

The catastrophic decline in population can't be halted solely through incentives to increase the birth rate or through freer immigration. The solution lies mainly in providing better health care and education for all.

Tackling Russia's demographic meltdown

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Russia must address its public health crises, particularly among the elderly, if it hopes to start reversing the nation's population decline.

As a recent editorial in this newspaper said, the demographic crisis remains one of the most urgent problems facing Russia. The impact of current conditions will be felt for many years. The editorial wonders what might be done to address these conditions. In response, we will review the origins of current demographic trends and what impact they have on efforts to deal with them.

Theoretically, there are three ways Russia could offset its population losses of the past decade: increase the number of births, attract more immigrants or reduce the number of deaths.

Russian births peaked in 1987, before the national population began falling in 1992. By 1994, the annual number of births had dropped by half. The number of births has been stable since then, even increasing very slightly recently, but fertility rates, or the number of children born per woman in her lifetime, remain just over half the level needed for population stabilization.

Economic growth may not boost fertility rates. It has not done so in Spain and Italy, which have among the lowest fertility rates in the world. It has not done so in Eastern European nations such as Poland and Hungary, which have enjoyed more economic growth than Russia has. Some have suggested pronatalist incentives to boost the number of births, but in its current economic condition, Russia cannot fund these at the level needed to boost the rate to the replacement level.

It is unlikely that immigration would suffice to help Russia maintain its current population size. By one estimate, Russia would need to admit at least 500,000 immigrants every year for the next half century to maintain its current population size. This would require an immigration rate far exceeding what has historically prevailed in Russia.

Policy-makers may find more options at present to control the number of deaths than to increase Russian births or immigration. Russian deaths have been rising since the mid-1960s. At that time, the Soviet health system had largely succeeded in eradicating infectious and parasitic diseases that had plagued Russia. Life expectancy was then nearly equal to that in the United States.

However, since then, Russia has experienced a decrease in life expectancy, especially for men. Today, male life expectancy in Russia is about 14 years lower than that in the United States, and is lower than that in such poor countries as Indonesia and Iraq.

Russian life expectancy has also decreased, and Russian mortality increased, as the ability the Soviet and Russian health systems once had to fight infectious and communicable diseases disintegrated, and as these sys-

tems proved unable to combat "civilization" diseases such as cancer and cardiovascular ailments. Such diseases have accounted for most of the increase in Russian deaths, particularly among working-age males.

One source of "civilization" diseases, alcohol consumption, has paralleled Russian male mortality. As Russian male alcohol consumption increased, so did male mortality generally, and particularly that attributable to alcohol-related causes, such as accidents and violence.

Even diseases like tuberculosis, which Russia had once controlled, are surging again. The Russian tuberculosis rate is now higher than that in developing countries such as Brazil and Mexico, and about 10 times higher than those in the United States and Canada.

What might Russia do to combat these health problems? Public health education lessons learned from neighboring areas can be applied here. Finland in the 1970s faced some of the same health problems that now confront its neighbor, including cardiovascular disease. A health education program in North Karelia, a region with few health care resources, helped improve dietary behaviors, cut tobacco consumption, decrease blood pressures and increase physical activity among targeted males.

Russian officials have joined in collaborative efforts based on lessons learned in North Karelia. But there may be a limit to how well such campaigns of public persuasion can work; the anti-alcohol campaign of the mid-1980s appears to have helped cut Russian mortality, but ultimately proved too unpopular to be sustained.

The Russian health care system also needs money to strengthen primary and preventive health care. Russian per capita health care expenditures in recent years have been about one-twentieth of those in the United States. As a result, one in 10 Russian hospitals still predate World War I, and one in five lacks running water.

In addition to improvement in its hospitals, Russia needs health professionals for general preventive, rather than specialized curative, care. Per capita, Russia has a higher number of physicians, often very specialized, but a lower number of nurses than the United States. Russian physicians are poorly paid, with salaries well below the national average, giving the most qualified physicians — whether general or specialized — incentive to leave Russia.

Such problems indicate the most pressing health and population problems facing Russia are of quality, not quantity. Continued economic improvement can help solve these, as individuals and



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government gain more money to spend on health care. In the meantime, the demographic challenge for Russia is not just to increase quantitatively but also to improve qualitatively.

(Clifford Grammich and Julie DaVanzo are the co-authors of "Dire Demographics: Population Trends in the Russian Federation," published in 2001 by the Population Matters program of

the Rand Corporation, a think tank based in Santa Monica, California.

The report is available online, free of charge, at: www.rand.org/publications/MR/MR1273.

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