3.1 HEALTH FINANCING AND STRENGTHENING HEALTH SYSTEMS

3.1.1 We will continue our efforts towards the goal of providing at least a projected US$ 60 billion to fight infectious diseases and improve health systems. (Reiterated in 2008 and 2009: We reaffirm our existing commitments, including the US$60 billion investment to fight infectious diseases and strengthen health systems by 2012).

The Russian Federation is committed to provide development assistance in the area of health and especially in fighting infectious diseases. During its first presidency to G8 in 2006 Russia brought the issue of infectious diseases in the center of the leaders’ discussion, and in St. Petersburg for the first time leaders committed to a regular review of G8 work in the field of tackling three pandemics: HIV, tuberculosis and malaria.

Russia is actively working on bilateral basis and with multilateral organizations in such areas as expanding access to prevention, diagnostic and treatment of HIV/AIDS and malaria; eradication of polio; capacity building of laboratory networks in partner countries; enhancing preparedness and response to health consequences of natural and man-made disasters; expanding immunization programs, research and development of new means of diagnostics, prevention and treatment; training of health workers. Russian bilateral aid in health is focused primarily on CIS region and partner countries in Africa.

Since 2006 Russia constantly increases the volume of its development aid including in the area of health. The Russian annual contribution to bilateral and multilateral aid programs aimed to fight infectious diseases and improve health systems reached $129 millions in 2009. Russia is a constant donor of GPEI and GFATM.

Together with G8 partners Russia is steadfast to expand access to prevention and treatment of infectious diseases through innovative financing and committed $80 millions to Advance Market Commitments a pioneer initiative that began to bring results with pneumococcal vaccine available for immunization of children in partner countries in Africa and Latin America. Starting disbursements in 2010 Russia has provided 16 mln USD.

Russia considers health system strengthening efforts as an integral part of its development assistance in the area of fighting infectious diseases. Majority of the Russian bilateral aid programs in this area include trainings of health workers and technical assistance to national policies development.

In 2007-2009 the Russian Federation has funded the renovation and equipping the International Red Cross Hospital in Ethiopia and Hospital in Kyrgyzstan.

Recognizing the complexity and interrelated nature of health MDGs Russia along with its G8 and non-G8 partners has committed to Muskoka Initiative on Maternal, Newborn and Child Health and in frame of this commitment is intended to support evidence-based measures that address causes which mostly contribute to the maternal and child mortality and morbidity, such as HIV/AIDS and malaria, weak, underequipped and understaffed health systems, low immunization coverage of children, nutrition etc.

The Russian Federation also provides leadership in efforts to fight infectious diseases and strengthen health system in the region of Eastern Europe and Central Asia, also through prioritizing this issue in the agenda of regional intergovernmental organizations including CIS, Shanghai Cooperation Organization, EurAsEC. As a part of these efforts Russian Federation initiated the adoption in October 2009 by prime ministers of SCO countries of the Joint Statement on cooperation to counter infectious diseases.

3.1.2 Mobilizing support for the Global Fund to Fight AIDS, Tuberculosis, and Malaria

Russia is a constant supporter of the GFATM since it was established. The Russian Federation considers GFATM as an important mechanism to boost progress on the health related MDGs.
In 2006 Russian Government endorsed a decision to become a “pure donor” of the GFATM by reimbursing up to $217 million. In 2010 Russia pledged $60 million for the Third Replenishment period (FY 2010-2013). This brings Russia’s total commitment to the Global Fund to over $300 million since 2001.

### 3.1.3 Building on the valuable G8 Global HIV/AIDS vaccine enterprise, increasing direct investment and taking forward work on market incentives, as a complement to basic research, through such mechanisms as Public Private Partnerships and Advance Purchase Commitments to encourage the development of vaccines, microbicides and drugs for AIDS, malaria, tuberculosis and other neglected diseases.

