



MINISTRY OF SCIENCE AND HIGHER EDUCATION OF THE RUSSIAN FEDERATION
Federal State Autonomous Educational Institution of Higher Education
"Far Eastern Federal University"
(FEFU)
SCHOOL OF BIOMEDICINE

AGREED
Head of OP

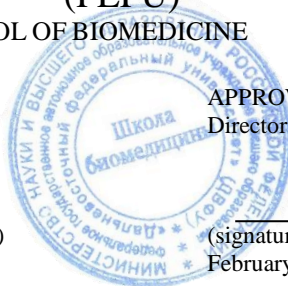
(signature)
February 02, 2021

Yu.S. Khotimchenko
(FULL NAME)

APPROVE

Director of the Department of Pharmacy and Pharmacology

E.V. Khozhaenko
(signature) (I.O. Surname)
February 02, 2021



WORKING PROGRAM OF THE DISCIPLINE

Health care in foreign countries. International cooperation in the field of health

Direction of training 32.04.01 "Public health»

Educational program "Leadership and governance in public health (program in English for foreign citizens)"

Full-time training form

course 2 semester 3
lectures at 6 p.m.
practical classes 36 hours.
including using MAO lek. - /pr.10 o'clock.
total classroom hours 54 hours.
including using MAO 10 hours.
independent work 90 hours.
including preparation for the exam 27 hours.
exam 3 semester

The work program was compiled in accordance with the requirements of the Federal State Educational Standard in the field of study 32.04.01 Public Health, approved by order of the Ministry of Education and Science of Russia dated 31.05.2017 No. 485.

The work program was discussed at a meeting of the Department of Pharmacy and Pharmacology Protocol No. 5 dated January 28, 2021

Director of the Department Ph.D., E.V. Khozhaenko

Compiled by (s): Candidate of Medical Sciences, Associate Professor Rasskazova V.N., Candidate of Medical Sciences, Associate Professor Moreva V.G.

Reverse side of the title page of the RPD

1. The work program was revised at a meeting of the Department / department / department (implementing the discipline) and approved at a meeting of the Department / department / department (issuing structural unit), protocol dated “ ____ ” _____ 2021 No. _____

2. The work program was revised at a meeting of the Department / department / department (implementing the discipline) and approved at a meeting of the Department / department / department (issuing structural unit), protocol dated “ ____ ” _____ 2021 No. _____

3. The work program was revised at a meeting of the Department / department / department (implementing the discipline) and approved at a meeting of the Department / department / department (issuing structural unit), protocol dated “ ____ ” _____ 2021 No. _____

4. The work program was revised at a meeting of the Department / department / department (implementing the discipline) and approved at a meeting of the Department / department / department (issuing structural unit), protocol dated “ ____ ” _____ 2021 No. _____

5. The work program was revised at a meeting of the Department / department / department (implementing the discipline) and approved at a meeting of the Department / department / department (issuing structural unit), protocol dated “ ____ ” _____ 2021 No. _____

I. Goals and objectives of mastering the discipline:

Target:

Formmasters have a holistic theoretical understanding of the healthcare system, including healthcare in foreign countries, the disclosure of key problems of modern legislation and practice in the field of healthcare at the present stage in the Russian Federation and abroad.

Tasks:

1. Study of the current legislation of the Russian Federation, international law in the field of medicine.

2. Carrying out a comparative analysis of healthcare systems, forming a holistic view of the system and structure of healthcare legislation in foreign countries, identifying and analyzing the main trends in healthcare development, analyzing the advantages and disadvantages of various systems.

3. To systematize the basic information available to students in the field of domestic public health and health care and international health care;

4. Provide students with new, up-to-date information and methodology on the main problems of healthcare organization and public health in the world and in Russia.

5. To promote the formation of students' analytical skills in the field of organization of activities, management and economics of health care resources in the Russian Federation and abroad.

6. To develop the skills of assessing the activities of bodies and medical organizations in the organization of quality management of medical care, examination and quality control of medical care in the Russian Federation and abroad;

7. The introduction of an invariant approach to teaching, the use of algorithms in the classroom with a view to their further application in the practice of medical organizations.

As a result of studying this discipline, students form the following universal, general professional and professional competencies (elements of competencies).

Professional competencies of graduates and indicators of their achievement:

| Task type | Code and name of professional competence (result of development) | Code and name of the indicator of achievement of competence |
|-----------|--|---|
|-----------|--|---|

| Task type | Code and name of professional competence (result of development) | Code and name of the indicator of achievement of competence |
|-------------------------------|--|--|
| organizational and managerial | PC-3 The ability to organize, plan and control the activities of a structural unit of a medical organization | PC-3.1 Knows the standards of medical care PC-3.2 Knows how to assess the resources of a medical organization and implement a quality management system PC-3.3 Possesses the necessary skills for compiling reporting documentation, evaluating the activities of a healthcare institution |
| organizational and managerial | PC-6 The ability to develop plans and programs, form a system of indicators for the activities of a medical organization, evaluate the effectiveness of a medical organization, develop options for management decisions and assess the risks associated with their implementation | PC-6.1 Knows the features of the formation of a system of indicators of a medical organization PC-6.2 Is able to evaluate the effectiveness of the medical organization, taking into account the formed system of indicators PC-6.3 Has the skills to form performance indicators, evaluate their effectiveness, as well as the ability to develop management decisions with an assessment of the risks associated with their implementation |

