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Conceptualizing the Notion of "Socially Significant Diseases" in Strategic Planning

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Abstract. The paper investigates how the legally formalized categories such as "socially significant diseases" and "diseases that pose a threat to others" are applied in public administration, primarily in strategic planning. First, we focus on the presence and description of the most common formats for the use of the term "socially significant diseases" in strategic documents adopted for implementation in modern Russia at the federal level and at the level of constituent entities of the Russian Federation; second, we consider limitations related to the use of the discussed category of indicators in the practice of monitoring observations. The aim of the research is to identify the possibilities and limitations concerning the use of the list of nosological units under consideration in strategic planning at the national level and the level of RF constituent entities. The information base for the analysis includes data from the RF Ministry of Health and the Federal State Statistics Service, as well as strategic documents on the socio-economic development of the country and its constituent entities. The article analyzes the dynamics and structural and quantitative characteristics of population morbidity for a number of important socially significant diseases (malignant neoplasms, tuberculosis, HIV infection) in the period from 2000 to 2021. Based on these data, a conclusion is made about the difficulties of interpretation when dealing with the enlarged categories such as "socially significant diseases" and "diseases that pose a threat to others" when formulating strategic development goals for the country and its regions. We put forward a number of recommendations to address such problems. The novelty of the study lies in a critical understanding

of the possibilities and limitations related to the use of the terms "socially significant diseases" and "diseases that pose a threat to others" in program documents due to the fact that their list is significantly heterogenous and includes fundamentally different nosological units. Practical significance of the work consists in clarifying the practices of using the discussed category of indicators as the indicators of regional development.

Key words: socially significant diseases, diseases that pose a threat to others, morbidity, nosological units, socio-economic development strategies, RF constituent entities, state program.

Introduction

From the economic point of view, epidemiological well-being should be understood as a public good, the production and supply of which is ensured by the coordinated functioning and interaction of executive authorities, subordinate organizations in cooperation with civil society and business (Von Heimburg et al., 2022). The epidemiological picture can and should be assessed as an indicator of the quality of life (Kuvshinnikov et al., 2023) and the quality of public administration, socio-economic development of the country and its regions, as an important feature of their socio-cultural image (Peters et al., 2008). The main indicator is the prevalence of diseases that have a strict correlation with socio-economic factors. In international practice, although far from universal, such diseases are called social diseases. In Russia, they are called "socially significant". There is also a category of "diseases that pose a danger to others". It has a number of common features with socially significant diseases and is often regarded as related to them[1]. The study of the relationship between these groups is a separate research task, but they both attract attention due to the pronounced negative impact of their spread on public health. It is no coincidence that the categories of "SSD" and "DTPDTO" are officially established in the regulatory field of contemporary Russia, including in aspects of the organization of the penitentiary system (Shugaeva et al., 2022). Proposals to compile and approve the list of SSD of criminal and legal significance are voiced (Zvonov, Yakovlev, 2020). They appear in documents of socio-economic development of the country and regions that go beyond departmental target programs and purely sectoral issues.

There is no doubt that the use of the terms "SSD" and "DTPDTO" in legal matters and in aspects of the implementation of social guarantees requires legal precision. However, in the context of strategic management, where they are used rather for actualization of epidemiological challenges and elaboration of territorial development directions, there are many facts of neglecting the rigor and normative force of the discussed categories. This contradiction is rarely taken into account by researchers, and its analysis is not sufficiently reflected in modern academic literature. Within the framework of the article we aim to show that in official strategic documents the terms in question are applied arbitrarily, unsystematically and inconsistently. This makes it difficult to adequately understand the acuteness of the current situation and its actualization by the authorities, as well as the essence and content of the implemented activities and policy in general, which emphasizes the need for research in this area.

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[1] In the following, for ease of presentation, both the expanded names of the categories – "socially significant diseases" and "diseases that pose a danger to others" – and the abbreviations "SSD" and "DTPDTO", as well as the common abbreviation "SSD and DTPDTO" will be used. In the title of the article, only the term "socially significant" is used for brevity.

This is of particular concern in modern Russian conditions, when, first, the epidemiological situation remains tense, and second, there is a wide territorial differentiation in the level of morbidity (Leshchenko et al., 2022). In connection with the pandemic caused by a new coronavirus infection, the list of the DTPDTO was supplemented with a new nosological unit – 2019-N CoV, so further arbitrary operation with the discussed terms can lead to problems in interpreting the development guidelines declared by the authorities. For example, readers of strategic documents who do not find the category of "DTPDTO" in the texts may wonder whether the prevention of coronavirus infection will receive sufficient attention from the authorities in the near and distant future.

