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# **GREEN ECONOMY AND GREEN TECHNOLOGIES IN RUSSIA: OPPORTUNITIES AND PROSPECTS: SOCIAL MEDICINE IN THE REGIONS THAT HAVE EXPERIENCED POOR SOCIO-POLITICAL SITUATION AND WAYS TO RESOLVE SOME OF THESE DIFFICULTIES**

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In the paper the problems of greening the economy of Russia, problems of transition to sustainable development, the green economy, which was designed to improve people's well-being and social justice and to considerably reduce the risks to the environment and its degradation

**Key words:** Green economy, green technology, social medicine, ethnic conflicts, health, regional development.

Human potential — the main driving force of social progress. On how society and its social structures are taking steps to ensure adequate guaranteed minimum conditions of human life, the maintenance of physical, mental and social well-being depends not only on the public health of the population, but also to ensure the reproduction and quality of labor resources that form the basis for social and economic growth.

New calls of economic growth standing our country, technical perfection and the modernizations of economy including innovative development, mean need of the solution of the extremely important task — increase of welfare of the population, as necessary condition of quality of life. And this task is defined today as ensuring technological progress for economic development and maintenance of favorable surrounding environment (ecological safety which becomes defining for the economic growth and the existence of the person), and around the world it is formulated as providing a sustainable development on the basis of the principles of “green economy”.

The ecological component takes the central place in system of characteristics and estimates of state of the economy of the region as indicators of other groups (natural and resource, economic, social, etc.) are capable to characterize objectively now the direction of development of the territory only at control of environment and in correlation with values of ecological indicators more and more.

Research the concept of public health abroad (outside of Russia) has a long history and is largely completely different category than the Russian academic vocabulary. In the early twentieth century in the health sciences area emerged, called social medicine. In 1902, the German physician A. Grotjahn voiced in his lectures the concept of “social medicine”, which has been designated a top priority concern for public health. Since then, more than a hundred years have passed, but the transformation that took place over the

years in the world community, say that this topic is not lost relevance. Thanks to the researches of the International Labour Organization (ILO), the term “social medicine” is widespread throughout the world, and especially in recent decades, largely due to deteriorating health.

In today’s world we are seeing quite a positive trend — is the adoption by many countries and regions, social strategies to ensure alignment between the objectives in the social and economic policies, where the main directions of the state policy is to care for the health of citizens. This is the clearest indicator of the development of social medicine, which is closely linked human life, his lifestyle, and social factors that influence health. No coincidence that many scholars and practitioners of one of the most important functions of social medicine called support and recovery of individual and public health in the country, that is, specific living people with the social attributes: the position in society, professional employment, marital status, vital value-semantic orientation.

However, the social efficiency of health and social medicine are far from ideal in most countries of the world. Modern society is characterized not only the emergence of new infectious diseases in combination with social diseases of particular threat to the health of the nation as a whole: AIDS, alcoholism and drug addiction, and health impacts of global environmental change, uncontrolled migration, social unrest, ethnic conflicts and local military action. Today, no country alone can not fight and defeat those continuing threat to humanity.

Many scholars and practitioners of one of the most important functions of social medicine called support and restoration of individual and public health from the economic and social disasters that are caused by dysfunctional situations of warfare, ethnic and military conflicts and other events connected to the “social security” due to various unforeseen circumstances.

Choosing a theme of my report is in response to the concerns of modern society a problem of public health in the countries and regions undergoing socio-economic transformation of the state system, environmental disasters, war and ethnic conflict.

The logic of the situation requires a study of the state of public health in regions undergoing military action and ethnic conflicts, analysis and disclosure of the social nature of the conditions for the social rehabilitation of the affected population, health studies “lost generation” and, most importantly, to discuss these pressing issues in international formats.

My research program on the North Caucasus has been going on for over 10 years, beginning in 2000. For the international community, the region is very important because in 2014, in Russia, in the city of Sochi, will pass the Olympic Games. The object of study is the regional socio-economic systems of the North Caucasus, where one of the subjects of the study is to examine the totality of social, economic and demographic processes. Actually, the subject of my research for the degree of Doctor of Economic Sciences was connected with the region of the North Caucasus. Now I finish the second wave of a larger project on the Greater Caucasus, but my study may also address the post-Soviet space. I have made the analysis of key social characteristics of the state of public health, the provision of social and health services in some disadvantaged areas of the world un-

dergoing transformation and breaking the entire state system, ethnic conflict and war situations.

