Public health: policy priorities and regulatory strategy

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Abstract. The subject of this article is the Institute of Public Health. The authors have identified trends affecting the change of approaches to public health and its regulatory mechanisms, and presented a theoretical and legal justification for the definition of public health. Using the example of Russia, the authors determined the scope of constitutional and legal regulation of public health, and formulated conclusions about the fragmentation and complexity of law-making in this area. It is proved that the implementation of social policy in the field of public health is carried out at three public legal levels: international, state and local self-government, however, their subjects of competence and powers are not balanced and systematically distributed. It is concluded that the transformation of social policy should be carried out taking into account the legal experience of the states interacting within the framework of the CIS and the EAEU.

1 Introduction

1.1 The significance of the problem and its condition

In the modern design of social policy in Russia and many foreign countries the category of “public health” (or “human health”, “national health”) is an object of priority attention and a promising, long-term trend in the field of legal regulation.

This circumstance is caused by a number of objective factors: global and national processes in politics, economics, demography; the level of development of legislation on health protection, social support for citizens and public institutions; evolutionary progress in medicine, biology, digital technologies; the latest security threats.

Let us highlight modern, systemic trends affecting the novelty of approaches to public health and its regulatory mechanisms.

1. It is generally recognized at the international level, within the framework of the UN community: human health issues, the basic health needs of the world’s population, on the one hand, and the sustainable development of countries, improvement of socio-economic conditions, on the other hand, are inextricably linked; they require comprehensive, cross-sectoral efforts related to education, housing, sanitary and epidemiological policy, prevention, environmental protection, universal respect and observance of human rights and fundamental freedoms [1, 2].

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2. Public health acts as a target indicator of the state, it is an unconditional social priority, the tasks of its protection require priority solutions. In particular, the President of Russia has identified “preservation of the population, strengthening human health” as the first national goal of the state’s development until 2036 [3].

3. The problem of public health is closely interrelated with public safety, it is conceptual component of it. Public security, in turn, is defined as an integral part of the National security.

For example, the National Security Concept of the Republic of Belarus in paragraphs 12, 13 establishes that ensuring public safety is the main national interest in the social sphere, and improving the general level of health is the main national interest in the demographic sphere [4]. The Public Security Concept of the Republic of Uzbekistan in paragraph 1 considers public security as a state of society protection from threats and defines it as one of the main directions of national security [5]. According to Russia’s National Security Strategy, “saving the people” is a national interest and a strategic long-term priority, and socio-economic policy is aimed at “creating conditions for improving the health of citizens, increasing life expectancy, and reducing mortality” (paragraphs 25, 26) [6].

4. The regulatory legal framework of states in the field of public health protection is characterized by a large number of sources, dynamism and regular updating of strategic documents. For example, in Turkmenistan, for the period from 2018 to 2028, 13 strategies and national programs have been adopted and are being implemented to achieve and improve health, increase life expectancy of the population: a healthy mother – a healthy child; the fight against non-infectious diseases; transformation into a tobacco-free country; the development of balneology; increased physical activity; prevention of harmful effects of alcohol; improving the immunity of the population; increasing vitamin D-related preventive measures; healthy nutrition, etc. [7].

5. The state policy in the field of public health demonstrates qualitative positive changes. For example, the Russian healthcare system shows significant results in 2023-2024: life expectancy has increased to 73.44 years, which is the highest figure in the entire history of Russia; historical lows in infant and child mortality have been achieved (4.2% per 1,000 births); primary medical care has been modernized – the number of visits to these institutions annually exceeds 1 billion; 9 national projects worth 1.7 trillion rubles are being implemented; the infrastructure of medical organizations is developing, processes are being optimized; digitalization is underway; production of domestic medicines is growing; pilot projects have been implemented, etc. [8].

Despite a wide range of measures, the public health situation continues to be difficult, requiring sustained attention over time. Thus, over recent years, the general morbidity of the population in Russia has increased in all classes (except for pregnancy, childbirth and the postpartum period). There is an increase of 3.6% in respiratory diseases, 5.8% in diseases of the circulatory system, 7% in diseases of the musculoskeletal system and connective tissue, and 4.6% in the incidence of neoplasms [9].

Thus, the prevention of diseases and their treatment continue to be fundamental tasks that require systemic organizational, managerial and legislative solutions.

