

# Russian Federation



Country context*	Population (000s)	142,834	Life expectancy at birth (years)	69
	GNI per capita (PPP Int \$)	23,200	Total health expenditure (% GDP)	6.5
	Physician density (per 10 000 population)	—	ICT Development Index rank	40
	Nurse & midwife density (per 10 000 population)	—	Mobile-cellular subscriptions (% population)	182.92
	Hospital bed density (per 10 000 population)	97	Internet users (% population)	53.3

## 1. eHealth foundations

National policies or strategies			
	Country response	Global "yes" response <sup>§</sup>	Year adopted
National universal health coverage policy or strategy	Yes	75%	1991
National eHealth policy or strategy	Yes	58%	2013
National health information system (HIS) policy or strategy	Yes	66%	2011
National telehealth policy or strategy	Yes	22%	2008
Funding sources for eHealth			
	Country response	Global "yes" response <sup>§</sup>	Funding source %**
Public funding	Yes	77%	>75%
Private or commercial funding	Yes	40%	<25%
Donor/non-public funding	Yes	63%	<25%
Public-private partnerships	Yes	42%	<25%
Multilingualism in eHealth			
	Country response	Global "yes" response <sup>§</sup>	Year adopted
Policy or strategy on multilingualism	Yes	28%	1991
Government-supported Internet sites in multiple languages	Yes	48%	
eHealth capacity building			
	Country response	Global "yes" response <sup>§</sup>	Proportion**
Health sciences students – Pre-service training in eHealth	Yes	74%	50-75%
Health professionals – In-service training in eHealth	Yes	77%	50-75%

## 2. Legal frameworks for eHealth

Policy or legislation – purpose	Country response	Global "yes" response <sup>§</sup>
Defines <b>medical jurisdiction, liability or reimbursement of eHealth services</b> such as telehealth	—	31%
Addresses <b>patient safety and quality of care</b> based on data quality, data transmission standards or clinical competency criteria	Yes	46%
Protects the <b>privacy of personally identifiable data</b> of individuals irrespective of whether it is in <b>paper or digital format</b>	Yes	78%
Protects the <b>privacy of individuals' health-related data</b> held in electronic format in an <b>EHR</b>	Yes	54%
Governs the <b>sharing of digital data between health professionals in other health services</b> in the same country through the use of an <b>EHR</b>	No	34%
Governs the <b>sharing of digital data between health professionals in health services</b> in other countries through the use of an <b>EHR</b>	No	22%
Governs the <b>sharing of personal and health data between research entities</b>	Yes	39%
Allows <b>individuals electronic access to their own health-related data</b> when held in an <b>EHR</b>	No	29%
Allows <b>individuals to demand their own health-related data be corrected</b> when held in an <b>EHR</b> if it is known to be inaccurate	No	32%
Allows <b>individuals to demand the deletion of health-related data</b> from their <b>EHR</b>	No	18%
Allows <b>individuals to specify which health-related data</b> from their <b>EHR</b> can be <b>shared with health professionals</b> of their choice	No	28%
Governs <b>civil registration and vital statistics</b>	Yes	76%
Governs <b>national identification management systems</b>	Yes	65%

### 3. Telehealth

#### Telehealth programmes country overview

	Health system level**	Programme type**
Teleradiology	Intermediate	Established
Teledermatology	National	Informal
Telepathology	National	Pilot
Telepsychiatry	National	Informal
Remote patient monitoring	Intermediate	Pilot

### 4. Electronic Health Records (EHRs)

#### EHR country overview

	Country response	Year introduced
National EHR system	Yes	2013
Legislation governing the use of the national EHR system	No	
Health facilities with EHR	Use EHR	Facilities with EHR %**
Primary care facilities (e.g. clinics and health care centres)	Yes	50-75%
Secondary care facilities (e.g. hospitals, emergency care)	Yes	<25%
Tertiary care facilities (e.g. specialized care, referral from primary/secondary care)	Yes	<25%
Other electronic systems	Country response	Global "yes" response <sup>§</sup>
Laboratory information systems	Yes	35%
Pathology information systems	Yes	18%
Pharmacy information systems	Yes	33%
PACS	No	26%
Automatic vaccination alerting system	No	10%
ICT-assisted functions	Country response	Global "yes" response <sup>§</sup>
Electronic medical billing systems	Yes	58%
Supply chain management information systems	Yes	58%
Human resources for health information systems	Yes	69%

