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José María Pino Suárez 400-2 esq a Lerdo de Tejada. Toluca, Estado de México. 7223898475
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TÍTULO: Asociación Pública-Privada (APP) para el cuidado de la salud en Rusia: investigación sociológica.

AUTORES:

1. Est. Kristina Gera.
2. Dra. Mariia Rubtcova.

RESUMEN: El artículo está dedicado a la Asociación Pública-Privada (APP), nuevo fenómeno económico y social en rápido desarrollo en el sistema de salud de Rusia. El propósito del estudio es mostrar la influencia de la implementación del APP en la atención de salud. Los datos provienen del análisis de 23 centros médicos de Asociación Pública-Privada registrados. La metodología se basa en una observación estructurada y el método de mapeo social. La investigación se llevó a cabo en el año 2016 en Rusia. Los resultados muestran una situación controversial al tener la idea de la APP cierto éxito económico pero no el suficiente impacto en la disminución de la mortalidad.

PALABRAS CLAVES: Asociación Pública-Privada, cuidados de salud, asociación social, Sociología, Rusia.

TITLE: Public–Private Partnership (PPP) in Health Care of Russia: sociological research.

AUTHORS:

1. Est. Kristina Gera.
2. Dra. Mariia Rubtcova.

ABSTRACT: The article is devoted to the new, though rapidly developing social and economical phenomenon in health care system of Russia - Public-Private Partnership (PPP). The purpose of the study is to show the influence of the PPP implementation in health care. Data comes from analysis of 23 registered PPP medical centers. The methodology is a structured observation and social mapping method. The current research was carried out in the year 2016 in Russia. The results show controversial situation when PPP idea has some economic success but has no sufficient impact in decrease of mortality.

KEY WORDS: Public Private Partnership, Healthcare, Social Partnership, Sociology, Russia.

INTRODUCTION.

Health of the population has always been one of the most important indicators of the country's development level. Today, every Russian citizen faces a difficult choice between public sector - free, though slow, and private clinics - commercial but fast and convenient. However, the PPP, which is already able to influence the further development of the market in this sphere, has now become the third alternative (see e.g. Amunts, 2005, Bubela, Bonter, Lachance, et al., 2016).

Social partnership is one of the forms of social communication recognized by its participants as the most effective, that allows them to freely express and protect their interests assuming a mutual consideration and the willingness to concessions and compromises in order to achieve common goals (Volchkova, Pavenkova, 2002).

Benefits from the PPP are clear - high technologies help to decrease the number of deaths, reduce the number of disabled people, disability cards, increase the life expectancy and work capacity of the population (Bubela, Bonter, Lachance, et al., 2016). In connection with these benefits, the expediency of extending this type of social partnership in the health care system of Russia is seen.

The interaction between the public and the private sectors for solving socially significant tasks has a long history. However, the Public-Private Partnership (PPP) in its modern form has acquired the greatest relevance only in recent decades. In Russia, the specific law for this type of cooperation was issued not so long ago – in the year 2015, which makes our topic very actual.

Effective development of public health is possible only through constant investments and innovations, the impetus for which is the use of the mechanism of Public-Private Partnership. In the health care system, this should lead to a reduction in mortality, an increase in the birth rate, an improvement in the quality of medical care, an increase in life expectancy, and so on. Therefore, the purpose of the study is to show the influence of the PPP establishing in health care on statistical indicators using sociological methods.

As it is known, the best treatment is prevention, which should be imposed on the PPP medical centers for early detection and more thorough diagnosis of diseases in support of the State, improving the survival of Russian citizens and leading to an increase in the level and quality of their lives.

The topic is quite new in the sphere of Health Care, so the term PPP should be explained. According to the World Bank, PPP is ‘a long-term contract between a private party and a government entity, for providing a public asset or service, in which the private party bears significant risk and management responsibility, and remuneration is linked to performance’ (Worldbank Group, 2015).

The Russian Federal Law on PPP accepted in the year 2015 states: ‘Public-Private Partnership (PPP) is a legal partnership between a public partner, on the one hand; and a private partner, on the other, based on a combination of resources and risk-sharing, legally structured for a certain

period of time, which is carried out on the basis of an agreement on public-private partnership, an agreement on municipal-private partnership, concluded in accordance with this Federal Law in order to attract private investments into the economy, providing state authorities and local governments with the accessibility of goods, works, services and improving their quality'.

The topic of our interest was considered by Talcott Parsons. Public-Private Partnership is an active system with institutions and a structure that is gradually penetrating into almost all spheres of life of the population and functions not only as a market structure with a special status, but also influences health indicators, raising living standards and technology development, and exemplifies existing opportunities for interaction between the State and business in the country (Parsons, 1971).

Our hypothesis was that in regions, where health centers based on PPP are functioning, decrease in mortality statistics over three years period would be more noticeable than in other regions, where such centers are not founded or still under development. To test this hypothesis, we have made a comparison of the circulatory system in the table of statistical indicators that were selected for use in hemodialysis centers, implemented on the basis of PPP in 5 regions from the year 2013 to 2016. To test our hypothesis, we found it possible to compare hemodialysis centers implemented on the basis of PPP in 5 regions of the country between 2013 and 2016.

