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## The Latent Power of Health Cooperation in U.S.-Russian Relations

*Matthew Rojansky and Izabella Tabarovsky*

COOPERATION on healthcare and biomedical sciences has been a feature of U.S.-Russian relations since the early years of the Cold War. Despite political tensions, scientific collaboration proceeded—leading, in some cases, to impressive results, such as the clinical trial and widespread use of the Sabin polio vaccine and the eradication of smallpox.<sup>1</sup> Over the years, U.S.-Russian health diplomacy has drawn praise for its ability to transcend politics and unite the two countries around a common cause.

However, the full potential of U.S.-Russian health engagement has not yet been reached. The two countries possess unrivaled scientific resources that, if combined, could drive innovation and economic growth for both. Joint efforts to fight noncommunicable diseases—which include heart disease, diabetes, and cancer and are critical factors of mortality and morbidity in both countries—could improve and prolong the lives of tens of millions of Americans and Russians. And with their combined population of 450 million, the United States and Russia are well positioned to become leaders in personalized medicine and gene therapies, which require access to large patient-data pools.

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Successful U.S.-Russian healthcare cooperation could have a ripple effect beyond the borders of these two countries—and even beyond health and science. At a time of unprecedented pandemic threats, Washington and Moscow can work together to alleviate the suffering caused by disease worldwide while contributing to the creation of a more stable and prosperous world.

Unlocking this latent potential requires leadership, resources, know-how, and strong institutional foundations. As the two countries grapple with crises in their respective healthcare systems, governmental institutions must join forces with the private sector, nongovernmental organizations (NGOs), multilateral organizations, and other professional and community resources. Bilateral structures must be strengthened and supported.

## **The History of U.S.-Russian Health Engagement**

Healthcare cooperation between the two countries dates back to the 1950s, when the United States and the Soviet Union signed the Lacy-Zarubin Agreement “on Exchanges in the Cultural, Technical and Educational Fields.” The agreement was a success, with hundreds of scholars and graduate students participating in exchanges over the following years.<sup>2</sup>

During that time, scientific collaboration between the two countries led to extraordinary achievements in public health. The polio vaccine was developed by American scientist Albert Sabin and first put into mass production and application by Soviet scientist Mikhail Chumakov, paving the way for clinical trials in the United States. And collaboration between the United States and the Soviet Union from 1965 to 1977 under the umbrella of the World Health Organization helped eradicate smallpox.<sup>3</sup>

As the Cold War drew to an end and Russia faced immediate economic and social challenges after the dissolution of the Soviet Union, healthcare cooperation assumed a humanitarian-assistance mode, driven mainly by the U.S. Agency for International Development (USAID) and the Centers for Disease Control and Prevention (CDC). USAID allocated a significant portion of the total \$2.6 billion disbursed to Russia between 1991 and 2012 to local, regional, and national programs on infectious diseases (including HIV/AIDS—more than two hundred NGOs focusing on HIV/AIDS were funded), reproductive health, family planning, infant and child morbidity and mortality, child welfare, and support for orphaned children.<sup>4</sup>

The United States supplied the necessary vaccines and pharmaceuticals, helped restore local production of these materials in Russia, and assisted with addressing outbreaks of diphtheria and other infectious diseases.<sup>5</sup> Important hospital partnerships and physician exchanges were launched, helping to send U.S. physicians to Russia and vice versa to facilitate professional exchanges and strengthen local medical facilities. Much work was done in the areas of micronutrient malnutrition, maternal and child health, access to quality healthcare,

and mental health.<sup>6</sup> At the same time, tremendous possibilities opened up for the private sector as Russia continued to transition to a market economy.

## **The U.S.-Russia Bilateral Presidential Commission as a Tool for Cooperation**

In the Soviet era, the overall relationship between the two countries was managed through a complex set of mechanisms, including high-level official summits and ministerial meetings. Developed over decades, these exchanges were a reflection of the times, which demanded a careful balancing of political and ideological tensions with productive cooperation.

With the dissolution of the Soviet Union and the end of the Cold War, a new mechanism for government-to-government dialogue needed to be created.

