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**Analysis of temporary disability payments in rural uluses (regions)  
of the Sakha Republic (Yakutia) in the period 2005-2009**

**Summary.** The article presents analysis of temporary disability payments effected in the republic's rural regions in the years 2005-2009. It includes figures on the average daily benefit amount, duration of payment in days, average duration of one temporary disability case.

**Key words:** morbidity with temporary disability, temporary disability, temporary disability benefits.

The demographic crisis in Russia, caused by low birth rate, high incidence rate and untimely death rate has become an issue of the national security. Overcoming this crisis is one of the priorities in social and economic development. The unstable social and economic situation remains, undermining viability of the able-bodied population, whose health is deteriorating faster than in children and elderly population, who used to be more vulnerable [1]. Unfortunately, the demographic crisis, spreading throughout the country, centers in the Russian villages. Negative trends in the population general morbidity also include morbidity with temporary disability (TD).

Economic losses from temporary disability are made up of healthcare budget expenses, social insurance and obligatory medical insurance, GDP losses, a family budget, etc. [2].

Our republic experiences the same processes as everywhere else in Russia. The present article analyzes payment of temporary disability (TD) benefits in the rural areas, including 13 uluses (regions): Amginsky, Verkhnevilyuisky, Vilyuisky, Gorny, Megino-Kangalassky, Namsky, Nyurbinsky, Olyokminsky, Suntarsky, Tattinsky, Ust-Aldansky, Khangalassky and Churapchinsky.

This group is chosen basing on medical and economic zoning conducted by L.F. Timofeev and V.G. Krivoschapkin (2006), who took into consideration social and economic, demographic, basic population health parameters. It is home to over 20 percent of the republic's able-bodied population. At the same time, in the recent years this group has shown more obvious trend for the working population decrease than the republic in whole (Table 1). The year 2009 saw the largest decrease in working population, compared with the year 2005, in Megino-Kangalassky (by 24.9%), Nyurbinsky (18.1%), Vilyuisky (15.8%) and Tattinsky (13.1%) regions.

The figures on primary and general morbidity in this group for the given period increase, but the morbidity structure figures are smaller than in the republic[3] (Fig. 1).

At the same time, comparing the year 2009 to 2005, general and primary morbidity increased in Amginsky region by 116.2% and 139% respectively; in Suntarsky region – by 42.1% and 48.7%; in Verkhnevilyuisky region – by 43.5% and 26.3% ; in Olyokminsky region – by 35.7% and 23.5%.

The analysis shows that the increase in morbidity led to increased number of days when temporary disability payments were effected (Table 2). Compared to 2005, the duration of payment

increased in Khangalssky (by 54.3%), Suntarsky (by 46.2%), Vilyuisky (by 40.7%) and Olyokminsky (by 40.1%) regions.

The analysis of the average TD duration shows that it increased from 10.8 days in 2005 to 14.7 days in 2009 (Table 3). However, starting from 2007, the rural areas demonstrate lower figures than in the republic in whole.

It is only natural that the above-mentioned figures on general morbidity and morbidity with TD cause increased TD payments, with the change percentage being larger in the rural areas than in the SR(Y) in whole (Table 4).

Compared to 2005, the largest change in the average daily benefit is seen the following regions: Tattinsky – increased by 70.4%; Ust-Aldnasky – by 67.5%; Verkhnevilyuisky – by 67.0%; Amginsky – by 63.5%.

**Resume.** 1. During the compared period, we witness the trend that number of working population in the rural areas decreased by 9.1%, which is by 2.4% more than in the republic in whole.

2. Given decreased number of working population in the rural areas, the duration of benefit payments increased by 30.4% in 2009 compared to the year 2005.

3. Since 2005, the average daily benefit in the rural areas increased by 47.0%. As for the percentage of change against 2005, the rural areas figures are higher than the republic's ones for the same period by 12.4%.

4. The average duration of a temporary disability case increased by 35.4% for the same period (with 41.7% in the republic in whole).

**Conclusion.** The recent years analysis shows that morbidity with TD in the rural areas do not decrease, like in the republic in whole. These data require detailed study of expertise in temporary disability (ETD), which is performed at the several levels: doctor – patient, consulting doctor – chair of medical commission, consulting doctor – expert doctor of a regional social insurance department, etc.

At the present moment, expertise in temporary disability in some rural areas leaves much to be desired: doctors lack qualification for conducting the expertise; clinics and hospitals management fails to control their activity. All these factors result in increased expenses for obligatory social insurance on TD benefit payments.

Given these circumstances, it would make sense to revive functioning of clinical expert commissions under healthcare authorities; to establish a board coordinating parties involved in the expertise, such as territorial social insurance and medical insurance bodies, medical and social expertise, Russian Health Inspection (Roszdravnadzor), branch trade unions, labor inspections.

The joint coordinated activity of these services should be aimed at improved medical aid rendered to the population, including health safeguarding and maintenance of the working population in rural areas, thus leading to decreased TD morbidity in the republic.