Hemodialysis is a treatment of acute and chronic renal failure with the aid of the apparatus «artificial kidney». We have analyzed the mortality rate from diseases of the circulatory system in six regions before the PPP centers appeared and changes in statistical indicators, that have occurred since the moment of exploitation to the present. After that, we have compared the average decrease in mortality in each region with an average decrease in mortality in the rest of the Russian Federation.

Data and Methodology.

The study was performed in several phases. Firstly, we grouped 23 registered medical centers based on PPP, which are currently in operation according to the type of activity and the diagnoses (the name of the disease) with which patients are served in these centers (Outpatient hemodialysis center, treatment of oncological diseases, protection and reproductive health restoration, etc.). Secondly, we determined, which diagnosis is the most frequently met. It appeared, that this disease was renal failure - in six regions of Russia, hemodialysis centers worked. Further, we excluded one center with the 2015 launch date, because it existed relatively recently. Further in our research, we used the five most suitable under our criteria medical centers based on PPP.

After the first phase, we have identified the death rate from diseases of the circulatory system in examined regions at the beginning of the exploitation of PPP centers. Moreover, we calculated the changes that have occurred from 2013 to 2016. Then, we calculated the average mortality growth rate beyond the time interval Statistics Service 1999 – 2016).

We have put our five outlined municipalities, where outpatient hemodialysis centers were implemented for each specific region and their total average. Finally, we compared those indicators with indicators with an average mortality growth rate in the rest of the Russian Federation (Federal State Statistics Service 1999 – 2016).

Region	2013	2016	Growth
Altai Krai	15806	10682	-5124
Lipetsk Oblast	8597	5098	-3499
Ryazan Region	9944	5735	-4209
Republic of Tatarstan	24288	17417	-6871
Khabarovsk Territory	10254	6289	-3965
Average mortality growth rate in regions.	13778	9044	-4734
Average mortality growth rate in Russian Federation as whole	33252	21718	-11534

Table 1. The number of dead from diseases of the circulatory system in regions of the RF, thou.

Results.

The researchers found out that in each of the five analyzed regions a decrease in mortality was observed. One of the leaders among the five regions was the Ryazan Region, where the number of deaths decreased by 42%. Lipetsk Oblast was the second one with its 41% of decreased number of deaths. After them went Khabarovsk Territory with 39%. Altai Krai (32%) and the Republic of Tatarstan (28%) were left behind them (see Figure 1).

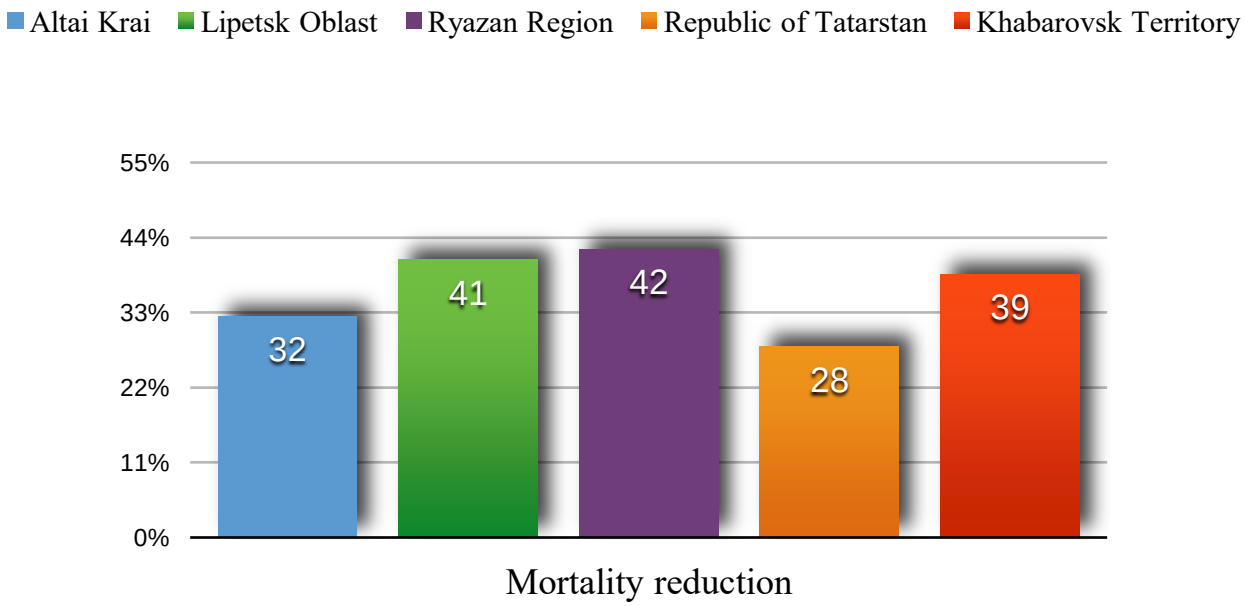

Figure 1. Percentage of mortality reduction in 5 regions over 3 years period.

