

# U.S.-Russia Health Engagement

*Still on the Agenda*



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*A Report of the CSIS Global Health Policy Center*

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# U.S.-Russia Health Engagement Still on the Agenda

Judyth L. Twigg<sup>1</sup>

Over the last few years, Russia's relationship with the United States has traveled a swift and seemingly deliberate arc from partner to pariah. The current turmoil in Ukraine and near-certain resulting isolation of Russia culminate several years' worth of deteriorating ties. The Edward Snowden mess, disagreements over Syria and Iran, dismay over the eroding human rights environment in Russia, and now Russian annexation of Crimea have led the previously heralded "reset" to an unceremonious end. What are the implications of these and related developments for U.S.-Russia collaboration in medicine and public health? Should avenues of partnership remain open, even in such a frosty political context? Should the international community support Russia's health sector when ample resources exist within Russia itself? Is it even possible anymore?

Government-to-government cooperation in the health sector has decelerated since the peak two or three years ago of the Bilateral Presidential Commission, a forum launched by Presidents Obama and Medvedev in 2009 that now covers 19 substantive collaborative working groups.<sup>2</sup> The conflict in Ukraine will most likely call to a halt both sides' willingness to maintain, at minimum, the appearance of continued output. But while the future of the relationship seems bleak, there may yet be opportunity for continued collaboration within certain parameters.

It is important to bear in mind that all of Russia's recent actions are rooted in Putin's fervent desire to reposition Russia to its Soviet-era great power status.<sup>3</sup> Putin has publicly lamented the breakup of the Soviet Union. His 2008 military incursion into Georgia and launching of a formal Eurasian Union, among other actions, mark his intentions to reconstruct a far-reaching sphere of strong influence.<sup>4</sup> Integral to this vision of resurgent Russia is full membership in the international community of elite public health and biomedical experts, and legitimate partnership in promising research and technological innovation. Russia wishes to assert leadership in global health and development, as evidenced by its recent establishment of a national development assistance agency, growing financial contributions to multilateral

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<sup>2</sup> For more information, see U.S. Department of State, "U.S.-Russia Bilateral Presidential Commission," <http://www.state.gov/p/eur/ci/rs/usrussiabilat/index.htm>.

<sup>3</sup> See David Remnick, "Letter from Sochi: Patriot Games," *New Yorker*, March 3, 2014, [http://www.newyorker.com/reporting/2014/03/03/140303fa\\_fact\\_remnick](http://www.newyorker.com/reporting/2014/03/03/140303fa_fact_remnick); Brian D. Taylor, "Putin's Own Goal," *Foreign Affairs*, March 6, 2014, <http://www.foreignaffairs.com/articles/141010/brian-d-taylor/putins-own-goal>.

<sup>4</sup> Steven Ward, "How Putin's Desire to Restore Russia to Great Power Status Matters," *Washington Post, The Monkey Cage blog*, March 6, 2014, <http://www.washingtonpost.com/blogs/monkey-cage/wp/2014/03/06/how-putins-desire-to-restore-russia-to-great-power-status-matters/>.

institutions, and increasing agenda-setting ambitions through hosting of prominent international meetings on an array of health issues.<sup>5</sup> It is in the United States' interest to remain engaged in these processes to ensure that Russia's efforts are channeled in positive and productive directions. While direct collaboration between Washington and Moscow may be very much on hold, ties between regional/local governments, and especially among civil society and health professionals, remain feasible and valuable. As former U.S. ambassador to Russia Michael McFaul has argued, U.S. policy toward Russia must now stress elements of both containment and engagement.<sup>6</sup>