The aim of the study is to analyze the possibilities and limitations of using the categories of "SSD" and "DTPDTO" and the list of their constituent nosological units in the assessment of socio-economic well-being of Russia in strategic documents and in general in the system of strategic planning for the development of the country and individual regions.

The novelty of the undertaken research lies in the critical understanding of the application of the categories of "socially significant diseases" and "diseases that pose a danger to others" in strategic documents for the development of the country and regions.

The first part shows the internal heterogeneity of SSD and DTPDTO in terms of prevalence and epidemiological dynamics, as well as regional differentiation, which, among other things, illustrates the difficulty of using the categories "SSD" and "DTPDTO" for analytical purposes and shows the inevitability of their fragmentation into separate nosological units. The second part discusses the problems of conceptualization and application of the categories of "SSD" and "DTPDTO" in strategic planning documents using the examples of strategies of socio-economic development of Russian regions.

Theoretical aspects

The spread of socially significant diseases is closely related to the socio-economic conditions of the population, but this relationship is probably two-way. On the one hand, low living standards and poor quality of life create conditions for the emergence of disease centers. On the other hand, the mass incidence of morbidity causes socio-economic damage to the territories due to the loss of working capacity, costs of detection and treatment, disability and mortality of the population (Budilova, Migranova, 2020). Hence the frequent use of this category in documents of socio-economic development of the country and regions.

Diseases belonging to this category negatively affect a person's social environment within a close radius, lead to the loss of family, friends, work, and livelihood (Boyarkina, 2019). Scientific literature recognizes the mutual causality of these diseases: alcoholism and drug addiction can lead to infection with sexually transmitted infections and human immunodeficiency virus (HIV) (Petrosyan, Shakhmardanov, 2018), as well as the emergence of diseases associated with high blood pressure (Vasiliev, Streltsova, 2018), which, however, does not apply to all diseases in these groups.

In foreign scientific and epidemiological practice, the spread and socio-economic effects of morbidity and mortality from these types of diseases are more often studied specifically for individual nosological units, such as tuberculosis (Jilani et al., 2023; MacPherson et al., 2020) or sexually transmitted infections (Ginocchio et al., 2023; Van der Pol, 2016). At the same time, the social conditionality of a number of infectious (Rasanathan et al., 2019), mental illnesses (Ni et al., 2020) is emphasized, while a similar Russian formulation is not widely used. Moreover, leading researchers and experts have documented the social determinacy of

health in general and, consequently, of inequalities in public health (Solar, Irwin, 2010), so it is debatable whether the category of "socially significant diseases" should be emphasized in the context of this issue. Of interest is the question of whether such mainstreaming will be based solely on arguments of greater social causation of SSD and DTPDTO than other disease categories. Will the argument of a greater magnitude of risks be taken as a basis?

Meanwhile, the term "social disease" still exists in the English language. The Collins English Dictionary gives two meanings of "social disease": the first is as a euphemism for venereal diseases (we should note that in other dictionaries, primarily American, this variant of interpretation is the most common and is given as the only meaning), the second meaning is close to the one used in Russian: a disease common among certain social groups due to predisposition caused by unfavorable conditions[2]. It is interesting to note that the dictionary gives as an example a disease that in Russian practice is not included in the category under discussion — dental caries. Another authoritative source, the Merriam—Webster dictionary, cites tuberculosis as a typical example of a social disease, which is already fully consistent with the Russian approach to the interpretation of SSD.

The Soviet epidemiological tradition was rooted in the term "social diseases", which primarily referred to dangerous infectious diseases that threatened widespread, rapid spread and significant economic losses (Orlov, 2009). It should be considered the predecessor of the term "socially significant diseases" used in Russia today. However, the SSD today includes not only infectious but also non-infectious diseases, which in modern epidemiological conditions pose an almost equal threat to the well-being of the country, so their

proximity in a single list is more than justified; although, as we will see below, it creates significant difficulties in the use of a single unifying term.

Epidemiological observations that revealed an increase in the incidence of socially significant diseases in Russia and the countries of the former Soviet Union, its connection with economic and social upheavals, demographic and behavioral factors, served as the basis for the compilation of a list of socially significant diseases. In accordance with Article 41 of the "Fundamentals of the Legislation of the Russian Federation on the Protection of Citizens' Health", the Government of the Russian Federation adopted Resolution 715, dated December 1, 2004 "On approval of the list of socially significant diseases and the list of diseases that pose a danger to others" (the Resolution was amended on July 13, 2012, no. 710, and on January 31, 2020, no. 66). The criteria for inclusion in the list of diseases are defined by Article 43 of Federal Law 323-FZ, dated November 21, 2011 "On the protection of citizens' health" — they include a high level of primary disability and mortality and a reduced life expectancy of the diseased.