However, it is worth highlighting the Republic of Tatarstan, where the largest number of projects are being realized and which, though falling behind in the percentage ratio, is leading by the numerical index - by 7498 deaths less in three years. This result may be seen due to the fact that PPP is primarily a partnership, the interaction of two largely competing parties - a government and business. Therefore, the implementation of the project in the framework of PPP is related to the willingness and desire of the regional authorities to participate in this project. For investors, the support and constructive dialogue with government officials is very important. This remark applies to the authorities of Tatarstan, which was mentioned as open and ready for dialogue.

Thus, positive dynamics of the decline in mortality has been achieved in comparison with the date of the start of operation of medical centers on the basis of PPPs in the regions, where they were implemented. Comparing the decrease in mortality rate with other regions of the country, we can admit that there is almost no percentage difference - 34% in examined regions versus 34.7% in other parts of the country (See Figure 2).

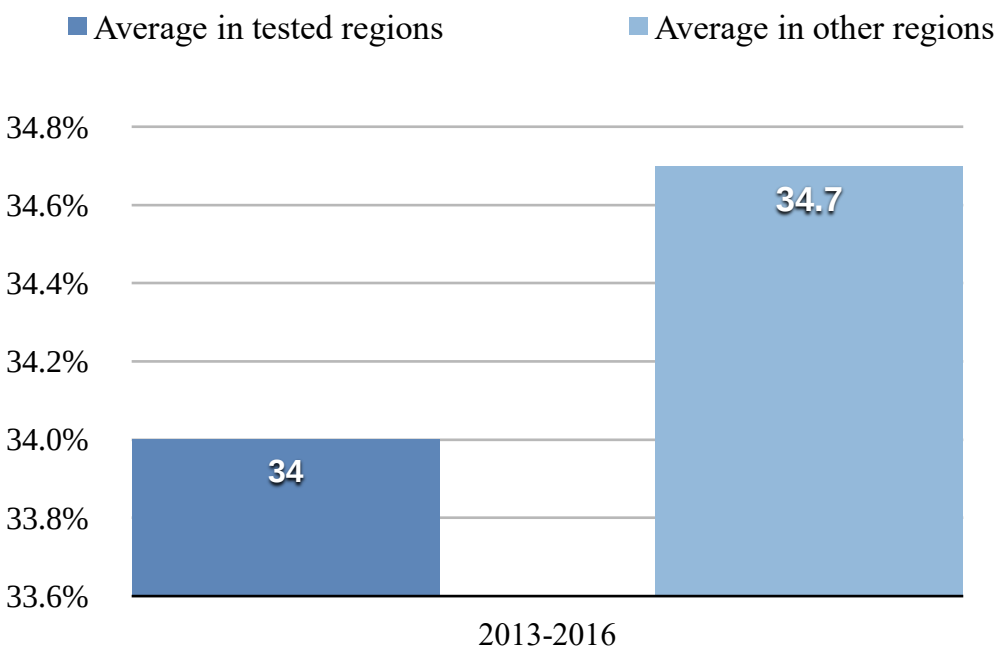

Figure 2. The decrease in mortality over three years period.

CONCLUSIONS.

In the framework of this study, researches considered the Russian practice of applying PPP mechanisms in the field of public health. As a conclusion, it might be said that in regions, where PPP projects are at the exploitation stage, the decline in the mortality rate from the year 2013 to 2016 turned out to be almost the same as in other regions of the Russian Federation and the difference in indices was only 0.7%.

Overall, this study does not support the hypothesis that in regions where health centers based on PPP are functioning, decrease in mortality statistics over three years period would be more noticeable than in other regions, where such centers are not founded or still under development.

Nevertheless, the study shows that the decline in the mortality rate from 2013 to 2016 varied among the five control municipalities.

The strength of this study is that researchers have managed to quantify the social effectiveness of introducing the PPP in the health sector in various regions of Russia. It should also be borne in mind that statistical indicators are updated every year and the number of projects is growing, so the results of current study can be used for comparison with the indicators of subsequent years, as well as it can be complemented with economic performance indicators and sociological surveys of population feedback.

The limits of this study is that in our research we aimed to point out only social side of the topic, but it is also to be mentioned, that PPP is an idea based on a market economy. Therefore, it is assumed that PPP is cost-effective in terms of economic costs-results; for example, if the death rates are the same, but the taxpayers paid less taxes on its maintenance, it is also stated effective.

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DATA OF THE AUTHORS.

1. **Kristina Gera. S**tudent of Department of Social Management and Planning, Faculty of Sociology, Saint Petersburg State University, Russian Federation. E-mail: christeendegure@mail.ru
2. **Mariia Rubtcova.** Associate Professor in the Department of Social Management and Planning, Faculty of Sociology, Saint Petersburg State University, Russian Federation and Doctoral Degree in Herzen State Pedagogical University. E-mail: mariia.rubtcova@gmail.com infosoc@bk.ru

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