| Code and name of the indicator of achievement of competence | Name of the assessment indicator (the result of training in the discipline) |
|--|---|
| PC-3.1 Knows the standards of medical care | Knows the standards of medical care Able to provide first aid Proficient in first aid |
| PC-3.2 Knows how to assess the resources of a medical organization and implement a quality management system | Knows the quality management system of a medical organization Knows how to evaluate the resources of a medical organization and implement a quality management system Possesses the skill of assessing the resources of a medical organization and implementing a quality management system |
| PC-3.3 Possesses the necessary skills for compiling reporting documentation, evaluating the activities of a healthcare institution | Knows the reporting documentation of the medical organization Able to prepare reporting documentation of a medical organization Possesses the necessary skills for compiling reporting documentation, evaluating the activities of a healthcare institution |
| PC-6.1 Knows the features of the formation of a system of indicators of a medical organization | Knows the features of the formation of a system of indicators of a medical organization Able to form and fulfill the indicators of a medical organization Possesses the skill of forming and fulfilling the indicators of a medical organization |
| PC-6.2 Is able to evaluate the effectiveness of the medical organization, taking into account the formed system of indicators | Knows the main performance indicators of a medical organization Knows how to evaluate the effectiveness of the activities of a medical organization, taking into account the formed system of |

| | |
|---|---|
| | indicators Possesses the skill of evaluating the effectiveness of the activities of a medical organization, taking into account the formed system of indicators |
| PC-6.3 Has the skills to form performance indicators, evaluate their effectiveness, as well as the ability to develop management decisions with an assessment of the risks associated with their implementation | Knows the main performance indicators of a medical organization Knows how to form performance indicators, evaluate their effectiveness, assess the risks associated with their implementation Possesses the skills of forming performance indicators, evaluating their effectiveness, as well as the ability to develop management decisions with an assessment of the risks associated with their implementation |

II. The complexity of the discipline and types of training sessions in the discipline

The total complexity of the discipline is 4 credits (144 academic hours).

| Designation | Types of training sessions and work of the student |
|-------------------|--|
| Lek | Lectures |
| Lek electr. | |
| Etc | Practical lessons |
| Right electr. | |
| SR: | Independent work of the student during the period of theoretical training |
| including control | Independent work of the student and contact work of the student with the teacher during the period of intermediate certification |
| | And other types of work |

Discipline structure:

Full-time form of education

| N o. | Section name disciplines | Se me ster | The number of hours by type of training sessions and work of the student | | | | | | Forms of intermediate certification |
|------|--|------------|--|-----|-----|----|----|----------|-------------------------------------|
| | | | Lek | lab | Etc | OK | SR | Cont rol | |
| 1 | Section 1 Health care in foreign countries | | 8 | | 16 | | 18 | 27 | |
| | Section 2 International cooperation in the field of health | | 10 | | 20 | | 18 | | |
| | Total: | 2 | 18 | - | 36 | - | 63 | 27 | Exam |

III. STRUCTURE AND CONTENT OF THE THEORETICAL PART OF THE COURSE

Topic 1. Systems that ensure the protection of public health in Russia and abroad (2 hours)

Topic 2. Health care of the Russian Federation, features of development (2 hours)

Topic 3. The health system of the United States of America (2 hours)

Topic 4. Health system in Canada, the basic principles of health care (2 hours)

Topic 5. Cuban healthcare system, priorities in providing medical care to the population (2 hours)

Topic 6. The UK healthcare system, features of the organization of the activities of a general practitioner (2 hours)

Topic 7. The health care system of the People's Republic of China and Korea (advantages and differences) (2 hours)

Topic 8. Japanese health care system, insurance system (2 hours)

Topic 9. International cooperation in the field of healthcare. International medical organizations (2 hours)

IV. STRUCTURE AND CONTENT OF THE PRACTICAL PART OF THE COURSE AND INDEPENDENT WORK

Practical lessons (36 hours), including using MAO - 10 hours

Lesson 1. General characteristics of the health care system as a social system (4 hours)

Definition of health care system – state or Beveridge system; health insurance system or Bismarck system; private (market) healthcare system (USA, South Africa), main characteristics. International cooperation in the field of health protection. Development of the quality management system in the Russian Federation and abroad. General and special methods of quality management.

Lesson 2. Health care in the Russian Federation. The health care system of citizens in the Russian Federation (4 hours)

Health care in the Russian Federation. The system of protecting the health of citizens in the Russian Federation. Development and implementation of international and national standards of the ISO 9000 - 11000 series as the most important component of the formation of a quality management system. The role

of standardization in ensuring the quality and safety of medical and pharmaceutical activities.

Session 3. US Health System (4 hours)

Structure of the US healthcare system. State programs. US doctors. medical expenses. Medical insurance. Health care reform in the US during the reign of B. Obama. Organizational and legal bases of certification in the Russian Federation and abroad. Approach and ways to solve the problem of quality in the USA.

Session 4: Canada's healthcare system (4 hours)

History of occurrence. The structure of the medical service. private medicine. Rationing and control in health care. Medical personnel. Financing and payment system. The essence of the concept of quality management (closed control circuit). The role of direct executors of medical services and administration in the quality assurance process.

Session 5. Cuban health care system (4 hours)

The Cuban healthcare system is the best in the world. Institute of Family Physicians. Medical education in Cuba. Preventive focus of Cuban medicine. Health problems in Cuba. Prerequisites for the benefits of the Cuban healthcare model.

Session 6. The UK Health System (4 hours)

History of occurrence. The structure of the medical service. private medicine. Rationing and control in health care. Medical personnel. Financing and payment system. Similarities and differences between the UK and Russian healthcare systems. The specifics of the British quality management system.

Session 7. Health system in China and North Korea (4 hours)

The health care system of the People's Republic of China. Health care system in North Korea.

Session 8. Japanese health care system (4 hours)

insurance system in Japan. Features of the Japanese health care system. Japanese health care and technological progress. Distinctive features of an integrated approach to the organization of quality management in Japan.

Lesson 9. Tasks of the International organizations for standardization (ISO) (4 hours).

Recommended selection criteria by MS ISO 9000 standards for selecting a specific quality system in Russia. Features of certification of medical services. Fundamentals of the methodology for the development and implementation of a quality management system. Implementation of a system of general quality management. Total Quality Management (TQM).