This list includes diseases characterized by high blood pressure, diabetes mellitus, malignant neoplasms, disease caused by human immuno-deficiency virus (HIV), tuberculosis, hepatitis, sexually transmitted infections, mental and beha-vioral disorders.

The group of diseases posing a danger to others included 15 types of diseases, of which some were also included in the list of SSD (disease caused by HIV, tuberculosis, hepatitis B and C, sexually transmitted infections), as well as malaria, cholera, plague, anthrax and some others. The list of such diseases is not permanent, but is supplemented depending on the scale of the threat of spread, including fatalities. An example is COVID-19 infection, which was added to the list on January 31, 2020.

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[2] Collins English Dictionary. HarperCollins Publishers. Available at: https://www.collinsdictionary.com/dictionary/english/social-disease

Even a superficial acquaintance with the composition of both categories of diseases makes us pay attention to their overlap in a number of nosological units (see the middle column of Table 1). Diseases united in the zone of intersection of these two sets are called socially dangerous (SDD), are both socially significant and dangerous for others (Semenov et al., 2011). It is believed that the principal characteristic of socially significant diseases is their ability to spread widely (mass spread), while diseases that pose a danger to others are characterized by high infectiousness and, therefore, the risk of rapid spread. However, this distinction is not absolute, since both groups have infectious diseases that are highly contagious. At the same time, there are a number of diseases that occur frequently (such as neoplasms or diabetes), and in conditions of unfavorable socio-economic conditions the situation is even more aggravated, but they are endogenous, so their spread is not associated with contacts between individuals (*Tab. 1*).

In spite of the variety of diseases grouped under the acronyms "SSD" and "DTPDTO", it is impossible to ignore among them such as tuberculosis and HIV infection. They are stably associated with these groups, having become typical examples of socially significant diseases. However, this should not be a reason to ignore other nosologies from these lists. The practice, present even in the academic environment, of applying the characterization "socially significant" to diseases that are not officially such, or advocating the need to include certain diagnoses in the discussed categories, requires a special discussion (Chronic obstructive pulmonary disease..., 2019). On the one hand, such a revisionist approach has some justification, since the attribution of a nosology to the SSD category is not strictly verifiable (it is not a question of whether there are sufficient grounds for the presence of specific diseases in the approved lists, since the peremptory nature of governmental decrees is in itself a sufficient argument in favor of this; however, the absence of a number of nosologies in the SSD and DTPDTO may well be a subject for discussion), can be constructive, if it is based on a balanced analysis and convincing arguments. On the other hand, it can be seen as a kind of disregard for the existing regulatory architecture, which leads to at least some confusion in the use of accepted terminology.

Table 1. Composition of lists of socially significant diseases and diseases that pose a danger to others

Specific units of socially significant diseases	Units common to categories of socially significant diseases and diseases that pose a danger to others (socially dangerous diseases)	Specific units of diseases that pose a risk to others
– C 00 – C 97 malignant neoplasm – E 10 – E 14 diabetes mellitus – F 00 – F 99 mental and behavioral disorders – I 10 – I 13.9 hypertensive heart disease	– B 20 – B 24 human immunodeficiency virus disease (HIV) – A 15 – A 19 tuberculosis – A 50 – A 64 sexually transmitted infections – B 16; B 18.0; B 18.1 hepatitis B – B 17.1; B 18.2 hepatitis C	– A 90 – A 99 arthropod-borne viral fevers and viral hemorrhagic fevers – B 65 – B 83 helminthic diseases – A 36 diphtheria – A 30 lepra – B 50 – B 54 malaria – B 85 – B 89 pediculosis, acariasis and other infestations – A 24 glanders and melioidosis – A 22 anthrax – A 00 cholera – A 20 plague – B 34.2 coronavirus (2019-N CoV)
Source: own compilation.		

The effective fight against socially significant diseases, prevention and reduction of their spread through the organization and implementation of a set of measures to expand access to prevention, diagnosis and treatment is one of the most important tasks of the activities of sectoral bodies and institutions of the Russian Federation.