## Why Bother?

Continued cooperation on public health and medicine is important, perhaps essential, for a variety of reasons. While the current climate is at a particularly unpleasant nadir, a longer-term perspective reveals that the post-Cold War U.S.-Russia relationship has tended toward the cyclical—and that Russia, whose presence lies at the heart of a host of fundamental U.S. security and foreign policy interests, will remain an inescapable force to be confronted.<sup>7</sup> Even during the height of the Soviet period, the two superpowers found reasons to cooperate on smallpox eradication and the development of the polio vaccine. For the foreseeable future, the U.S.-Russia relationship in the health sector may harken back to those days, mirroring current links with difficult countries like Iran.<sup>8</sup> Severing contact on relatively “easy” issue areas like health and medicine, where communities of professionals share common interests and motivations far beyond the political, short-sightedly cuts off avenues of communication and habits of cooperation that could prove highly desirable for reestablishment of positive bilateral ties in the future. It also risks abandoning courageous and capable Russian nongovernmental organizations (NGOs) right when they need us the most. Vladimir Putin won't be around forever. Personalizing the entire scope of the bilateral relationship around Putin's authoritarian vision for his country and its Eurasian neighborhood risks unnecessarily hollowing out what could serve as a foundation for movement forward in a post-Putin era.

Chief among other reasons for continued engagement is the ongoing humanitarian need. Although recent years have witnessed a remarkable uptick in most Russian health indicators, even Russia's leaders concede that their country is still reeling from decades' worth of demographic shock—setting Russia embarrassingly apart from other advanced industrial societies.<sup>9</sup> Working-age male mortality, driven primarily by

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<sup>5</sup> Judyth Twigg, “Russia's Global Health Outlook: Building Capacity to Match Aspirations,” in *Key Players in Global Health: How Brazil, Russia, India, China, and South Africa Are Influencing the Game*, ed. Katherine E. Bliss (Washington, DC: CSIS, November 2010), [http://csis.org/files/publication/101110\\_Bliss\\_KeyPlayers\\_WEB.pdf](http://csis.org/files/publication/101110_Bliss_KeyPlayers_WEB.pdf); and Judyth Twigg, ed., *Russia's Emerging Global Health Leadership* (Washington, DC: CSIS, April 2012), [http://csis.org/files/publication/120403\\_Twigg\\_RussiaEmergingGlobalhealth\\_Web.pdf](http://csis.org/files/publication/120403_Twigg_RussiaEmergingGlobalhealth_Web.pdf).

<sup>6</sup> Michael A. McFaul, “Confronting Putin's Russia,” *New York Times*, March 23, 2014, [http://www.nytimes.com/2014/03/24/opinion/confronting-putins-russia.html?\\_r=0](http://www.nytimes.com/2014/03/24/opinion/confronting-putins-russia.html?_r=0).

<sup>7</sup> Public-Private Task Force on U.S.-Russia Health Cooperation, *A Quiet Force: Health Cooperation in U.S.-Russian Relations* (Washington, DC: Carnegie Endowment for International Peace, 2013), [http://carnegieendowment.org/files/quiet\\_force1.pdf](http://carnegieendowment.org/files/quiet_force1.pdf); Matthew Rojansky and Isabella Tabarovsky, “The Latent Power of Health Cooperation in U.S.-Russian Relations,” *Science & Diplomacy*, June 2013.

<sup>8</sup> Glenn E. Schweitzer, *U.S.-Iran Engagement in Science, Engineering, and Health (2000–2009): Opportunities, Constraints, and Impacts* (Washington, DC: National Academies Press, 2010).

<sup>9</sup> Nicholas Eberstadt, Hans Groth, and Judy Twigg, Addressing Russia's Mounting Human Resources Crisis (Washington, DC: American Enterprise Institute, February 2013), [http://www.aei.org/files/2013/02/13/-addressing-russias-mounting-human-resources-crisis\\_170553566747.pdf](http://www.aei.org/files/2013/02/13/-addressing-russias-mounting-human-resources-crisis_170553566747.pdf); Kathy Lally, “Russia Tries to

alcohol abuse and other poor lifestyle choices, remains alarmingly high. Population trends are set for inevitable near-term decline as the small cohort of children born during the turbulent years of the immediate post-Soviet transition now becomes the primary group of potential parents. A straightforward instinct to help people in need inspires much of the current people-to-people activity still linking the Russian and American health sectors. And while Russia may indeed have plenty of its own money to spend toward curing its own ills, it has yet to establish habits of spending those resources efficiently and effectively.<sup>10</sup> The United States and other international partners provide indispensable support to Russia's understanding, internalizing, and adopting of international best practice across a wide array of medical, public health, health systems, and health financing issues—and thereby save lives.

