

The BEARR Trust Annual Conference 2007

The Demographic Challenge in Russia and Eurasia: What role for civil society?

The 2007 BEARR conference must have set a record for the number of statistics quoted. Perhaps those that sum up the demographic challenge most starkly are to be found on www.demoscope.ru. Here one can observe the decline of the Russian population in real time: a birth every 21 seconds; a death every 15 seconds. President Putin referred to the demographic problem as 'the most acute problem facing Russia today' in his 2006 address to the nation. However, Putin's public analysis, which stressed the family and improving the birth rate, was rather different from that which emerged through the conference, which focused on early mortality and related morbidity, particularly among working-age men.

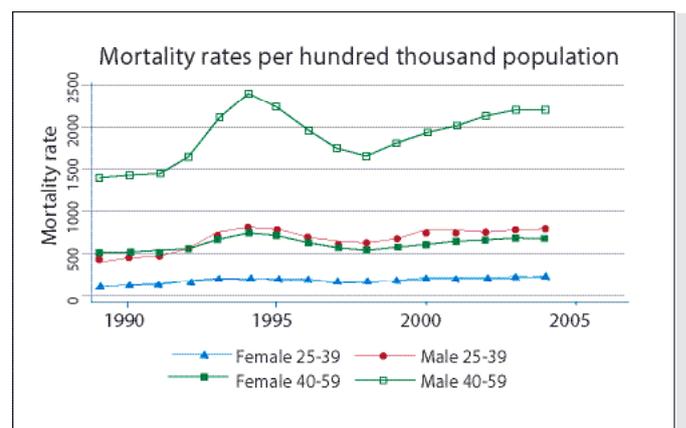
Opening the conference, BEARR Chairman **Michael McCulloch** said that the forecast decline in the populations of Russia and Ukraine over the next 20 years raised the question of how to balance income generation from workers with the needs of non-workers. The EBRD's 'Life in Transition' survey shows that people in the region now expect more of their governments in delivering public services. The opportunities for civil society are obvious, from the provision of social services and creation of channels for public engagement with welfare issues, to improving the practices and accountability of local authorities.

Dr Christopher Gerry's overview delved behind the headline statistics to explain more about the birth/death equation, and population shifts in Eurasia. Fertility rates are low throughout Europe, and indicators such as infant mortality have actually improved in Eurasia. Abortions still

*Report by Nicola Ramsden,
BEARR Trustee*

just outweigh live births in Russia. However the Central Asian populations are growing, leading to a shift in the population weighting. Dr Gerry's analysis is summarised on page 4.

Dr Benoit Mathivet explained why the Russian healthcare reforms of the 1990s have failed to tackle these problems. His catalogue of ill-conceived policies, repetition of past mistakes, and mismanaged resources made his ultimate conclusion unsurprising – that the role of civil society should be to confront the policy maker. See page 5 for Dr Mathivet's report.



graph from Professor David Leon's presentation

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In discussion, **Pauline Munro** pointed out that there may be expensive equipment available to treat strokes, for example, but patients continue to die because simple after-care is not understood or provided.

Brook Horowitz commented that the effect of alcohol on productivity was a major concern for business; even if the government was mismanaging the care side of the equation, civil society and business could still do much to improve prevention, especially through education.

By the second session of the conference there was no doubt that the major problem is 'The Trouble with Men', which **Prof David Leon**, **Dr Harald Lipman** and **Arkady Tyurin** attempted to explain and solve – although, as David Leon pointed out, women have particular problems too and, statistically, are actually losing a major health advantage because an increasing number of them smoke.

Prof Leon, from the London School of Hygiene and Tropical Medicine, also drew attention to the fact that the problem is not just the early death of working-age men but also the 15 to 20 years of dysfunction that precede an alcohol-related death. The mortality rate is just 'the tip of an iceberg of ill-health and disability among the wealth generators of society'. Infectious diseases play only a small role at present, and Prof Leon suggested that Western policy-makers might be more concerned about alcoholism were it transmissible across borders.

There is no doubt about the link with alcohol. Within the statistics for working-age male deaths is a particularly shocking one: over 40% of deaths in the 19-29 age group are alcohol-related. CIS mortality rates since 1980 have a near perfect correlation with incidences of alcohol poisoning. That is not to say that alcohol poisoning caused the deaths but alcohol poisoning is a marker for the actual causes, such as cardiovascular failure or accidents. Fluctuations in death rates are less marked in the Muslim countries where less alcohol is consumed.

The problem is not just alcohol. One third of male deaths in Russia, Ukraine and Belarus are related to smoking (cf 25% in the UK). Male smoking is not declining, and female smoking is increasing. In this attractive new

market for cigarette makers, Russia has not even signed the Framework Convention on Tobacco Companies.

Prof Leon felt that the only effective policy responses had to involve the state, through taxing alcohol and tobacco, restricting sales outlets, opening hours and sales to the young, and restricting public consumption. Restrictions on the manufacture and sale of surrogate alcohol (e.g. 95% ethanol sold as medicine) are needed. So is better social and medical support for drinkers – and employers have a responsibility here, to monitor and treat heavy drinkers.

Prof Leon commented that education programmes, especially those directed at children, seem not to be effective. **Dr Harald Lipman**, in contrast, took a more upbeat approach to what education and public awareness campaigns can achieve. He spoke of the ICHARM (International Cardiac Healthcare and Risk Factor Modification) project, which is based on the premise that the causes of Russia's high incidence of circulatory system diseases are identifiable and easy to tackle. Half of Russian male deaths are due to stroke and heart disease, caused by tobacco and alcohol consumption, high cholesterol, raised blood pressure, diabetes, poor diet and physical inactivity. These are easy to modify. Russians themselves, however, tend to emphasise depression and infection as causes of death, and those are harder to influence.

ICHARM, with Russian educators and cardiologists, are looking for a pilot region in which to train polyclinic doctors and healthcare workers and to run public awareness campaigns and schools programmes. With the International Business Leaders Forum, they plan to run corporate programmes which involve workers and their families and provide simple remedies such as aspirin and statin to high-risk workers. The project is aiming for a 2% annual reduction in cardio-related deaths, with a measurable reduction in losses to the economy, and it is hoped that it will soon be endorsed at a high level.

Arkady Tyurin preferred to take a journalist's approach. He examined social attitudes to alcoholism, and prevalent myths, and was clear that only improved social conditions could allow people to be fully responsible for themselves. The 'universal haste and rushing' of life in Russia, where people ruthlessly exploit others in the rush to achieve, creates loneliness, fear and low self-esteem among those who suffer unnoticed. Chemical dependency is the last stage of the cycle of decline, not its initial cause. Cooperation between organisations with specific projects (such as Homeless Football) can increase public awareness and help people out of their trap.

Support for grass-roots activities came from **Brook Horowitz**, who noted that a culture of indifference existed in the Health Ministry as well as in the population. Whatever its cause, it presents a systemic barrier to change at the state level. But at the regional level there are exciting possibilities for an alliance of business, government and civil society.

