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**THE EMERGING CIVIL SOCIETY-
STATE NEXUS IN PUTIN'S
RUSSIA: A CASE STUDY IN
PUBLIC HEALTH**

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THE EMERGING CIVIL SOCIETY-STATE NEXUS IN PUTIN'S RUSSIA: A CASE STUDY IN PUBLIC HEALTH²

As of 2017, the main principles, values and goals of the Russian health care system are still under discussion, but the role of non-profit organisations in this sphere remains poorly defined and little understood, following the introduction of a controversial 2012 law restricting the role of foreign funding of Russian NGOs. We find that the evolution of civil society in Russia has given rise to a unique model of civil-state interaction, characterised as an uneasy union, in pursuit of scarce financial resources, between the most influential NGOs in the health sphere and the public authorities.

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Keywords: Russian NGOs, Russian health policy, civil society – state relations.

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1. Introduction

After the dissolution of the USSR, the Russian Federation faced obstacles in developing its national health care system in challenging and transforming economic and political conditions. During this period, reforms were impeded by diverse factors, including the growing assertiveness of stakeholders and the appearance of interest groups with new agendas (Davis 2010). A main achievement of the early reforms was the expansion of the sources of public health care funding. However, this did not prevent an overall reduction of available funds in the 1990s caused by the economic crisis and cuts in public spending during the transition from a planned to a market economy (Shishkin 1999). After a period of recovery and stability in the early 2000s, the recent economic crisis has forced the Russian government to further reduce the health budget and has intensified the debates concerning on-going health reform in Russia.

The financing of the health system was modernized in 2010 with the adoption of a new law on compulsory medical insurance. However, as of 2017, the main principles, values and goals of the Russian health care system are still under discussion. The transformation of priorities and the associated reactions of stakeholders (e.g. professional medical organisations, clinicians, pharmaceutical companies, patient groups) to the new challenges will significantly shape the future evolution of the health sector in Russia.

This paper focuses on one particular group of stakeholders – the non-profit organisations that, while crucial, remain poorly understood in Russia. The main objective of the research is to understand why and how the priorities of Russian NGOs in the health sphere (e.g. professional medical organisations and patient groups) differ from policymaker priorities. We draw on qualitative and quantitative research to examine government and civil society experiences and roles in the on-going modernization of the health care system. We highlight heightened social expectations in the health sphere and detail the most effective and influential non-profit organisations and, in doing so, graphically demonstrate the interdependence of health policy and public opinion in Russia. In particular, using documentary analysis, we examine how non-profit organisations influence the decision making process in health care in Russia during a period of recession and how they serve to facilitate the interaction between civil society and the authorities.

The research is informed by interest group theory and so interprets the data from that perspective. Interest group theory appeals to neo-corporatism with its reliance on professional

interest groups. In Russia, we observe original features within neo-corporatist model: interest groups tend to be government organized and act to corrupt the representation of public opinion in all spheres, including health. On the one hand, the cooperation between non-profit organisations and the authorities, characteristic of this Russian model, facilitates capacity in a significant set of functions across distinctive shared spheres of responsibility. However, on the other hand, the lack of independence of such organisations is not conducive to clearly articulating civil expectations or underlying public interest in their activity.

Institutionalisation of state-society interactions in Russian takes place as a reflection of intention to control social activity within neo-corporatist model. Since 2005, the Russian legislature has consolidated the main modes of state-NGO relations through its Civic Chamber. This institution is responsible for dealing with budget expenditures for the NGO sector, for providing public control and for authorising organisations to influence the activity of Russian executive bodies. Meanwhile, the law on Civic Chambers allows the establishment of localised Civic Chambers and related Public Councils both on federal and regional levels. The obligations of these Civic Chambers are precisely defined, and include the coordinating function of the associated Public Councils. The Public Councils themselves contribute to state decision-making and law-making processes through providing expertise to inform and influence state activity. A particular focus of this paper is to explore the composition and types of activity of the federal and regional Public Councils operating in the health sphere.

This paper makes 3 main contributions. First, it develops a descriptive technique, which can be used as an evaluation tool for the activity of Public Councils. Second, the paper presents the results of a comprehensive analysis of the NGO-state nexus, through the lens of the advisory bodies operating in the health sphere. Third, it represents the specific features of NGO's activities in the health sphere in Russia as they attempt to overcome state policy obstacles to become influential in key decision making processes.

The main finding of the paper is that the evolution of civil society in Russia, following the dissolution of the USSR, has given rise to a neo-corporatist model of civil-state interaction with unique features, characterised as an uneasy union, in pursuit of scarce financial resources, between the most influential NGOs in the health sphere and the public authorities. We argue that this model has inherent weaknesses: a lack of diversity among the organisations which have chance to provide their constituency *vis-à-vis* the Russian state; the absence of opportunity for new NGOs to penetrate state structures in established relationships with more visible NGOs; and

the mimicking by privileged NGOs of the mode of communication with society typically adopted by the Russian authorities; but also some strengths: the most influential NGOs in the health sphere adopt roles as educational and informational centres assisting other organisations and patient groups in solving health problems and legislative difficulties (e.g. assisting in working out regulation on the list of expensive drugs, proposing amendments in the federal and regional laws "On circulation of medicines", to the draft Federal law "The basics of health protection of citizens in the Russian Federation"); and the few NGOs that do interact with the state have the opportunity to persuade the state to make positive policy changes reflecting the public interest.

The paper proceeds as follows. In section 2, we combine a comprehensive review of the literature with a detailed description of the legal and regulatory context, focusing particularly on the function and structure of the Public Councils. In section 3 we concentrate on the health sphere in the context of civil society-state relations; while section 4 is devoted to describing the main characteristics of the consultative bodies in Russia, which serve as the reflection point for NGO activity. After describing our methodological approach in section 5; section 6 presents the main results of the analysis along with practical illustrations of the activity of the most significant NGOs in the health sphere. Section 7 concludes.

2. Background and relevant literature

The early research on the non-profit sector was conducted largely by western scholars (Christie, 1996; Berman, 1997; Salamon, 1999; Kennedy and Kawachi, 1998; Weigle, 2002; Crowley, 2002; Gibson, 2001, Jakobson, 2001; Henderson, 2002) and reflected the western approach to thinking about the non-profit sector. A number of stylised facts and shared views concerning the normal accepted functions of NGOs have emerged. Solomon (2002) argues that modern society is primed to provide public functions to the non-profit sector, across key spheres such as health and education, through mechanisms including direct grants, subsidies, loans and volunteering activity. Taylor (2006), goes further, in grouping the key functions of civil society into three main categories: (i) teaching citizens the 'norms and values' associated with democratic principles; (ii) fulfilling the counterweight role of 'autonomous voluntary associations' with respect to the state; (iii) working in partnership arrangements to become a 'resource' for the development of democracy. In contrast, Mosley (2012), is among a group of authors that assert that NGOs favour advocacy activities, highlighting their roles as experts and securing funding for their initiatives.

Russia is a particularly interesting and important case. Across Eastern Europe the post-Communist era empowered new governments to establish new and unfamiliar relations with society and to reorganise all the main means of communication and interaction between the state and society. The private sector and business played important roles in shaping this process, but from the beginning the problem of consensus around the appropriate role of the non-profit sector was apparent. Ljubownikow and Crotty (2016), writing about Russia, argue that there are four main features which mark Russia out as being particularly unusual: (i) because of the legacy of the authoritarian Soviet period, Russian society is wary of formal participation in governance (Howard, 2002); (ii) there is a lack of public activity and volunteering caused by the narrow social space in Russia (Crotty, 2006; Spencer, 2011); (iii) there are binding constraints on the amount and sources of funds available (Henderson, 2002); and (iv) as a result of opaque funding allocations, informal contacts and relationships between the NGO sector and state officials take on heightened importance (Ledeneva, 2006).