Schedule for the implementation of independent work on the discipline

"Health care in foreign countries. International cooperation in the field of health»

| No. p/p | Date/Due dates | Type of independent work | Approximate lead times | form of control |
|---------|----------------|--------------------------|------------------------|-----------------|
| 1 | 1-6 weeks | Preparation of abstracts | thirty | Protection |
| 2 | 7-12 weeks | Presentation preparation | 33 | Protection |
| 3 | 13-18 weeks | Exam preparation | 27 | Exam |

Independent work of students consists of preparing for practical classes, working on recommended literature, writing reports on the topic of the seminar, preparing presentations, abstracts.

The teacher offers each student individual and differentiated tasks. Some of them can be carried out in a group (for example, preparing a report and presentations on the same topic can be done by several students with a division of their duties - one prepares a scientific and theoretical part, and the second analyzes practice).

List of types of independent work of the student

The study of lectures and preparation for a practical lesson, the preparation of a report on a selected aspect of the topic or the selection of practical material for participation in the discussion constitute the content of the student's independent work. Lecture notes, professional literature, educational and methodological support of the discipline can become the material for preparation. Forms of current control: survey, group discussion, control tasks, report presentation.

One of the necessary components for the successful development of the course is writing an essay.

Search and study of the latest theoretical and applied sources on social management in Internet resources.

Criteria for assessing students' independent work

When evaluating students' knowledge, not only the amount of knowledge is taken into account, but, first of all, the quality of assimilation of the material, understanding the logic of the academic discipline, the ability to freely, competently, logically present what has been learned is evaluated, the ability to reasonably defend one's own point of view.

“Excellent” marks the answer to independent tasks, in which the material is systematically, logically and consistently presented.

The “good” rating implies knowledge of the material and the ability to draw independent conclusions, comment on the material presented; answer with minor flaws.

Assimilation of the material is assessed as "satisfactory" when the student has not studied some sections deeply enough, allows fuzzy formulations, and gives incomplete answers.

"Unsatisfactory" is put in the case when the student does not know a significant part of the educational material, makes significant mistakes; knowledge is unsystematic.

Guidelines for writing and designing an abstract

An abstract is a creative activity of a master student, which reproduces in its structure research activities to solve theoretical and applied problems in a certain branch of scientific knowledge. Because of this, term paper is the most important component of the educational process in higher education.

The abstract, being a model of scientific research, is an independent work in which a master's student, graduate student, applicant solves a problem of a theoretical or practical nature, applying the scientific principles and methods of this branch of scientific knowledge. The result of this scientific search may have not only subjective, but also objective scientific novelty, and therefore can be presented for discussion by the scientific community in the form of a scientific report or message at a scientific and practical conference, as well as in the form of a scientific article.

The abstract is carried out under the guidance of a supervisor and involves the acquisition of skills in building business cooperation based on ethical standards for the implementation of scientific activities. Purposefulness, initiative, disinterested cognitive interest, responsibility for the results of one's actions, conscientiousness, competence are personality traits that characterize the subject of research activities that correspond to the ideals and norms of modern science.

An abstract is an independent educational and research activity of a master student, postgraduate student and applicant. The supervisor provides advisory assistance and evaluates the process and results of activities. He provides an approximate topic of abstract papers, clarifies the problem and the topic of research together with the undergraduate, helps to plan and organize research activities, appoints the time and the minimum number of consultations. The supervisor accepts the text of the abstract for verification at least ten days before the defense.

Traditionally, a certain structure of the abstract has developed, the main elements of which, in the order of their location, are the following:

1. Title page.
2. Task.
3. Table of contents.
4. List of symbols, symbols and terms (if necessary).
5. Introduction.
6. The main part.
7. Conclusion.
8. Bibliographic list.
9. Applications.

The title page indicates: educational institution, graduating department, author, supervisor, research topic, place and year of the abstract.

The title of the abstract should be as short as possible and fully correspond to its content.

The table of contents (content) reflects the names of the structural parts of the abstract and the pages on which they are located. It is advisable to place the table of contents at the beginning of work on one page.

The presence of a detailed introduction is a mandatory requirement for the abstract. Despite the small volume of this structural part, its writing causes considerable difficulties. However, it is a well-executed introduction that is the key to understanding the entire work and testifies to the professionalism of the author.

Thus, the introduction is a very important part of the abstract. The introduction should begin with a rationale for the relevance of the chosen topic. When applied to the abstract, the concept of "relevance" has one feature. From how the author of the abstract knows how to choose a topic and how correctly he understands and evaluates this topic from the point of view of modernity and social significance, characterizes his scientific maturity and professional readiness.

In addition, in the introduction it is necessary to isolate the methodological basis of the abstract, to name the authors whose works formed the theoretical basis of the study. A review of the literature on the topic should show the author's thorough acquaintance with specialized literature, his ability to systematize sources, critically examine them, highlight the essential, determine the main thing in the current state of study of the topic.

The introduction reflects the significance and relevance of the chosen topic, defines the object and subject, purpose and objectives, and the chronological framework of the study.

The introduction ends with a statement of general conclusions about the scientific and practical significance of the topic, the degree of its study and availability of sources, and the formulation of a hypothesis.

In the main part, the essence of the problem is stated, the topic is revealed, the author's position is determined, factual material is given as an argument and for illustrations of the put forward provisions. The author needs to show the ability to consistently present the material while simultaneously analyzing it. Preference is given to the main facts, rather than small details.

The abstract ends with the final part, which is called the "conclusion". Like any conclusion, this part of the abstract plays the role of a conclusion determined by the logic of the study, which is in the form of a synthesis of the scientific information accumulated in the main part. This synthesis is a consistent, logically coherent presentation of the results obtained and their relationship with the general goal and specific tasks set and formulated in the introduction. It is here that the so-called "inferential" knowledge is contained, which is new in relation to the original knowledge. The conclusion may include suggestions of a practical nature, thereby increasing the value of theoretical materials.

So, in the Conclusion of the abstract should be: a) the conclusions on the results of the study are presented; b) theoretical and practical significance, novelty of the abstract; c) the possibility of applying the results of the study is indicated.