### *The Gore-Chernomyrdin Commission*

In 1993 Russian president Boris Yeltsin and U.S. president Bill Clinton established a comprehensive bilateral commission designed to keep officials on both sides engaged with one another on an ongoing basis in the areas of the economy, energy, space, and science and technology, among others. The commission, which eventually came to be known as the Gore-Chernomyrdin Commission after U.S. vice president Al Gore and Russian prime minister Viktor Chernomyrdin, served as an important tool for shaping cooperation in the new era.<sup>7</sup>

The commission continued its work throughout the two Clinton terms. In the area of healthcare, it focused on the control of infectious diseases, including TB, HIV/AIDS, and sexually transmitted infections; access to quality care, including primary healthcare, preventive medicine, and particularly treatments for depression, substance abuse, alcoholism, diabetes, cardiovascular diseases, and hypertension at the primary healthcare level; and maternal and child health, including micronutrient malnutrition, reproductive health, and environmental health.<sup>8</sup>

As the United States went through the trauma of the September 11, 2001, terrorist attacks and became enmeshed in wars in Afghanistan and Iraq, the relationship between Washington and Moscow lost momentum.<sup>9</sup> However, even during this period, strong and productive cooperation in healthcare continued, anchored by USAID, the CDC, the National Institutes of Health (NIH), and various agencies in the Department of Health and Human Services in the United States and by the corresponding ministries in Russia.

### *The Bilateral Presidential Commission*

In July 2009, Russia and the United States created the BPC as a working body for improving coordination, addressing the challenges of an ongoing dialogue, and supporting cooperation in multiple areas. The BPC was broadly viewed as a re-creation of an institutional foundation for the regularized and systematic contacts

that had characterized the U.S.-Russian relationship for nearly half a century.<sup>10</sup> Many saw in it an opportunity for U.S.-Russian relations to become grounded in institutions that would last beyond the specific administrations that created them.

In establishing the commission, U.S. president Barack Obama and Russian president Dmitry Medvedev called for institutionalized contacts that would help develop the relationship between the two governments “in a more structured and regular way.”<sup>11</sup> At a 2009 summit, the two signed a Memorandum of Understanding on Cooperation in the Field of Public Health and Medical Sciences.<sup>12</sup>

Since its creation, the BPC has emerged as a valuable, albeit less than perfect, structure for managing U.S.-Russian cooperation across multiple areas. Its Working Group on Health promotes bilateral cooperation in four key areas: scientific collaboration, maternal and child health, healthy lifestyles, and global health. Among its specific achievements to date are a signed Protocol of Intent on Cooperation for the Global Eradication of Polio; a new memorandum of understanding between the NIH and the Russian Foundation for Basic Research, which has already generated the first joint U.S.-Russian grant competition on HIV/AIDS prevention; and the establishment of Text4Baby, a project that delivers health information to mothers by mobile device to improve maternal and infant care in Russia. (Jill Biden, the wife of U.S. vice president Joseph Biden, showed her support for the latter by helping to announce the Text4Baby project in March 2011.)<sup>13</sup>

Signing the Protocol of Intent on Malaria Control was an important milestone. The protocol represents a commitment by both countries to work together to end preventable child deaths from malaria. Cooperation is expected to entail training and capacity building, evaluation, operational research, and collaboration with other partners on global malaria control. The protocol is important as a signal that both countries are ready to transcend the donor-recipient paradigm that has prevailed throughout the post-Soviet period—which saw Russia primarily as the recipient of aid disbursed by the United States—and work as equal partners to resolve one of the key global public health issues.<sup>14</sup> (The recent departure of USAID from Russia, however, has created uncertainty about the future of these malaria-control initiatives, as new sources of funding will now be required.)