Materials and methods

The information base of the research includes the following sources: 1) strategic documents at the federal level (National Security Strategies of the Russian Federation; Unified Plan for Achieving the National Development Goals of the Russian Federation for the period up to 2024 and for the planning period up to 2030) and at the level of the Northwestern Federal District regions (texts of strategies for socio-economic development up to 2030/2035; 2) data from the Federal State Statistics Service, Ministry of Health of the RF, Unified Interdepartmental Information and Statistical System (EMISS), as well as documentary sources of the federal government and the RF Ministry of Health. The morbidity of the population is characterized by the number of cases of diseases detected (or patients taken under dispensary observation) during the year when applying to medical and preventive organizations or during preventive examinations. Primary morbidity is registered when a patient is diagnosed with a disease for the first time in their life. Indicators of morbidity of the population with socially significant diseases and diseases that pose a danger to others (below we will use the abbreviation "SSD and DTPDTO") are given in accordance with the lists approved by RF Government Resolution 715, dated December 1, 2004 (as amended by Resolutions 710, dated July 13, 2012 and 66, dated January 31, 2020) for 2019, 2020 and 2021 for the country and constituent entities of the RF.

The main focus of the paper is on identifying the dynamics of morbidity of the Russian population with SSD and DTPDTO for the period from 2000 to 2021, which allows critically assessing the reduction in the presence of measures to prevent the discussed diseases in program documents of the federal level and the level of constituent entities of the Russian Federation, and describing the opportunities and limitations of using this group of indicators in the practice of strategic planning and assessment of the quality of management. In the latter case, we selected data series for RF constituent entities for 2021 (the most recent official data available at the time of manuscript preparation).

Results and discussion

Socially significant diseases and diseases that pose a danger to others in contemporary Russia: general epidemiologic picture

The incidence of SSD and DTPDTO in Russia in the period 2000−2021 had multidirectional dynamics (*Tab. 2*). For a number of nosological units there was a significant improvement of the situation. The number of newly detected cases (in terms of population) of active tuberculosis decreased by 65% (from 89.8 to 31.1), mental disorders − by 56% (from 83.1 to 36.9). Particularly impressive was the positive dynamics in the fight against acute viral hepatitis B and C: the decrease in registered cases amounted to 141 (from 42.3 to 0.3 cases) and 35 (from 21.0 to 0.6) times, respectively. All of this was largely due to the development of tools for disease detection and diagnosis, the development of pharmaceutical technologies, and the close and relentless control of the state over the spread of these diseases.

Notable progress was made in the fight against sexually transmitted diseases (STD) during the analyzed period. The incidence of syphilis decreased by 11 times, trichomoniasis by 13 times, and

Table 2. Dynamics of primary morbidity of the RF population in the SSD and
DTPDTO, number of first-time diagnosed diseases per 100,000 people

Disease	2000	2005	2010	2015	2020	2021	2021 / 2000, % / times
Registered patients diagnosed for the first time in their lives							
Active tuberculosis	89.8	83.7	76.9	57.7	32.4	31.1	-65
Diabetes mellitus	111.3	175.3	226.8	240.6	219.8	237.2	2.1 (p)
Hypertensive heart disease	298.7	542.6	609.5	898.3	934.0	992.4	3.3 (p)
Predominantly sexually transmitted infections							
syphilis	164.5	68.8	44.6	23.5	10.5	14.5	-11 (p)
gonococcal infection	120.9	71.5	42.4	18.5	6.7	7.4	-16 (p)
trichomoniasis	318.1	214.8	125.9	62.9	26.5	24.7	-13 (p)
Registered patients with first-time diagnoses in life							
Malignant neoplasms	293.7	311.1	335.7	358.1	322.6	337.0	15
Mental and behavioral disorders	83.1	67.3	52.0	42.8	34.5	36.9	-56
Registered cases of disease							
Acute viral hepatitis B	42.3	8.7	2.2	1.1	0.3	0.3	-141 (p)
Acute viral hepatitis C	21.0	4.5	2.1	1.4	0.7	0.6	-35 (p)
Disease caused by the human immunodeficiency virus (HIV)							
Registered patients, total	54.0	164.9	261.0	397.3	575.1	583.9	11 (p)
Registered patients diagnosed for the first time in their lives	38.1	23.0	40.1	59.6	41.1	40.3	6
Source: Vologda Region Medical Information and Analytical Center.							

gonococcal infection by 16 times. Identification of the reasons for the positive dynamics requires additional in-depth research. Presumably, a positive role was played by the efforts of the authorities and medical services, the spread of private medical centers, and the improvement of the general and sanitary culture of citizens. The question of the minimum level of morbidity in modern Russia, to which it is necessary to strive, is still debatable. There is still territorial differentiation among RF constituent entities in terms of STD prevalence, the most acute situation remains in regions with a low level of socio-economic development. Finally, the use of conventional rather than standardized morbidity indicators is associated with some limitations in the interpretation of their dynamics.