After the conclusion, it is customary to place a bibliographic list of used literature. This list is one of the essential parts of the abstract and reflects the independent creative work of the author of the abstract.

The list of sources used is placed at the end of the work. It is issued either in alphabetical order (by the author's last name or the title of the book), or in the order in which references appear in the text of the written work. In all cases, the full title of the work, the names of the authors or the editor of the publication, if a team of authors participated in writing the book, data on the number of volumes, the name of the city and publishing house in which the work was published, the year of publication, the number of pages are indicated.

Essay topics

1. Comparative analysis of healthcare systems in the system of market relations.
2. Medico-legal problems of health care reform.

3. Health as an international legal category.
4. International medical law.
5. General characteristics of the health care system as a system.
6. Alma-Ata conference in 1978. Its meaning.
7. WHO - history of origin.
8. WHO - tasks, functions.
9. Comparison of the healthcare system in Great Britain and Russia.
10. Comparison of the healthcare system in the US and Russia.
11. Health system of North Korea.
12. French healthcare system.
13. The Danish health care system.
14. Approaches to the classification of health care systems.

V. EDUCATIONAL AND METHODOLOGICAL PROVISION OF STUDENTS' INDEPENDENT WORK

Independent work is defined as an individual or collective learning activity carried out without the direct guidance of a teacher, but according to his instructions and under his control. Independent work is a cognitive learning activity, when the sequence of a student's thinking, his mental and practical operations and actions depends and is determined by the student himself.

Independent work of students contributes to the development of independence, responsibility and organization, a creative approach to solving problems at the educational and professional levels, which ultimately leads to the development of the skill of independent planning and implementation of activities.

The purpose of independent work of students is to master the necessary competencies in their field of study, experience in creative and research activities.

Forms of independent work of students:

- work with basic and additional literature, Internet resources;
- self-acquaintance with the lecture material presented on electronic media in the library of an educational institution;
- preparation of abstract reviews of sources of periodicals, reference notes, predetermined by the teacher;
- search for information on the topic with its subsequent presentation to the audience in the form of a report, presentations;
- preparation for the implementation of classroom control work;
- performance of home control works;
- performance of test tasks, problem solving;

- drawing up crossword puzzles, schemes;
- preparation of reports for presentation at a seminar, conference;
- filling out a workbook;
- essay writing, term paper;
- preparation for business and role-playing games;
- compiling a resume;
- preparation for tests and exams;
- other kinds activities, organized And carried out educational institution and student self-government bodies.

VI. CONTROL OF ACHIEVEMENTS OF THE GOALS OF THE COURSE

| No. p / p | Controlled modules / sections / topics of the discipline | Codes and stages of formation of competencies | | Appraisal tools - name | |
|-----------|--|---|---|------------------------|----------------------------|
| | | | | current control | intermediate certification |
| 1 | Section 1 Health care in foreign countries Section 2 International cooperation in the field of health | PC-3.1; PC-3.2; PC-3.3; PC-6.1; PC-6.2; PC-6.3 | Knows the basics of planning and organizing measures to ensure the protection of public health, including drug supply; readinessproperly draw up official medical documents, take measures to ensure the protection of public health, including at the international level | interview | Exam Questions 1-51 |
| | | | | tests | |
| | | | | presentation | |

VII. EDUCATIONAL AND METHODOLOGICAL SUPPORT OF DISCIPLINE

Main literature

1. Law basics. Legal support of medical activity: a textbook for secondary medical schools / O. V. Leontiev, S. F. Bagnenko, A. O. Lyadov, I. Zh. Iskakov. - St. Petersburg. : SpecLit, 2009. - 142 p. Access mode:

<http://www.studentlibrary.ru/book/ISBN9785299003925.html>

2. Lisitsin Yu.P., Ulumbekova G.E. Public health and healthcare. - GEOTAR-Media. - 2013. - 544 p. Access mode:<http://www.studentlibrary.ru/book/ISBN9785970426548.html>
3. Petrov V.I., Nedogoda S.V. Evidence-based medicine GEOTAR-Media. - 2012. - 144 p. Access mode:<http://www.studentlibrary.ru/book/ISBN9785970423219.html>
4. Health Economics: a textbook. 2nd ed. / Ed. A.V. Reshetnikov. - M.: GEOTAR-Media, 2010. - 272 p. Access mode:<http://www.studmedlib.ru/book/ISBN9785970416044.html>

additional literature

1. Alexandrova O.Yu., Ushakova N.V., Kadyrov F.N., Gabueva L.A. Legal foundations of Russian health care. Institutional model Publishing house "Delo" RANEPa 2012 - 296 p.
2. Burago V.A., Burago T.V. Statistical methods of medical and environmental mapping / Vladivostok: Publishing House of the Far Eastern State University of Economics, 2003. 244 s
3. Gleckler M., Debus M., Heine R., Gierke M. Ethical issues of medicine. Conscience. Community education. The path of healing. Per. Akulenko I., Rykina / M. Gleckler, M. Debus, R. Heine, M. Gierke. - M. : Demetra, 2010. 224 p.
4. Egorov, E.V. Comparative analysis of health care systems. Proc. Allowance / E.V. Egorov. – M.: Economist, 2008. – 205 p.
5. Leonard Berry, Kent Seltman Mayo Clinic Management Practice. Lessons from the best service organization in the world Mann, Ivanov and Ferber. – 2013 – 400 p.
6. Comparative analysis of health care systems. Textbook for universities, ed. A.V. Reshetnikova GEOTAR Media - 2007. - 272 p.
7. Federal Law "Fundamentals of the legislation of the Russian Federation on the protection of the health of citizens" N 323-FZ of November 9, 2011 (as amended by Federal Laws of 06/25/2012 N 89-FZ, of 06/25/2012 N 93-FZ).
8. Economic and social problems of Russia collection of scientific papers Russian Academy of Sciences, Institute of Scientific Information on Social Sciences; ed. count : N. A. Makasheva (prev.) and others; ed.-st. S. S. Kostyaev. - 2011. - 155 p.
9. Elias Mossialos, Sarah Thompson Voluntary Health Insurance in the European Union - Worldwide. - 2006. - 224 p.
10. Healthcare: state failure. Journal of The Institute of Economic Affairs Volume 28 No 4 December 2008