While, in the immediate aftermath of the fall of communism in Eastern Europe, these challenges and characteristics were broadly shared, from the early 2000s, Russia became a special case. Indeed, just as much of Eastern Europe tended towards Western European practices, in 2006, there was a major shift in the terrain for non-profit organisations in Russia. The amendments of a new law on NGOs, along with subsequent dramatic changes in state policy towards the non-profit sector, changed the situation in Russia dramatically, facilitating the denial of registration for prospective NGOs and expanding government supervisory powers. So severe was this law that international researchers observed that “several provisions of the law appear to be inconsistent with the Russian Federation's obligations under international agreements” (Bourjaily, 2006, p. 6). A still more systematic policy towards NGOs emerged during Putin’s second term and included even stricter regulation, eventually resulting in the “Foreign Agents” law of 2012 and the capacity for heavy fines to be imposed on unofficial activity (Bennetts, 2012, Bryanski, 2012). Flikke (2016) discusses and analyses the adoption of two central laws for the NGO sector: the amended Law on NGOs (FZ-121, or Law on Foreign Agents 2012), and the Law on Public Control (FZ-212, 2014). He argues that the sequencing of these laws embeds a system of stigmatization and co-option: the former stigmatizes those NGOs that receive foreign funds and perform allegedly “political” functions, whereas the latter restored the central role of the Public Chamber in overseeing the public control functions of NGOs. In seeking to understand whether Russian civil society has the capacity to resist the increased pressures implied by these laws, Flikke also examines the responses to the new legislation of Russian

NGOs. He explains that there has been a reduction in the quality of civil control over the authorities after the new legislation emerged with the “foreign agents” amendments of the law on NGOs.

These reforms have given rise to a model for supporting NGO activity, defined through the role played by consultative bodies and Civic Chambers, which didn't map on easily to those reported in the early western literature and, as a result, a new strand of literature has emerged. The Russian case has been studied both in the wider context of state-society relations (Gelman, 2010, Ljubownikow & Crotty, 2014, Tarasenko 2014) and by examining the processes and consultative bodies (e.g. chambers and councils) through which public functions are provided (Sungurov, 2015, Gromova 2015). Gelman (2010), is among the authors critical of the consultative body model of civil society relations, arguing that public consultative bodies have the role of second tier political institutions. Russian researchers representing neo-corporatist theory (Sungurov et al., 2012; Nikonovskaya and Yakimetc, 2013) concur with this, highlighting the weakness of their influence on decision making as a main disadvantage. Indeed, as Bindman (2009) argues, “NGOs in Russia have become mere “marionette” organisations incapable of influencing government social policy or of advocating for the social rights and entitlements of their constituents”.

In spite of this, there is an emergent thread within the literature that seeks to examine the general effectiveness of NGO activities in consultative bodies (Tarasenko 2010) and the specific effectiveness of such bodies at the regional level (Baeva & Olisova, 2015). While the popular idea of consultative bodies in the regions being merely an additional state policy structure has taken hold, there is also some evidence that public opinion has actually been taken into account through these institutions to represent certain realm of interests, including NGOs (Tarasenko, 2010). Baeva and Olisova (2015) are more critical, identifying the presence of officials in the councils as an additional obstacle to fulfilling the public interest.

3. Public Councils as a reflection of NGO activity

Understanding the role of public councils in Russia is central to understanding how civil society operates. Historically it is linked with the processes of developing civil society into a “vertical power” structure (Taylor, 2011, p.238). This means that the main contribution to the process of creating such bodies is through the Russian government itself. Hence, all initiatives depend on the willingness of the federal structures and authority in establishing Civic Chambers with common responsibilities. The first example was the development of the Federal Civic Chamber

in 2005 (Federal Law No. 131). Although this institution was created by central power (the president appointed 42 of the 126 members, those members chose the next 42 members, then the 84 members chose the final 42), the official statement names this structure as the main distributor of state money to NGOs (The minutes of the meeting, 2005) and as such, became the turning point in state-NGO relations. Specifically, from this point on, a new trend emerged, which made NGOs change their fundraising strategies, avoiding foreign and international co-funding and instead seeking to raise funds through the new system of ‘competitive’ state grants for NGOs. Since 2007, the Civic Chamber has distributed 1.25 billion rubles per year as Presidential Grants (Nonprofit organizations..., 2007). This step slightly improved the situation with funding, but it is accompanied by another development, allowing selected organisations to work with the authorities (Graeme, 2009). Even prior to this, Henry (2006) argued that the Soviet legacy left civil society dominated by two or three types of NGOs – described by him as state-controlled institutional arrangements and professionalized organizations rather than, the grassroots organizations more common in the west. Ljubownikow and Crotty (2014) demonstrated that, under Putin, this tendency was further embedded through the wide spectrum of “negative impacts” facing grassroots NGOs after the amendments in the Law had taken place.

Reflecting the new approach of Russian policy in state-society relations, during Putin’s second term, the government pursued an integrative strategy by incorporating non-government activity into state policy. This strategy has been subjected to strong critique. Many commentators felt that the strategy would favor pro-regime oriented organisations along with social or non-political organisations. Indeed, it came to pass that unequal relations emerged, with the marginalization of well-known and adversarial organisations (Robertson 2009), while socially oriented NGOs got a significant opportunity to conform to the new requirements and even to participate in governance.

Along with this strategy the Russian state tried to create an environment in which they could keep NGOs on a “very tight rein.” This was enforced through some additional legislature, including the adoption of the law of the Russian Federation No. 212-Federal Law 07.21.2014 - "On public control", and the development of the Standard of activity of public councils at federal executive authorities. This law established the framework for creating advisory bodies in different spheres, which had to become auditable narrow tracks of public control governing the communication of civil society with the state.

When the corporate system of representation is rather independent of state funding and created at the initiative of the regional authorities, it can broadcast public interests. So, on the one hand, advisory bodies became pseudo-channels which offered the possibility for NGOs to influence state policy (Evans, 2006) while, on the other hand, the Russian tendency for such institutions, along with Civic Chambers, to turn into the next channel for providing state policy became a real possibility (Tarasenko, 2015). Indeed, unlike ‘western’ NGOs, since they have no serious lobbyist potential, they cannot confront serious obstacles for carrying out policy, which may be harmful or undesirable according to public opinion; instead they are reduced to being simply able to raise awareness of issues.

4. The health sphere

In public health specifically, there was strong impetus to reform and redefine Russian health goals and to seek new solutions to health care problems (Tulchinsky & Varavikova, 1994). A main achievement of the early reforms in health care was the expansion of the sources of public health care funding. During this period, reforms were impeded by a range of factors, among which, the growing assertiveness of stakeholders and the appearance of interest groups with new agendas were significant (Davis 2010). So, in health too, new and unfamiliar institutional frameworks were put in place and those interacting with them had to learn the new rules. NGO activities in the health sector in Russia represent an unusual example, with influential stakeholders formed through non-commercial partnerships with pharmaceutical and medical equipment manufacturers and authoritative patients’ organisations. There is also a wide range of treatment providers: state, public-private and non-profit clinics and hospitals. These activities have drawn the attention of some research groups to the effectiveness of the advocacy strategies of Russian health NGOs (Ljubownikow & Crotty, 2014; Gromova, 2015). In this article we track how NGO activities in the health sector have sought to work around state policy obstacles to become influential in the decision making process.