Russia can also assist the United States and others along many avenues of global health. Russia has asserted important (if nascent) leadership over the last three years, especially on noncommunicable disease and maternal and child health. Its willingness to move these agendas forward has provided significant support to key U.S. global health priorities. Equally importantly, in areas of the globe where the American voice on health issues is muted or unwelcome—parts of the Islamic world, for example—Russia as a partner can facilitate entry and convey important messages and practices. As a side benefit, joint U.S.-Russian efforts in third countries or regions can transmit by osmosis important knowledge and best practice to Russia itself, as has happened recently on joint infectious disease surveillance and vaccination missions in Central Asia.

Russia's global-power ambitions should also lead to more substantial contributions to a host of multilateral efforts. Its high level of engagement with the recent launch of the Global Health Security Agenda signals its intention to remain active in the multilateral arena, regardless of fractured bilateral ties.<sup>11</sup> Most directly, Russia can expand its support to United Nations-linked agencies and initiatives: the World Health Organization, the UN High Commissioner for Refugees, the Global Fund to Fight AIDS, TB, and Malaria, and the Global Alliance for Vaccines and Immunizations, among others. For the latter, for example, Russia's \$80 million pledge for 2010–2019 (specifically to speed development and availability of pneumococcal vaccines) pales in comparison to that of the United Kingdom (\$1.5 billion from 2000–2016), France (€100 million from 2011–2015), and the United States (\$450 million just from 2012–2014). Russia should be pushed to match its aspirational self-image with concomitant investments.

Access for private-sector interests is another important motivating factor in the U.S.-Russia health relationship. The Russian market for drugs and medical devices has skyrocketed in recent years, reaching well over \$30 billion in current value on the

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Improve Life Expectancy with Laws Curbing Drinking, Smoking,” *Washington Post*, February 21, 2013; Mark Adomanis, regular postings to *forbes.com*, including “Demographics Update: In 2013 Russia Is on Track for Modest Natural Population Growth,” *forbes.com*, July 30, 2013.

<sup>10</sup> Fiona Clark, “The Changing Face of Aid in Russia,” *The Lancet* 382, no. 9887 (July 2013): 113–14.

<sup>11</sup> See Lisa Monaco, “Making the World Safer from Pandemic Threats: A New Agenda for Global Health Security,” White House blog, February 13, 2014, <http://www.whitehouse.gov/blog/2014/02/13/making-world-safer-pandemic-threats-new-agenda-global-health-security>; and J. Stephen Morrison, “The Global Health Security Agenda: A Snowy Promising Start,” CSIS Global Health Policy Center blog, February 18, 2014, <http://www.smartglobalhealth.org/blog/entry/the-global-health-security-agenda-a-snowy-promising-start/>.

purchasing power of the government and the emerging middle class. The international pharmaceutical industry is understandably anxious to access this market, but the barriers to entry are substantial: a convoluted and opaque legislative and regulatory environment; an aggressive import substitution policy that forces drug companies to establish production and sometimes research facilities on Russian soil; concern for the security of intellectual property, even under World Trade Organization protections; and corruption.<sup>12</sup> Barring sanctions over Ukraine—which appear unlikely to be prohibitively far-reaching or intrusive—collaboration across a variety of fronts can help create and navigate pathways for commercial interests.

## Russia's War on Civil Society

Post-Soviet Russia has witnessed the emergence of a small but strikingly talented and energetic crop of both internationally seeded and homegrown health NGOs, clearly the logical focal points for cooperation moving forward. Moscow's abrupt eviction of USAID in late 2012, however, cut off many of the clearest pathways for collaboration and prompted an immediate flurry of concern for the welfare of those NGOs and the fate of dozens of social welfare programs that had enjoyed USAID support. Major efforts by the Russian Red Cross, the U.S. Centers for Disease Control and Prevention, and Boston-based Partners in Health, among others, have now scaled back and/or shut their doors altogether for sudden lack of funds. USAID's departure from Moscow was not altogether unwelcome in Washington—there were many who thought development assistance to Russia had long been politically unworkable and anachronistic—but the fact remains that the rug was cruelly pulled out from under many worthy Russian health projects, workers, and dependent beneficiaries.