The Russian Federation has made political and programmatic efforts to boost the development of vaccines, microbicides and drugs for infectious diseases and provide assistance in this area to CIS countries. As a general practice Russia includes research component in its bilateral assistance programs on fighting infectious diseases. $38 million was set aside in 2008-2010 for HIV vaccine research and coordination of this work with CIS countries. 12 scientific work-shop on vaccines and microbicides with participation of scientists from developed and developing countries were organized under the leadership of the Russian Federation during 2005-2009.

The Russian Federation provides a wide political support to the innovative financing mechanisms to encourage research and development for vaccines and drugs.

### 3.1.4 Supporting capacity building in the most vulnerable countries in disease-surveillance and early warning systems, including enhancement of diagnostic capacity and virus research.

In the 2006 St. Petersburg leaders’ statement the G8 committed to supporting efforts to mitigate the health consequences of emergencies, including natural and man-made disasters, including through better coordination and capacity building.

In 2007-2010 US $60 millions were disbursed by the Russian Federation to strengthen existing networks aimed at mitigating epidemiological consequences of natural, man-made disasters and humanitarian crises, including through effective use of rapid response teams and building partner capacities in this area.

As of today, 10 Russian rapid anti-epidemic response teams (SPEB) have been upgraded. Today SPEBs are modern, mobile units, equipped with highly qualified personnel, which in the shortest possible time can be relocated to the area of emergency anywhere in the world.

The Russian Federation has demonstrated constant efforts in CIS region in the area of providing technical and methodological support of disease surveillance systems in partner countries. Russia is supporting regional and national efforts to improve disease surveillance and increase capacity to implement the revised International Health Regulations (IHR) as well as to improve preparedness and response with regards to pandemic influenza, polio, HIV/AIDS, NTDs and other infectious diseases.

By providing technical support and training on laboratory diagnosis, disease surveillance and containment of outbreaks on the basis of leading Russian research institutions Russia has significantly contributed to allow for better surveillance in the region.

In response to the threat of influenza pandemic the Russian Federation in 2006-2009 contributed $45.8 million to a comprehensive program aimed on capacity building of health systems in CIS countries enabling them to counter the threat of emerging diseases. More than 40 laboratory facilities in 8 CIS countries were fit up with modern equipment and diagnostic tools, 200 specialists were trained on diagnostic and surveillance of influenza. As a result of this effort partner countries implemented Action plans to strengthen influenza surveillance and response systems. Russia has considerably contributed to CIS region capacity on diagnostic and virus research. Positive outcome of the program was clearly visible during the H1N1 pandemic in 2009 showing enhanced capacities of partner countries to reduce the impact of the disease on their populations.
Additionally in 2009 the Memorandum of Understanding between Russia and WHO for the period 2009-2013 for collaboration in public health at the national, regional and global levels was signed. Under the framework of this agreement Russia is determined to finance joint projects, including those aimed at implementation of the IHR (2005) and capacity building of laboratory networks in several countries in Africa and Central Asia. The financial and technical support from the Russian Federation will allow to address critical gaps remaining in African and Central Asian countries on infectious substances shipping, monitoring and diagnostic of epidemic-prone diseases.

3.1.5 The G8 members will work towards increasing health workforce coverage towards the WHO threshold of 2.3 health workers per 1000 people, initially in partnership with the African countries where we are currently engaged and that are experiencing a critical shortage of health workers.

The Russian Federation recognizes that a shortage of trained staff and lack of necessary technical and managerial skills at country level constitutes a major barrier to improve health systems achieve a greater degree of communicable diseases control and in many countries.

The Russian Federation includes health workers training component in all bilateral aid projects being developed and implemented in support of international health initiatives. Since 2006 more than 400 health workers from CIS countries has been trained under Russian support programs including short and mid term courses on infectious disease control and surveillance.

In the frame of Russian Federation participation in WHO Global Malaria Program seven training courses were organized in 2008-2009 in Africa and Middle-East Region; 161 health professionals (managers and trainers) were trained. All trained health professionals are engaged in malaria control programs at national, provincial and district levels in African and Middle East countries.