Probability of a 20 year old living to age 60 in 2003		
	Men	Women
Belarus	0.51	0.81
Russia	0.42	0.76
Ukraine	0.51	0.80
Estonia	0.60	0.85
Latvia	0.60	0.84
Lithuania	0.60	0.85
England & Wales	0.85	0.90
W Germany	0.83	0.91

Source: www.mortality.org calculations by VM Shkolnikov, Max Planck Institute

graph from Prof Leon's presentation

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Daryl Hardman (Chair), Olga Kostyuk, Arkady Tyurin and Kathy Judelson (interpreter)

Svyatoslav Dovbnya and **Tatiana Morozova** of the St Petersburg Early Intervention Institute spoke of the problems faced by women, children and families. The number of children of all ages in state care in Russia is estimated to be at least 800,000 – more now than there were in the whole Soviet Union after WWII. While orphanages were set up to prevent children from dying, they are now used to protect them from their families. But the orphanage system offers little respite. One quarter of orphans will eventually go to prison, and one tenth will commit suicide. They will fall into trafficking and prostitution, and suffer physical and sexual abuse. The plight of young children (0–4) taken into baby homes is particularly acute. The pioneering work of the Early Intervention Institute on the problems faced by small children and the professionals who look after them, is outlined in the article on page 7.

The conference then turned to the problems of migration. Arkady Tyurin considered internal migration in Russia and the CIS, while **Olga Kostyuk** talked about migration and trafficking in Odessa.

Arkady Tyurin described case studies of typical economic migrants between cities in Russia, who are defined as homeless because they do not have a specific place of residence. They include ex-soldiers with no education, who are dissatisfied with the jobs available in their former villages, and people who, completing higher education, lose their right to live where they have been studying.

Many people are unaware of the implications of moving to more attractive cities in search of better work. Without official registration it is only possible to work in the black economy. Corruption is a way of life – e.g. payments to the police for false temporary residence permits. Accommodation might be a room shared with a group, with consequent physical and emotional strains.

Arkady Tyurin's main question was why the most active and physically productive part of the population are not entitled to move without losing such basic rights.

Olga Kostyuk said that internal movement was less constrained in Ukraine, and citizens of other CIS countries can get a border stamp allowing them to work for three

months. The problem in Odessa and its neighbouring ports is human trafficking, which has its origins in women seeking work abroad after the collapse of Soviet-era enterprises. Odessa is a route both for trafficking and for the return of women deported from other countries.

The Ukrainian Criminal Code recognises trafficking as one of the most serious crimes against the individual, and a government department to prevent it was formed in 2000, with sub-divisions in each region. This legislative and administrative framework has made it easier to control trafficking (400 convictions of traffickers by mid-2007), while NGOs such as Faith, Hope and Love

provide support to its victims. (See Newsletter 49 for an account of the NGO's activities.) Many of the victims have escaped dysfunctional families to whom they cannot return, so they are given temporary shelter, legal help and skills training at a reintegration centre. There is also a transit centre to give help to people returning via Turkey to other former republics (most often Moldova).

Olga Kostyuk felt that government–NGO cooperation was stronger in Ukraine than in Russia. Her organisation works closely with the police, border and customs officials, and runs workshops for court officials. The strength of the civic sector is also reflected in the periodic strengthening of legislation, lobbied for by NGOs.

The conference concluded with a general discussion on 'The Challenge for NGOs'. **Oliver Jackson** asked whether NGOs should not embrace the informal networks that will inevitably persist so long as the state falls short in its social services provision. **Daryl Hardman** said that tapping into local informal networks was a source of strength in a Belarus hospice, where families of former patients offered home visits, ran self-help groups, and provided useful contacts. **Elizabeth Kennedy** and Michael McCulloch both thought that informal networks must be used in the short term, but the longer-term aim must be to get the government to take more responsibility for social services and to pursue equal access for all. **Derek Milton** asked whether the climate for NGOs had worsened, and pointed to anecdotal reports that registration and reporting requirements were distracting and were pushing up costs.

Summing up, **Michael McCulloch** noted that BEARR's early conferences had dealt with the direct provision of services, and then moved on to how practice could be influenced. Now, we are engaged with wider issues of healthcare reform. We are challenging the idea that NGOs can substitute for the authorities, and instead are developing the idea that NGOs should influence and monitor the authorities and hold them to account. But this is a complex and difficult task, and in the UK we are still learning how to do it.

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Russia's demographic challenge: 'The most acute problem'

'And now for the most important matter. What is most important for our country?... I want to talk about the family, about the most acute problem facing our country today – the demographic problem.' (Annual State of the Nation address, Vladimir Putin, 10 May 2006)

Unhealthy demographics

The Russian Statistical Committee reported that in May 2006 the Russian population stood at 142.5 million, almost seven million below the 1992 figure. This decline has spread across the period of upheaval in the early 1990s, through the financial crisis of 1998 and into the period of economic boom since 1999. In the post-Communist world Russia is by no means alone in this. Net of migration, however, Russia is one of the three countries (along with Bulgaria and Ukraine) with a decade or more of negative natural population growth in excess of half of one per cent per year.

Nowhere is the reality of the ongoing fall in numbers captured more starkly than on the website of Demoscope Weekly (www.demoscope.ru). The Demoscope website hosts a 'ticking population clock', documenting the demographic evolution minute by minute. At 21:28 on 30 December 2007 the Russian population was recorded as 141,869,793. The arithmetic is straightforward: a new child is born in Russia every twenty seconds while a death occurs every fifteen seconds. In blunt terms, over a sustained period, too many Russians have been dying and too few born, and neither sporadic waves of inward migration nor the effects of sustained periods of economic growth have arrested this trend. While none of the underlying problems is unique to Russia, Russia does face a particular combination of health hazards that resulted in President Putin asserting that the demographic crisis is the most important contemporary challenge facing Russia.

Not enough births

Following the turbulence of the 1990s, the fertility rate in Russia has begun a steady climb towards a level more typical of European countries (1.34 births per female aged 15-49 in 2004). The improving economic climate has heralded a decline in abortions, a substantive reduction in infant mortality, the financing of policies aimed at encouraging childbirth and a greater willingness on the part of large sections of the population to start families. These positive developments are certainly welcome and act to apply something of a brake to the rapidity of population decline. However, there is nothing in the data to suggest that the frequency of births will converge on the population

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replacement rate (2.1 births per female) or on the current frequency of deaths reported by Demoscope.

Too many deaths

The upward trajectory in life expectancy, typical of the developed world, ground to a halt in Russia in the early 1960s and, following a gradual downward drift, has declined dramatically since 1990. Indeed, 2005 became the 7th consecutive year in which male life expectancy in Russia was below sixty years.

While the most recent observations show that the average life expectancy has begun to increase slowly, the comparison with EU countries remains striking. As Russian life expectancy has fallen, in the EU the rise for both men and women has continued unabated. For women, the EU-Russia differential has grown from four years to ten years while for men the gap has expanded from an unhealthy nine years (1990) to a staggering seventeen years (2004). The extravagant loss of Russian working age males is astonishing. Older working age males die at more than three times the rate of their female counterparts, and younger working age males die with greater frequency than their older female equivalents. As the UN (1999) noted, 'most regrettably, the trends in life expectancy have meant that several million people have not survived the 1990s. ... [There are] literally millions of 'missing men' in the region'.¹ Indeed, had the male-female population ratio remained at its 1990 level, there would have been an additional one million plus men alive in Russia today.