At the same time, during the period under consideration, the primary morbidity of the country's population increased markedly with diabetes mellitus (by 2.1 times), diseases characterized by high blood pressure (by 3.3 times), malignant neoplasms (by 15%) and HIV infection (by 6%). The reasons for the spread of HIV infections are generally related to the low sanitary culture and responsibility of citizens and the insufficient use of personal protective equipment during sexual contacts. The increase in the primary morbidity rate of non-communicable diseases is probably also related to demographic factors – an increase in life expectancy from 65.4 to 72.9 years and an increase in the proportion of the population over 60 years old from 18.5 to 21.3%, as well as the strengthening of the system for diagnosing diseases.

The morbidity parameters also differ significantly in spatial dimension, reflecting significant differences between the regions of the Russian Federation, which also indicates the inappropriateness of any generalization of

quantitative indicators by groups of SSD and DTPDTO in the analysis of the current situation. Confirmation of the inexpediency of rating RF constituent entities by indicators of SSD morbidity on the basis of a single integral index can be found in the recently published work of Russian demographers E.V. Budilova and L.A. Migranova. The constituent entities that were "leaders" and "outsiders" in the classification system of the authors in terms of the relative number of persons registered in medical and preventive organizations in connection with the diagnosis (in total for a number of SPZ), nevertheless showed a wide variation in morbidity rates for individual causes (Budilova, Migranova, 2020).

Presence of the category "SSD and DTPDTO" in strategic documents

To date, the formalization of the tasks of prevention and minimization of morbidity of the population with socially significant diseases is extremely fragmented. On the one hand, the relevance of epidemiological problems and the importance of their solution for the future of the country and well-being are reflected in the most important strategic documents of the federal level and the level of RF constituent entities. On the other hand, the reference to this category of diseases is carried out without a unified logic and sequence.

As an example, we can consider the "Concept of long-term socio-economic development of the Russian Federation for the period until 2020", which due to a number of circumstances, including those of an objective nature, was not implemented. The authors of the document did not refer to the term "DTPDTO", but the text of the Concept contains two references to the term "socially significant diseases" – in the description of objectives and expected results (thematic section "2. Health care development"). When specifying one of the key objectives of the sector development, namely "Improving the efficiency of the system of organization of medical care", the need to "develop the system of primary health care and increase the role of preventive treatment of persons at risk of socially significant diseases" is indicated. It is noted that the solution of the set tasks will eventually allow, among other things, "reducing by 1.5 times the incidence of socially significant diseases". If the first formulation, despite some nuances and possible clarifications, seems adequate, the second one causes significant problems of understanding and interpretation. Concretization of the result in reducing the incidence of SSD looks unreasonable, since this category combines 20 nosological units, diseases of a very different nature. If we assume that the value "1.5", according to the idea of the authors of the document, who put into the planned values of indicators such an impressive decline in morbidity, concerned the dynamics of only a number of diseases, it is not a reason to recognize such a simplification and generalization as acceptable. The calculation of arithmetic mean values of the morbidity indicator for this group, which, however, the authors of the document most likely did not mean, in general is not only uninformative, but also methodologically incorrect.

In the text of the current National Security Strategy of the Russian Federation, approved by Presidential Decree 400, dated July 2, 2021, the terms "SSD" and "DTPDTO" are not used at all. This cannot be explained solely by the specifics of the document itself, as it touches upon aspects outside the problems of international and geopolitical interaction between countries, relating exclusively to epidemiological security within the country. Within the framework of achieving the goals of state policy in the sphere of preserving the people of Russia and human development, the task of ensuring the sustainability of the health care system, its adaptation to new challenges and threats, including those related to the spread of infectious diseases, is defined. In general, the

task formulations contain only the categories of "occupational diseases" (mentioned once) and "infectious diseases" (mentioned four times, of which two are accompanied by the qualifying word "dangerous"), which are much less informative than the terms "SSD" and "DTPDTO" discussed here.

On the contrary, in the text of the "Unified Plan for Achieving the National Development Goals of the Russian Federation for the period up to 2024 and for the planning period up to 2030", we find the most specific sources of epidemiological threats – individual nosological units from the list of SSD (tuberculosis, hepatitis C, HIV infection). Accordingly, the corresponding morbidity indicators (item 1.2.3 "Ensuring the sustainability of the health care system and improving the safety of the population")[3] are among the indicators that allow identifying the factors for achieving the national development goal "Population preservation, health and well-being of people" at the federal level in terms of the indicator "Increasing life expectancy up to 78 years". It is worth noting that non-communicable socially significant diseases are present in item 1.2.1 "Reduction of mortality", but are not designated as such.