At the conclusion of scientists from the Russian Academy of Sciences, the theoretical value of my research is the scientific development of a new methodological approach to the study of social and economic processes in the North Caucasus region, in the development of the initial methodological guidelines, taking into account the conceptual foundations of ethnic features, practical recommendations for the creation of specific areas of economic development of the North Caucasus. The practical significance of the work lies in the fact that many of the scientific studies have been implemented and can then be used to control and predict the processes of socio-economic development of the North Caucasus republics in the medium and long term, for the improvement of the regional dimension of public policy in the South of Russia.

Using the example of the Russian regions, the newly formed republics of the North Caucasus, former Soviet republics in Central Asia as well as Africa and the Arab Middle East, in my work, I endeavored to illustrate the conceptual context of political reforms to social issues, to shed light on the most troubling problems due to the state of public health.

Modernization and reform of the Broader Middle East, for a number of reasons, is today one of the main and most difficult problems of the world community. This is a melting pot, which has increased pressure on many fronts. Here, under the influence of a number of domestic political, social, economic, ethnic, and other factors, the situation is complicated. Having uncontrolled migration and the consequent criminalization of some ethnic communities. A high unemployment rate and, consequently, low standard of living, are a breeding ground for the formation of inter-ethnic crisis processes and conflicts that may spread to the north, to the countries of the South Caucasus and South-Eastern Europe, and through them to other European countries.

The Central Asian countries (especially Tajikistan, Kyrgyzstan, Uzbekistan, Turkmenistan), amid the collapse of the Soviet Union, which gained independence in 1991, faced great difficulties, not only political, but also social and economic. In terms of political, economic and social transformation of the state machinery, the issues of providing and maintaining the health of the population are most acute in the complex socio-economic problems of almost all of the newly formed states.

Inherited the Soviet health care system, to guarantee universal health care, has failed. The changes of the political, ideological domination earlier values and attitudes demanded urgent reform of uneconomic and inefficient in the new environment, education and health. The worsening economic situation seriously affected not only the material objects of the health system, which are dilapidated and crumbling before our eyes, but also to health professionals whose qualifications reduced. Modern medical equipment is almost no primary care is poorly developed, and on the promotion of healthy lifestyles was a dream. Worsening social problems, migration offsite flows, especially of the male population of these countries, reduced health, ethnic conflicts create an objective need solutions all related issues. But the inevitability of reform in health care can not be separated from the political and socio-economic environment, at the same time, the crisis

of health and social services in these countries are so deep that hinders the overall socio-economic development, while creating an unfavorable political environment.

One of the factors that significantly influenced the slight decline of poverty in the last five years, is migration. For example, nearly 1 million Tajiks, which is almost 15% of the population who are temporarily or permanently work abroad, mostly in the Russian regions. And because of the status of illegal immigrants, migrant workers are marginal lifestyle and suffer poor conditions at work and at home, to save money and help their families.

Based on an analysis of intelligence, focusing on large online surveys, web-based media, it should be noted that the most unfavorable characteristics and livelihood options as unacceptable the country had undergone military action and ethnic conflicts in Afghanistan and Central Asia.

The consequences of the economic blockade and foreign occupation of Iraq has led to a real threat of mass distribution of infectious diseases in the different provinces of the country. Even in a state of crisis are thousands of Libyans who were wounded during the war. With sharply escalated food and housing problems, acute shortage of material and financial resources significantly worsened the state of education and health in the majority of the Libyan provinces. Unsatisfactory state of health — health and social services leads to dysfunctional and hard epidemiological situation.

Against the background of a protracted economic crisis, have had conflicts clearly shows that in complex, difficult economic conditions in most of the low value attached to high infant mortality rates, particularly from infections as well. Prevailing epidemiological situation. In times of war, as a result of displacement, far worse health in children of all ages, but mostly those who had been born at this time. Low quality and inaccessibility of medical care, the intensification of health and social consequences of diseases of childhood leads to deep morph functional disorders and to reduce the adaptive capacity of offspring, which will undoubtedly have a negative impact on the subsequent health and development of children.

Due to the fact that the vast majority of the citizens of the region who have had a variety of ethnic conflicts, live in a protracted emotional and social stress, they need psychiatric help. Here the problem of social medicine is to improve the social and psychological environment in the development of institutions of counseling populations caught by accident in emergency situations.

The desire to improve the social and health care has long been a subject of interest of economists, doctors, political scientists, sociologists, and other professionals of the social sciences and politics. Because dominance in recent public sector services, including emerging social complex (including, above all, health) requires new approaches to the development of social medicine. In the tasks formulated by the World Health Organization (WHO) for health in the 21st century, it is determined that health — a set of joint action at the level of society and to strengthen public control over the determinants of health. The Global Jobs Pact, adopted by the International Labour Conference in June 2009, calls for all citizens of the minimum social protection, that is, universal basic social security.