5. Methodology

In order to examine how non-profit organisations influence the decision making process in health care in Russia and serve to provide connections between civil society and public authorities, we developed a mixed qualitative and quantitative study design, in six steps.

- i. Examination of the relevant legislative framework. We analysed federal legislation in three interconnected spheres: NGOs, Advisory Bodies, and Public Control. Some of laws

had to be enhanced by regional legislation, so we analysed it on the example of the most comprehensive regions.

- ii. Analysis of federal legislation in three interconnected spheres: NGOs, Advisory Bodies, and Public Control. Some of the laws had to be enhanced by regional legislation, so we developed a case-study of the Samara region assessment of Public Councils in the context of the activity of NGOs.
- iii. In order to collect the data, we selected Public Councils operating in the health sphere in 84 regions (excluding Karachay-Cherkessia where a relevant Public Council was not established before September 2016) along with Federal Public Councils operating in this field. We examined official websites and documents, along with mass media sources describing and reporting the activity of such bodies, with a view to capturing the representation of NGOs and the non-profit sector in the decision making process. The main objective was to identify how NGOs were represented and whether there is any evidence of the non-profit sector having influence on the decision making process.

We first examined open sources on the activity of federally and regionally represented organisations by analyzing Russian databases: Ministry of Justice (The activities..., 2016) and ROSSTAT (Federal State Statistics..., 2016), identifying 226,995 NGOs with different legal status: voluntary associations, charities and foundations, not (just) for profit companies, and trade unions. We then analyzed the representation of NGOs in the regions, marking them visually in tables and maps. In order to compare state awareness on the regional level in the sphere of NGO activities we took in to account the regional allocation of ‘foreign agents’ (127 in total). These data were carefully compared with the configurations and activity of the Public Councils.

- iv. Identification of specific case studies detailing the participation of NGOs in state policy.
- v. Focus on the most highly represented organizations, acting both on federal and regional levels, and examination, through (anonymous) interview and the study of open sources, of the nature of their participation in state policy formation. Since we observed that the most influential NGOs participated in several regions as well as at the federal level, we paid particular attention to the structure and type of activity. In this context, the best examples are the “All-Russian public organization of disabled patients with multiple sclerosis” and the “National Health League”.
- vi. Investigation of the system of funding of NGO activity. Identifying and understanding the clear interdependence between the amount of financial support for NGOs in the health sphere and the influence of grant receivers, we studied the recent model of budget

allocation in the NGO field. This issue became crucial after signing the Law on Foreign Agents as it gave rise to a system in which selective financial support was available for different NGOs. We examined the prevailing typology of grants for the non-profit sector and identified the challenges in this process, as well as the diverse strategies of the NGOs which this gave rise to.

6. Results of the health domain case study

In this section we present the results stemming from the methodology described above, according to the following three steps: (1) examination of official websites and documents describing and reporting the activity of Public Councils in the health sphere; (2) descriptions of specific case studies of NGOs' activity took place and reference to examples of the most influential NGOs, namely: the "All-Russian public organization of disabled patients with multiple sclerosis" and the "National Health League"; (3) the results of analysis of the amount of financial support for NGOs as well as specific features of budget expenditures allocation in the health sphere.

Composition of Public Councils in the health domain

During this research we analyzed two levels of NGO activity in Russian health policy: the federal consultative public bodies under the Ministry of Health; and the equivalent bodies acting in the regions. The structure of the public councils under the federal Ministry of Health and regional authorities demonstrates trends which reflect the potential power of civil society institutions.

We find that the main bodies which allow health policy to be influenced at the federal and regional levels are the Civic Chambers and the Public Councils under executive bodies. In order to examine the role of health NGOs in these bodies we: (1) described the location of the headquarters of socially oriented NGOs in Russian regions; (2) observed regional NGOs officially specified as participating in "education, culture and health" activities by official regulations; (3) measured the quantity of NGOs in the Public Councils operating in the health sphere; (4) adopted a comparative perspective for understanding the role of the Public Councils between the federal and regional levels; (5) quantified the number of foreign agents with NGO status in different regions, both as a proxy for the level of awareness of NGOs by regional authorities, as well as to check the interdependence of the intensity of the dialogue between the state and NGOs and compliance with the legislation.

By mapping the locations of the *socially oriented* NGOs (Figure 1) we can immediately see that there is a strong concentration of most of these organisations in Moscow (more than 26,230 NGOs or 11.62%). The vast majority of them are registered in the Central Federal District, while there is a high level of concentration demonstrated in several specific districts: Sakhalin, Sakha (Yakutia), Perm, Krasnoyarsk, Krasnodar, Stavropol, Udmurtia. The Republic of Altai and

Chelyabinsk regions, with low populations but a high number of NGOs, are unusual in this respect.

[FIGURE 1 HERE]

The officially named sphere of health related activity for NGOs in Russia is that of ‘Education, Culture and Health’, and so we used Rosstat data to obtain information on the location of these organisations in the Russian regions. An equivalent mapping exercise (Figure 2) provides us with more or less the same visual image, with just marginal differences between the regions to note. While the regions’ leading in this field are mostly the same: Moscow (128 of such NGOs have been registered here), Sakha (Yakutia), Krasnoyarsk, Stavropol, Udmurtia, Chelyabinsk and the Republic of Altai; in this case, we find that there are 14 of the 22 federal Republics where NGOs in this field are rarely registered (1-3 NGOs). The Republics of Tatarstan, Bashkiria and Kabardino-Balkaria, with respectively 16, 15 and 50 registrations are exceptions.

[FIGURE 2 HERE]

In contrast to the social sphere captured above, in the health sphere specifically we observe that the leaders in the quantity of NGOs as members of such councils mostly differ from the leaders in the quantity of socially oriented NGOs. The leading regions (Figure 3) are: Arkhangelsk (29), Saratov (19), Tambov (19), Krasnoyarsk (18), Moscow (18), Khabarovsk (15) and Tver (15). It is somewhat surprising that no NGOs were noted in the following regional Public Councils: Amur, Irkutsk, Moscow Region, Primorsk Territory, while in Karachaevo-Cherkessian Republic there is no council in the health domain.

[FIGURE 3 HERE]

Studying the regional Public Councils in a comparative way allows the tracking of some important trends. Preliminary analysis suggests that there is a link between the participation of authorities in the councils and the quantity of NGOs. The data that are emerging point to the extreme awareness within the authorities concerning the activity of the councils, with some of them even presided over by representatives from the executive bodies (e.g. Health Ministries or Health Departments), including: Ingushetia, Mari El, Trans-Baikal territory, Kaliningrad region, Lipetsk region, Magadan region, Sakhalin region, Chelyabinsk region and Sevastopol. A second discernible grouping identifies regions in which the councils were presided over by representatives of the regional civic chambers, including: Sakha (Yakutia), Khakassia, Chechnya, Leningrad region, Moscow and Crimea. The final – freer – category is then comprised of those in which the councils were presided over by the representatives of NGOs’ themselves, including: Saint Petersburg, Tyumen, Saratov, Samara, Rostov, Orel, Omsk, Murmansk, Kirov, Kaliningrad, Voronezh, Vologda, Belgorod, Stavropol, Kamchatka, Perm,

North Ossetia – Alania, Tyva, North Ossetia – Alania, Mordovia, Komi, Dagestan, Altay and Adygea.

