

To Russia, with love (and back again, hopefully)

Timonin and colleagues article adds weight to a need to address geographical health inequalities in Russia [1]. They show for the first time how inequalities between districts are much greater than the inequalities between larger regional geographical containers. The difference in life expectancy between the best and worst performing groups of districts, each accounting 5% of the Russian population, was as large as 16 years for men and 10 years for women. The mortality inequality was 2.6 times larger between districts than it was between regions.

There is hope that these geographical inequalities in health can be reduced with the appropriate political will and infrastructure. Evidence from England has shown how life expectancy between the 20% most deprived districts and the rest of the country increased during a period when there was largely an absence of policy interventions aiming to reduce geographical inequalities (1983-2003), whereas there was a reduction during a period when a comprehensive programme was implemented to reduce geographical health inequalities (2004-12) [2]. The gap between the most deprived districts and the national average was estimated to be 1.2 years smaller in men and 0.6 years smaller in women than it would have been in the event that the trends before the policy intervention had continued. The reversal in geographical health inequalities came about at a time when other national policies such as an average annual increase of 4.4% in public spending in real terms, largely focused on the National Health Service, education and transport, were enacted [3]. It is hard to disentangle what difference the programme would have made to geographical health inequalities without these broader policies.

The Russian policy response to geographical health inequalities is tied up in a wider strategy that aims to reduce economic disparities across the country. The Russian “Spatial Development Strategy until 2025” is of similar magnitude in terms of budget compared to the interventions that took place in England during the 2000s, though it has been suggested that the strategy will be difficult to implement in the current economic climate [4]. That said, there is much to be learnt by Russian policy makers from the experience of those who designed and delivered area-based regeneration programmes and Sure Start children’s centres in England, for example. The most important lesson being that interventions should seek to make changes in existing private and public spending that will lead to a reduction in geographical inequality rather than the interventions themselves used to make unsustainable improvements to localities.

Perhaps the results of the Russian interventions can provide new insights into the English perspective which itself is building momentum once again. Public Health England have recently reported the 19-year gap in healthy life expectancy between the most and least deprived areas of England. Their report Health inequalities: place-based approaches to reduce inequalities provides guidelines to support local action on health inequalities [5]. This has not gone unnoticed by philanthropic charities such as the Health Foundation who recently led a call for research on the importance of place on health [6]. The next step should be to retranslate the evidence based to policy makers to reduce geographical health inequalities in a post-Brexit England.

References

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