The problems social welfare and the development of social medicine is relevant today and for Russia, especially in the Russian regions — the North Caucasus. The standard of living in this region are generally lower than in the central regions of Russia. I will explore the region for more than 15 years. Difficult economic and social conditions in the republic, environmental shocks, other stress factors evident in the negative dynamics of socio-mediated diseases. Sanitary and epidemiological situation can be described as dysfunctional and tense. Stored and difficult situation for a number of infectious diseases. Protracted emergency situation related to the ethnic conflict caused irreparable damage not only harm psycho-motor of the population, but also the material-technical base of medical institutions of its human resources.

Established to date in Russia socio-economic situation shows that the health system is very limited and is only in the making and implementation experience of the medical and social work. The fact that the proliferation of professional specialists in social work in health care in Russia, conception prevents departmental divisions. The lack of unity of purpose and the different effect of Health and Social Security does not allow professionals to focus on social and medical rehabilitation of people and reduces the effectiveness of the specific achievements. In the context of mass social exclusion of citizens of Russia occurred drastic cuts in social guarantees and minimum social standards (cost of living, etc.), having the highest rates of poverty and mortality, especially for those who are unable to self-service.

Negative social effects associated with poor working conditions, industrial emissions, adverse environmental conditions, poor quality of drinking water have been reinforced occurrence of occupational disease. A particular problem is the impact on the health, especially children's, radioactive contamination of the environment, including low-dose radiation.

It should be noted that the question of providing and maintaining the health of the population in the North Caucasus are most acute in the complex social problems of the region. Most medical rehabilitation is conducted in outpatient and inpatient health care facilities. Professional and social rehabilitation is even more difficult to solve. Of the region's social tensions caused by poor living conditions, high level of poverty most of the population, fear for the safety of loved ones, to the unsecured old age, acute need for housing and its inaccessibility, lack social infrastructure, and often inaccessible medical care. Much of the population need not only medical, but also in the socio-psychological and psycho-neurological care, as against the constant stress causes such serious diseases as apatiko-depressive reactions, hypertension, cardiovascular disease.

Certainly, in this region, a social worker in a medical facility — while the phenomenon of discharge is very rare, although in need of social assistance today as different groups of patients and health care workers. Currently critical lack of comprehensive social service centers that have a time-dependent services for the elderly and disabled. Indeed, in the medical and social rehabilitation needs almost all people with disabilities, especially in rehabilitation therapy with a course of psychological rehabilitation — in 94.6% of cases, labor device, especially people with disabilities III of — 61.5% of disabled people in rehabilitation — 48.8% disabilities. There are, of course, and disturbing

facts. For example, 25% had injuries and chronic diseases. Most are men of working age — 56 years, and it's mostly the consequences of military action, which, along with rates of psychological rehabilitation needs and integrated social work. The above examples illustrate that social medicine in the republic is in its infancy, it is an objective need to address the interrelated issues of health and social problems. The high level of need of social assistance, in so-called social physicians who have engaged in the health of these people, perhaps, become a partner of the patient, and is responsible not only for health, but also dealt with the problems of organization of social assistance to those people who are the main factors driving immediate attention to this problem. The importance of human resources for the optimal functioning of the system of social medicine, improve the quality of not only medical, but social and psychological assistance is widely recognized in many European countries. And the existing order in the health and social medicine of the North Caucasus, as well as features of the national character and the mental region's population, need to change the organizational activities towards social and medical orientation as the most requested form of social services in the region.

However, in the North Caucasus, there is great potential opportunities for the development of social medicine. First of all, it is important to pay attention to these opportunities and develop a new multi-channel strategy for reconstruction and development of available resources and capacity. I'm not sure that those resources were sufficiently investigated and studied.

First, historically, in the North Caucasus preventive health is the only condition for the successful survival of humans as part of the social and mental life mountaineer. The result was a form of the relationship between man and the outside world, with health appears as a well-being, and as a way of life. Social hygiene has always been quality, transformed into a mechanism that affects the value orientation of mountain communities and its members. Therefore, it should be emphasized that the reason for the sharp deterioration of the health of the population is not only unfavorable living, and severe chronic stress caused ethnic conflict situations in the region. Environmental degradation, post-conflict "population explosion", low living standards of many people, social inequality, lack of motivation to maintain their health does not allow in the near future to achieve rapid success in the prevention of disease.