11. Alekseev V.A., Borisov K.N. Review of health care systems in the countries of the world. International Health/2011 <http://rosmedportal.com>
12. Alekseev V.A., Borisov K.N. Paradoxes in assessing Canada's healthcare system: public dissatisfaction with the system and a panegyric on official statistics <http://health-ua.com/articles/1668.html> 2011.
13. Vartanyan F.E., Alekseev V.A., Borisov K.N., Migliorini L. et al. International Health, - M, - 2012, p. 8-240
14. Vartanyan F.E., Alekseev V.A., Shurandina I.S. Peculiarities of continuing professional education of healthcare organizers.// Continuous professional education in healthcare. M., 2005. pp. 74–283
15. World Development Indicators: Health systems <http://wdi.worldbank.org/table/2.15#>
16. World Development Indicators: Incidence of tuberculosis (per 100,000 people) <http://data.worldbank.org/indicator/SH.TBS.INCD/countries?display=default>
17. World Development Indicators: Mortality <http://wdi.worldbank.org/table/2.21#>
18. Edward W. Champion, MD, and Stephen Morrissey, Ph.D. A Different Model - Medical Care in Cuba N Engl J Med 2013; 368:297-299 January 24, 2013 DOI: 10.1056/NEJMp1215226 <http://www.nejm.org/doi/full/10.1056/NEJMp1215226>
19. Health Insurance: General Characteristics <http://www.pacificprime.com/country/>
20. Nicholas D. K Healthcare? Ask Cuba Published: January 12, 2005 http://www.nytimes.com/2005/01/12/opinion/12kris.html?_r=0
21. Peter Lind Failure of American Health Care ("The Collapse of American Healthcare") <http://communities.washingtontimes.com/neighborhood/stress-and-health-dr-lind/2012/nov/4/failure-american-health-care/>
22. Tara Weiss Reasons Not To Become A Doctor // Reasons Not To Become A Doctor (English) http://www.forbes.com/2008/05/05/physicians-training-prospects-lead-careers-cx_tw_0505doctors.html
23. UNESCO Santiago offered a workshop on health literacy in Cuba 22.04.2014 - UNESCO Office in Santiago http://www.unesco.org/new/en/member-states/single-view/news/alfabetizacion_en_salud_la_unesco_santiago_imparte_taller_en_cuba/#.U5rISPI_uCk

24. WHO praises Cuba's health care system
http://news.xinhuanet.com/english/health/2012-03/28/c_131493136.htm
25. Alex K. The health care system in Cuba <http://cyberland.ws/687-sistema-zdravookhraneniya-na-kube.html>
26. Alekseev V.A., Borisov K.N., Rozhetskaya S.V. To the head of the hospital / International Health / Volume 2 2011 / US health problems and ongoing reform
http://www.rosmedportal.com/index.php?option=com_content&view=article&id=1410:2011-10-11-21-28-46&catid=25:the-project
27. WHO: Cuba is the country with the best medical system in the world
Newsland 31.03.2012 <http://newsland.com/news/detail/id/927198/>
28. Global Health Observatory data warehouse
<http://apps.who.int/gho/data/node.main.75?lang=en>
29. National Health Expenditure Data (USA), according to Ministry of Health// National Health Expenditure Data (US) from United States Department of Health and Human Services (CMS)
http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/index.html?redirect=/NationalHealthExpendData/01_Overview.asp
30. John Waller Cuba - health for all <http://latinos.by.ru/cuba/index.html>
31. Efimova M. Healing America. History of the health care system in the United States <http://www.svoboda.org/content/transcript/1882910.html>
32. Healthcare of Cuba (based on materials from health-ua.com) http://kpu-ch.com/news/zdravookhranenie_kuby/2012-05-24-841
33. Cancidailo T. Cuban health care: an example for many countries <http://health-ua.com/articles/3692.html>
34. Kiperavas I. American medicine: pros and cons
[http://www.rusamny.com/357/t04\(357\).htm](http://www.rusamny.com/357/t04(357).htm)
35. Kozlov K. United States: health care reform at a glance Sberbank of Russia 2010 http://www.sbrf.ru/common/img/uploaded/files/pdf/press_center/Review_us_health_reform.pdf
36. Medical record <http://medkarta.com/?cat=new&id=4121&s=0>
37. National Center for Health Statistics // National Center for Health Statistics <http://www.cdc.gov/nchs/>
38. United States Profile Online World Health Organization// United States profile from the World Health Organization <http://www.who.int/countries/usa/en/>
39. World Health Organization website
<http://www.who.int/ru/>

40. Secrets of Cuban medicine. Why does a poor country treat its citizens better than Russia? Arguments and Facts No. 38 (1195)http://gazeta.aif.ru/_online/aif/1195/15_01

41. Tanner M "Comparative analysis of health systems in different countries"<http://polit.ru/article/2010/05/31/healthcare/>

42. Financing health systems. The path to universal health coverage. World health report - 2010. - 106. p.http://www.who.int/whr/2010/whr10_en.pdf?ua=1

43. Social Insurance Fund of the Russian Federation - <http://www.fss.ru/ru/>

44. Medical Law Center

<http://pravo-med.ru/>

45. Shvedova N.US health care (an economist's point of view)
<http://www.narcom.ru/publ/info/574>

46. Epidemic of modern medicine
<http://www.pubhealth.spb.ru/Illich/NemesisEpid.htm>

VIII. METHODOLOGICAL INSTRUCTIONS FOR MASTERING THE DISCIPLINE

The theoretical part of the discipline “Healthcare in foreign countries. International cooperation in the field of health” is revealed at lectures, since the lecture is the main form of education, where the teacher gives the basic concepts of the discipline.