In addition, the working group has reported facilitating cooperation on bilateral tobacco-reduction programs, including QuitNowText, a mobile text-messaging program that delivers motivational tips to smokers planning to quit. It has also established joint biomedical research programs; maternal and child mortality programs, including use of innovative technologies in the care of premature babies; and programs related to health outcomes of babies born as a result of assisted reproductive technologies. Joint projects are also underway to study the epidemiology of obesity and reduce incidence of alcoholism.<sup>15</sup>

## **Mutual Challenges, Mutual Solutions**

Recognizing the unique possibilities inherent in health diplomacy and with support from officials in both countries, the Carnegie Endowment for International Peace established the Public-Private Task Force on U.S.-Russian Health Cooperation to help move this cooperation forward. The task force, which brought together a broad spectrum of stakeholders from both sides, was launched in 2011 to support the work of the Bilateral Presidential Commission (BPC), the coordinating body for cooperation between the two governments and the successor to a long line of institutions that have promoted health cooperation between the two countries for more than six decades.

From the moment of its establishment, the task force set out to develop creative approaches to uncover new avenues of cooperation that could benefit both countries equally. Members met for numerous workshops, presentations, and discussions over an eighteen-month period. They examined the two countries' healthcare systems, explored key areas where the United States and Russia could work collaboratively, and devised specific initiatives that could lead to practical results on both sides.

One of the task force's more important insights was that, while the Russian and U.S. healthcare systems have their own sets of challenges, some of the social and public health issues that the two societies must confront are similar. Both face a growing aging and dependent population that suffers from a high incidence of chronic illness caused by a variety of social and lifestyle factors. Both systems emphasize care for the sick versus prevention and wellness. Both are challenged by fragmentation and inefficiencies that increase the cost burden on their respective economies and create disparities in access to quality care. And both must educate their populations and incentivize providers to focus on prevention and wellness. Another acute problem facing both systems is equitability in access to quality care.

At the same time, Russia in particular faces some unique challenges. In the past twenty years, it has had to redesign its entire healthcare system from a highly centralized one, where the state controlled every aspect of healthcare, to a more decentralized system that has to respond to market forces and incorporate private actors. As Russia continues with this process, it has the advantage of learning from the world's best practices and worst mistakes. Rather than adopting methods and policies that may have proven only marginally effective elsewhere, the country can think outside the established paradigms and develop more advanced and, potentially, more effective solutions.

One such solution, which has caused many in the West to take notice, has been the deployment of a \$9 billion Russian state venture fund, RUSNANO, around the globe to invest in start-up life-sciences companies with the goal of supporting technology transfer to Russia and fostering the growth of Russia's biopharmaceutical industry. In March 2012, RUSNANO partnered with the U.S.

venture capital fund Domain Associates to invest \$760 million in U.S. healthcare and pharmaceutical firms with the goal of bringing new drugs to the Russian market. The two partners agreed to invest up to \$330 million each in the life-sciences companies in Domain's portfolio. They have also agreed to invest up to \$190 million in building a manufacturing facility in Russia for the products created by Domain companies to be sold in eastern Europe. Under the agreement, roughly twenty existing and potentially new U.S.-based Domain portfolio companies will benefit from the collaboration. The partners can also co-invest in third-party technology.

In July 2012, the companies announced the first beneficiary: Domain's CoDa Therapeutics, a biopharmaceutical company focused on new technology for healing wounds. CoDa is licensing the rights to its technology to a Russia-based pharmaceutical company in exchange for \$40 million in financing. As part of the deal, as with all RUSNANO life-sciences investments, CoDa is to establish research and development operations in Russia.<sup>16</sup>

In 2012, Wendy Diller wrote in the *IN VIVO Blog* that RUSNANO was turning "conventional wisdom on its head" by proving that emerging markets can, in fact, be a source of scientific and commercial innovation in the biopharmaceutical industry, rather than just a way to gain "near-term revenues and cost efficiencies." Diller remarked that, thanks to the particularly innovative nature of the RUSNANO/Domain and CoDa Therapeutics deal, U.S. venture capitalists and biopharmaceutical companies are starting to take a closer look at Russia.<sup>17</sup>

## Public-Private Task Force on U.S.-Russian Health Cooperation Recommendations

The task force issued detailed recommendations to address

1. Strategic resource allocation
2. Healthy lifestyles (with a focus on noncommunicable diseases)
3. Science cooperation and technology transfer
4. Regulatory convergence and harmonization

Its overarching strategic recommendations cut across all four areas:

- 1. Transform the relationship into one of equal partners.** In the immediate post-Soviet period, as Russia struggled with transition, U.S. policy toward Russia took the form of economic, financial, and other types of assistance. It is now time for that donor-recipient relationship to give way to a new vision. Russia has signaled that it is ready to assume the role of an equal partner to the United States and a donor vis-à-vis other countries. The United States must acknowledge and honor that. The two countries must work as equal partners to address global health challenges.

