it was revealed that from 2013 to 2021, the average salary of doctors increased by only 20% at constant prices (2013 = 100%), and for the average medical staff — by 6%. At the same time, the availability of doctors remained at the same level, while that of nurses decreased by 11%. In 2021, in the Russian Federation, the guaranteed salary (the tariff rate for 1 position) for half of doctors was less than 23 thousand. rubles, and for average medical workers — less than 12.6 thousand rubles. Excluding Moscow and St. Petersburg, these figures for doctors are less than 22 thousand rubles, and the average medical staff is less than 12 thousand rubles [7].

It has been established that the health and professional effectiveness of doctors are closely related to the conditions and nature of work, as well as compliance with work and rest conditions [8]. Most practicing physicians also recognize the existence of certain differences in the effects of harmful factors depending on the field of activity, since in the activities of doctors of various specialties, the leading importance may belong to one harmful factor or a complex of them [9; 10]. Thus, prolonged periods of high workload (often due to irregular working hours, as well as the continuation of work activities outside of working hours), lack of time, excessive and prolonged cognitive stress, mental stress and occupational stress lead to a deterioration in the health of a medical worker [11].

Other reasons are the high administrative burden on medical staff, low motivation for career and professional growth, and a low level of staff interest in making managerial decisions. Collectively, all the above factors provoke the transition of medical workers from the public sector to private medical organizations. The next reason is the aging of the healthcare workforce. In our opinion, the insufficient influx of young employees lies in their low motivation. This factor is characterized by a high level of risk to the healthcare system and requires taking measures in the medium term to make medical specialties attractive to young people in the public sector.

At the same time, such areas as financial incentives, professional development, improvement of working conditions, and programs to support the health and social well-being of medical workers should be considered. These measures will not only improve the quality of medical care, but will also contribute to the creation of a sustainable and efficient healthcare system.

The problem of the high administrative burden on medical personnel deserves special attention. Medical activity is highly risky and regulated by mandatory requirements. According to the Federal Service for Healthcare Supervision, in the Russian Federation, more than 54,000 mandatory requirements are imposed on medical activities, which are fixed in industry legislation. Documentation and standardization of processes are important elements of the modern healthcare system aimed at ensuring the quality and safety of medical activities. However, an excessive increase in bureaucratic procedures can lead to negative consequences for both medical professionals and patients.

The main directions for solving the identified problems are: increasing the number of places in universities for the training of specialized specialists in the most sought-after fields; the introduction of special programs for the training of medical professionals to develop skills in effective communication with patients and quality management systems in the workplace, automation and digitalization of medical activities; creating attractive working conditions in the public sector, providing for an expanded package of social guarantees, increasing the attractiveness of medical workers in public institutions; reducing workload, optimizing mandatory requirements for medical activities, simplifying document management and bureaucratization of documentation.

In turn, the situation is aggravated by the fact that private medical organizations do not seek to participate in the compulsory health insurance program, which is due to the low tariffs for medical services in the compulsory health insurance system, which are set by the state. Tariffs are calculated in accordance with Federal Law No. 326-FZ dated 29.11.2010 “On Compulsory Medical Insurance in the Russian Federation”, tariffs may vary in each subject of the Russian Federation. The compulsory medical insurance system is based on the principle of cost compensation. This means that a private medical organization can provide compulsory medical insurance services at a set rate, but these rates, for the most part, do not cover all the

costs of the institution. Only a small number of private medical organizations are willing to work in the compulsory health insurance system, mainly large clinics that have branches throughout the country. To date, there are no legal restrictions on the participation of private medical organizations in the implementation of the territorial compulsory health insurance program. The activities of medical organizations of any form of ownership are regulated by Federal Laws No. 323-FZ dated November 21, 2011 "On the Fundamentals of Public Health Protection in the Russian Federation"[8] and dated November 29, 2010, No. 326-FZ "On Compulsory Medical Insurance in the Russian Federation"[9].

