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Cardiovascular disease prevention in Russia: Challenges and opportunities

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Summary *Objectives*: This paper examines the challenges that have faced the implementation of cardiovascular disease (CVD) prevention programmes in Russia since the 1980s in two regions of Russia, and identifies opportunities for improving such efforts.
Study design and methods: This study used a mixed methods design consisting of archival data review of health-related policy documents and legislation, and key informant interviews.
Results: CVD is the leading cause of death in Russia, with rapid increases in prevalence following the collapse of the Soviet Union in 1991. The MONICA, Tacis and CINDI programmes have played major roles in the development of non-communicable and CVD prevention policies and programmes in Russia since the 1980s. These programmes have assisted in policy and guideline development, and programme implementation. However, significant barriers in realizing such policies and sustaining prevention programmes have been encountered.
Conclusion: Numerous barriers exist in developing and implementing CVD prevention programmes in Russia. More government engagement backed by strong public support is necessary in order to sustain and build capacity for CVD prevention in Russia.
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Introduction

The mortality rate from cardiovascular disease (CVD) in Russia is among the highest in the world, with approximately 800 deaths per 100,000 from cardiovascular events, accounting for 55.3% of all deaths in 2000.[1] Although CVD-related mortality was high during the Soviet Union era, substantial increases were evident following the collapse of the USSR in 1991 and the financial default in 1998.[2,3] These events led to the extensive social, political and economic disruption and deterioration of health and social services.[4–6] What is more, elevated rates of alcohol consumption, smoking, poor dietary habits, and lack of physical exercise exacerbated this crisis.[7–10]

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Efforts to reduce CVD-related mortality have been ongoing in the Soviet Union since the early 1980s, with three international programmes [MONICA (Monitoring of Trends and Determinants in Cardiovascular Disease), Tacis (a grant-financed technical assistance program launched by the EU in 1991 for the countries of the former Soviet Union) and CINDI (Countrywide Integrated Non-communicable Disease Intervention)] playing major roles. These programmes have focused on the development of policies and strategies, programmatic planning, epidemiological surveillance, technical assistance and, in some cases, local programme funding. The following text gives the backgrounds of each of these programmes that served as the foundation for the development of CVD prevention programmes in Russia.

The MONICA project included 38 populations and 21 countries. It was implemented between 1979 and 2002, and included the development of standardized data collection methods on CVD and related lifestyle risk factors.[11,12] The cities of Moscow and Novosibirsk participated in MONICA, funded by the Russian federal budget and the Russian Academy of Medical Sciences.

TACIS, a European Union initiative, was started in 1998 as a 'system of preventive measures and health promotion among the Russian population'. The aims of this 32-month programme were to provide technical support to the federal government (i.e. Ministry of Health) and four sites in Russia (Vologodskaya and Chelyabinskaya Oblast, and the cities of Electrostal and Orenburg) in order to support creation of intersectoral networks, to enhance interinstitutional planning and programme implementation, and to improve the management and practice of health promotion and disease prevention.[13]

CINDI, an international collaborative network of 27 member countries, began its activities in the early 1980s. Currently, it is the most comprehensive non-communicable disease prevention programme in Russia. The goals of CINDI include design, implementation and dissemination of integrated health programmes in non-communicable disease prevention, health promotion, and support of intersectoral collaboration. Eighteen of the 89 regions in Russia take part in CINDI, under the coordination of the National Centre for Preventive Medicine at the Ministry of Health of the Russian Federation in Moscow (NCPM).

Cumulatively, these programmes assisted in policy formulation, risk factor monitoring, programme development, and implementation. For example, Vologda Oblast, one of the TACIS pilot areas, developed regional health policy and prevention programmes for primary healthcare settings. Moscow Oblast, with the support of NCPM, developed methods for population risk factor monitoring and workplace prevention programmes (city of Electrostal). Chelyabinskaya Oblast developed training curricula for medical professionals, and the city of Orenburg worked on improving intersectoral collaboration. The demonstration sites involved in these three international projects were expected to build enough capacity allowing for a broader regional project engagement. However, multiple structural and systemic barriers interfered in the sustainability and further growth of these programmes.

This paper provides a review of CVD policies and programmes in two regions of Russia, in light of the challenges faced and opportunities towards improving such efforts.

Methods

This paper presents a case study of barriers faced in the implementation of CVD prevention programmes in two regions of Russia, and proposes potential strategies to resolve these challenges. Although a substantial amount of discussion in this paper is relevant to current non-communicable disease prevention policies in Russia, this is not a policy analysis but rather a report on current impediments and opportunities in CVD programme implementation.

Specifically, programmatic efforts in Vologda and Moscow regions of Russia since the early 1980s were reviewed. Sources included official and unofficial documents and key informant interviews. The official materials included 13 federal and nine regional/local documents. Unofficial papers included 18 various communications within the programmes and local implementation sites, in addition to published and unpublished reports. Both English and Russian language documents were included. Some of the documents were available on the Internet, and some were provided by key informants at the NCPM, Vologda Oblast Centre for Medical Prevention, and Electrostal Main City Hospital.

The documents served as background material for semi-structured interviews that further explored barriers to CVD prevention. The interviews included a purposive sample of stakeholders and decision makers at federal, regional or local government levels involved in policy development and implementation. Initial contact was made with NCPM, followed by a 'snowball' approach to identify additional key informants. The interviews

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