In considering the mortality divergence between Russia and other European countries one need not look much beyond the evidence on deaths due to cardiovascular disease and external causes. While in Europe such deaths have fallen substantially and on a similar scale for both men and women, in Russia there have been substantial increases. There has been a 70%/51% increase in deaths due to cardiovascular disease for men/women and a 47%/61% increase in deaths due to external causes. Deaths arising from these sources now dwarf those observed for all other European countries and account for the overwhelming proportion of total deaths in Russia. Digging deeper, with the gender differential in mind, we may also note the

¹ United Nations, 1999, Human Development Report for Central and Eastern Europe and CIS. Transition 1999. <http://www.undp.org/rbec/pubs.hdr99>

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increases for Russian men in deaths attributable to suicide, accidents and respiratory illness. A substantial number of such deaths are related to the use of alcohol.

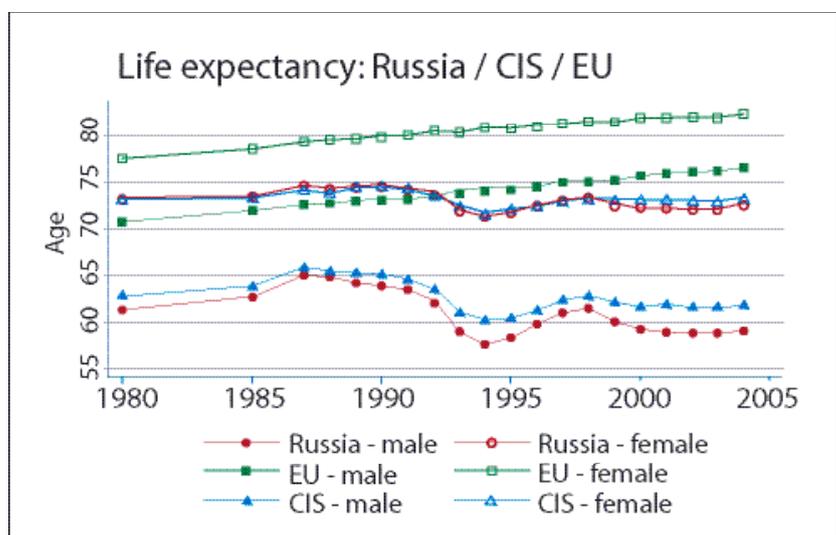
There are a number of possible explanations for the deteriorating statistics: widespread income collapse and material deprivation; the deterioration of the public healthcare system; environmental degradation; unhealthy behaviour and changing diets; and psychological stress associated with 'transition'. Whatever the explanation, it needs to account for the gender disparities and it is difficult to argue that the oft criticised healthcare system, social welfare framework or the environment have discriminated by gender. Instead, it would seem that the underlying story is a complex social, cultural and behavioural one closely linked with the use of alcohol.

Policies

The most recent policy efforts to arrest the slide in numbers have focused on migration and birth. In May 2006, President Putin proposed measures to increase the birth rate by supporting motherhood through higher child benefits and bonus payments for additional children. In 2007, several million work permits were made more easily available for migrants from the ex-Soviet republics. Both of these policies have some merit but unless the trends in mortality, and the underlying explanations, are addressed they will only serve to slow the decline in Russia's population. Confronting the types of behaviour associated with mortality would seem to be a more urgent priority.

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graph from Dr. Gerry's presentation

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Russian healthcare reform

**What led to the institutional trap during the 1990s?
Are recent changes in health
policy likely to help?**

Dr Benoit Mathivet
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UCL School of Slavonic and East European Studies

This article is a brief overview of current research into the present state of funding and resource allocation in the Russian healthcare system. It sets out mainly to monitor measures taken at federal and regional levels and predict their efficiency. To do this, we need to look at the institutional evolution of the Russian healthcare system during the 1990s.

The Russian healthcare system went through a very ambitious early reform in the 1990s. New mechanisms, introducing the principle of Mandatory Health Insurance (MHI), were designed and launched between 1991 and 1993, in a context of economic crisis and administrative disorganisation.

Nevertheless, the healthcare system remained under-financed; funding was

still very fragmented, with important regional disparities, so that the health services failed to cope with growing health problems. The many reasons for the failure of the reform include: the low level of payroll contribution (and of the federal sums intended to make up for the regional disparities); an over-reliance on the global pace of post-communist transition; and a

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rather 'naïve' introduction of market mechanisms into a soviet healthcare system suffering a legacy of neglect.

The table below summarises the outcomes of the reform, from the former soviet healthcare system to the ineffective hybrid which resulted from the reform. The middle column gives a brief description of the new mechanisms as they were initially designed in the 1993 legislation.

Despite the unsatisfactory situation of the healthcare system, there was no attempt at direct federal intervention until very recently, and the launch of the National Priority Project – Health in 2005.

The National Priority Project – Health: a New Deal?

The National Priority Project – Health was launched in 2005, with planned total financing of 145.6 billion rubles for 2006-2007. The three main targets of this project are:

- to redirect healthcare policy priorities toward primary care by improving wages for primary care practitioners and upgrading the equipment of primary care facilities.

- to make high technology care more accessible by providing equipment to existing facilities in hospitals, by building high technology medical centres, and by upgrading emergency vehicles.
- to improve preventative care and monitoring of citizens' health: screening, prevention and immunisation.

The first reported outcomes of this national priority project offer a mixed picture.

The wage increase for primary care practitioners has been set at 10,000 rubles per month for primary care doctors and 5000 for nurses, irrespective of their actual salary prior to this increase. Regional mandatory health insurance and health authorities are in charge of the distribution of funds; due to the variety of organisational structures described above, this has led to delays and differences in the implementation of this wage increase. It has also led to a profound distortion of the wage scale and discontent among inpatient staff and outpatient specialists. It could lead to disruption of health services and the potential risk of inpatient staff and outpatient specialists charging

additional informal fees. Even if the reallocation of funds and staff to the primary sector is desirable, this arbitrary wage increase suggests a lack of preparation and reliance on spontaneous regulation at local and individual level.

As regards the provision of high-tech equipment, it is still unclear how the authorities will implement fair queuing mechanisms for the high-tech medical centres. Moreover, some cases have been reported where the fragmented nature of healthcare funding has wasted the resources of the priority project, especially in relation to the training of staff and the infrastructure upgrades required to use the high-tech equipment provided.