We then aggregated the data according to the quantity of officials represented within the councils. For example, at the federal level, the Public Council under the Ministry of Health of the Russian Federation consists of 42 members and there are no officials. In contrast, at the regional level, the councils are often crowded by civil servants. For example, in Mari El, 7 of 13 members are officials; in Vladimir, 7 of 14; in Kostroma, 8 of 18; in Voronezh, 4 of 9; in Trans-Baikal territory, 6 of 19; in Altai Krai, 5 of 12; in Leningrad region, 5 of 12; in Ivanovo, 4 of 12; in Magadan, 5 of 20; in Perm 4 of 16; and in Kemerovo, 7 of 23. Figure 4 shows that, while official representation is substantial, NGOs remain the dominating stakeholder, at least numerically.

[FIGURE 4 HERE]

The most significant NGOs: examples of activity

In studying the composition of Public Councils it was observed that some NGOs are represented in these bodies in more than one region. We argue that it is important to trace the activity of these all-Russian NGOs in order to better understand their meaning in state – society relations. Table 1 details the most represented organisations, showing that, among Russian NGOs in health, the most heavily represented in the councils is the All-Russian public organization of disabled patients with multiple sclerosis. This NGO claims to be a leader in the sphere of health and is, accordingly, observed to be influential. Along with its usual activity (providing manuals as a means for replicating best practice, direct support for patients and caregivers, developmental support for specialists), this NGO provides informational activity in Russia (including through 15 independent portals and partnerships with multiple other NGOs in the health sphere). This NGO received 46 project grants amounting to 54 million rubles, to support initiatives promoting patient mobility and improving the quality of life of sufferers (All-Russian ..., 2016).

There is some evidence to suggest that the activity of the All-Russian public organization of disabled patients with multiple sclerosis is associated with educational activity among other NGOs. It produces informational resources (portals, manuals, handbook) for providing advocacy activity, for establishing new NGOs and for organizing the public control of medical services and treatments. As well as holding seminars, workshops, and conferences – not just within multiple sclerosis but across wider health relating domains incorporating other NGOs – this organization has achieved a large number of grants and has even had involvement in allocating them, through participation in the All-Russian public organization "National Health League" (see

below). This gives rise to a rather unsettling observation that the coordinators of the grant scheme are at one and the same time participants in the competition for the grants. We return to this theme later, when we explain how the grant system actually works to provide possibilities for NGOs in health policy.

A second important example is the All-Russian public organization "National Health League", which the All-Russian public organization of disabled patients with multiple sclerosis has become closely involved with. The National Health League, became one of seven accredited operations tasked with distributing government-funded grants (Presidential Grants, 2016). It brings together experts from different fields responsible for the health of the population, including health, science, sports, and others. The organization is represented in 64 regions and includes, along with private Russian individuals, a number of NGOs as members (including the aforementioned multiple sclerosis NGO). The organization monitors population health and health systems, and publishes an annual survey "Health of Russia". The League has spearheaded national projects (e.g. "Alcohol-free Russia", "Russia without Tobacco"), international projects ("Touch the heart of a child", "Health wave") and has backed various initiatives, most particularly those related to the broader anti-alcohol campaign. The program "Healthy Russia", which is part of the national project "Health", was also established through a League proposal. "National Health League" is one of the seven NGOs official grants operators. As of April 2015 the company had received for distribution grants to the tune of 520 million rubles in the categories of "healthy lifestyle" and "environmental protection". (Nagornyh, et al., 2015).

Grants and NGOs in health

NGOs in health have no special privileges in Russia and, since 2012, are obliged to draw on the same basic sources of grants as NGOs in other spheres. The signing into statute, in 2012, of the, so called, law on foreign NGOs ("Law on foreign agents"), meant that foreign support for NGO activity should at least partly be replaced by means of the Russian budget. Before the emergence of these new restrictions on foreign financing many Russian NGOs were supported by foreign donors who allocated long-term grants, without restrictions on personnel costs. The law therefore re-shaped the structure of NGOs and their work, since Russian grant providers, as a rule, limit personnel spending to 30% of the total grant. While heavily criticized in much of the literature (Bennetts, 2012; Bryanski, 2012), one positive effect of the new law has been that domestic financial support for Russian based NGOs really began both to increase and to be competed for.

In 2015 the state allocated more than 5 billion rubles in support of NGOs. From this, 4 228 200 thousand rubles (82%) was provided through Presidential Grants and 926 000 thousand rubles (18%) through the Ministry of Economic Development (Vetrov, 2016). Competition for the Ministry of Economic Development has been intense and the reporting requirements more stringent than the Presidential Grants. In 2013, the Ministry selected 42 programs from 606 applications while, from 2014, grantees have to report and place existence of information on the websites. Additionally, unlike the Presidential Grants, the Ministry also gives money based on the “distribution of best practices”, that is, on the training of other NGOs.

The Presidential Grants have been operated quite distinctly and are provided through two means: indirectly, through ‘grant operators’ that are awarded the money to run grant competitions; and directly, through their own competitions (Vetrov, 2016). The stated aims of the Presidential Grants are also quite distinct: to support schemes relating to civil rights and freedoms, youth initiatives and similar (The Decree of the President of the Russian Federation 05.04.2016, No. 68-RP). Initially Presidential Grants were distributed by the Civic Chamber of the Russian Federation, but since 2010 other grant operators have emerged so that by 2016 grants were being distributed through 9 organisations (The Decree of the President of the Russian Federation 05.04.2016, No. 68-RP). For example, support for the protection of orphan children and the adaptation of disabled people is allocated through the All-Russian public organization «National Health League». In 2015 it distributed about 500 million rubles per year (Nagornyh, et al., 2015) and this is all state money allocated from federal budget among NGOs in the health sphere. In 2016 the Ministry of Development grants were merged incorporated under the umbrella of the Presidential Grants.

Before 2014 Presidential Grants allowed get budget support just for NGOs acting with purposes of protection of human rights and freedoms. Another sphere was added in 2014 with the beginning of grants competition of socially important projects, the amount of Presidential Grants became 4 589 919 rubles in 2016 (The Decree..., 2016). In 2014 the “National Health League” allocated 552 million rubles by supporting 196 projects in the health sphere mainly in the healthy behavior field. The budget, and the number of projects supported, reduced during the next two years (492 million rubles in 2015 and 150 projects; 429 million rubles in 2016 and 156 projects) and were particularly focused on the sports and healthy behavior sphere. In stark contrast, volunteer activity, medical services and advocacy activity in the health sphere are rarely awarded Presidential Grants (not more than 10 million rubles each year). Moreover, even these low sums

are spread just among well-known organisations like All-Russian public organization of disabled patients with multiple sclerosis and Non-Commercial Partnership "National Medical Chamber".

However, it is also clear that the mechanisms of distribution themselves, from the start, were far from ideal: (1) nobody knows the details behind the processes appointing organisations to become grant operators; (2) the means of concluding agreements with grant operators lacks transparency (no one can trace the competition budget or the sources of additional expenditures, which are allocated by operators without any reports); (3) the criteria for identifying winners of grant competitions is unclear with no publicly available details of the selection or decision process.

At the regional level, local committees are also active in the distribution of grants to support NGO activities. In Moscow, 273 million rubles have been allocated in 2016 by the Committee of public relations of Moscow (Grants..., 2016). Saint Petersburg, through its Committee for social policy, is in second position in terms of support for NGO activity. Other regions, though still active through their respective committees, distribute lower sums in support of NGOs excluding Samara and Sverdlovsk. A few numbers of NGOs in the health sphere receive this kind of grants.