3.2 MATERNAL HEALTH AND CHILD HEALTH

We will scale up efforts to reduce the gaps, in the area of maternal and child health care and voluntary family planning, an estimated US$ 1.5 billion

Russia is contributing to further progress on the MDGs 4 and 5 through increasing support to a range of multilateral programs and initiatives that contributes visibly to maternal and child health, including the GFATM, World Bank and WHO programs on malaria, GPEI and AMC.

In addition number of bilateral programs is being developed that will address causes mostly contributing to the maternal and child mortality and morbidity, such as HIV/AIDS, malaria, measles, poor sanitation, shortage of qualified midwives and poor access to obstetric care facilities in partner countries. Additional $75 millions above the baseline contribution agreed in Muskoka in 2011-2015.

In contribution to Muskoka initiative Russia will work through bilateral and multilateral (GFATM, WHO, GPEI, World Bank, UNAIDS, UNICEF) channels focusing effort on evidence-based measures that address major causes of the maternal and child mortality, such as HIV/AIDS, malaria, polio and other infections, low immunization coverage of children, poor sanitation. Activities will also include technical support of partner countries and address shortage of qualified midwives and poor access to obstetric care facilities. Strong focus will be on CIS countries in Central Asia, and countries in Sub-Saharan Africa, including Ethiopia, Zambia, Mozambique, Angola, Kenya, Namibia

3.3 FIGHTING INFECTIOUS DISEASES (NEGLECTED DISEASES)

We must also increase our efforts in the fight against other preventable diseases...particularly by increasing the volume and quality of medical research on neglected diseases in developing countries

The Government of the Russian Federation allocated $21 million for 2009-2012 to intensify research in the area of neglected tropical diseases, including assistance to partner countries in Africa and Central Asia in building their capacities in surveillance, diagnostic and prevention of NTDs, including leishmaniasis, shistosomiasis, blinding trachoma, etc. As a result new means of diagnostic
and prevention of NTDs was developed, test-kits and laboratory equipment were procured to the most affected countries, more than 150 health workers will be trained on special courses on diagnostic of NTDs. Moreover program aims to enhance NTD research and surveillance capacities of partner countries.

In 2010 Russian experts conducted needs assessment of the national NTDs programs of Kyrgyzstan, Tajikistan and Ethiopia. Bilateral MoDs in the area of fighting NTDs were signed with the Ministries of Health of Kyrgyzstan and Tajikistan. 40 health specialist from Kyrgyzstan and Tajikistan were trained in Russia on laboratory diagnostic of NTDs.

3.4 HIV/AIDS

Develop and implement a package for HIV prevention, treatment and care, with the aim of as close as possible to universal access to HIV/AIDS treatment for all who need it by 2010

We commit to counter any form of stigma, discrimination and human rights violation and to promote the rights of persons with disabilities and the elimination of travel restrictions on people living with HIV/AIDS

The Russian Federation leads efforts to fight HIV/AIDS in Eastern Europe and Central Asia, including assistance to CIS countries in the field of HIV-prevention and surveillance.

In 2006, 2008 and 2009 the Russian Federation in partnership with UNAIDS and GFATM organized and hosted biggest regional HIV/AIDS forum – Eastern Europe and Central Asia AIDS Conference (EECAAC). The Russian Government was a major donor of EECAAC.

Russia chairs the CIS council on HIV/AIDS. Two consequent 5-years Joint programs to fight HIV/AIDS in CIS countries were developed under the Russian leadership and approved by the CIS heads of governments (2002-2006 and 2009-2013).

3.5 Polio

Supporting the Polio Eradication Initiative for the post eradication period in 2006-8 through continuing or increasing our own contributions toward the $829 million target and mobilising the support of others.

The Russian Federation has supported the fight against Polio through multilateral and bilateral channels while focusing its bilateral financial support on CIS countries.