Finally, despite the fact that the national priority project represents a significant and unprecedented financial effort at federal level, it is interesting to analyse how it interacts with existing federally-financed programmes. The numbers relating to the Target Programme 'Prevention and treatment of socially-related illnesses', for example, show that this programme experienced a 17% decrease in resources planned for 2007-2011 as compared to 2002-

Summary of the outcomes of the reform

	Soviet Healthcare System	Reformed Mechanisms (and expected benefits)	Resulting Hybrid System
Coverage	Free universal coverage. Tight network of health services.	Free universal coverage maintained.	Still free and universal? Regional inequalities in funding and individual inequalities in access are widespread.
Funding	Residual, budgetary financing.	Diversified sources (MHI resources are payroll based and earmarked) . Planned to become the main source, nevertheless, relatively low level of payroll contribution.	1. No increase in total resources available. 2. Only 1/4 of resources provided by payroll contributions. 3. Regional inequalities in funding.
Resources allocation	1. 'Left-over' principle of allocation of budget resources to healthcare. 2. Oversized hospital sector, with numerous and over-specialized workforce 3. Low average level of wage and low level of technology.	1. High level of autonomy of regional health authorities, especially in relation to MHI funds. 2. Introduction of private insurance companies in charge of wages for public MHI resources. Competing for customers, pressuring providers for quality. Retaining unspent resources for profit, thus pressuring providers for cost-effectiveness.	1. No competition: no choice of company for citizens, no incentive for quality gains. 2. Relocation of risk-bearing at the level of regional MHI funds: no more incentive for cost control. Little improvement in official wages 3. Persisting low level of technology.
Equality of access	1. Common 'gratitude payments'. 2. 'Closed' healthcare sector, wages paid directly by ministries and large firms.	1. Improved wages through bonuses would limit informal payments. 2. 'Closed' sector would be reduced due to the introduction of the payroll contribution.	Widespread informal out-of-pocket payments and direct provision of supplies by patients. 2. Access to 'closed' sector for a fee. 3. Development of voluntary health insurance, even for care included in the MHI package.

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2006. Some measures included in the National Priority Project – Health will of course be useful in pursuing the goals of this Target Programme. Nevertheless, this significant reduction in resources allocated to the Target Programme suggests that healthcare is still subject to ‘left-over financing’ to a certain extent. The National Priority Project – Health provides mostly short-term financial relief, dealing with the symptoms of the healthcare

crisis, not its causes. It may lead to false incentives and waste, and seems to repeat some of the mistakes of previous periods.

After 2008, Russia will have to initiate a new reform, setting out a clear choice of funding sources and resource allocation mechanisms for its health sector. The funding effort will have to be massive, with a substantial share dedicated to reducing regional disparities.

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Young children in institutions and the scope for family support

*Svyatoslav Dovbnya, Tatiana Morozova,
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According to official statistics there are more than 80,000 children in the care of the state in Russia. The figures given by different ministries vary, but the general trends are that the population of Russia is decreasing but, at the same time, the number of children in care is still increasing.

At the moment there are more children in state care in Russia than in the whole of the Soviet Union after the Second World War.

If a mother says she is considering giving up her baby, maternity hospital staff do not support her in making a considered decision, but simply give her a form to fill in. Within minutes she may have signed this paper and have no further right to contact the baby, which will be cared for in a baby home by a series of adults.

Numbers

What do we know about the number of children in institutions?

In 2000 there were 19,345 places (‘beds’) for children from birth to 4 years old in baby homes. The figure for 2005 was 20,342 places.

In many Russian regions there is a waiting list for baby homes, so children waiting for places have to stay



in children’s hospitals. The number of ‘social beds’ taken up by these children is increasing in many regions. Some children stay in hospital for up to 6 months (even a year in some cases). According to some statistical data there are up to 25,000 children per year in these ‘social beds’.

Various sources use the same figures for children in institutions:

- Delayed development – 98%
- Average number of problems diagnosed per child – 7
- Rickets – 55%
- Delayed growth – 68%
- Underweight – 22.5%

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- 296.9 per 1000 are given official 'invalid status', while for children in families the figure is 19.8 per 1000

At the same time, no child has been diagnosed as having attachment-related problems. (Konova, 2007)

Infant mortality

Mortality in baby homes (for children aged 0–4 years):

- 2000: 33.2 per 1000 (general population 19.3 per 1000)
- 2005: 22.7 per 1000 (general population 13.87 per 1000)
- Fifty per cent of these children die in the baby homes, i.e. not in hospital
- In 20 per cent of cases, hospitals reported that this was due to 'too late hospitalisation' (i.e. the children died before the ambulance arrived).
- In 10 per cent of cases, hospitals refused to accept children from orphanages.
- 25% of the children who die in baby houses die alone.

In 2006 family support was officially deemed to be a political priority in Russia (Putin, May 2006).

At the same time there is a serious lack of knowledge of what is needed to provide family support among the caring professions (psychologists, social workers, nurses, etc.).

Education for the caring professions is mostly theoretical. For example, the curriculum has a serious absence of practical education ('practice' mostly means visiting various organisations or making diagnostic assessments without any follow-up. There is no supervised work for trainee psychologists and social workers.)

The support programmes approved by most universities and research institutes are aimed at children already in orphanages, not at families. Several very important concepts (attachment and bonding, case management, strength-oriented approach, family centred approach, etc.) are either not introduced or underdeveloped.

At the same time there are some positive trends towards family support in the professional community. Specialist departments for the clinical psychology of early childhood have recently been established in Moscow and St Petersburg.

To raise awareness of the harm done to babies and young children

by being placed in residential baby homes, HealthProm and its NGO partner the St Petersburg-based Early Intervention Institute worked together with EveryChild to make a film, 'The Road Home'. The 42-minute film, mostly shot in a baby home and completed in 2005, shows the different rates of development of children whose mothers were able to retain contact with them and take them home, and those who had no such contact. The partners are using the film and accompanying booklet on child development to campaign for reform.

Another urgent need remains: to increase knowledge about the social and psychological needs of children. In May 2006 HealthProm started a two-year project with the Early Intervention Institute to build its capacity to update and disseminate in Russia knowledge and understanding of children's developmental needs, so that practice and policy in the care of young children can be developed from a better basis of understanding.

This project builds directly on the film and on HealthProm's partnership project for the early detection of, and intervention in, postnatal depression in Sverdlovsk. It aims to build at the

Institute a Russian evidence base showing that family care promotes children's development better than institutional care. It also aims to reduce the number of babies given up to residential baby homes by training professionals in counselling and supporting at-risk families.

Two study visits to Britain enabled the Early Intervention Institute to choose which elements of practice to initiate in Russia. 'Mellow Babies', a programme developed for hard-to-reach families in Glasgow, was chosen as a clinical tool for attachment-directed intervention. The partners are working with two NGOs which practice early



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WOMEN AND CHILDREN IN AZERBAIJAN

A small miracle in the Caucasus

Few people in Europe are aware that Azerbaijan is a beautiful mountainous country in the South Caucasus, facing economic and social problems following the collapse of the Soviet Union and a health service overstretched by an influx of one million refugees from Armenia. Women and children are particularly at risk of poor health and, although now improving, figures for deaths among women and the newborn are still higher than in Western Europe. The Azerbaijani Government is committed to improving the health and well-being of mothers and babies, and gave its full support to a three-year programme of teaching for doctors and midwives to make improved standards of maternity care available to all women.