In conclusion, the analysis shows that there are leading regions in activity of NGOs in the health sphere with the majority of NGOs being represented in just one region. We also observe important regional differences in the composition of the Public Council under the Federal Ministry of Health and the Public Councils in the regions. We find that these structures are formed in different ways; in many cases we observed their dependency on regional authorities (commonly republics: Ingushetia, Mari El, Sakha (Yakutia), Khakassia, Chechnya, Crimea and some regions including Leningrad region and Moscow as a region). In other cases, there are independent Public Councils presided over by NGO representatives (e.g. in Saint Petersburg, Tyumen, Saratov, Samara, Rostov regions). Regardless of the structure, the important issue from the NGO perspective is to have access to the Public Councils. Indeed, the example of the All-Russian public organization of disabled patients with multiple sclerosis demonstrates the necessity of being in communication with the authority, in whatever form it is molded, in several regions to achieve grants. In contrast, the All-Russian public organization "National Health League" is an example of an NGO which has garnered the support of the Federal Government and the Civic Chamber and has become the cornerstone in budget allocation among NGOs in the health sphere.

7. Conclusion

In the light of controversial legislation in 2012 which restricted international funding for NGOs in Russia on the grounds that the funds performed allegedly “political” functions, this paper set out to examine the consequences for NGOs in the health sphere caused by such crucial changes. It was found that, while there were negative impacts in the form of restricted access to funding, and constraints on the advocacy activity of some NGOs, there were also developments that could be framed in a more positive light. Firstly, one of the main outcomes of the law has been to increase the level of domestic financial support for Russian based NGOs and to give rise to a new model of state and society cooperation operating through large and influential NGOs which have become more powerful, often without a reliance on the state. Investigating this we sought to identify the most influential organisations in a particular sphere – health – and to take into account how the different characteristics of state policy have impacted civil society activity in the health sphere.

The paper contributes in 3 major ways. First, it proposes an evaluation tool of the consultative bodies composition, applied in this case in order to identify regional specific state-society relations in the health sphere. It was demonstrated through a comparison of the Public Councils in the health sphere involved in consultative and expert activity. By mapping the locations of the NGOs and the characteristics of Public Councils in the health sphere we studied different structures and their relations with regional authorities. This approach drew on the work of Tarasenko (2010), but goes beyond that in terms of tracking both regional authorities’ awareness of NGOs and the NGOs’ position in official structures. This technique is portable and could be applied in different spheres (e.g. education, social policy) and could be enhanced to study different stakeholders alongside NGOs. We find that the Public Council under the Federal Ministry of Health serves as a good example for progressive regions (e.g. Saint Petersburg, Tyumen, Saratov, Samara, Rostov regions) in which all the Council consists of non-officials: NGOs, clinicians, pharma companies. Meanwhile, most of the subjects of the Russian Federation continue to try to control the make-up of Public Councils, especially in the republics and in central federal district.

Second, the paper presents the results of a comprehensive analysis of the NGO-state nexus, through the lens of the advisory bodies operating in the health sphere. The analysis helps us to understand that there is no interdependence between the quantity of NGOs registered in a

particular region and the representation of such organisations in Public Councils; it commonly depends on different issues, such as the participation of officials in Public Councils, and the communication links between authorities and NGOs. The less state control we found within Public Councils in the regions (Saint Petersburg, Samara, Sverdlovsk region) the more NGOs participated in these structures and found opportunity to establish their developments. This was true both in the federal fund for NGOs allocation and as concerns regional expenditures for the same purposes. That is, NGOs from the regions with the lowest state control over the Public Councils receive the highest amount of financial support. Much of their activity actually involves filling in the gaps in state social policy along with expertise of legislation, performing clinics and authorities' decisions. Thus our results mirror those of Jakobson and Sanovich (2010, p. 294) that the state now governs the non-profit sector, even though it also promotes the non-political activities of NGOs as "allies in solving social problems." This is further confirmed by the effects that the amendments in Law on NGOs (2012) has had. On the one hand it restricted access for most NGOs to communication with official institutions and fundraising in Russia and beyond while, on the other hand, it made the Government and regional authorities enhance their budgetary support for NGOs. So, "health behaviour and healthcare" became one of nine spheres of funding at the federal level. However, we observe that the new conditions are uncomfortable for NGOs performing allegedly "political" acts, because funding through Presidential Grants is not allowed to support day-to-day activity including salaries. Instead, NGOs can achieve grants just for new projects, events or for educational courses for other NGOs and citizens. Regional funding has no such restrictions, and so new forms of cooperation with states have emerged through increasing role of organisations, represented in different regions that let them be supported by both federal and regional funds.

Third, we find in Russia new forms of social cooperation which fall into actual model of crucial state control. The examples of such cooperation are: League of Nation's Health, All-Russian Public Organization of Disabled Patients with Multiple Sclerosis. In order to have a chance to cooperate with authorities these organisations' tried to obtain seats in federal and regional Public Councils. League of Nation's Health is not unique but it is the most influential NGO in health. It received administrative support and became the cornerstone in budget allocation in the health sphere. In spite of this it was represented in just two regional Public Councils and at federal stage. Most of the activity has been concentrated within charity work and the promotion of healthy lifestyles. Indeed, the main sphere of Presidential Grants support is this sphere of healthy behaviour. Cooperation with League of Nation's Health has become important aspect for NGOs in receiving budgetary support, e.g. NGOs included as a part of this organisation regularly

receive Presidential Grants. All-Russian Public Organization of Disabled Patients with Multiple Sclerosis is also a giant NGO for Russia. It is represented in 14 regional Public Councils and acting in 75 regions. The strategy of this organisation includes a wide range of activities beyond only voluntary assistance to disabled patients, but also providing educational programmes for patients and other NGOs, law and policy expertise and publication guidebooks for the Russian voluntary sector.

Finally, we find that Public Councils now adopt a role of support for institutions and have become some kind of channel for representing the interests of NGOs and society in the health sphere. According to the theory of neocorporatism they are expected to improve the weakness of the party system (Wilson, 1983), however, the imitational basis of these structures lead to a misunderstanding of their role by civil society and the consequent formation of misleading strategies of NGOs by participating in Public Councils in the health sphere. The transformation of legislation on regional Public Chambers that took place in 2016 does not correct the role of advisory bodies and will lead to new challenges for NGOs and active citizens, because there are not any restrictions for regional authorities in forming Public Councils. In spite of finding opportunity to act and survive in new conditions for NGOs like All-Russian Public Organization of Disabled Patients with Multiple Sclerosis, this is a unique example of a health oriented organisation obtaining state and society support and acting as a mediator between them.