Developed in Russia medical standards, the application of which will improve the quality of medical care and patient care according to the standards of financial costs calculated on the basis of health care standards and subject to quality assessment of the assistance provided, which is particularly relevant to the North Caucasus. While the existing network of social and medical institutions in the North Caucasus Federal District, do not match the needs of the region's population, and not enough dynamic development, which prevents the identification of social diseases. According to Health Ministry statistics, number of beds in medical institutions as an outpatient in 2011 in the Russian Federation, the figure was 15.78 per 10 thousand people in the Caucasus — 8.57, and the availability of trained health workers and professional social staff is extremely low.

Further development of health and social services is not possible without changing the system of financing the sector. This requires the implementation of the state and mu-

municipal health-related pay, results-oriented, that is. “For a complete case of treatment”. This focus on the end result of a gradual transition of health mainly on single-channel financing through a system of compulsory health insurance. These measures will provide some balance in the structure of guaranteed health care and are often necessary for implementation of financial resources. In this case, the social worker will be playing the role of coordinator: unloads medical staff, determining the amount of integrated health and social services to a particular person or group and contributing to the implementation of the medical diagnostic and consultative assistance to the population, especially in the provision of mobile diagnostic and treatment facilities for mountain and remote areas. And at hospitals and health centers for social and health services to organize a “Knowledge Hub and teaching rooms”, which could provide a methodical and practical help. You can counseling and training and retraining of medical social workers and health personnel while simultaneously the practical functioning. important to deploy based on the separation of medical clinics and social rehabilitation and therapy, day care centers, outpatient surgery centers, hospices and palliative care centers. Its development will solve the problem of the organization of care for patients with particularly severe disease (cancer diseases, the extensive destruction of the joints, etc.). And in district hospitals have bed day and night stay — so-called “nursing care beds”. The content of this care is the medical and social and can be made as from the local budget, and social services. social work and work with communities can be taken on board, especially in remote rural areas, where social workers carry out a very specific, practical everyday functions of counseling, for example, working with people with drug or alcohol dependence, or have elderly and disabilities.

There is an urgent need for structural, social, economic and psychological reorganization of the entire social medicine in the North Caucasus, starting with the structure of the health care and social security.

However, the deficit of the state budget sources of funding in many regions and countries undergoing market reforms in health care, dramatically increased the commercialization of some of the services in this area, which led to the formation of more than one source — the revenue from paid medical activities. It should be noted that due to the introduction of market elements, the official paid medical services are already quite common and provide up to 10% of the revenues of health. And though they are real factors improve the quality and cost-effectiveness of health services and a good source of funding for many hospitals, has high hopes for paid services is impossible, it put patients at a disadvantage, hurting the poor. And as in poverty in these regions are about a third of the population, and sometimes more, there is a need of structural, social, economic restructuring, starting with the structure of health and social care.

We need a new social-oriented *zdorovetsentristskaya* policy at all levels of government, part of which is to maintain and develop a healthy working potential, that is, the preservation of human health. However, until now, the focus is not on the prevention and the prevention of all these different diseases and their treatment in the late when extended physical being patient, but he is deprived of a full and active, healthy activity and life. Thus dominates and delayed social approach to the population in the social

sphere — pulling out of the abyss in trouble people when possible to prevent potential complications. Called negative processes require a fracture in the relationship of health and social institutions in determining occupational role function professionals in social work, in addressing rehabilitation objectives for the prevention, preservation and restoration of public health of the nation.

We need a new social-oriented health policy, part of which is a socially-oriented medicine: shortening recovery of lost health through the introduction into clinical practice of modern methods of prevention, early diagnosis of disease, the creation of polyclinics branches of medical and social rehabilitation and therapy, day care, ambulatory surgery centers, etc.

One of the issues requiring immediate attention is the implementation of community-oriented model of care that will make a completely different view of the nature and principles of social medicine in the country and apply to the positive experience of the world. It should be noted that the positive experience of the global healthcare practice is very important professional collaborative activities of physicians and social workers. Experience of implementation is community-oriented model of medical care may be largely borrowed from contemporary British health care system, working out perfectly for years the German system of compulsory health insurance, and operating today in many European countries. There are many positive and in particular the American health care system and social medicine, which now also waiting for reform. The desire to improve the social and health care has long been a subject of interest of economists, doctors, political scientists, sociologists, and other professionals of the social sciences and politics. Because dominance in recent public sector services, including emerging social complex (including, above all, health) requires new approaches to the development of social medicine. In the tasks formulated by the World Health Organization (WHO) for health in the 21st century, it is determined that health — a set of joint action at the level of society and to strengthen public control over the determinants of health.

One of the most important tasks of social medicine — an innovative health care, as a new type healthier.