'Family and society'

As Director of 'Family and Society', an NGO based in Baku with a focus on reproductive health, I began the huge task of making pregnancy and childbirth safer for mothers and babies. I was fortunate in establishing a partnership with a British NGO, HealthProm, and a joint application to GlaxoSmithKline resulted in generous funding for a three-year project providing education for doctors and midwives and basic equipment for the most neglected hospitals. In a country with a scattered community, with roads impassable in bad weather, we focused on three main areas: Baku, the capital, where teaching was a priority, and Sheki and Khizi hospitals, which were cold and lacked basic equipment, piped water and a reliable electricity supply.

The programme to improve maternity services

Hospitals in Azerbaijan have adequate staff numbers, but professional education lags behind that in Western Europe. From the beginning

we agreed that the quickest way to effect change would be to teach doctors and midwives together. I argued for a defined role for midwives, with responsibilities that reflected their capabilities. Encouraged by the readiness with which the doctors accepted this massive change in their practice and status in hospitals, and their commitment to raise standards, I went a step further. HealthProm would one day withdraw and, although over 300 doctors and midwives had benefited from the programme, there were many others needing professional updating if the changes introduced in areas covered by the programme were to be reflected throughout Azerbaijan.

Master trainers

We identified 12 doctors and midwives who demonstrated above average skills and knowledge and an aptitude for teaching. Twelve Master Trainers were born. They were taught teaching skills and, after working as joint partners with the HealthProm team, developed their own teaching programme in many districts, including those with a large refugee population where the need for improvements in healthcare is greatest. In Azerbaijan it was revolutionary to have midwives in positions of responsibility, especially as equal partners with doctors in teaching programmes. This has been one of our most successful initiatives.

Parents

Parents were not forgotten. A small trial enabling women to carry their own notes had to be abandoned because demand for it extended throughout Azerbaijan. We provided them with well-designed literature on pregnancy and health education and encouraged them to exercise choice during pregnancy and childbirth. One day fathers may be brave enough to stay with their wives during childbirth.

Dr Faiza Aliyeva, Director, 'Family and Society', Baku



Doctors and midwives sharing skills at a workshop

Photo: Greta Beresford

What we achieved

The results of this programme will benefit families for many years. Deaths among the newborn have fallen by 58.8% and complications after childbirth by 86%, and many more women attend clinics during pregnancy for advice and care. Staff are happier, and I feel immense pride in what they have achieved.

What we have not achieved

Not all staff have benefited from the project. Some find change difficult, and progress is slower in some areas than others. Because of distances and difficulties in reaching them, doctors and midwives in remote rural areas were excluded from the project. As always, funding is a problem, but we will continue to strive for money to extend the work to the rural areas.

I am grateful to my staff, to my friends from HealthProm, to GlaxoSmithKline for generous funding and to the Federal Minister for Health who has been so supportive.

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The BEARR Trust Annual Lecture 2007

‘Russia: towards a new isolationism?’

The 2007 BEARR Trust Lecture was given by Dr Alex Pravda, Fellow of St Antony’s College, Oxford, and one of the UK’s pre-eminent experts on Russian foreign policy in the period after the Cold War. BEARR Trustee, Nicola Ramsden, reports on his thought-provoking lecture.



The EBRD hosted the BEARR lecture for the third time, reflecting the bank’s support for partnerships with NGOs and belief that the development of civil society is essential for sustainable economic progress. President Lemerre welcomed the guests, and many EBRD staff were in the audience.

Dr Pravda began by emphasising that the title of his talk ended with a question mark and, in a finely-gauged drawing up of the balance sheet of Putin’s second term of office, he ultimately signed off a ‘soberly optimistic’ audit and forecast. Audience members who work in the voluntary and NGO sectors must have taken heart from Dr Pravda’s view that incremental change in Russian civil society is achievable through small-scale, modest partnerships that can build local best practice, and can now expect some financial support through the growing availability of state revenues to address problems of health and social welfare in Russia.

So why is the question being asked? As Dr Pravda pointed out, bad headlines are good news for Russia watchers, and the headlines have become increasingly alarmist and dramatic of late. Russia’s recent flexing of its economic and military muscles may well appear like the gathering of a ‘Cold Wave’, but, argued Dr Pravda, Russia’s tetchiness in the face of criticism of its domestic policy is surely legitimate as an assertion of the country’s sovereign right to run its internal affairs free from external interference. Russian rhetoric, grumpy, cocky and aggressive as it often seems, is not really the expression of a new isolationism. The West’s perception of what it means must be informed by the recognition of Russia’s increasing integration in the global economy and its international institutions and clubs. Rather than isolationism therefore, we are seeing a reversion to ‘self-insulation’, the historical tradition of protecting Russia’s political system from Western influence, to which Gorbachev and Yeltsin were exceptions.

Internally, self-insulation suffuses all aspects of Putin’s project to restore a strong state order after the libertarianism of the Yelstin years. Regional leaders have been subordinated to the Kremlin and are no longer accountable to their own electorate. Corporate barons have been tamed through ‘tax terrorism’ and limits have been put on foreign control of (rather widely defined) strategic

resources. Neither the media nor NGOs have become effective checks on the Executive. Even without a system of formal censorship, journalists effectively self-censor through fear of violating other laws, while independent NGOs find that they have state-sponsored counterparts, or opponents who receive favourable police treatment during counter-demonstrations. While Putin has no desire for a one-party state, the alternatives must be approved choices that fit his objective of making the Duma a smooth legislative machine for the Executive’s programme.

This amounts to the insulation of the Executive from political pressure and accountability. It is the key feature of Putin’s version of ‘manageable’ or ‘workable democracy’, where effective Executive control is preferred to the messy spontaneity of responding to democratic demands. It is reinforced by the notion of ‘sovereign democracy’ current among Russia’s political elite, which emphasises national identity, pride, and patriotism. These are models of democracy that command support in Russia on the grounds that they give priority to stability – the pluralistic model of society can follow later.

Externally, Russia can now be identified with the club of ‘authoritarian capitalist states’ clustered in Central Asia and aligned with China, that share a desire to insulate themselves from external criticism. Their framework for cooperation on issues such as anti-terrorism can also serve as a platform to object to US domination. The possibility that these countries will increasingly seek to balance the West will create wider tensions, even if it does not lead to direct confrontation.

Dr Pravda acknowledged the bleakness of his assessment up to this point, but then detailed the countervailing factors that led him to his overall conclusion of ‘sober optimism’. First, he noted some doubt in Moscow that energy resources really can be leveraged into political influence. Second, despite being classified with the BRIC economies, Russia still sees Western groupings such as the G8 and the UN Security Council as essential spheres of involvement. Indeed, it is in the economic and political arenas that Russia accepts some rules of the international game. Military issues, in contrast, are naturally divisive, and Dr Pravda suggested that to include Russia at an earlier stage in the formulation of European security policy would be a powerfully symbolic gesture.