When choosing the types and forms of medical care established by the Territorial Program of the Compulsory Medical Insurance of Moscow, a private medical organization gives priority to "expensive" tariffs for paying for the types of medical care provided, for example, conducting molecular genetic research — 27,820.0 rubles per person, immunohistochemical test — 11,818.5 rubles per person, conducting research using MRI — 8,515.0 rubles per person, conducting research using positron emission tomography and computed tomography (PET-CT) — 74,351.4 rubles per person, which is not beneficial to the public health system. When entering the territorial compulsory health insurance program, a private medical organization must choose the types and forms of medical care that it plans to provide according to the following algorithm shown in Fig. 2.

In order to attract private medical organizations to the Territorial Compulsory Health Insurance Program, the public health system needs to work with private medical organizations to come to a compromise solution regarding the distribution of tariff sets for medical care, which will benefit both the public health system and the private system, as well as ensure a balance among the medical services provided, including healthy competition. One compromise solution may be to evenly distribute the medical services provided by type and cost of tariffs. Let's consider a possible mechanism for the uniform distribution of types and tariffs of medical care provided between the public and private healthcare systems (Table 1).

Thus, this proposal will allow us to solve several important tasks for the state. Firstly, it involves attracting medical personnel from private medical organizations, and secondly, it reduces the burden on public medical organizations, as well as increasing the number of citizens who will be screened for cancer and rare diseases, which will increase the availability of such procedures to the public.

[8] Federal Law of the Russian Federation No. 323-FZ dated November 21, 2011 "On the Basics of Public Health protection in the Russian Federation". *Ministry of Health of the Russian Federation: official website.* URL: https://minzdrav.gov.ru/documents/7025-federalnyy-zakon-323-fz-ot-21-noyabrya-2011-g (accessed: 24.02.2025). (In Russ.).

[9] Federal Law of the Russian Federation No. 326-FZ of November 29, 2010 "On Compulsory Medical Insurance in the Russian Federation". *Consultant Plus.* URL: https://www.consultant.ru/document/cons_doc_LAW_107289/ (accessed: 24.02.2025). (In Russ.).