References

1. All-Russian public organization of disabled patients with multiple sclerosis (2016). *Portal NGO*. Retrieved June 23, 2016, <http://www.portal-nko.ru/nko/organizations/org/34974>.
2. Bayeva, E. S., Olisova, O. V. (2015). Role of public councils in case of bodies executive and legislature in regional policy. *The Theory and practice of development of institutes of civil society in the Samara region. Materials of the first regional conference*. Samara: LLC Artel.
3. Bennetts, M. (2012). Russian parliament approves NGO “Foreign Agents” Law. *RIA Novosti*. <http://en.rian.ru/russia/20120706/174436993.html>.
4. Berman, S. (1997). Civil society and political institutionalization Author Information. *The American Behavioral Scientist*, 40(5), 562-574.
5. Bindman, E. (2015) The State, Civil Society and Social Rights on Contemporary Russia. *East European Politics*, 31 (3), 342-360.
6. Bourjaily, N. (2006) Some Issues Related to Russia’s New NGO Law. *The International Journal of Not-for-Profit Law*, 8(3), 4-6.
7. Bryanski, G. (2012). Russia’s Putin signs anti-protest law before rally. *Reuters*. <http://www.reuters.com/article/2012/06/08/us-russia-protests-idUSBRE8570ZH20120608>.
8. Christie M. (1996). Constraints on Russia’s NGO sector. Unpublished manuscript for USAID/Russia, Moscow, Russia.
9. Crotty, J. (2006). Reshaping the Hourglass? The Environmental Movement and Civil Society Development in the Russian Federation. *Organization Studies*, 27(9), 1319-1338.
10. Crotty, J. (2009). Making a difference? NGOs and civil society development in Russia. *Europe-Asia Studies*, 61, 85-108.
11. Crowley S. (2002). Comprehending the weakness of Russia's Unions. *Demokratizatsiya* 10(2), 230-255.
12. Davis, C. (2010). Understanding the legacy: health financing systems in the USSR and central and Eastern Europe prior to transition. *Implementing Health Financing Reform. Lessons from countries in transition*. Copenhagen, Denmark. WHO Regional Office for Europe.

13. Evans, A.B. (2006). "The Public Chamber in Action: Representation or Coordination?", paper presented at the National Convention of the American Association for the Advancement of Slavic Studies, Washington, DC, November 16–19.
14. Federal Law of 23 June 2016 N 183-FZ "On General principles of organization and activities of Civic Chambers of subjects of the Russian Federation"
15. Federal Law of 4 April, 2005 N 32-FZ "On the Civic Chamber of the Russian Federation". (<http://www.rg.ru/2005/04/07/obshestv-palata-dok.html>).
16. Federal Law of 6 October 2003 N 131-FZ "On the General Organizational Principles of Local Self-Government in the Russian Federation".
17. Federal State Statistics Service (2016). Retrieved August 15, 2016, http://www.gks.ru/wps/wcm/connect/rosstat_main/rosstat/en/main.
18. Flikke, G. (2016). Resurgent authoritarianism: the case of Russia's new NGO legislation. *Post-Soviet Affairs*, 32(2), 103-131.
19. Gelman, V. (2010). Russia in an institutional trap. *Pro et Contra*, 14(4-5), 23-38.
20. Gibson, J.L. (2001). Social networks, civil society, and the prospects for consolidating Russia's democratic transition. *American Journal of Political Science*. 45(1), 51-69.
21. Graeme, G. (2009). *Building an Authoritarian Polity: Russia in Post-Soviet Times*. Cambridge. United Kingdom: Cambridge University Press.
22. Grants totaling 273 million RUB will compete for socially oriented NGOs. Granty na obshhuju summu 273 mln. rub. razygrajut dlja social'no-orientirovannyh NKO. (2015, January 16) Retrieved from <http://mosday.ru/news/item.php?751713>.
23. Gromova T. N. (2015). *An impact assessment of NPO on the regional power: a method of calculation of indicators*. The Theory and practice of development of institutes of civil society in the Samara region. Materials of the first regional nauch-but – a practical conference. Samara: LLC Artel.
24. Henderson, S.L. (2002). Selling Civil Society: Western Aid and the Nongovernmental Organization Sector in Russia. *Comparative Political Studies*. 35(2), 139-167.
25. Henry, L. (2006). Shaping social activism in post-soviet Russia: Leadership, organizational diversity, and innovation. *Post-Soviet Affairs*, 22(2), 99-124.
26. Howard, M.M. (2003). *The weakness of civil society in post-communist Europe*, Cambridge: Cambridge University Press.
27. Jakobson, L. (2001). Public management in Russia: Changes and inertia. *International Public Management Journal*. 4(1), 27-48.
28. Jakobson, L., Sanovich, S. (2010). The changing models of the Russian third sector: Import substitution phase. *Journal of Civil Society*, 6, 279-300.

29. Kennedy B.P., Kawachi I. (1998). The Role of Social Capital in the Russian Mortality Crisis. *World Development*, 26(11), 2029–2043.
30. Ledeneva, A.V. (2006). *How Russia Really Works: Informal Practices in the 1990s*. London: Cornell University Press.
31. Ljubownikow, S., Crotty, J. (2014). Civil Society in a Transitional Context: The Response of Health and Educational NGOs to Legislative Changes in Russia's Industrialized Regions. *Nonprofit and Voluntary Sector Quarterly*, 43(4), 759-776.
32. Ljubownikow, S., Crotty, J. (2016) Participation and Influence in Public Policy: Exploring the Advocacy of Non-Profit Organizations in a Managed Democracy. *Nonprofit and Voluntary Sector Quarterly*, 45(2), 314-332.
33. Mosley, J.E. (2011). Institutionalization, Privatization, and Political Opportunity: What Tactical Choices Reveal About the Policy Advocacy of Human Service Nonprofits. *Nonprofit and Voluntary Sector Quarterly*, 40(3), 435-457.
34. Nagornyh, I., Bekbulatova, T., Percev, A. (2015, April 03). Party members will help to distribute Presidential Grants. Partijcy pomogut razdat' prezidentskie granty. *Kommersant.ru*, <http://www.kommersant.ru>.
35. Nikonovskaya, L.I., Yakimetc, V.N. (2013) Evaluation of Effectiveness of the Russian Institutes in Public Policy (Ocenka dejstvennosti institutov publichnoj politiki v Rossii). *Polis*, 5, 77-86.
36. Robertson, G. (2009). Managing Society: Protest, Civil Society, and Regime in Putin's Russia. *Slavic Review*, 68(3), 528-547.
37. Salamon L. M. et al. (1999). *Global Civil Society: Dimensions of the Nonprofit Sector*, Baltimore: John Hopkins Center for Civil Society Studies.
38. Salamon, L.M., Elliot, O.V. (2002). *The Tools of Government: A Guide to the New Governance*, New Your, NY: Oxford University Press.
39. Samara region or executive bodies Samara areas: the Decree of the Governor of the Samara region of 26 June 2009 of N 186-p (<http://docs.cntd.ru/document/945023752>)
40. Shishkin, S.V. (1999). Problems of Transition from Tax-Based System of Health Care Finance to Mandatory Health Insurance Model in Russia. *Croatian Medical Journal*, 40(2b), 195-201.
41. Spencer, S. B. (2011). Culture as structure in emerging civic organizations in Russia. *Nonprofit and Voluntary Sector Quarterly*, 40, 1073-1091.
42. Sungurov, A.J. (2015). *How Political Innovations are Emerged: "Think Tanks" and Other Mediatory Institutes // Kak vznikajut politicheskie innovacii: «fabriki mysli» i*