The desire to develop these international linkages reflects Russia’s ambition to be a globally competitive economy. In turn, this may moderate the insulation of domestic political and economic management as Russia realises that self-insulation has costs: corruption and

cronyism reduce competence and efficiency. Although there is a risk that Russia could deal with these problems using its old-fashioned method of hard-line discipline, Dr Pravda believes that a more rounded and open attitude to accountability and transparency is emerging.

Here is the key advice for all those engaged with Russia: avoid criticising things perceived as intrinsic to Russia's culture and historical traditions. Focus instead on Russia's wish to become a more competitive economy, in the context of which the economic costs of insulation can legitimately be pointed out. But by all means remind Russia that it has made its own commitments to human rights, freedoms and liberties, and that its observance of these commitments will be noted (and supported). Why should Russia care? Because, as Dr Pravda pointed out, there is a desire to be perceived as a first-class, legitimate state rather than as a repressive petro-state, not quite up to full international participation and therefore to be the subject of US 'neo-containment'.

Already, there are encouraging examples of small-scale, low-level cooperation between Russia and Western

countries, in both the commercial and voluntary spheres, where persistent engagement and patient negotiation are producing workable practices for all parties. Dr Pravda cited the example of the TNK-BP partnership (the only remaining 50/50 venture in oil production), where a Russian sanctions-led culture is gradually yielding to the rewarding of initiative. For voluntary organisations and NGOs there is great scope for cooperation in addressing problems of health and welfare in Russia – especially now that Russian state revenues have grown and may be available to finance the study of new methods and the building of local best practice.

Russia is not on such a bleak trajectory as it might appear, Dr Pravda concluded. His soberly optimistic forecast for the next few years is that the tetchiness will subside, and that Russia will become more calmly confident in its Great Power role.

The BEARR Trust is most grateful to EBRD for their generous support for the lecture.

BEARR/CEELBAS: A new opportunity for NGOs

The BEARR Trust and CEELBAS are developing plans for a possible series of events that should benefit NGOs engaged in Russia and neighbouring countries. The two partners are working towards a launch conference on 9 May 2008.

CEELBAS is the Centre for East European Language-Based Area Studies, headquartered at the School of Slavonic and East European Studies at University College, London. CEELBAS is a consortium of ten British academic institutions with significant research interests in the region. Newsletter readers who attended the BEARR Annual Conference last November will recall that it was sponsored by CEELBAS, and that Benoit Mathivet, one of its researchers, spoke on health sector reform in Russia.

CEELBAS has an extensive programme of training for mid-career academic and non-academic specialists. As a complement to this activity, it is committed to deepening collaboration between its members and British NGOs, and to expanding academic engagement with those who use or could use its research. It is particularly keen to give NGOs more access to current research and expertise. In the longer term, it aims to institutionalise the ways in which it relates to NGOs and mobilise its expertise for the benefit of NGOs involved in the region.

For The BEARR Trust, cooperating with CEELBAS represents an exciting opportunity to expand its role in networking and sharing expertise and

experience among British NGOs engaged in Russia and neighbouring countries. The proposed series of seminars and conferences would build upon the Trust's recent annual conferences, which have brought together academic specialists and practitioners to address challenges such as homelessness.

BEARR and CEELBAS are working towards a launch conference on 9 May, to inaugurate a process of collaborative events that could run over the next two to three years. The initial conference will focus on a broad issue of concern, the prospects for healthcare reform, and subsequent events will address more specific topics that are priorities for NGOs and where CEELBAS has research and expertise of potential benefit to NGOs.

The launch conference and other events are intended mainly for UK-based NGOs, but there will be scope to bring in a limited number of participants from the region, both to gain their perspective and to widen the circle of beneficiaries. The primary focus, at least initially, will be on Russia and Ukraine.

The conference will be free to participants.

Look out for further information about the conference and subsequent events on the BEARR website at www.bearr.org, and let the Trust know if your organisation would

like to attend, so we can be sure to send you an invitation!



SMALL GRANTS SCHEME

BEARR Trust Small Grants Scheme 2008

The BEARR Trust Small Grants Scheme 2008 will continue the theme of the 2007 Scheme which, picking up our Annual Conference theme of homelessness, focused on projects seeking to achieve a wider impact on work with young people who are homeless or in institutions.

In 2008 there will be a second component, specifically for NGOs who seek to relieve the distress of human trafficking and/or support its victims.

The Scheme thus has two segments:

- A. Helping the homeless reintegrate into society (Russia only)
- B. Relieving the distress of human trafficking (Russia and other countries formerly part of the Soviet Union)

What are the aims and criteria of the Scheme?

The 2008 Small Grants Scheme aims to support activities that involve one or more of the following:

- Encourage sharing of experience and learning among NGOs with relevant aims
- Disseminate good practice more widely
- Facilitate cooperation and/or coordination among NGOs and other organisations working with relevant groups
- Improve awareness, influence policy, or engage public institutions in addressing the relevant issues
- Propose other, imaginative, ways of achieving the Scheme's aims

Who can apply?

European NGOs active in the region and/or NGOs from the former USSR region. Priority will be given to projects involving partnerships.

How much money is available?

The BEARR Trust expects to have available about £2500 during 2008 for Scheme A and £3000 for Scheme B. Grants may be dispersed in

instalments or as one-off grants. The Trust may wish to support more than one initiative through the scheme, so proposals within the range £1000-£3000 are invited. Preference will be given to projects which are also funded from other sources and in which the BEARR grant does not exceed 50% of the overall cost.

How does an organisation apply for a grant?

Send an application, which must be in English, to The BEARR Trust by 15 March 2008. The application should be sent by email to info@bearth.org

What information is required?

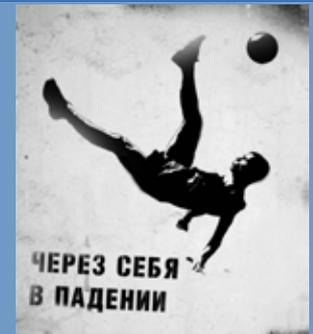
The application should be not more than two pages of A4. It should include information on:

- The NGO applying for a grant, its mission and objectives
- Any partner organisation, its mission and objectives
- Objectives, short and long term, of the project proposed, and a brief description of the activities to be supported
- Why the NGO needs a grant from The BEARR Trust, what it will be used for, and how it meets the criteria for the 2008 Small Grants Scheme, set out above
- The proposed total project budget, showing separately the amount requested from BEARR and the contributions to be made by the applicant NGO and other sponsors

What happens next?

The Trust will acknowledge applications as they are received. The Trust will contact applicants for any further information or clarification it needs. Trustees will review shortlisted proposals at their meeting in April. The Trust will then announce which proposals have been successful.

Part A of The BEARR Trust Small Grants Scheme 2008 is funded by a grant from the Moscow Office of the law firm Baker Botts, and Part B by a private donation.



Small Grants Scheme 2007

One of the grants in 2007 went to New Social Solutions in St Petersburg, for a project to create a brochure on football for the homeless. Arkady Tyurin, Director of NSS, explains:

'The main goal of this project was to take the idea of homeless football to a new – higher – level. The new booklet was intended to change the attitude of social workers and the media to homeless football and to concentrate on efforts to create new teams.