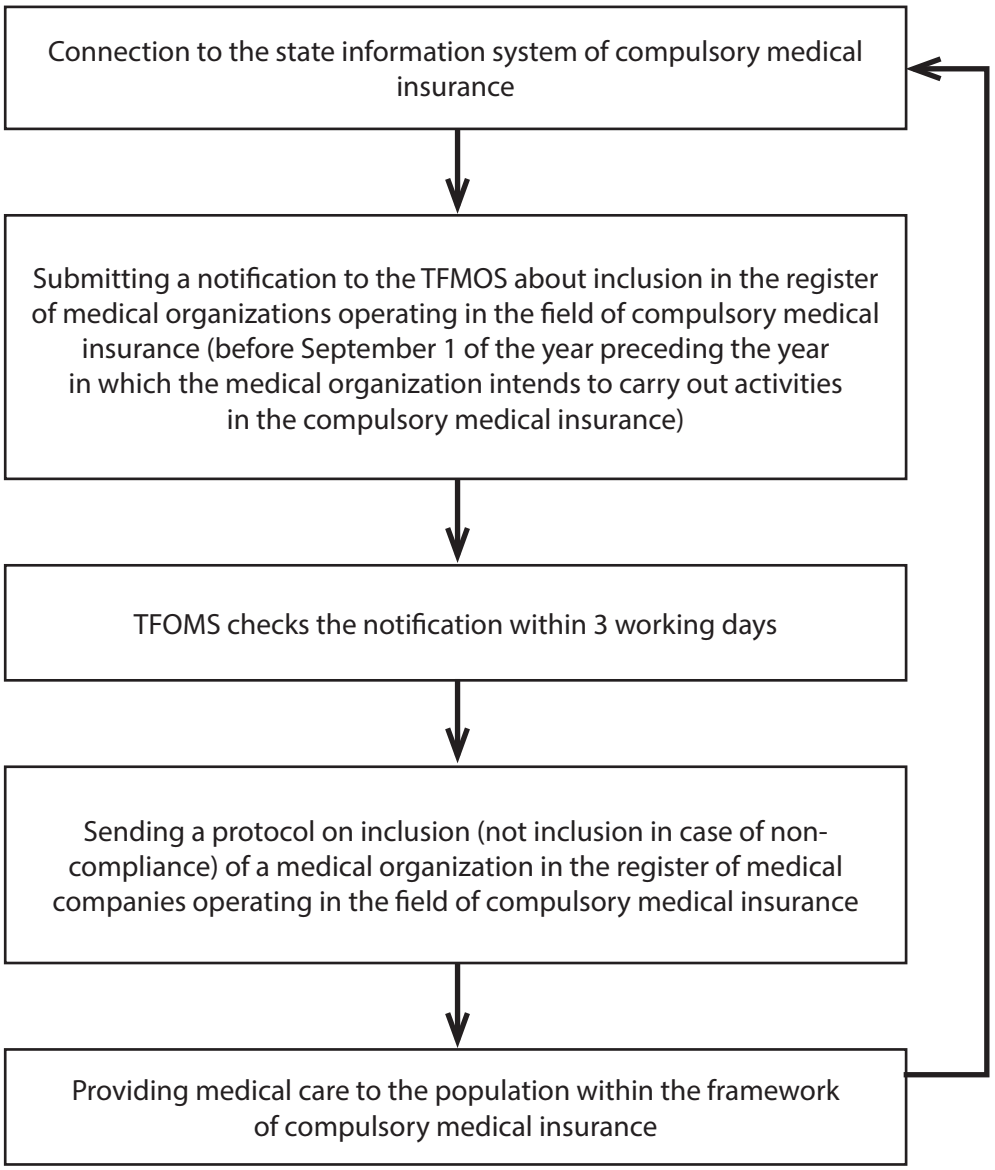

Fig. 2. Algorithm of participation of medical organizations in the CHI system

Note. TFMOS — Territorial Fund for Compulsory Medical Insurance.

*Source***:** developed by M.V. Aleksandrova, E.A. Maslyukova, O.V. Yutkina.

Another problem is related to the lack of preferential medicines due to the withdrawal of foreign companies from the Russian market.

To date, the Russian pharmaceutical market has been affected by sanctions from foreign countries, as a result of which many socially significant foreign medicines have ceased to be supplied to the territory of the Russian Federation, as a result of which part of the population is experiencing difficulties in obtaining the necessary medicines.

Table 1

The mechanism of distribution of tariffs for medical care between the public and private health care systems

Type of medical care	Cost, rub.		Type of healthcare system	
	"Cheap" tariff	"Expensive" tariff	State	Private
Immunohistochemical test	–	11 818.5	11 818.5	11 818.5
Molecular genetic research	–	27 820.0	27 820.0	27 820.0
MRI studies	–	8 515.0	8 515.0	–
Research using PET-CT	–	74 351.4	74 351.4	74 351.4
Hemodialysis	–	7 491.1	7 491.1	–
Appointment with a general practitioner (initial)	115.8	–	115.8	115.8
Appointment with an oncologist (primary)	244.1	–	244.1	244.1
Appointment with an ophthalmologist	152.7	–	152.7	–

Note. PET-CT — positron emission tomography and computed tomography.
Source: developed by M.V. Aleksandrova, E.A. Maslyukova, O.V. Yutkina based on internet research.

The availability of discounted medicines is determined by political tensions between countries, when sanctions affect the cost and supply of certain drugs. There are also disadvantages associated with non-market pricing of vital medicines, leading to a shortage of medicines and a decrease in their availability on the market [12].

Of particular importance to this problem is the fact that the turnover of medicines on the territory of the Russian Federation is possible only within the framework of registration in the monitoring system for the movement of medicines. This circumstance leads to the impossibility of implementing compensatory mechanisms for the parallel import of medicines into the territory of the Russian Federation.

The long-term patent protection of foreign medicines actually made it pointless to start the development of generics in advance, and therefore, at the time of the imposition of sanctions against the Russian Federation, it became impossible to quickly replace foreign medicines with new Russian-made analogues. Spinraza (manufactured in Italy) can be cited as an example of a long-term replacement of a medicinal product with a Russian equivalent. Since 2022, the supply of this medicinal product to the territory of the Russian Federation has stopped. It should be noted that at the time of 2022, Spinraza

was the only drug approved for use in Russia for the treatment of patients with spinal muscular atrophy. In this regard, the Russian equivalent of the drug Pateon was registered only in April 2024.