Achievement of planned values of indicators for selected infectious diseases, tuberculosis, hepatitis C, HIV infection, as well as indicators of mortality from socially significant non-communicable diseases of the cardiovascular system and neoplasms, is formalized by the state program "Health Development"[4]. At the same time, the indicators of regular medical check-up observation and treatment are fixed in the federal project "Combating Cardiovascular Diseases".

The situation is contradictory. The composition of the categories of "SSD" and "DTPDTO" is regulated, but they are referred to and used arbitrarily. There are no examples in the strategic documents of how to set the task of combating and preventing SSD and DTPDTO in a consistent manner: there would be an appropriate section where the authors of the documents would discuss the problems or formulate development objectives, based on the approved structure and classification of nosologies, albeit dividing them into infectious and non-infectious. In reality, the categories of "SSD" and "DTPDTO" can be either simply ignored, as we see in the National Security Strategy, or split into a number of nosological units, as in the case of the Unified Plan. Such an approach to categorization significantly reduces the informative value of the documents in these aspects and, moreover, the very informational value of the terms discussed.

The State Program "Health Development" begins with the actualization of a new epidemiological threat – COVID-19, included in the group of diseases that pose a danger to others, as well as listing the most important causes of mortality – diseases of the circulatory system and oncological diseases, which, let us recall, are classified as socially significant. In the text of the Program itself, the term "DTPDTO" is never mentioned, while the wording "socially significant diseases" is present in one fragment of the Program, where it refers to the success of the fight against infectious diseases, which is a separate but quite typical example of the general inconsistency in the use of the terms discussed, which is inherent in almost all relevant strategic documents in Russia. Let us examine the essence of our remarks to their authors. This fragment of the Program text raises the problem of the spread of infectious diseases, noting the high level of sensitivity of the authorities to these threats, which is expressed in the development of vaccines and prevention (specific nosologies are not

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[3] On the national development goals of the Russian Federation for the period until 2030: Presidential Decree of the Russian Federation 474, dated July 21, 2020.

[4] On Approval of the State Program of the Russian Federation "Health Development": Government Resolution of the Russian Federation 1640, dated December 26, 2017.

mentioned). Then a sharp transition is made to the discussion of the group of interest "SSD" with the words "As for socially significant diseases, in 2022, the coverage of preventive medical examinations to detect tuberculosis continued to grow, it amounted to 74.2%". We can see how difficult it is here to understand which line of presentation is developing. Next, the main trends in the spread and control of HIV infection and chronic viral hepatitis C are consistently and briefly recorded. The other nosological units receive almost no attention. From the logic of the presentation it becomes clear that the fragment under discussion deals exclusively with infectious socially significant diseases, which is evidenced in no small measure by the reference to the appendix, which regulates the procedure for calculating subsidies for the provision of medical care to citizens of the target category. Thus, discussions of SSD are often reduced to mentioning a limited number of diseases, which, as we noted above, can be called typical examples of this group. This would be justified if such an approach were routinely and universally applied; but in reality, the category of SSD is referred to in a wide variety of descriptions, and a unified, albeit controversial, line of use of the basic terms has not emerged.

The analysis of the content of the socio-economic development strategies of Russian regions allowed identifying different variants of the use of the terms themselves and the contexts of their application. Admittedly, in most documents the categories of "SSD" and "DTPDTO" are neglected (as examples from a long series, let us cite the development strategies of the Tyumen, Yaroslavl, Orel and Kemerovo regions). It has become a popular practice to consider such socially significant non-communicable diseases as malignant neoplasms and cardiovascular diseases outside the SSD category, which in itself does not seem surprising. There are rare exceptions to this rule (we will discuss the example of the Samara

Region development strategy below). The situation is different for tuberculosis. Despite the fact that there are examples of this nosological unit being mentioned outside the general system of SSDs and DTPDTOs, it is nevertheless firmly associated with this category.

In the Strategy for Socio-Economic Development of the Samara Region for the period until 2030 we find an example of frequent reference to the term "SSD", but analysis of the context of each of the variants shows how unsystematic it is[5]. One of them reveals a specification that is exceptional for the general and the above-mentioned practice: "... increasing measures to combat socially significant diseases, including oncological and cardiovascular diseases". In another fragment of the Strategy text the clarification is made in favor of other nosologies: "A significant problem of the region is the high level of spread of socially significant diseases, in particular HIV infection, tuberculosis and drug addiction". Further in the document there is an example of the use of the category "SSD", which actually crosses out the above specification on cancer and heart and vascular diseases: "The solution of the task to reduce mortality and improve public health includes: development of the system of prevention of diseases, especially cardiovascular diseases, neoplasms, socially significant diseases, prevention of their development factors". It turns out that in this case socially significant diseases are separated from their private examples.