The sequence of presenting the material in lectures is aimed at forming an indicative basis for students to subsequently master the material during independent work.

Practical classes of the course are held in all sections of the curriculum. Practical work is aimed at developing students' skills of independent research work. During practical classes, the master performs a set of tasks that allows you to consolidate the lecture material on the topic under study.

Active consolidation of theoretical knowledge is facilitated by the discussion of problematic aspects of the discipline in the form of a seminar and classes using active learning methods. At the same time, the development of skills of independent research activity in the process of working with scientific literature, periodicals, the formation of the ability to reasonably defend one's point of view, listen to others, answer questions, and lead a discussion take place.

When writing essays, it is recommended to independently find literature for it. The abstract reveals the content of the problem under study. Working on an essay helps to deepen the understanding of individual issues of the course, form

and defend one's point of view, acquire and improve the skills of independent creative work, and conduct active cognitive work.

An interview and a survey are conducted to conduct ongoing monitoring and intermediate certification.

IX. LOGISTICS AND TECHNICAL SUPPORT OF THE DISCIPLINE

The material and technical support for the implementation of the discipline includes classrooms for lectures and practical classes, equipped with multimedia support and corresponding to sanitary and contrary rules and regulations.

| Name of equipped premises and premises for independent work | List of main equipment |
|--|---|
| 690922, Primorsky Territory, Vladivostok, Russian Island, Saperny Peninsula, Ayaks village, 10, School of Biomedicine, room M 422, area 158.6 m ² | Multimedia Audience: Motorized Screen 236*147cm Trim Screen Line; Projector DLP, 3000 ANSI Lm, WXGA 1280x800, 2000:1 EW330U Mitsubishi; document camera CP355AF Avervision, video camera MP-HD718 Multipix; Subsystem of specialized equipment fastenings CORSA-2007 Tuarex; Video switching subsystem: Audio switching and sound amplification subsystem: power amplifier, wireless LAN based on 802.11a/b/g/n 2x2 MIMO(2SS) access points. |
| 690922, Primorsky Territory, Vladivostok, Russian Island, Saperny Peninsula, Ayaks village, 10, School of Biomedicine, room M 419, area 74.9 m ² | Multimedia Audience: Motorized Screen 236*147cm Trim Screen Line; Projector DLP, 3000 ANSI Lm, WXGA 1280x800, 2000:1 EW330U Mitsubishi; document camera CP355AF Avervision, video camera MP-HD718 Multipix; Subsystem of specialized equipment fastenings CORSA-2007 Tuarex; Video switching subsystem: Audio switching and sound amplification subsystem: power amplifier, wireless LAN based on 802.11a/b/g/n 2x2 MIMO(2SS) access points. |
| 690922, Primorsky Territory, Vladivostok, Russian Island, Saperny Peninsula, Ayaks settlement, 10, room M612, area 47.2 m ² | Computer class for 22 workplaces: HP ProOpe 400 All-in-One 19.5 (1600x900), Core i3-4150T, 4GB DDR3-1600 (1x4GB), 1TB HDD 7200 SATA, DVD+/-RW, GigEth, Wi-Fi, W, usb kbd/ mse, Win7Pro(64-bit)+Win8.1Pro(64-bit), 1-1-1 Wty (25 pcs.) |
| Reading rooms of the FEFU Scientific Library with open access to the fund (building A - level 10) | HP ProOpe 400 All-in-One 19.5 (1600x900), Core i3-4150T, 4GB DDR3-1600 (1x4GB), 1TB HDD 7200 SATA, DVD+/-RW, GigEth, Wi-Fi, BT, usb kbd/ mse, Win7Pro (64-bit)+Win8.1Pro(64-bit), 1-1-1 Wty Internet access speed 500 Mbps. Workplaces for people with disabilities are equipped with Braille displays and printers; equipped with: portable devices for reading flat-print texts, scanning and reading machines, a video enlarger with the ability to regulate color spectra; magnifying electronic loupes and ultrasonic markers |

| | |
|--|--|
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|--|--|

X. VALUATION FUND

FOS passport

in the discipline “Healthcare in foreign countries. International cooperation in the field of health»

Professional competencies of graduates and indicators of their achievement:

| Task type | Code and name of professional competence (result of development) | Code and name of the indicator of achievement of competence |
|-------------------------------|--|--|
| organizational and managerial | PC-3 The ability to organize, plan and control the activities of a structural unit of a medical organization | PC-3.1 Knows the standards of medical care PC-3.2 Knows how to assess the resources of a medical organization and implement a quality management system PC-3.3 Possesses the necessary skills for compiling reporting documentation, evaluating the activities of a healthcare institution |
| organizational and managerial | PC-6 The ability to develop plans and programs, form a system of indicators for the activities of a medical organization, evaluate the effectiveness of a medical organization, develop options for management decisions and assess the risks associated with their implementation | PC-6.1 Knows the features of the formation of a system of indicators of a medical organization PC-6.2 Is able to evaluate the effectiveness of the medical organization, taking into account the formed system of indicators PC-6.3 Has the skills to form performance indicators, evaluate their effectiveness, as well as the ability to develop management decisions with an assessment of the risks associated with their implementation |

| Code and name of the indicator of achievement of competence | Name of the assessment indicator (the result of training in the discipline) |
|--|---|
| PC-3.1 Knows the standards of medical care | Knows the standards of medical care Able to provide first aid Proficient in first aid |
| PC-3.2 Knows how to assess the resources of a medical organization and implement a quality management system | Knows the quality management system of a medical organization Knows how to evaluate the resources of a medical organization and implement a quality management system Possesses the skill of assessing the resources of a medical organization and implementing a quality management system |
| PC-3.3 Possesses the necessary skills for compiling reporting documentation, evaluating the activities of a healthcare institution | Knows the reporting documentation of the medical organization Able to prepare reporting documentation of a medical organization Possesses the necessary skills for compiling reporting |