6. The 21st century is marked by the emergence of qualitatively new diseases and threats to humanity. The first type is associated with infectious pandemics. Urbanization, large-scale migration, increasing international travel and global trade, the expansion of economic activities in the field of natural reservoirs, climate change, resistance of microorganisms has led, according to experts, to the emergence of previously unknown infections: coronavirus SARS-CoV, causing SARS, in 2002; the swine flu virus (H1N1) in 2009, MERS coronavirus, causing Middle East respiratory syndrome in 2012 and COVID-19 in 2019 [10].
The second type of disease is caused by the rapid development of technology, the entry into the digital age. On the one hand, scientific, technical and information progress is obvious. On the other hand, this progress creates new threats to the somatic (physical), psychological, and social health of society. These include: low physical activity; electromagnetic radiation; impact on the central nervous system, musculoskeletal system; decreased immunity; impaired cognitive functions of the brain responsible for memory, concentration, analysis, and the ability to reflect; media bulimia; development of clip thinking; nomophobia; destructive virtual practices; cyberbullying; desocialization, etc. [11].

The source of the third type of threats to public health are: international terrorism; proliferation of weapons of mass destruction; organized crime; drug trafficking; military, religious, ethnic conflicts [12].

Thus, states need to respond promptly to emerging threats to public health and improve the quality of the biosafety system functioning.

The modern historical stage is characterized by exponentially growing importance of public health institute as the collective health of the nation (people, population).

2 Materials and methods

2.1 The concept of “public health”: theory and legal implementation

The concept of “public health” should be recognized as new in science. To understand its key components, based on the analysis of the approaches proposed in scientific publications, we consider it possible to identify, firstly, the understanding of public health as the health of the population as a whole, as a condition caused by certain factors of an individual and social nature, which include characteristics of physical development, morbidity, disability, and conditions of collective life [13].

The second approach considers public health as the most important economic and social potential of the country, due to the impact of various environmental factors and lifestyle of the population, which allows to ensure an optimal level of quality and safety of life” [14]. Thirdly, public health is understood as a quality of society that provides conditions for the lifestyle of people who are not burdened with diseases, physical and mental disorders, i.e. a condition in which the formation of a healthy lifestyle is ensured” [15]. Fourth, public health is “the total health of people living in a certain territory or in a state in the context of the demographic situation, working capacity, active life, social well-being of a person and family, costs of treatment and prevention of diseases; it characterizes the viability of society” [16].

Let us find now the unifying characteristics: health, public health, subjective factors of each person’s health, objective factors affecting the quality of the population’s life in the country as a whole, the condition for the viability of the whole society and the condition for the security of the state.

The concept of “public health” includes a wide range of components, is formed in the public sphere, goes beyond the individual health of everyone, determines the security of the state.

Levels of legal regulation of “public health” concept. When analyzing the legal field in which the concept of “public health” occurs, we will rely on the hierarchy of legal acts established at the constitutional level.

(Necessary disclaimer No. 1: the legal regulation of public health is considered on the example of Russia).
The term “health” is found in the Constitution of the Russian Federation 13 times in the context of the state social policy purposes, the constitutional right of every person to health protection, responsibility for concealing information threatening health and well-being, the right to compensation for damage to health, as a goal in limiting fundamental rights and freedoms, which means a high degree of importance for the constitutional value of “health” both for the individual and for the state and society.

The term “public health” was established in the Constitution of the Russian Federation in 2020 in article 72. According to paragraph “g” of this article, the coordination of health issues, including ensuring the provision of affordable and high-quality medical care, the preservation and strengthening of public health is under the joint jurisdiction of the Russian Federation and its subjects [17].

Russian federal legislation contains many norms regulating health protection issues, at the same time, there is no separate legislative act on the basics of public health.

The basic federal law “On the Basics of Public Health Protection” also does not contain the term “public health”. Considering the component “health” as the main one in the concept of “public health”, we will highlight the issues regulated by this law (for this purpose, within the framework of our study, we will turn to the subject of regulation and the conceptual apparatus established in Articles 1 and 2). The subject of regulation is aimed at the following areas: the legal, organizational and economic foundations of public health protection, the rights and obligations of citizens, medical organizations, medical and pharmaceutical workers, the powers of public authorities in the field of health protection. The vast majority of concepts included in the conceptual framework are related to medical care, medical services, treatment, etc.

(Necessary disclaimer No 2: the grouping of legislative acts is carried out solely for the purposes of this study, to illustrate the fragmentation and complexity of law enforcement).

The analysis of federal legislation, where the subject of regulation is any component of public health, based on the above positions regarding the definition of “public health”, allows us to distribute federal laws adopted in the amount of more than 30 by 2024 into three groups:


An illustration of the multiplicity among legal acts regulating various aspects of public health can be seen in the reports of the Ministry of Health of Russia [8, 9].