In order to develop the Russian pharmaceutical market and meet the needs of the population, it is necessary for the Government, the Ministry of Health and the Ministry of Industry and Trade of the Russian Federation to work together with Ruusian pharmaceutical companies to form a unified mechanism for their support (Fig. 3).

Fig. 3. Directions of state support for Russian pharmaceutical companies
Note. GMP — Good Manufacturing Practice.
Source: developed by M.V. Aleksandrova, E.A. Maslyukova, O.V. Yutkina.

Discussion

The Russian pharmaceutical market has high potential, but a number of government support measures must be taken to unlock it.

To this end, government subsidies and the development of research and development activities are required for the development of Russian drugs and equipment, as well as the training of scientific, technological and industrial personnel in the industry.

To establish reliable and permanent relationships on a long-term basis in the field of consumption of limited production resources, it is necessary, first of all, to ensure the use of basic tools based on the regulatory impact

of public administration. It should be noted that the progressive use of modern technology systems to save resources can only be applied if the state acts as an independent regulator and guarantor capable of creating appropriate conditions for the development of modern infrastructure [13].

Regional government authorities should take the initiative of institutional design to form and create an innovative model for the development of the high-tech sector of the regional economy, as well as gradually change the direction of previous development in technologies that are ineffective in the global competitive sphere [14].

It should be noted that the problem of shortage of medical diagnostic equipment is similar to the reasons for the shortage of preferential medicines, but unlike medicines, the medical equipment market is being replaced by the establishment of supplies from friendly countries such as China, India, etc.

However, despite the existing mechanisms for replacing a number of equipment from friendly countries and the availability of parallel import mechanisms, there are also negative aspects, which consist in the lack of incentives for the development of Russian manufacturers of medical devices towards the development and implementation of innovative products in the shortest possible time.

Conducting medical diagnostic tests is also complicated by the lack of expensive diagnostic medical equipment, as well as consumables and reagents. Currently, there is not a single registered Russian MRI, CT, or radiation therapy device, which is primarily used to detect diseases such as neoplasms and diseases of the circulatory system.

Import substitution programs have been developed and are being implemented in many sectors of the real economy, primarily where Russia has obvious competitive advantages, such as affordable raw materials, a large domestic market, and long-standing traditions and experience [15]. In order to replace imports and develop the production of Russian medical equipment, government support is needed in the following areas, shown in Fig. 4.

Pharmasynthesis Group of Companies (hereinafter referred to as Pharmasynthesis Group) is one of the largest Russian pharmaceutical companies engaged in the development, production, and supply of medical equipment and medicines. In order to increase the availability of Russian medicines, Pharmasynthesis Group plans to build a Pharmasynthesis-Medtech plant in the Kaluga Region in 2025.

The State Atomic Energy Corporation Rosatom (hereinafter — GC Rosatom) is engaged in the development of medical infrastructure. To this end, Rosatom State Corporation established JSC Rosatom Technologies of Health, whose main task is to increase affordable medical care for the population with the help of high-tech medical equipment. So, in 2022, the serial assembly of the Brachium gamma-therapeutic complex, which contains isotopes of the Onyx radiation therapy complex, was launched. Also, in the coming years, Rosatom State Corporation plans to begin a serial launch of the assembly and supply of MRI and CT scans.

Fig. 4. Directions of state support for Russian manufacturers of medical equipment
Source: developed by M.V. Aleksandrova, E.A. Maslyukova, O.V. Yutkina.

Conclusion

A consistent solution to the identified problems related to the shortage of specialized medical personnel, the lack of preferential medicines, as well as medical diagnostic equipment will provide the healthcare system with qualified medical personnel and medical equipment for the long term and create all the necessary conditions for the preservation and development of Russia's main resource — human resources.

Among other things, the proposed measures to attract private medical organizations to the public sector under the compulsory medical insurance system by evenly distributing the tariffs of medical care provided between the public and private healthcare systems, as well as government subsidies and the development of research and development work on the creation of Russian drugs and equipment and the training of scientific, The technological and production capacities of the industry for the purpose of import substitution of foreign medicines and equipment will contribute to the development of state policy in the field of healthcare, therefore, they will ensure the independence of the Russian market from foreign influence and ensure the use of innovative and advanced technologies, which will improve the quality and accessibility of medical services for the population.

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