| | |
|---|---|
| | documentation, evaluating the activities of a healthcare institution |
| PC-6.1 Knows the features of the formation of a system of indicators of a medical organization | Knows the features of the formation of a system of indicators of a medical organization Able to form and fulfill the indicators of a medical organization Possesses the skill of forming and fulfilling the indicators of a medical organization |
| PC-6.2 Is able to evaluate the effectiveness of the medical organization, taking into account the formed system of indicators | Knows the main performance indicators of a medical organization Knows how to evaluate the effectiveness of the activities of a medical organization, taking into account the formed system of indicators Possesses the skill of evaluating the effectiveness of the activities of a medical organization, taking into account the formed system of indicators |
| PC-6.3 Has the skills to form performance indicators, evaluate their effectiveness, as well as the ability to develop management decisions with an assessment of the risks associated with their implementation | Knows the main performance indicators of a medical organization Knows how to form performance indicators, evaluate their effectiveness, assess the risks associated with their implementation Possesses the skills of forming performance indicators, evaluating their effectiveness, as well as the ability to develop management decisions with an assessment of the risks associated with their implementation |

Monitoring the achievement of course goals

| No. p / p | Controlled modules / sections / topics of the discipline | Codes and stages of formation of competencies | | Appraisal tools - name | |
|-----------|--|---|--|------------------------|----------------------------|
| | | | | current control | intermediate certification |
| 1 | Section 1 Health care in foreign countries Section 2 International cooperation in the field of health | PC-3.1; PC-3.2; PC-3.3; PC-6.1; PC-6.2; PC-6.3 | Knows the basics of planning and organizing measures to ensure the protection of public health, including drug supply; readiness properly draw up official medical documents, take measures to ensure the protection of public health, including at the international level | interview | Exam Questions 1-51 |
| | | | | tests | |
| | | | | presentation | |

Competence level assessment scale

| Code and wording of competence | Stages of competence formation | | criteria | indicators | Points |
|---|---------------------------------------|--|---|--|---------------|
| PC-3 The ability to organize, plan and control the activities of a structural unit of a medical organization | knows (threshold level) | basics of planning, organization and implementation of the activities of a structural unit of a medical organization | basic knowledge of planning and control of the activities of the structural unit of the medical organization | ability to prepare the necessary documentation for planning and control of the activities of the structural unit of the medical organization | 61-70 |
| | can (advanced) | analyze and evaluate performance indicators of a structural unit of a medical organization | the ability to analyze and evaluate the performance of a structural unit of a medical organization | ability to justify evaluation criteria, organization, planning and control of the activities of a structural unit of a medical organization | 71-84 |
| | owns (high) | skills preparation of substantiation of volumes of medical care in accordance with the necessary resources in the structural unit of the medical organization | methods for substantiating the volume of medical care in a structural unit of a medical organization | ability to prepare the necessary calculations for organization, planning and control of the activities of a structural unit of a medical organization | 85-100 |
| PC-6 the ability to develop plans and programs, form a system of indicators for the activities of a medical organization, evaluate the effectiveness of a medical organization, develop options for management decisions and | knows (threshold level) | fundamentals of planning and principles of organizing and implementing measures to ensure the protection of public health, the main indicators of the activities of a medical organization | the basics of planning measures to ensure the protection of public health and is able to evaluate the effectiveness of a medical organization | application of the basics of planning measures to ensure the protection of public health, a system of indicators of the activities of a medical organization, taking into account management decisions | 65-71 |
| | can (advanced) | plan measures to ensure the protection of public health; | properly draw up official medical | realize measures to ensure the | 71-84 |

| | | | | | |
|---|-------------------------|---|--|--|--------|
| <p>assess the risks associated with their implementation PC-6 the ability to develop plans and programs, form a system of indicators for the activities of a medical organization, evaluate the effectiveness of a medical organization, develop options for management decisions and assess the risks associated with their implementation</p> | | <p>develop plans and programs, form a system of indicators for the activities of a medical organization</p> | <p>documents, maintain primary medical records, develop options for management decisions and assess the risks associated with their implementation</p> | <p>protection of public health, form a system of indicators of the activities of a medical organization, evaluate the effectiveness of the activities of a medical organization</p> | |
| | owns (high) | <p>skills in planning, organizing and implementing measures to ensure the protection of public health</p> | <p>skills in preparing a rationale for the volume of medical care in accordance with the resources of a medical organization and the needs of the population</p> | <p>justification of the volume of medical care in accordance with the resources of the medical organization and the needs of the population, options for management decisions and risk assessment associated with their implementation</p> | 85-100 |
| | knows (threshold level) | <p>fundamentals of planning and principles of organizing and implementing measures to ensure the protection of public health, the main indicators of the activities of a medical organization</p> | <p>the basics of planning measures to ensure the protection of public health and is able to evaluate the effectiveness of a medical organization</p> | <p>application of the basics of planning measures to ensure the protection of public health, a system of indicators of the activities of a medical organization, taking into account management decisions</p> | 65-71 |

I. Evaluation tools for intermediate certification

Intermediate certification includes the student's answer to the exam questions.