USAID's eviction was precipitated by American support for Russian civil society organizations working particularly on democratization, free media, electoral reform, and fundamental human rights, a logical target for the Putin regime under an austere bilateral climate. But there were other forces at play as well. From establishing a national strategy for international development assistance, to hosting several major international health conferences, to growing contributions to multilateral health efforts, Russia is taking significant and deliberate steps to shed both the appearance and reality of being a recipient of foreign aid. Put simply, global superpowers give, not receive, assistance from others. They are experts and donors. Russian NGOs' receipt of advice, training, and certainly funding from abroad stands starkly at odds with the image of the country that the government so desperately wants to craft and convey.

Russian civil society is absorbing other blows that bruise even more deeply than the loss of USAID support. A Russian federal law passed in November 2012 now requires all NGOs engaged in "political activity" and receiving international funding to register as "foreign agents," a term that, in the Russian context, deliberately evokes Cold War-era images of suspicion and espionage.<sup>13</sup> Initially, the community of NGOs engaged in health and other social sector activities, while outraged at the general principles behind this legislation, saw no reason to fear for their own activities, as a central provision of the law explicitly exempted them from its demands. In March 2013,

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<sup>12</sup> "Difficult Procedures Prevent Russia's Pharmaceutical Industry from Rapid Growth," Voice of Russia, November 30, 2013.

<sup>13</sup> See the ongoing coverage of the NGO legislation and its consequences at Bellona, "Russian NGO law," [www.Bellona.org/subjects/NGO-law](http://www.Bellona.org/subjects/NGO-law).



however, the screws began to turn—and turn hard—on NGOs of all stripes, as the Justice Ministry began spearheading “inspections” of NGOs across the board. Throughout 2013, hundreds of organizations found themselves raided by teams of state representatives fishing for evidence of mismatches between NGO activities and the objectives stated in their charters, or violations of Russian law. Health and other social NGOs have been squarely caught in this net. While there was a brief lull in this crackdown in the run-up to the Sochi Olympic Games, most in Russian civil society fully expect renewed scrutiny going forward.<sup>14</sup>

These inspections are serious business.<sup>15</sup> Some NGO directors have been deliberately intimidated through late-night visits to their homes, raising echoes of Stalin-era tactics. The inspection teams include representatives from as many as a dozen different federal agencies, covering taxation, financial crimes, fire and occupational safety, and others, in part as a hedge against corruption (it is unlikely that they could all be bought off at once). This clever government strategy—in essence, death by administrative overload—is causing such preoccupation that NGOs are unable to focus on their core substantive functions. NGOs have no choice but to allocate increasingly scarce resources to lawyers and accountants that can help them navigate complex inspection requirements, and key personnel are spending untold days, weeks, and months making sure that all i’s are dotted and t’s are crossed. Those who can afford it are conducting preemptive financial audits on themselves, hoping to spot and correct any perceived irregularities prior to government scrutiny.

The inspection teams’ main purpose is to find some kind of violation, and they nearly always do. There are reports that inspectors have falsified evidence by, for example, planting brochures on an international conference at the premises of one NGO in order to claim the existence of unreported foreign ties. The consequences of a “failed” inspection remain undefined: NGOs have been sanctioned with fines, and some directors have been detained for varying periods of time, but no organizations have yet been shut down altogether. Some local courts have ruled against various provisions of the law. Despite these uncertainties, the climate of fear is real and severe.

As a result, the NGO community is faced with a limited array of options: close; reorganize and reregister as commercial, public relations, or government relations firms not subject to the NGO restrictions; or stand firm and continue operating in the face of the current threat. Due to lack of funds and an increasingly intimidating environment, many have shut their doors for good. Some of those who have converted to for-profit entities have become mired in scandal, with questions surrounding their handling of grant funds. In Moscow and across the country, long-time staff of health and social institutions previously funded by USAID and other donors are now finding themselves unemployed, with a few of the most skilled (and lucky) finding work in the private sector.