'The booklet includes both photos from our archives and new ones taken by award-winning photographer Nadezhda Davydova, who took pictures of homeless football players during training and at the Homeless World Cup in Copenhagen. We also tried to use articles from other media to provide a more independent view.

'The booklet was launched at the 'Homeless Against Racism' tournament in St Petersburg in mid-October. It was also sent to organisations working with socially excluded people in Arkhangelsk, Angarsk, Nizhny Novgorod, Novosibirsk and Tiumen.

'We are already seeing the first results of this activity, with three new homeless football teams (in Novosibirsk, Tiumen and Nizhny Novgorod) since October 2007. The next (third) Homeless Russia Open Football Tournament will take place in April in Novosibirsk where two socially responsible businesses have expressed interest in hosting this tournament.

'Thank you, BEARR Trust! Long live football!'

This project was funded by a grant from the Moscow office of Baker Botts.

2007: How did Russian NGOs fare?

On the eve of 2008, the Agency for Social Information (ASI) asked a number of third sector organisations: *What changes have there been in the third sector and social sphere in the past year?* The responses give a glimpse of life under the recent NGO legislation.

“There have been small improvements in the social sphere such as a pay increase for teachers and some categories of doctors, but the position has worsened for the bulk of the population because of the high level of inflation. Whereas the equivalent of \$500 was until recently regarded as a decent wage, it is now not enough to live on. As regards the third sector, the law on NGOs has severely worsened the situation for all categories of these organisations. Their registration procedure has become more complicated and also more expensive than for commercial organisations. NGOs are obliged to provide complex accounting documents. Many have lost their premises. Overall the authorities have shown they are not interested in civil society. Fortunately our civil society, and the third sector in particular, has proved to be more resilient and has suffered fewer ill-effects than I expected.”

**Lyudmila Alekseeva,
Moscow Helsinki Group**

“The consequences of the law on NGOs have been the most significant. Despite the harassment of some organisations on both political and non-political grounds, these have been isolated cases. We also hope the bill on the Introduction of Changes to Some Legislative Acts in Russia will be approved. That will correct some of the deficiencies in the present legislation. It is designed to provide significant tax advantages for NGOs and also makes the authorities responsible for ensuring that NGOs receive the right information. Because of the pressure on voluntary organisations, many of them have closed down voluntarily or restricted their activities. Although the state has not taken punitive measures against NGOs, it is clear that many organisations are not able to provide the accounting documents required by the legislation. In the social sphere most of the problems have remained unresolved. Many experts have called for changes in legislation to improve the position of citizens, but they have generally been ignored. The trade union movement is also still being held back.”

**Lev Levison, Institute of
Human Rights**

“2007 saw the first steps towards social changes. The Ministry for Education, Science and NGOs put forward proposals for legislation on social care which could improve the lives of disabled children. The law on NGOs has resulted in the closure of some organisations which could not manage the accounting procedures. There has been an increase in unofficial organisations, whose activities and results are difficult to monitor.”

**Boris Altshuler,
Rights of the Child**

“A number of measures initiated by NGOs on the care and guardianship of orphans have been accepted. A law proposed by the State Duma on issues relating to women, the family and children has not been passed. The presidential programme “Children of Russia” has been introduced, while 500 million roubles has been earmarked for the programme “Child Orphans” aimed at acquiring accommodation for those leaving residential institutions. Moreover, child care benefits have increased.”

**Yelena Yershova,
Consortium of Women’s
NGO Associations**

“There were many important and positive changes in 2007. The Russian government undertook to reduce the number of orphans in the country by using more effective assessment criteria. This means judgement will be based not on the number of cases dealt with, but the number of children without parental care who are settled into families. It is very important that the authorities are now ready to see society, and NGOs in particular, as partners in resolving the problems of orphans. Voluntary and non-commercial organisations, associations and professional bodies have been drawn in to solve these problems, grants have been made available, and a system of social commissioning has started. Non-commercial organisations have worked more systematically and are participating in municipal and regional competitions and priority projects. It is to be hoped that co-operation between state and society will develop not only through financial and moral support but also organisationally. Institutional development, training, and reduction of the tax burden are very important for NGOs.”

**Aleksei Rudov, ‘New
Family’ Project**

“The law on designated capital is a great idea but ineffective as it will not work for small NGOs. It is important to note that public opinion has become more favourably disposed to the third sector this year. The public has started to discuss more actively urgent problems of social policy, but things have moved slowly at the state level. It is good that the law on care and guardianship proposed by Lakhova and Krashennikov was not passed this year.”

**Yelena Alshanskaya,
‘Helping Child
Orphans’ Project**

ASI51(663), 21-28 December

BEARR NEWS

The scope for family support

continued from page 8

intervention, the Novgorod Children's Centre and the Korchak Centre in St Petersburg.

These centres have been working with vulnerable families for several years. Novgorod Children's Centre mostly specialises in support for families with children with disabilities. The Korchak Centre supports children in orphanages, and families with young children where the parents have also been in orphanages.

These two organisations also provide educational programmes for maternity hospital staff and child protection agencies. The programmes focus on improving mother-baby interaction and attachment development are very new for both organisations. HealthProm and the Institute have provided training for their specialists in child development and the skills to help mothers bond with and keep their babies, and the Institute provides supervision for practical training.

We will evaluate the effect of the Mellow Babies programme on the development of small children.

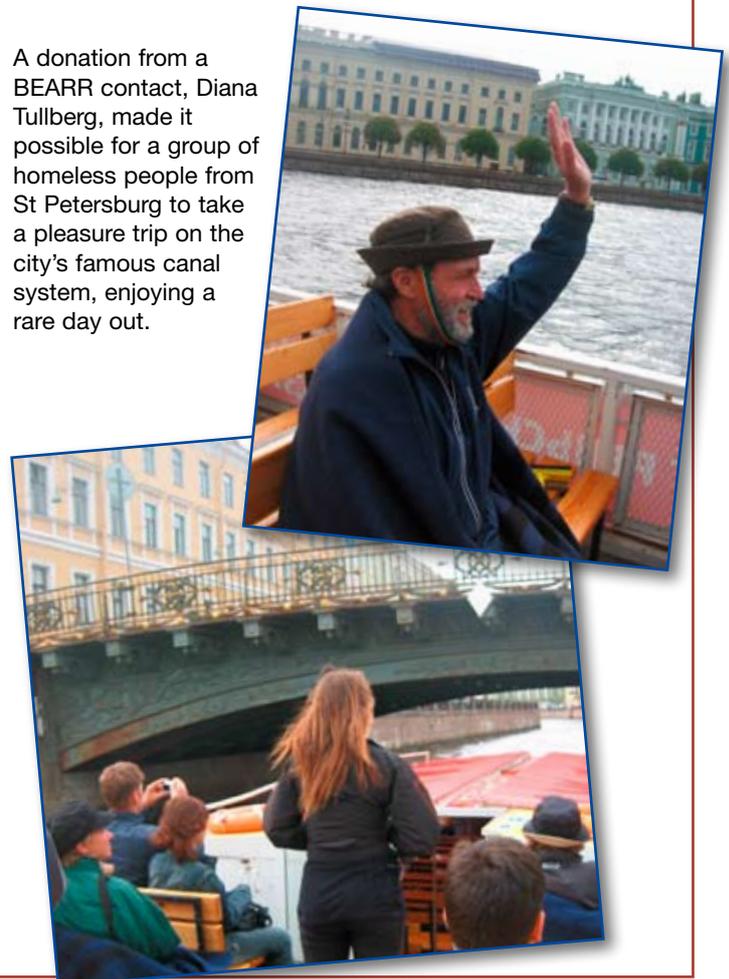
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Boat trip for St Petersburg homeless people

A donation from a BEARR contact, Diana Tullberg, made it possible for a group of homeless people from St Petersburg to take a pleasure trip on the city's famous canal system, enjoying a rare day out.