Russia is a constant donor of Global Polio Eradication Initiative (GPEI) with overall contribution of $33 millions (up to 2012). Besides direct financial contribution to the GPEI the Russian Federation supports polio surveillance activities in CIS region, including through building laboratory capacities, assisting outbreak analysis and response, trainings and methodological support, conducting research in the area of enteroviruses surveillance. Russia’s funding to date has included significant support to immunization efforts in CIS region. Russian Institute of Poliomyelitis and Viral Encephalitis serves as a WHO regional polio reference laboratory.

Russian Government has allocated additional $5 millions for 2011-2012 to provide bilateral assistance in implementing national polio eradication programs in CIS countries including through technical assistance, trainings, OPV procurement and enhancing of laboratory capacity.

3.6 Malaria

Working with Africa countries to scale up action against malaria to reach 85% of the vulnerable populations with the key interventions that will save 600,000 children’s lives a year by 2015 and reduce the drag on African economies
Recognizing the fact that malaria is a major contributor to mother and child mortality the Russian Federation provides financial contributions to WHO global malaria program and co-finance IDA operations on malaria in Zambia and Mozambique. This include $15 millions contribution in 2008-2010 to provide financial and technical support to strengthen malaria control activities under the World Bank Malaria Booster Program in Zambia and Mozambique and $4 million to WHO Global Malaria Program to support malaria interventions in partner countries in Africa and Middle East regions through a wide range of international training courses as well as capacity building activities.

The funds have contributed to major impact on the malaria problem, especially in Zambia, through the procurement of approximately 300,000 LLINs, the scale-up of the insecticide residual spraying campaign (program covers 1.5 million households), expansion of monitoring and evaluation. Joint investments have clearly contributed to the fact that malaria is no longer the leading cause of young child deaths in Zambia. As a result of the joint efforts 50% of children under-five are now sleeping under bed nets (base line in 2006 was 24%), 70% of pregnant women are receiving intermittent preventive treatment for malaria as part of routine antenatal care (base line in 2006 was 59%), annual number of malaria deaths decreased by at least 50%, under-five and infant, mortality reduced by 29% and 26% respectively.

Since 2008 Russia’s support for the prevention of malaria has resulted in the development of core malaria training modules and organization of seven training courses in African and Middle-East Region. These training programs have enormously contributed to improving the quality and increasing the number of staff for malaria control in Africa. Over 160 health professionals (managers and trainers) have been trained. In addition, Russian resources (funds and experts) allowed WHO to provide technical support to several country-level training activities which led to the training of 220 malaria experts. All trained health professionals are engaged in malaria control programs at national, provincial and district levels in African and Middle-East countries.

In 2011-2014 Russia is going to continue its efforts to further strengthen the human resource capacity for malaria control and elimination in malaria endemic countries. In collaboration with GMP/WHO Russia will launch a joint project (with over $4.5 million funding) to capacity building aiming at national and district levels in malaria control and elimination with the main focus on African and CIS countries. As the result of the project 45 health workers from African countries and 150 health workers from CIS countries will be trained.

### 3.7 TUBERCULOSIS

**Supporting the Global Plan to Stop TB, 2006-2015**

The Russian Federation supports the global efforts to fight tuberculosis primarily through multilateral initiatives such as Global Fund to Fight AIDS, Tuberculosis and Malaria.

### 3.8 MEASLES

*Will work towards a steady decrease in the number of measles-related deaths, progress in halting the spread of measles, and its eventual elimination*

The Russian Federation contributes to the measles elimination efforts in the CIS countries. This includes providing methodological and technical assistance to health authorities in implementing measles elimination programs, supporting the work of the CIS regional reference centre for measles in Moscow, trainings of health specialists from CIS countries on measles surveillance.

As a part of Muskoka commitment Russia is going to provide bilateral assistance in 2012-2014 to CIS countries in elimination of measles (in accordance with WHO Euro goal to eliminate measles in European Region by 2015).