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<sup>14</sup> See, for example, Human Rights Watch, “Foreign Agents Law Hits Hundreds of NGOs,” March 5, 2014, <http://www.hrw.org/news/2014/03/05/russia-foreign-agents-law-hits-hundreds-ngos-updated-march-5-2014>; Paul Stracansky, “After Sochi, the Hounding Game,” *Global Issues*, March 1, 2014, <http://www.globalissues.org/news/2014/03/01/18305>.

<sup>15</sup> “Government Proposes New Grounds for NGO Raids,” *Moscow Times*, June 5, 2013; and Fred Weir, “Russia’s Growing NGO Crackdown Turns to Environmental, Cultural Groups,” *Christian Science Monitor*, June 10, 2013.

Most NGO directors who remain in operation are standing firm in their determination to maintain nonprofit status; however, it is not clear how many of these organizations are financing their operations. Although the Russian government has issued repeated promises that it will step in to replace foreign funding, these monies have yet to materialize. Some of the more prominent NGOs have long enjoyed private-sector support. But it is clear that a significant number of key personnel are now distracted by the need to take on additional, unrelated side employment.

In this oppressive environment, the formerly collaborative NGO community is eroding. USAID's departure is significant in this regard, as it played a crucial convening role for health and social NGOs in Moscow and beyond. No other mechanism has developed for bringing these institutions together, or even to keep them informed about one another's activities and status. The health NGOs in St. Petersburg briefly attempted to self-organize last year, but apparently news of an initial meeting was leaked to the government, creating a new atmosphere of distrust among these nongovernmental institutions.

Putin's recent malice toward civil society is easily interpretable as a stitch in a broad tapestry of increased personal and governmental control over all aspects of Russian society.<sup>16</sup> Through this lens, the NGO legislation is but one element of a calculated, long-term strategy for the Kremlin to monitor and ultimately control Russian intellectual activity and interactions with foreigners. Other components of this plan include reform of the Russian Academy of Sciences, placing much of its activity, funding, and staffing under greater state scrutiny (although a land grab for valuable real estate held by the Academy is also certainly a motivation); mandatory meetings of university history and political science department chairs with high-level Kremlin officials over the last several years, explicitly intended to explain to the academics how the Russian political system works "to ensure correct teaching"; rumored pending legislation that would require all academic personnel to register and obtain state approval for joint work with non-Russian colleagues and institutions; and a recent report issued by a Kremlin-friendly think tank calling potentially negative attention to foreign-funded work at Russian research institutes and universities.<sup>17</sup>

## How to Move Forward?

In this atmosphere, sustaining U.S.-Russia health ties involving any level of government and/or civil society is obviously not a straightforward proposition. There are, however, strategies likely to produce outcomes worth the investment.

- **Prioritize Ties between Civil Society and Health Professionals.** Even in the current political environment, there are strong possibilities for expanded investment in bringing key civil society personalities out of Russia to engage in expert forums. While it is tempting to back away from nongovernmental colleagues in the interest of their political and personal safety, they are the best judges of their own risk environment. Many are continuing to provide essential medical and public health goods and services, even though business is far from

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<sup>16</sup> See Christopher Walker, "Russia's NGO Law Cannot Be Viewed in a Vacuum," Freedom House, March 13, 2006, [www.freedomhouse.org/article/russias-ngo-law-cannot-be-viewed-vacuum](http://www.freedomhouse.org/article/russias-ngo-law-cannot-be-viewed-vacuum).

<sup>17</sup> Russian Institute for Strategic Studies, "Foreign Financing and Influence on Policy," March 6, 2014, in Russian, <http://www.riss.ru/analitika/2797#.Uxoaxygh4SX>.

usual, and they continue to reach out to international partners for moral, professional, technical, and financial support.