## References

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Table 1. Average staffing number (people) in 2005-2009

|   |                                    | 2005    | 2006    | 2007    | 2008    | 2009    |
|---|------------------------------------|---------|---------|---------|---------|---------|
| 1 | Average staffing number:           |         |         |         |         |         |
|   | - in rural areas                   |         |         |         |         |         |
|   | - in the SR(Y)                     | 98,196  | 95,038  | 92,472  | 89,668  | 89,212  |
|   |                                    | 449,595 | 446,753 | 441,691 | 428,272 | 419,508 |
| 2 | Percentage of change against 2005: |         |         |         |         |         |
|   | - in rural areas                   | -       | 96.8    | 94.2    | 91.3    | 90.9    |
|   | - in the SR(Y)                     | -       | 99.4    | 98.2    | 95.3    | 93.3    |

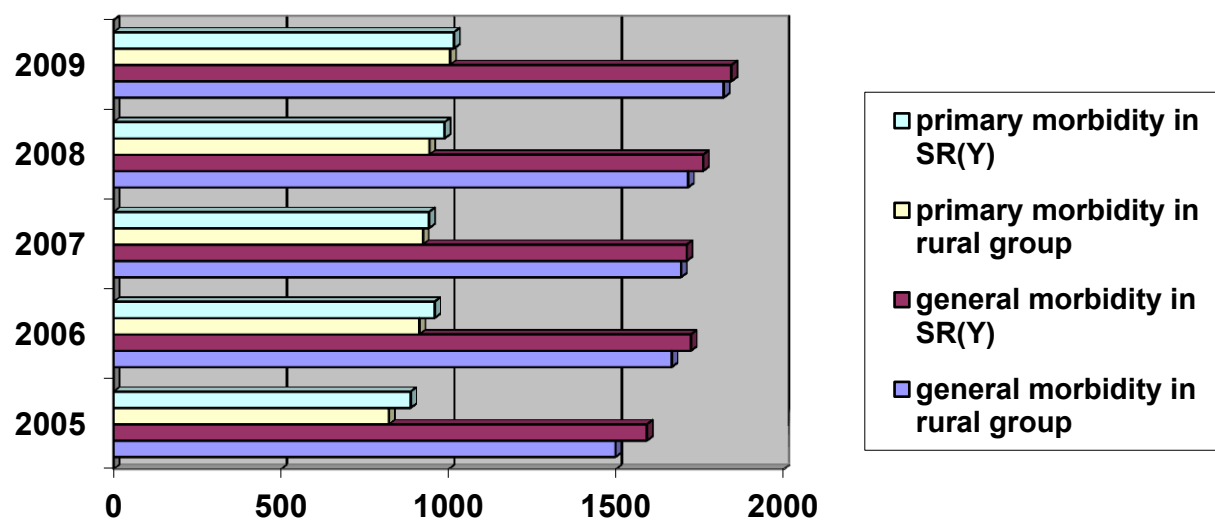


Figure 1. General and primary morbidity in rural area of the SR(Y) in 2005-2009  
(per 1,000 of population)

Table 2. Analysis of TD payments duration in rural areas of the SR(Y)  
in 2005-2009 (per 100 working people)

|   |                                                | 2005  | 2006  | 2007  | 2008  | 2009  |
|---|------------------------------------------------|-------|-------|-------|-------|-------|
| 1 | Number of days when TD payments were effected: |       |       |       |       |       |
|   | - in rural areas                               | 657.0 | 703.9 | 854.7 | 867.1 | 856.5 |
|   | - in the SR(Y)                                 | 612.7 | 606.9 | 813.2 | 882.9 | 865.1 |
| 2 | Percentage of change against 2005:             |       |       |       |       |       |
|   | - in rural areas                               | -     | 107.1 | 130.1 | 132.0 | 130.4 |
|   | - in the SR(Y)                                 | -     | 99.1  | 132.7 | 144.1 | 141.2 |

Table 3. Average duration of a TD case in rural areas of the SR(Y) (days, 2005-2009)

|   |                                       | 2005 | 2006 | 2007  | 2008  | 2009  |
|---|---------------------------------------|------|------|-------|-------|-------|
| 1 | Average duration of a TD case (days): |      |      |       |       |       |
|   | - in rural areas                      | 10.8 | 10.7 | 13.4  | 13.8  | 14.7  |
|   | - in the SR(Y)                        | 10.4 | 10.3 | 14.0  | 14.5  | 14.8  |
| 2 | Percentage of change against 2005:    |      |      |       |       |       |
|   | - in rural areas                      | -    | 99.3 | 124.2 | 127.9 | 135.4 |
|   | - in the SR(Y)                        | -    | 98.9 | 133.8 | 139.2 | 141.7 |

Table 4. Analysis of TD benefit in rural areas on the SR(Y)

in 2005-2009

|   |                                                            | 2005        | 2006        | 2007        | 2008        | 2009        |
|---|------------------------------------------------------------|-------------|-------------|-------------|-------------|-------------|
| 1 | Expenses on TD benefit payments (RUR ths):                 |             |             |             |             |             |
|   | - in rural areas                                           | 174,607.6   | 202,174.0   | 222,570.5   | 258,082.3   | 303,904.9   |
|   | - in the SR(Y)                                             | 1,106,933.9 | 1,260,290.6 | 1,474,832.8 | 1,781,367.0 | 1,962,794.2 |
| 2 | Average daily TD benefit (RUR):                            |             |             |             |             |             |
|   | - in rural areas                                           | 270.7       | 302.2       | 287.9       | 331.9       | 397.7       |
|   | - in the SR(Y)                                             | 401.8       | 464.8       | 410.6       | 471.1       | 540.8       |
| 3 | Percentage of change in average daily amount against 2005: |             |             |             |             |             |
|   | - in rural areas                                           | -           | 111.7       | 106.4       | 122.6       | 147.0       |
|   | - in the SR(Y)                                             | -           | 115.7       | 102.2       | 117.2       | 134.6       |