We welcome a new BEARR trustee

BEARR is delighted to welcome a new Trustee, Anthony Longrigg CMG.

Tony was a career diplomat until 2004, and spent much of his career dealing with the Soviet Union and Russia. He had three postings at the British Embassy in Moscow, the first in the mid seventies, and the last from 1997-2001 as deputy head of the embassy.

During his years in the country, he was mainly interested in political and economic developments and travelled widely, seeing at first hand how Russians lived. During his last tour his duties included oversight of the UK's extensive aid programme in Russia, and he visited many aid projects concerned mainly with encouraging democratisation and private enterprise, and taking a particular interest in how these ideas could be encouraged in schools.

Tony's last job was as Governor of Montserrat, where the main challenge was helping the small island communities recover from the devastation caused by continuing volcanic eruptions.

The Trustees would also like to express their gratitude to two resigning Trustees, John Church and Anne Lindley. We are grateful for their support and wish them well with their future activities.



Tony with the prize-winner in a Know How Fund project on Human Rights in Moscow Schools

Sponsored Cycle Ride for BEARR

Readers will be aware that Francis Callaway, a BEARR Trustee, went on a sponsored cycle ride to Vietnam in October, with all proceeds going to BEARR. Many of BEARR's friends and supporters, as well as her own friends and relations, backed Francis, generating more that £7000 to support BEARR's work with NGOs in Russia and its neighbours.

This was no easy ride. Francis's husband sent regular reports, including this:

'Francis and her group have been doing battle with the elements these last few days, with plenty of rain. Many of the tracks and roads were recently damaged by a typhoon, which has meant that in many parts they are a quagmire. Bicycles have been sinking in the mud up to their axles, and this has made the going very rough.

Yesterday was particularly tough and ended with a very poor hotel (minus 5 star), poor food and apparently just about everything below par.

Today has been better from a hotel point of view, but the bus following the riders had gathered most of them up before the end, as the conditions were poor. The weather has been described by the organisers as the worst that they have known.



Needless to say, Francis was the last to get in the bus.'

Francis herself sent this message to donors on her return:

'Hello! Just thought I would contact you all and say that I have now arrived back safely in the UK and my body is beginning to recover from this

gruelling but fantastic experience. I also want to thank you all for your wonderful sponsorship. It is what kept me going. I would also like to copy a message we got from our group organiser so that you can see that we really did do it and it was not an easy ride:

'I wanted to take the opportunity to reiterate what I said on the last night. I have NEVER seen a group pull together so well when faced with such a tough challenge. Not only was the cycling a mountain to climb (plus a couple of undulations thrown in for good measure!!) but the weather threw it all at you, while the lack of comfy beds, warm showers, towels, etc., were constantly met with such a fabulous attitude and big smiles ...'

Our congratulations and thanks again to Francis for a magnificent effort. We understand she may be contemplating another sponsored ride in 2009, this time to Kazakhstan, where she spent many happy years. Watch this space...

DONATIONS

If you feel inspired to sponsor Francis for her recent trip even at this late stage, you are welcome to send a cheque to
The BEARR Trust (Callaway)
32-36 Loman Street,
London SE1 0EE.



BEARR moves offices

The BEARR Trust moved to up-and-coming Southwark in November 2007 to a new facility called CAN-Mezzanine. The building was developed as a social enterprise to provide reasonably-priced office space for small charities. In our new home we have first-class office facilities, including conference and meeting rooms, modern equipment and good back-up services. To quote Phil Hope, Minister of the Third Sector: 'CAN is a cornerstone of the UK social enterprise sector. They provide effective solutions to the obstacles that can hold social enterprises back from reaching their full potential.'

If anyone in our network is looking for new premises (from one desk-space to half a dozen), there are still a few vacancies. We would be delighted to see other colleagues in the building!

Please make a note of our new details:

The BEARR Trust
32-36 Loman Street
Southwark, London SE1 0EE
Tel: +44 (0) 20 7922 7849
Email: info@bearr.org
www.bearr.org

The BEARR Trust endeavours to include as wide a debate and as broad a range of opinions as possible in the Newsletter to capture the diversity of NGO work in the UK, Russia and Eurasia. The BEARR Trust cannot be held responsible for the views expressed by authors in their articles.

About The BEARR Trust

Patrons: The Duchess of Abercorn, Vladimir Ashkenazy, Elena Bashkirova Barenboim, Lady Fall, Myra Green OBE, Professor Geoffrey Hosking, Lady Hurd, HE Sir Roderic Lyne KBE CMG, Sir Jonathan Miller CBE, Anthony Oppenheimer, Rair Simonyan, Sir Andrew Wood GCMG

The BEARR Trust is a British registered charity. It was formed in 1991 to act as a bridge between the welfare and health sectors of Britain and the former Soviet republics. Its mission is:

- to promote and support cooperation between the third sector in the United Kingdom and appropriate partners in Russia and Eurasia, especially in health and social welfare, with a view to strengthening civil society.

The Trust will do this by:

- supporting organisations committed to reform in the health and social sectors
- facilitating networking and exchange of information
- encouraging sharing of experience and learning
- helping organisations working in the region to identify potential partners
- providing seed funding to assist selected organisations to launch or extend partnerships
- lobbying with and on behalf of organisations that share our objectives.

Trustees: Michael McCulloch (Chairman), Megan Bick, Francis Callaway, Stephen Dalziel, Yuri Goligorsky, Daryl Hardman, Marcia Levy, Ann Lewis CMG, Tony Longrigg CMG, Sarah Philips MBE, Nicola Ramsden

Staff: Information Officer: Renate Wright
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Newsletter: Editor: Ann Lewis; layout: Leila Carlyle

Registered charity no: 1011086

Subscribe to the BEARR Newsletter

Become a Friend of BEARR and receive the Newsletter as well as details of our events throughout the year. If possible, please subscribe and pay through our website at www.bearr.org – this eases our administrative burden. Otherwise, return the form with your cheque to The BEARR Trust office.

- I wish to become a Friend of The BEARR Trust. Minimum gift £30 per year.
- I wish to renew my Friend's subscription and enclose a cheque for £30.
- I wish to make a donation and enclose a cheque for £(payable to The BEARR Trust).
- I wish to make a regular donation by banker's order.

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