The total number of acts in the field of healthcare adopted by the Government of the Russian Federation in 2022 is more than 200 (for example, Decree of the Government of
the Russian Federation No. 140 “On the Unified State information system in the field of healthcare” dated February 9, 2022; Decree of the Government of the Russian Federation No. 2469 “On implementation of the pilot project related to remote surveillance over a patient’s health using the ‘Personal medical advisors’ information system (platform)” dated December 28, 2022 ). The total number of orders issued by the Ministry of Health of the Russian Federation is 828, while more than 262 of them are normative.

A special feature of the legal regulation of public health issues is the establishment of certain indicators in the field of public health through national projects. For example, the National Health Care Project [18], the implementation period of which ends on December 31/2024, provides for reducing mortality, including infant mortality, eliminating staff shortages in medical organizations providing primary medical and social care, and increasing the availability of medical care. The National Demography Project [19] contains five federal projects, one of which is called “Strengthening Public Health”. The indicators of this federal project are: an increase in the proportion of citizens supporting a healthy lifestyle and the development of a motivation system leading citizens to a healthy lifestyle, including a healthy diet and giving up bad habits.

As we can see on the example of the Russian Federation, the legal regulation of public health is multidimensional and unstructured. Despite the variety of laws and by-laws, the effect of a legal “patchwork” is created, which prevents the provision of effective law enforcement practice.

3 Results and discussion

3.1 Public health in social policy: towards a balance of powers exercise in a unified system of public authority

Public health occupies a special place in the law enforcement practice of any state, determines the potential for its development. The implementation of social policy in the field of public health is carried out at three public legal levels: 1) international (universal and regional); 2) state (with features that take into account the division into federal and regional subjects (Russia) or autonomy in a unitary state on the territory of the CIS: Gagauzia autonomous national-territorial entity within Moldova, the Gorno-Badakhshan Autonomous Region in Tajikistan, the Republic of Karakalpakstan in Uzbekistan, the Nakhichevan Autonomous Republic in Azerbaijan; 3) at the local government level.

From an international point of view, public health is a legal category that plays a significant role in social policy. The World Health Organization, representing the interests of its 194 Member States in all six regions of the world, considers public health as a social policy. According to WHO, the essential signs of public health are: reducing health inequalities and at the same time ensuring the best health for the largest number of people; organized public and private sector activities for disease prevention, health promotion and life extension, etc. [20].

In addition to coordinating health issues at the state level, conditions are being created in Russia for leading a healthy lifestyle, forming a culture of responsible attitude of citizens to their health. Such a legal structure reflects the ideas of universal development in the field of healthcare, which indicates the formation of a collective need to preserve and strengthen human and social health, as well as to improve the quality of the population’s life. Besides the extensive federal legislative regulation, which was considered earlier, public health as an object of social policy is being developed in the subordinate legislation updated on a regular basis. In particular, uniform requirements are established for the appointment and provision in electronic form (including without an application) of social protection and
support measures, social services provided within the framework of social services and state social assistance. This is done due to the special value of public health and the high need for urgency in solving certain issues of its preservation – in such cases, the decision on the appointment and provision of social support measures is made by authorities or organizations no later than the second working day from the date of receipt of the application [21].

The specialization of state bodies system with authority in this area confirms the complex nature of public health as a direction of social policy. Currently, the Ministries of Health, Sports, Labor, Social Protection, Construction, Housing and Communal Services, Education, Science and Higher Education are implementing social policies to ensure the achievement of a high level of public health. However, each state body remains within its competence and functional certainty. Therefore, we consider it possible to make a rule-making proposal on the formation of an advisory body under the President of the Russian Federation to promote a healthy lifestyle and coordinate state policy in the field of public health promotion. They will also be effective: 1) creation of municipal centers of a healthy lifestyle; 2) development of methodological recommendations to motivate the population to visit such centers, to create conditions for health improvement, to increase the culture of people’s attitude to their health.

Local self-government bodies, solving issues of local importance, perform coordination, security, information and analytical functions for cooperation or interaction with other public authorities. At the same time, the existing powers are insufficient to implement an integrated approach to achieving public health, which includes normative and individual legal regulation of the spiritual (mental), physical and social well-being of individuals and society as a whole: healthy nutrition, increased physical activity, prevention of tobacco use, reduction of alcohol consumption etc.

The experience of the Republic of Kyrgyzstan deserves an attention. It can be used for legal adaptation across the CIS countries. Bishkek City Hall employees and municipal employees were banned from using a private car on Tuesdays and Thursdays – they can only use public transport or walk. In addition, municipal employees monitor the real situation regarding compliance with sanitary standards and quality of service in public transport, which are also within the competence of local government [22]. Such practice allows to solve two tasks simultaneously: strengthening public health; formation by representatives of local authorities of a model of social and civic activity among residents of municipalities.