As another example of non-systematic use of the category "SSD" let us consider the Strategy for Socio-Economic Development of the Vologda Region[6]. The term "SSD" is not mentioned in a number of key health problems, but in one of the

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[5] Strategy for socio-economic development of the Samara Region for the period up to 2030. Approved by Samara Region Government Resolution 441, dated July 12, 2017.

[6] Strategy for Socio-Economic Development of the Vologda Region for the period up to 2030. Approved by Vologda Region Government Resolution 920, dated October 17, 2016.

paragraphs separate nosological units from the discussed categories of diseases are highlighted: "High risk of spread in the region of cancer, cardiovascular diseases, HIV infection, tuberculosis, drug addiction, alcoholism". In the tasks, the category "SSD" is specified directly, with examples of diseases and the use of the indefinite phrase "and others"[7]. A number of other tasks are focused on the prevention and treatment of specific groups of diseases from the discussed "SSD" category — cardiovascular and oncological diseases. First, it is the development and introduction of innovative methods of diagnostics, prevention and treatment, as well as the creation of the basis for personalized medicine, primarily for diseases of the circulatory system and oncological diseases. Second, increasing the volume of high-tech medical care in the region, including through the development of regional vascular and oncological centers. Reducing the prevalence of drug addiction diseases is singled out as a separate task: "Increasing the availability of medical care for drug addicts, including alcoholism patients, introduction of new methods of treatment for alcoholism patients, improving the quality of diagnostics". Thus, there is arbitrariness in the use of terms, first of all the category of "SSD", which have a composition fixed by the relevant decree. It should not be overlooked that the category "DTPDTO" is excluded from the relevant section of the Strategy.

The Strategy for Socio-Economic Development of the Komi Republic for the period up to 2035 states that the implementation of the priority area "Improving the efficiency and accessibility of specialized and high-tech medical care" provided "a significant reduction in the incidence of alcoholism and socially significant diseases and diseases that pose a danger to others"[8]. Regarding this wording we will make two important remarks. First: there is no reason to separate the disease "alcoholism" from the category "SSD", since it is part of it. Second: generalization of the success of the implementation of these measures for both categories, each of which combines a variety of nosological units, is groundless. However, the very fact of using the so often neglected term "DTPDTO" can only be welcomed. In the same document there is an attempt to clarify the content of the category "SSD", when as a measure to improve the efficiency and accessibility of specialized and high-tech medical care is fixed improvement of the organization of medical care for patients with socially significant diseases. Specific groups of diseases are indicated in parentheses: "circulatory systems, neoplasms, tuberculosis, HIV infection, diabetes mellitus, viral hepatitis, drug addiction disorders and others". Despite the important and uncommon for similar documents attempt to specify the composition of the SSD, and thus the directions of development, it looks extremely unconvincing in such a context. The fact is that specialized and high-tech medical care is provided in accordance with strict protocols and accompanying regulatory procedures, so generalizing such a broad category of diseases (solely on the basis of the fact that a disease is included in its composition) as a target category seems unreasonable.

There are cases of using terms outside their strict meaning, for example, the wording "the most socially significant diseases" (Strategy for Socio-Economic Development of the Pskov Region[9]). Here the word "most" indicates a broad and

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[7] Here is the fragment under discussion: "Improving the effectiveness of prevention and control of socially significant diseases in the Vologda Region (HIV infection, viral hepatitis B and C, etc.)".

[8] Strategy for Socio-Economic Development of the Komi Republic up to 2035 (amended by Komi Republic Government Resolution 671, dated December 29, 2021 and Komi Republic Government Resolution 387, dated August 11, 2023).

[9] Strategy for Socio-Economic Development of the Pskov Region up to 2035. Approved by Pskov Region Administration Order 670-r, dated December 10, 2020.

evaluative context rather than a strict formalized basis of the term. Moreover, this is supported by the extremely widespread use of the term "socially significant" in the texts of strategies in relation to a variety of objects. Here are just a few of them: "socially significant initiatives", "socially significant projects", "socially significant events", "socially significant categories of population", "socially significant routes", "socially significant tasks" and "socially significant patriotic values", "socially significant food products", "socially significant institutions", etc. The use of such abbreviated terms as "social diseases" (found in the text of the Strategy for Socio-Economic Development of the Republic of Altai up to 2035) and "dangerous diseases" (in the text of the Strategy for Socio-Economic Development of the Republic of Adygea up to 2030) in a number of strategic documents at the level of a constituent entity of the Russian Federation makes it difficult to understand what nosologies we are talking about. This, in our opinion, played not the least role in turning the term "socially significant diseases" into a kind of cliché.