- drugie instituty-mediatory*. Moscow, Russia: Russian Political Encyclopedia (Rossijskaja politicheskaja jenciklopedija).
43. Sungurov, A.Y., Raspopov, N.P., Zakharova, O.S., Petrova, L.A. (2012). Institutes-mediators and their development in modern Russia. Obshchestvenny chambers and advisory boards: federal and regional experience. *Political researches (POLICY)*, 1, 165-178.
 44. Tarasenko, A. (2015). Russian Welfare Reform and Social NGOs: Strategies for Claim-making and Service Provision in the Case of Saint Petersburg. *East European Politics*, 31(3), 294-313.
 45. Tarasenko, A.V. (2010). Incorporation of non-profit organizations in process of public administration in Russia. *Ways of upgrade: trajectories, forks and deadlocks. International comparative measurements*, 382-404.
 46. Taylor, B. (2006). Law enforcement and civil society in Russia. *Europe-Asia Studies*, 58, 193-213.
 47. The activities of non-profit organizations (2016). *Ministry of Justice*. Retrieved September 29, 2016, <http://unro.minjust.ru/NKOs.aspx>.
 48. The Decree of the President of the Russian Federation 05.04.2016, No. 68-RP “On providing in 2016, the state support of the noncommercial non-governmental organizations involved in the development of civil society institutions, implementing social projects and projects in the sphere of protection of the rights and freedoms of man and citizen”, available at <http://www.kremlin.ru/acts/bank/40664>
 49. The standard of activities of public councils in case of federal executive bodies (A standard provision): Government commission on activities coordination otkry-that government from 29.05.2014 N 4 (https://www.consultant.ru/document/cons_doc_LAW_126651).
 50. Tulchinsky, T.H., Varavikova. E.A. (1994). *The New Public Health*. Amsterdam, London New York: Elsevier Academic Press.
 51. Vetrov, G.J. (2016, September 09). State support of socially oriented non-profit organizations. Gosudarstvennaja podderzhka social'no orientirovannyh nekommercheskih organizacij. *Centre for Studies of Civil Society and Non-Profit Sector of the National Research University Higher School of Economics*. <https://grans.hse.ru>.
 52. Weigle, M.A. (2002). On the Road to the Civic Forum: State and Civil Society from Yeltsin to Putin. *Demokratizatsiya*. 10(2), 117–146.
 53. Wilson F. (1983), Review: Interest Groups and Politics in Western Europe: Neo-Corporatist Approach. *Comparative Politics*, 16(1), 105-123.

Tables

Table 1: The most represented NGOs in federal and regional public councils In the health sphere in the Russian Federation

Organisation	Number of councils	Participation in the Public Council under the Ministry of Health of the Russian Federation	Regions
The Trade Union Of Workers Of Health Of The Russian Federation	40	1	Buryatia, Komi, Mordovia, Yakutia, North Ossetia, Tatarstan, Udmurtia, Khakassia, Chechnya, Chuvashia, Altai Krai, Astrakhan, Bryansk, Vologda, Voronezh, Ivanovo, Kaliningrad, Kaluga, Kemerovo, Kirov, Kurgan, Kursk, Magadan, Murmansk, Novgorod, Novosibirsk, Orel, Penza, Samara, Sakhalin, Smolensk, Tambov, Tver, Tomsk, Tula, Tyumen, Chelyabinsk, Saint Petersburg, Khanty-Mansiysk
All-Russian Public Organization Of Disabled Patients With Multiple Sclerosis	15	1	Bashkortostan, Mari El Republic, Zabaykalsky Krai, Krasnodar, Krasnoyarsk, Perm, Kemerovo, Novgorod, Novosibirsk, Orenburg, Orel, Samara, Tambov, Ulyanovsk
Regional Public Organization "Medical Association"	7	1	Kabardino-Balkaria, Chechnya, Kaliningrad, Moscow region, Nizhny Novgorod, Rostov, Smolensk
Non-Commercial Partnership "National Medical Chamber"	5	1	Leningrad, Moscow region, Yamalo-Nenets Autonomous Okrug, Bashkortostan
Movement Against Cancer	4	1	Karelia, Ulyanovsk, Saint-Petersburg
League Of Nation's Health	3	1	Saratov, Chechnya
All-Russian Society Of Hematology "Promotion"	3	1	Komi Republic, Arkhangelsk
Russian Professional Medical Association Of Specialists Of Traditional And Folk Medicine	2	1	Krasnoyarsk
The Yaroslavl Regional Department Of All Russian Public Charity Fund "Russian Fund Of Mercy And Health"	2	1	Yaroslavl