2. **Find areas where interests align.** Issues such as the rising rates of multidrug-resistant tuberculosis (TB), noncommunicable diseases, and the obesity epidemic can spur multiple stakeholders to take collaborative action. Focusing on these shared interests will attract the resources and the know-how that can help move the overall relationship forward.
3. **Maintain the momentum of cooperation.** The need for cooperation often becomes apparent only in times of crisis, such as global pandemics, and loses urgency at other times. But a crisis is not the time to begin building cooperation. Maintaining the momentum on a regular basis will help ensure effective responses at critical times.
4. **Recognize the importance of Track II activities.** Professional peer-to-peer exchanges have proved to be an important and successful pillar of U.S.-Russian health cooperation. Continuing to facilitate these interactions will build relationships that can produce palpable outcomes.
5. **Encourage public-private cooperation.** Both sectors must work together to further the collaborative agenda. Only through such cooperation will the two sides generate the optimal combination of political leadership, technological know-how, and resources to move the relevant projects forward.
6. **Take advantage of regional- and state-level strengths.** Much creativity and original thinking in the realm of policy making originate at the state level in the United States and the regional level in Russia. Establishing cooperative relationships at those levels wherever possible may help accelerate progress.

The task force developed additional recommendations in each area of focus, such as building cooperation in the use of health information technology, telemedicine, and electronic medical records; collaborating on joint immunization campaigns; exploring joint projects in personalized medicine; focusing on prevention and early detection and developing joint programs to promote healthy eating, exercise, and healthy lifestyle choices; creating a platform for ongoing U.S.-Russian regulatory cooperation; laying the groundwork for mutual recognition of clinical trials conducted in the United States and Russia; and increasing funding for basic research and continuing cooperation on multidrug-resistant tuberculosis—one of the most troubling healthcare-related trends in recent decades.

## **Looking Ahead**

The scope of work that the BPC Working Group on Health could undertake is tremendous. Deeper bilateral engagement in this area would benefit not just Moscow and Washington but the world. The task force's recommendations are meant to help unleash the latent potential of such cooperation.

Some aspects of this cooperation are already breaking new ground. RUSNANO's extensive investments in the United States have defied conventional wisdom by

demonstrating that Russia can be the one investing in global industry and that it can do so through creative, win-win approaches.

Reaching the full potential of this collaboration will require ongoing commitment and political will. That is where the BPC Working Group on Health should take the lead. The BPC should be proactive in advancing the dialogue and making sure the two governments continue to engage with one another, while also inviting the private sector, NGOs, the scientific and professional community, and other stakeholders to the table. Only such multisectoral engagement can provide all the ingredients—political will, resources, technological know-how, and local knowledge—necessary to move the cooperation forward.

The BPC Working Group on Health must continue to focus on outcomes. It is important that it maintain this course unwaveringly, following through on initiatives and turning ideas into action.

Finally, the BPC should not be afraid of bold steps. Many of the problems that have consistently plagued the two countries' healthcare systems may yet be solved by stepping back, taking a big-picture view, and engaging in some truly creative thinking. Ongoing dialogue and sharing ideas may provide fertile ground for the kinds of insights and creative approaches that could give rise to such solutions. Cooperation between public and private sectors is critical to achieve that. The BPC possesses the necessary clout to make this happen. Its Working Group on Health should use it to lead the two countries forward. **SD**

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*This article is extracted from “A Quiet Force: Health Cooperation in U.S.-Russian Relations,” a report by the Carnegie Endowment for International Peace Public-Private Task Force on U.S.-Russian Health Cooperation, which was published on March 19, 2013, and can be found at <http://carnegieendowment.org/2013/03/19/quiet-force-health-cooperation-in-u.s.-russian-relations/frtq>. The task force is funded by the Pharmaceutical Research and Manufacturing of America and the Richard Lounsbery Foundation.*