In general, the use of the categories of "SSD" and "DTPDTO" in strategic documents becomes uninformative and most often solves the problem of raising the general problem of population morbidity and prevention. The reasons for this are both the extremely full and complex composition of nosological groups, and the lack of a systematic approach to the interpretation of the discussed categories on the part of the authorities and representatives of the professional community. The extent to which this is a really urgent and, at the same time, difficult problem to solve, is shown by the experience of implementation in the period from 2006 to 2012 of a separate federal target program "Prevention and Control of Socially Significant Diseases (2007–2012)", adopted by RF Government Resolution dated May 10, 2007, the purpose of which was "to reduce morbidity,

disability and mortality in socially significant diseases, to increase the duration and quality of life of people suffering from these diseases". The fact that the program included specific subprograms affecting activities on individual nosologies ("Diabetes mellitus", "Tuberculosis", "Oncology", "Sexually transmitted infections", "Viral hepatitis", "Arterial hypertension", "Mental disorders") does not cancel a number of questions regarding the reasons for the exclusion of a number of nosologies from the document and, on the contrary, the inclusion of diseases that do not formally belong to the "SSD" category.

Conclusion

The categories of "socially significant diseases" and "diseases that pose a danger to others" are of interest not only from the perspective of analyzing the epidemiological situation in the country, but also in the context of monitoring assessment of the quality of public administration. This is due to the fact that the prevalence of key socially significant diseases serves as a reliable sign of social disadvantage, including low living standards, poor nutrition, harsh living conditions (tuberculosis), or, on the contrary, the spread of the disease is the basis for predicting high demographic and, in general, economic losses. It is no coincidence that the tasks of prevention of socially significant diseases are reflected in the National Security Strategy of the Russian Federation. At the same time, it is impossible not to detect related problems of both methodological and instrumental nature. The analysis of socio-economic development strategies adopted at the level of constituent entities of the Russian Federation clearly demonstrates the difficulties of operating with the normatively fixed terms "SSD and DTPDTO" when actualizing the problems and developing measures to detect, prevent and control diseases from the official lists. The range of diseases under discussion is quite broad, but, most importantly, extremely diverse

and heterogeneous. It includes both infectious (tuberculosis, HIV, hepatitis, STDs) and non-infectious (mental disorders) diseases, which implies a fundamental difference in the choice of strategies to prevent and control the spread of these diseases); diseases that cause a high risk of mortality (malignant diseases, diseases characterized by high blood pressure); and diseases whose negative consequence is not so much mortality as disability and reduction in the quality of life (diabetes mellitus) or temporary, but, due to the pandemic nature of the spread, widespread temporary disability of the country's citizens (COVID-19), current diseases (hepatitis) and those that have been practically defeated today (plague). On the one hand, the category of "SSD and DTPDTO" has strict normative support, it is included in the system of state obligations and social guarantees declared by the government (provision of benefits, restrictions on employment or service in the armed forces, etc.). On the other hand, in the practice of public administration, both at the sectoral and territorial levels, and strategic planning, there are serious problems with the application of the categories of "SSD" and "DTPDTO", especially in setting development objectives and formulating measures for their development and implementation. The problem is complicated by the fact that diseases from this group differ significantly from each other in the severity of the epidemiological situation and the effectiveness of resistance to their spread. For example, the morbidity of one nosological unit shows an upward trend; while with regard to the prevalence among the Russian population of another nosological unit, we can observe a significant decline, which in itself excludes the expediency of their generalization for the actualization of scientific and applied research and implementation of measures to counteract their spread. Examples of such dichotomy in the dynamics of morbidity indicators of SSD and DTPDTO are given and described in this article. All of the above is due to the discrete and sporadic nature of the use of the category of "SSD and DTPDTO" itself. Most often there is a fragmentation into nosological units, which, if not devalues the category itself, then reduces its analytical value in the context of strategic planning and implementation of government programs.

Based on the above arguments, a conclusion should be made about the need for a more thoughtful and consistent application of the categories in strategic planning documents for socio-economic development of Russia and its regions. We are not talking about the exclusion of the category "SSD and DTPDTO" from analytical summaries and strategic documents. On the contrary, socially significant diseases and diseases that pose a danger to others are best suited for this purpose. They should be used responsibly. For example, when referring to the SSD category, accompanying methodological comments and clarifications should be provided, primarily on which specific nosologies are meant. The best solution would be to devote separate sections to these groups of diseases, in which it would be appropriate to update the issues by category (e.g. infectious and non-infectious diseases with further specification by nosological units) and further detail the assessment, formulation of objectives and, most importantly, specific activities and their expected outcomes.

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