Figures

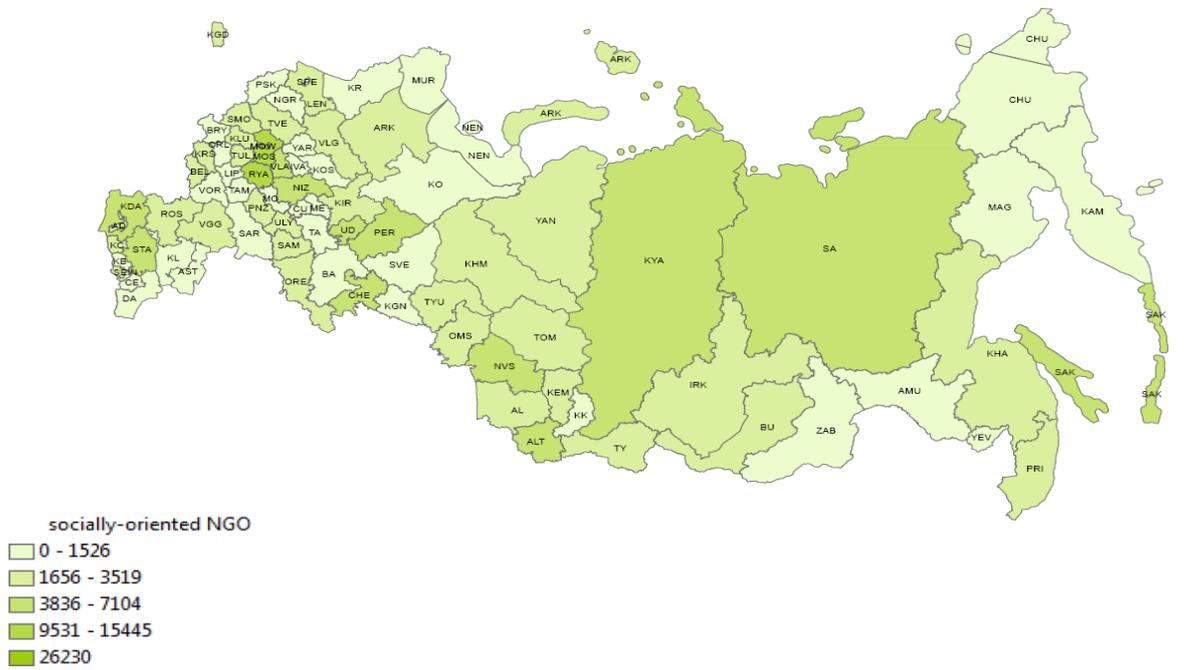


Figure 1: Socially oriented NGOs in the Russian regions

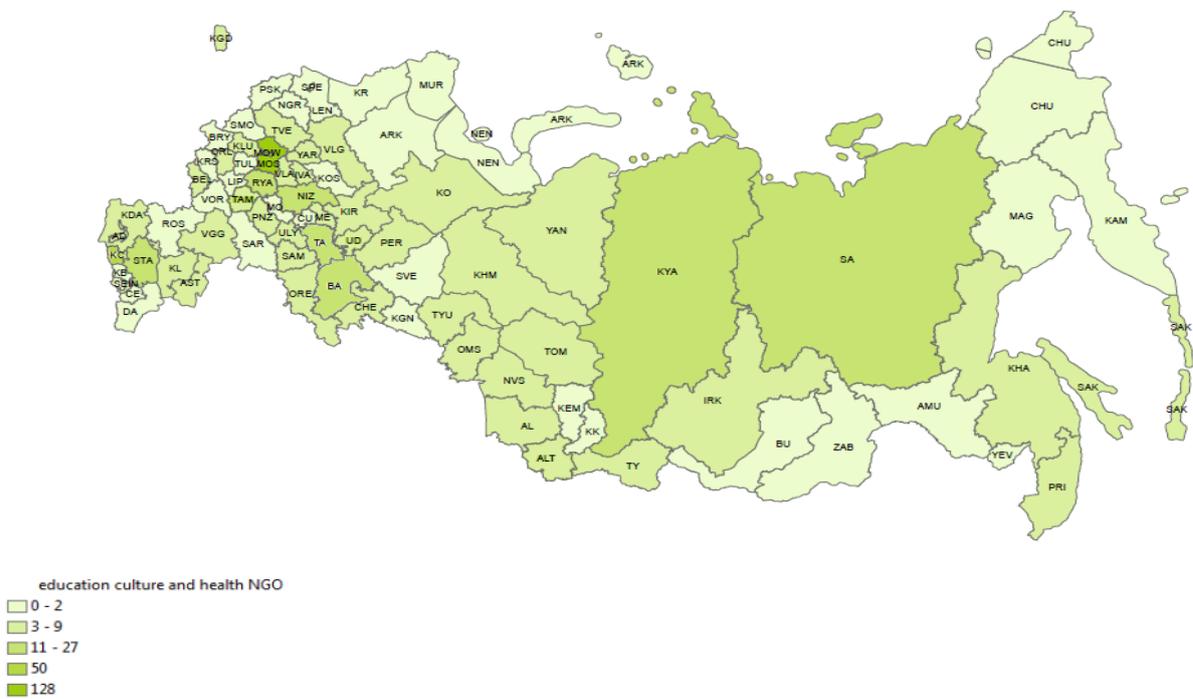


Figure 2: 'Education, Culture and Health' NGOs in the Russian regions

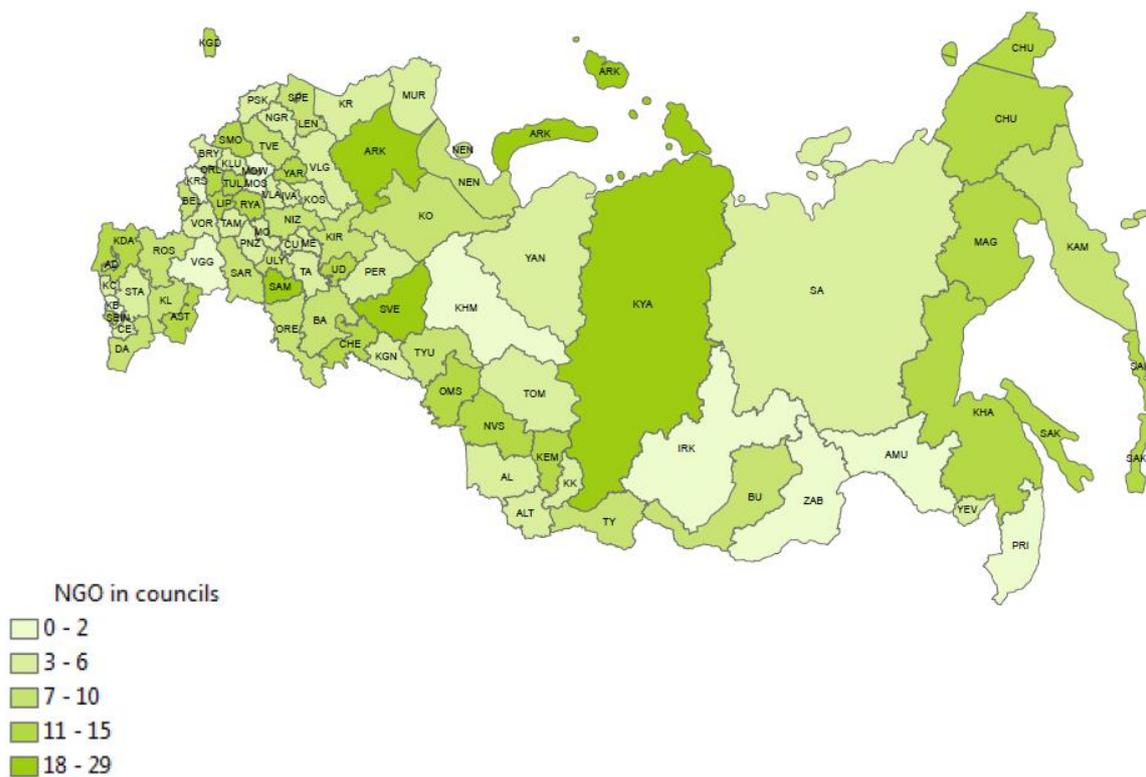


Figure 3: NGOs in Public Councils in the Health Sphere in the Russian regions

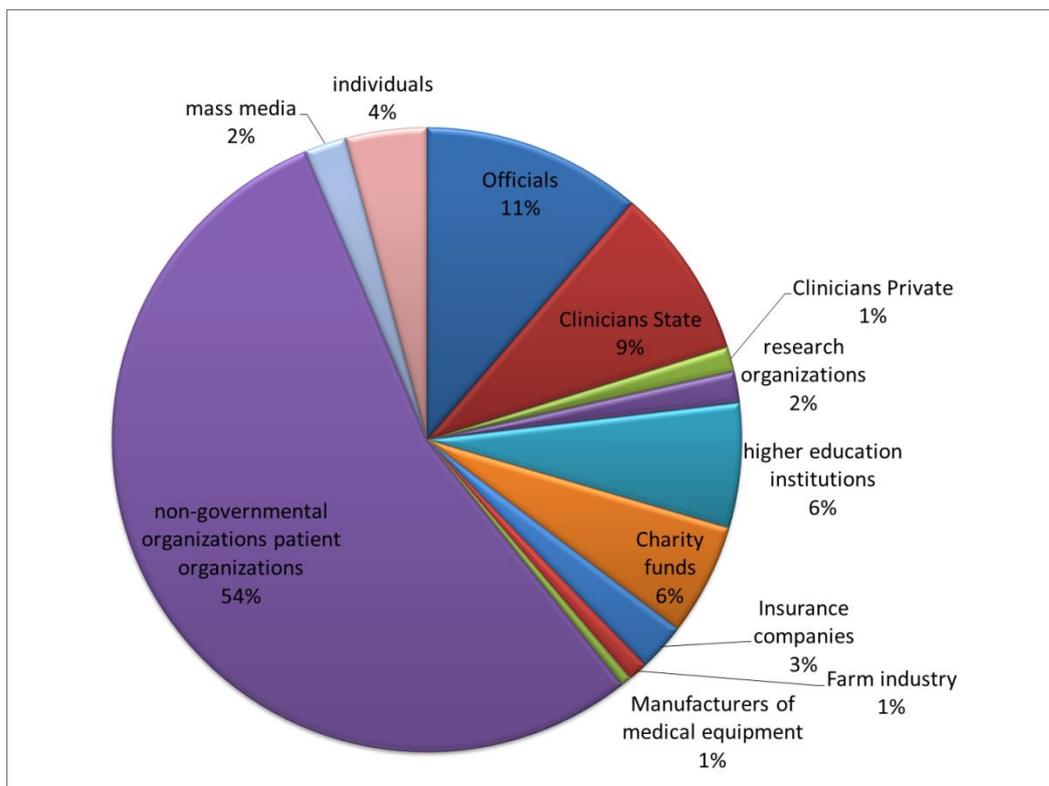


Figure 4: Average composition of a regional Public Council in health in Russia

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