### 5. Use of eLearning in health sciences

#### eLearning programmes country overview

Health sciences students – Pre-service	Country response	Global "yes" response <sup>§</sup>
Medicine	N/A	58%
Dentistry	N/A	39%
Public health	N/A	50%
Nursing & midwifery	N/A	47%
Pharmacy	N/A	38%
Biomedical/Life sciences	N/A	42%
Health professionals – In-service	Country response	Global "yes" response <sup>§</sup>
Medicine	No	58%
Dentistry	No	30%
Public health	No	47%
Nursing & midwifery	No	46%
Pharmacy	No	31%
Biomedical/Life sciences	Yes	34%



## 6. mHealth

### mHealth programmes country overview

Accessing/providing health services	Health system level**	Programme type**
Toll-free emergency	National	Established
Health call centres	Intermediate, Local	Pilot
Appointment reminders	Intermediate	Pilot, Established
Mobile telehealth	National, Intermediate	Pilot, Established
Management of disasters and emergencies	National	Established
Treatment adherence	Local	Informal
Accessing/providing health information	Health system level**	Programme type**
Community mobilization	Intermediate, Local	Pilot
Access to information, databases and tools	International, Regional, National	Informal
Patient records	National	Pilot, Established
mLearning	National	Pilot
Decision support systems	National	Informal
Collecting health information	Health system level**	Programme type**
Patient monitoring	Intermediate	Pilot
Health surveys	Local	Pilot
Disease surveillance	National	Established

## 7. Social media

Social media and health	Country response	Global "yes" response <sup>§</sup>	Year adopted
National policy or strategy on the use of social media by government organizations	Yes	18%	2010
Policy or strategy makes specific reference to its use in the health domain	No	5%	
Health care organizations – use of social media	Country response	Global "yes" response <sup>§</sup>	
Promote health messages as a part of health promotion campaigns	Yes	78%	
Help manage patient appointments	Yes	24%	
Seek feedback on services	Yes	56%	
Make general health announcements	Yes	72%	
Make emergency announcements	No	59%	
Individuals and communities – use of social media	Country response	Global "yes" response <sup>§</sup>	
Learn about health issues	Yes	79%	
Help decide what health services to use	Yes	56%	
Provide feedback to health facilities or health professionals	Yes	62%	
Run community-based health campaigns	—	62%	
Participate in community-based health forums	—	59%	

## 8. Big data

Policy or strategy – purpose	Country response	Global "yes" response <sup>§</sup>	Year adopted
Governing the use of big data in the health sector	No	17%	N/A
Governing the use of big data by private companies	No	8%	N/A

### LEGEND

#### \* Country context indicators

ICT Development Index Rank. 2015 - <https://www.itu.int/net4/ITU-D/idi/2015/>  
All other country indicators. Global Health Observatory. 2012-2014 - <http://www.who.int/gho>

#### \*\* Glossary

§ Indicates the percentage of participating Member States responding "Yes"

— Don't know

N/A Not applicable

‡ Indicates question was unanswered

□ Question not asked

Zero No funding

**International level:** Health entities in different geographic regions

**Regional level:** Health entities in countries in the same geographic region

**National level:** Referral hospitals, laboratories and health institutes (mainly public, but also private)

**Intermediate level:** District or provincial facilities: public and private hospitals and health centres

**Local or peripheral level:** Health posts, health centres providing basic level of care  
**Informal:** Use of ICT for health purposes in the absence of formal processes and policies

**Pilot:** Testing and evaluating a programme

**Established:** An ongoing programme that has been conducted for a minimum of 2 years and is planned to continue