To ensure public health at the local level, it is necessary to promptly solve tasks aimed not only at collecting analytics and providing necessary assistance, but also at preventing diseases and promoting a healthy lifestyle among the population. The combination of security, information-analytical, preventive and value-oriented functions of local self-government in the field of healthcare is precisely the one that can lead to an effective result within the framework of a municipal programme (a strategic document of an integrated nature) adoption in compliance with federal (state) legal regulation.

At the same time, in Russia and a number of CIS countries (Armenia, Azerbaijan, Georgia, Moldova), where local self-government is a priority rather than state government, municipal programmes aimed at ensuring the preservation and strengthening of public health have been adopted and are being implemented only in individual municipalities, since this is their right, not their obligation. Moreover, if municipalities perform only imperative powers directly enshrined at the state level of legal regulation, then the goals of reducing the diseases spread will not be achieved, since local authorities contain exclusively informational, analytical, coordinating, and security functions.

Cases of lack of independence among local governments in the CIS countries, increased interdependence and a hybrid model of interaction between local public authorities and
state authorities (Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan) are not an exception to the issues under consideration. The centralization of the organizational structure does not provide an effective solution to health issues. We see a way to overcome this barrier in the transfer of some powers in the field of public health from the state level to local government and mandatory municipal strategic planning in the field of public health and social policy, taking into account historical and other local traditions.

At the same time, the refusal to endow local self-government bodies with separate state powers for medical and social support of human health and society as a kind of interaction form in a single system of public authority will exclude the guarantee of their financial security, which will lead to a diminution of the constitutional rights of Man and of the Citizen, the inability to ensure their implementation. Based on data from the Ministry of Finance of the Russian Federation, only about 2% of municipalities can be considered financially self-sufficient, and the debt of municipalities amounted to 389.1 billion rubles as of July 1, 2023 [23]. Thus, the deficit in the execution of the absolute majority of local budgets leads to the conclusion that there is no financial capacity of municipalities in the field of exercising powers to form public health.

Therefore, there are no local resources or funds for their implementation, even with an increase in the powers of local governments to the initial ones (at the time of democratic statehood emergence in the 1990s) and the adoption of municipal programmes in each municipality. The solution to the problem lies in rethinking the economic basis of local self-government and determining the balance of their own local income and expenses. In this aspect, it seems promising to leave control and reporting powers at the state level so that local authorities report on the results of their work in this area in order to ensure the effective achievement of public health goals.

In conditions of multilevel legal regulation and the complexity of actual law enforcement activities, there is no balance between the powers of the state and local government, while there is a significant shift towards a higher level of public authority. Although the municipalities are exactly the ones that have the closest connection with the population and that can ensure the achievement of public health, today they have lack both the legislatively provided powers to ensure comprehensive public health and the resources for their implementation.

The “dynamism” of public health legal regulation creates an opportunity to make changes to the modern legal model of local self-government in accordance with the real needs and interests of the local community and reflecting human and social health not only as a constitutional value or strategic goal of state development, but also a natural need for life support.

It is of fundamental importance to preserve certain aspects of ensuring public health in the category of issues of local importance and to distinguish them from state issues solved at the local level in the subjects of local self-government, taking into account the fact that none of the spheres of public relations can be exhaustively defined as belonging to the jurisdiction of the state or local self-government.

4 Conclusion

1. Public health is the newest institution of international and national law, a new social value, an imperative recognized as a state goal. Public health acts as an independent component of the national security policy, the strategic priorities of which are fixed at the highest level of legal regulation. The identification of new diseases and threats to humanity requires the adoption of laws corresponding to them or changes in existing ones;
2. Despite the existing legal regulation of key areas related to public health, it can be called a “patchwork”. Main problems are the following: difficulty in law enforcement; duplication of norms; lack of a holistic approach to the concept of “public health”;

3. The development of strategic short- and long-term state and municipal public health programmes, taking into account the economic and social dynamics of states, historical and other local traditions, and the interests of various categories of people is the primary measure of the public health legal regulation modernization;

4. Many public health issues that directly constitute the competence of state bodies and local self-government, which have not yet been structurally ordered, systematically distributed between the levels of a public authority unified system, need an analytical rethink (in order to achieve a balance of powers and subjects of competence) and an appropriate update of regulations. The transformation of social policy cannot be carried out outside the legal experience of states interacting and interconnected within the framework of the world space, in particular the CIS and the EAEU.

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