- **Focus on the Regions.** The severity of the political climate is most stark in Moscow and St. Petersburg, where international partnerships (with some notable exceptions) have traditionally focused. Yet there are some willing partners outside Russia's two capitals who still realize that they need technical assistance as well as funding, and who may have the necessary political breathing space to make international collaborations work. (This is true even of some regional and local government and quasi-governmental health agencies.) Even this tactic, however, has its downsides. Regional NGOs are far from immune to the recent spate of government inspections, and most of them lack the financial, legal, and administrative tools of their counterparts in Moscow. A lack of confidence in their ability to navigate the current political swamp has made some smaller NGOs outside the capital reluctant to engage with foreigners, particularly Americans, even for short visits, for fear of arousing suspicion. Engagement must therefore be carefully calibrated to identify and mitigate political risk and to build confidence among regional partners.
- **Engage the Private Sector.** The appeal of Russia's sizable pharmaceutical market creates a well of potential corporate funding for joint medical and public health projects of all stripes. Because of the Russian government's desire to lure Western production facilities onto its soil, financing of joint U.S.-Russia health work at all levels may be more palatable if private industry, rather than any agency of the U.S. government, is the source. Projects that enhance the corporate bottom line and also productively engage U.S. and Russian academics or civil society have the potential to create "wins" for all involved.
- **Play It "Safe."** While recognizing that this represents a distasteful, and perhaps unacceptable, compromise, many Russian NGOs are finding a way forward by focusing their work primarily or exclusively on issue areas the government finds acceptable or even desirable: maternal and child health, and healthy lifestyles. The government's main preoccupation when it comes to the demographic crisis has been the country's low birth rate, with twin pillars to its strategy: convince women to have more children by making pregnancy and childbirth seem more palatable, and increase the life and health chances of every baby that is born. NGOs whose efforts contribute tangibly and meaningfully to these goals have found themselves, in some cases, seemingly immune to intrusive state inspections and other forms of harassment, even if their funding comes in part from abroad. The same is true for a handful of civil society organizations working to prevent premature mortality due to lifestyle choices, including anti-tobacco and anti-alcohol groups. Some Russian observers suspect that, based on this and perhaps other (unknowable) criteria, the government has devised a list of "protected" NGOs that will, for the time being, enjoy tacit permission for continued and hassle-free operations. Many of these NGOs benefit from international partnership and support.

The overwhelming risk here, of course, is that conceding to government priorities abandons some of the most critically important issue areas on Russia's health and social agenda. In particular, the government would prefer not to confront a host of topics—gay and lesbian issues, harm reduction, feminism, the juvenile justice

system—that were being kept on the table in part by USAID and other foreign funding and contributed expertise. Without an international presence on the ground, or at least some level of international support, Russian NGOs, scholars, and others working in these areas will find it increasingly difficult to function. It is quite probable that this is exactly what the Russian government has in mind. U.S. partners can choose to play it “safe”—after all, the “safe” issues are legitimate and important ones—but the international community must be careful not to stay so safe that it capitulates to forced diversion of other issues off the agenda.

- **Go Global.** A play to Russia’s aspirations to global health leadership points toward potentially effective partnerships in third countries. Engaging Russia on the same plane as the United States and other established donors through bilateral and multilateral efforts to assist others can circumvent key obstacles, all the while realizing the political benefits of collaboration and supporting key Russian colleagues. Priority target areas here—areas where Russia has expertise worth exploiting—include a robust family planning and maternal health agenda, multidrug-resistant tuberculosis and antibiotic resistance in general, and health security, particularly work to help others meet International Health Regulations core surveillance and response requirements.

## Conclusion

While Russia is obviously home to many smart and experienced medical and public health specialists, its institutional structures, ideas, and mindsets have not yet caught up with global best practice. Much more imperative than funding, international partners have key knowledge and habits that can only be transmitted through sustained, focused ties. If two decades’ worth of these efforts over the post-Soviet period are allowed to wither under current political and foreign policy constraints, a significant amount of Russian intellectual capital and potential political and human benefit will not be realized. Even more importantly, the skilled and brave nongovernmental professionals continuing to function under current circumstances deserve not to be abandoned. The potential payoff, both short- and long-term, of continued investment in U.S.-Russia health collaboration is worth the effort and risk.





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