

## THE VILLAGE PUBLIC HEALTH CHALLENGES

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**The Abstract.** The village Public Health challenges, the medical personnel provision in the Russian Federation, including the general practitioners (GPs)/ family physicians (FP) have already been presented in the paper.

The rural population in the Russian Federation (RF) has been accounted 38,2 mln. (e.g. 27% of the country's population). A quarter of the RF's subjects, the rural residents have already been made up the 40% of the whole population. The growing trend of the village aging and its further extinction is constantly required the quite new approaches to the health and medical care, to the medical and social assistance organization. So, it is much concerned the district hospitals' fate, the 80% of the hospital beds' fund of which are borne the medical and social functions. Thus, it is necessary and required the inter – agency integration of the medical and social services in the rural areas, the modern forms introduction of the medical and social rehabilitation in the rural municipalities formation.

The priority national project, in the Public Health sector, has been the first stage of the systemic changes in this industry. So, the primary care physicians and the local district doctors number has been increased by the 7,7 thousand persons, including the general practitioners (GPs), during priority national project implementation. It has been allowed the rural health care areas and the health localities to be complemented by the medical health professionals, and, moreover, to be reduced the combining rate from 1,6 down to 1,3. More than 3 thousand young professionals have already come to be worked at the rural health care areas and the health localities. As a result, the retirement age people's proportion has already been decreased by 10% of the doctors and by 12% – among the medical nurses.

The insufficient supply of the doctors and the medical personnel bad staffing are practically determined the very low availability of the necessary medical care in the village, thus, the primary health care (PHC) in the rural areas is, very often, the initial and the final stage of the medical treatment. The workforce crisis existing in the rural areas is quite only possible under the general medical practices (GMP) development conditions. At the same time, GMP is quite implemented extremely slowly in the village, since the further transition to the GMP s presented the significant difficulties of the legal, financial, organizational, and even the psychological character.

In the late 90-es of the last century, it has already been recognized, that the Russian Public Health care system of the population, having deservedly recognized in the second half of the XX-th century, the best in the world, is needed to be further reformed. The excessive narrow specialization of the outpatient health care, has already been eliminated the physician identity, as the «guardian of health» figure.

Thus, the physicians' number in the country is continued to be grown up. In 2010, 625,7 thousand doctors have been employed in the Russian Ministry of Public Health and the Social Development system. According to the reporting form № 17 MPH and SD of the RF, the provision of the physicians in the country has been increased from 38,4 up to 44,1 per 10 thousand people of the population (e.g. for 14,8%), in the dynamics for 17 years (e.g. 1994 – 2010 –es).

In our country, by the district principle, the following doctors are working, such as: the internists, general practitioners, pediatricians, obstetricians – gynecologists, TB doctors. The 10,8 posts per 10 thousand people of the population are employed by these specialists and the professionals, that is represented 21,7% of the total number of the medical positions, having employed in the outpatient network. So, there many doctors, but a single charge of the patient's or the family's health is not quite at all. Therefore, the patient and the family with their challenges in this system – have already been lost.

In 1992, the Russian Ministry of Public Health have issued the Order under № 237 «On the Gradual Transition to the Primary Medical and Sanitary Care (PMSC) organization on the General Practitioner (Family Doctor) Basis», according to which the country has been committed itself to the course of the gradual, phased reformation of the Public Health for, at least 15 – 20 years (e.g. till 2010 – 2015).

So far, up to present, the disputes are on around the family discipline challenges, the public opinions and the specialists and experts are largely disagreed, or they are simply contradictory. E.N. Denisov et.al. (2009) and Yu.M. Komarov (2008) note, that, unfortunately, 19 years of the reforms have not yet brought Russia to the sustainable and balanced formation, in terms of the legal and economic model of the Public Health. Today, there can be no question of the widespread reformation of the Russian Public Health on the family medicine basis, because, in general, especially, in the towns and the cities, the stable situation is practically remained the district system, and the specialized outpatient services of the population.

Having devoted from the very outset in the hands of the regional reformers, the medical practice GMP in the rural areas, today, has been gained «the second wind», and it is confidently reanimated the village's Public Health, on the basis of the existing special features and its peculiarities of the population's health status, the medical care organization, as well as the Public Health technological infrastructure of the village, and also those special tasks, that it is recognized at the present stage of the regional Public Health development the highest priority ones

So, the GMP activity has already been declared by the whole number of the Orders. The different models GMP have already been created with the personnel's varying number and the work forms. The general practice practitioner (GPP) has already been become the central figure in the medical care delivery in the rural areas. At the same time, general medical practice is being

implemented very slowly in the rural areas. Thus, the basic challenges of the community outpatient medical care organization to the people in the rural municipalities' formations, according to the general medical practice principle are the following: the inadequate regulatory and the methodological framework basis, having governed the GMP activity in the Public Health system of the village.

During the period from 1994 up to 2010 years, the GPP number, having worked in the MPH and SD of the RF, has been increased from 359 up to 9,706, i.e. by 27 times. Thus, the total number of the GPP medical personnel has been amounted up to 1,5% in 2010. So, the GPP population provision has been made up 0,7 per 10 thousand of the population.

So, it should be recognized, that the primary Public Health medical care reformation – the further transition to the start working, on the general medical practice (GMP) principle is slowly gaining its rates. This process is being passed rather unevenly in the regions. The GPP provision in the RF subjects is usually ranged from 3,2 up to 0,04. The real difference in the rates performance is equal to 80 times. In a number of the RF subjects, such as: the Republic of Adygea, the Chechen Republic, the Karyaksky AR, the Chukotsky AR, the GMP have not yet been developed.

The PMSC organization, on the general medical practice principle, is quite especially actual and significant for the village, and it should be aimed at the availability increasing, and, moreover, the quality improving of the medical health services for the rural population.

So, the Public Health care reform in our country is provided for the change of the training and interaction among the public health care professionals, the doctors' training of the qualitatively new formation – the family doctors (FD), and the general practice practitioner (GPP).

However, at present, there are still many medical and prophylactic Institutions of the rural municipalities' formations, which are not staffed by the necessary medical personnel, that it is resulted in the availability level reducing of the medical health care for the rural population, and it, moreover, is required the unified state strategy development of the village's Public Health.

#### **The References:**

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