But in the North Caucasus region of the natural attitude, the Russian southern gem. The territory of the North Caucasus special needs to maintain the ecological balance of the environment. The transition to a “green economy” — the most important condition for reducing poverty. Chronic poverty — the most visible expression of social injustice caused by unequal access to education and health care, unequal opportunities of credit and income... A key feature of the “green economy” is that it provides a variety of opportunities for economic development and poverty reduction, not eliminating and disrupting the natural assets of the country. This is especially important in low-income countries, where the ecosystem goods and services — an important source of livelihood of poor rural communities, and where ecosystems and ecosystem services provide a safety net to protect them from natural disasters and economic shocks.

The development of tourism and recreation complex, as a promising industry, creating opportunities for economic development and poverty reduction, without destroying the economic assets of the region — is a key feature of the economic efficiency of tourism and recreational organizations. In this region, as in other low-income countries,

where the ecosystem goods and services — an important source of livelihood, the regional competitive advantage of the natural potential, can be directed to the removal of infrastructure limitations and conditions for the implementation of projects that are focused on raising the level of competitiveness national economies to create a highly recreational, tourism infrastructure development, etc. But it should happen reorientation pronged strategy development in the region — economic shift to “green” the rails, as the most important condition for poverty reduction.

Transition strategy for the North Caucasus republics to “green” track can be realized today in the following areas:

- 1) implementation of the technology of passive-solar heating;
- 2) use of renewable energy in buildings;
- 3) improving energy efficiency of fuel consumed vehicle (increased use of alternative “green” fuels, mainly liquid gas and synthetic fuels from plastic);
- 4) improvement of existing landfills and construction of waste treatment plants (strategy of waste management system should be oriented to complete processing of the annual volume of incoming solid waste in the country);
- 5) implementation of the principles of “pure” agriculture (reduced use of fertilizers and pesticides in the agricultural sector);
- 6) improvement of water supply systems and the development of environmentally safe sanitation.

This requires the development of a special program for the development on improved health and cost-effectiveness of spa complexes on the basis of innovative technologies recovery and rehabilitation. The tasks facing the program include: improving the effectiveness of the conservation and health of citizens through prevention, rehabilitation and treatment in the sanatorium organizations through the introduction of modern technologies of regenerative medicine, support health resort as a science that studies the natural healing factors and develop effective methods for their medical use, promoting the transformation of sanatorium-resort complex of the Russian Federation in the competitive sector of the economy, providing the social agenda, the priority of solving the problems of health resort with privileged categories of citizens and people with social diseases.

Important role in promoting the concept of “green economy” in life has made Economic and Social Commission for Asia and the Pacific (ESCAP), whose membership of post-Soviet countries are Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Russia, Tajikistan, Uzbekistan and Turkmenistan. At the initiative of ESCAP in 2005 adopted a strategy of “green growth”, which originally included four priorities: sustainable consumption and production, the “greening” of enterprises and markets, sustainable infrastructure and “green” tax and fiscal reform. Were later added two more areas — investing in natural capital and environmental performance contributed to the establishment of humanitarian stability in all the republics of the North Caucasus.

To go to the “green economy” is a wide range of tools, one of the main, is the adoption of the countries and regions of social strategies to ensure alignment between the objectives in the social and economic policies.

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## **«ЗЕЛЕНАЯ» ЭКОНОМИКА И «ЗЕЛЕННЫЕ» ТЕХНОЛОГИИ В РОССИИ: ВОЗМОЖНОСТИ И ПЕРСПЕКТИВЫ: СОЦИАЛЬНАЯ МЕДИЦИНА В РЕГИОНАХ, КОТОРЫЕ СТОЛКНУЛИСЬ С ТЯЖЕЛОЙ СОЦИАЛЬНО-ПОЛИТИЧЕСКОЙ СИТУАЦИЕЙ, И ПУТИ РЕШЕНИЯ НЕКОТОРЫХ ИЗ ЭТИХ ПРОБЛЕМ**

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Статья посвящена одной из важнейших составляющих перспективу зеленой экономики — развитию социальной медицины в России. На примере возможностей юга страны раскрывается смысл данного направления, дается сравнительный анализ международной практики. Особенно подробно рассматривается вопрос комплексного исследования возможностей выхода из сложного положения по предупреждению заболеваемости в регионах с тяжелой социально-политической ситуацией и перенесших военные конфликты. Делается акцент на особенности социально-культурных сред, традиций и менталитет населения регионов.

**Ключевые слова:** «зеленая» экономика, «зеленые» технологии, социальная медицина, этнические конфликты, здравоохранение, региональное развитие.