Exam questions

1. The emergence and development of social (public) medicine in Russia.
 2. The emergence and development of social (public) medicine in foreign countries.
 3. Foreign experience in organizing medical care (Germany, Great Britain).
 4. The system of insurance medicine in the United States and the budgetary insurance system of Canada.
 5. Health system in Belgium and Sweden
 6. Organization of healthcare in Japan and China.
 7. Medical information systems: classification, functions, use in the work of medical institutions.
 8. Marketing in health care: basic concepts. Classification of medical services. Market of medical services.
 9. Payment of labor of medical workers in Russia and in foreign countries. Forms of pay.
 10. Pricing in healthcare. The main groups of prices for medical services. The cost of medical services
 11. Concept for the development of the healthcare system in the Russian Federation until 2020
 12. Three main forms of the healthcare system in the Russian Federation and abroad.
 13. Medical personnel. Provision of medical personnel.
 14. The system of training medical personnel in Russia.
 15. General practitioner and his role in [medical system](#) help.
 16. Peculiarities of training of leading health personnel.
 17. Features of the training of medical personnel in foreign countries.
 18. International cooperation in the field of personnel policy.
 19. The main directions of improving the personnel policy of health care in Russia.
 20. Health care planning in the Russian Federation and abroad.
 21. Health economics.
 22. Financing of healthcare in terms of medical insurance in Russia.
 23. Financing of health care in terms of medical insurance abroad.
 24. Drug assistance to the population of the Russian Federation.
- Normative-legal base for the circulation of medicines.
25. Drug assistance to the population of foreign countries. Normative-legal base for the circulation of medicines.

26. The procedure for preferential and free provision of the population with outpatient treatment. The procedure for writing prescriptions for medicines on preferential terms.

27. The procedure for the acquisition of medicines at the expense of citizens' own funds.

28. Legal basis for the circulation of narcotic drugs and psychotropic substances.

29. Accounting, storage, prescription and use of narcotic drugs and psychotropic substances in hospitals and outpatient clinics.

30. Improving the health of the population. Modern problems of prevention in the Russian Federation and abroad.

31. Medico-social aspects of the lifestyle of the population. The main risk factors of lifestyle and their medical and social significance in the Russian Federation and abroad.

32. Prevention and its main types.

33. Participation of public organizations in the protection of public health.

34. Health care in foreign countries. International cooperation in the field of health.

35. Public health system.

36. Health insurance system.

37. Private enterprise health care system.

38. The main directions of reforming health care systems in the countries of Central and Eastern Europe.

39. Organization of health care in developing countries.

40. International cooperation in the field of health. World Health Organization.

Test questions

1. The World Health Organization lists the factors affecting health:

- a) income and social status;
- b) social support: family, friends and environment;
- c) education;
- d) profession and working conditions;
- e) natural environment;
- e) personal hygiene and self-care;
- g) genetic inheritance;
- g) the level of medical care in the region of residence.

2. Who funds the healthcare system in Canada

- financed through local taxes

- financed through government income taxes
- funded by employers
- financing is carried out through the acquisition of insurance policies
- health care in Canada is paid

3. Who finances the healthcare system in Cuba

- financed through local taxes
- financed through government income taxes
- funded by employers
- financing is carried out through the acquisition of insurance policies
- health care in Cuba is paid

4. Who funds the US healthcare system

- financed through local taxes
- financed through government income taxes
- funded by employers
- financing is carried out through the acquisition of insurance policies
- health care in the USA is paid

5. Who funds the UK healthcare system

- financed through local taxes
- financed through government income taxes
- funded by employers
- financing is carried out through the acquisition of insurance policies
- health care in the UK is paid

6. Who funds the South Korean healthcare system

- financed through local taxes
- financed through government income taxes
- funded by employers
- financing is carried out through the acquisition of insurance policies
- health care in South Korea is paid

7 Who Funds North Korea's Healthcare System

- financed through local taxes
- financed through government income taxes
- funded by employers
- financing is carried out through the acquisition of insurance policies
- health care in North Korea is paid

8. Who funds the Japanese healthcare system

- financed through local taxes
- financed through government income taxes
- funded by employers

- financing is carried out through the acquisition of insurance policies
- health care in Japan is paid

9. Which country had the best healthcare system in the world in 1978

- In Canada
- in Cuba
- in USA
- In Great Britain
- in Japan
- in Russia

10. In which country was the healthcare system recognized as the best in the world in 2012

- In Canada
- in Cuba
- in USA
- In Great Britain
- in Japan
- in Russia

11. In which country did the formulary system originate?

- In Canada
- in Cuba
- in USA
- In Great Britain
- in Japan
- in Russia

12. What does the Canadian Health Act guarantee?

- the health of all citizens and permanent residents of Canada is insured by the state.

- every resident of Canada has the right to health care by institutions and healthcare workers of the country

The healthcare system in Canada is managed by government representatives and elected officials.

- Health care costs are paid from taxes collected from the population.
- Representatives report to the people of Canada.
- immigrants with a residence permit and conventional refugees are not eligible for medical care

13. The Canada Public Health Act was passed into law.

- in 1947
- in 1984

-in 2005

-in 2013

14. The United States leads the way in

- the level and effectiveness of scientific research

-life expectancy

- morbidity

- the number of Nobel laureates in the field of medicine

-provision with the most modern medical equipment

15. In 2000, the United States ranked in terms of the level of health of citizens

-56th place in the world

-1st place in the world

-2nd place in the world

72nd in the world

16. Does the US guarantee universal and comprehensive health insurance for its citizens

-Yes

-No

- USA does not work under health insurance programs

17. According to a 2009 Harvard study, lack of health insurance in the United States is responsible for about

- 45 thousand additional deaths per year

- 14 thousand additional deaths per year

- 78 thousand additional deaths per year

- there is no health insurance in the USA, medical care is funded by the state

18. The functions of the US Department of Health include

- control over the medical system and the implementation of social programs

- control over medical science

- monitoring the health situation

- control over the provision of medical care to all US citizens

19. US medicine operates at the following levels

-primary health care

- family medicine

-hospital care

- high-tech assistance

-public health

20. Does the United States have a single centralized health administration

- yes, its functions are performed by the US Department of Health
- yes, its functions are performed by a department of the US Government
- there is no unified centralized management

21. What types of hospitals are there in the USA

- state
- municipal
- private profitable
- private "non-profit"

22. Medicaid in the United States provides the following services

- inpatient and outpatient treatment
- consultations of surgeons
- consultations of ophthalmologists
- stay in nursing homes
- laboratory diagnostics
- X-ray methods of research

23. Duration of Residency for a Cardiac Surgeon in the USA

- 4 years
- 6 years
- 8 years
- 2 years

24. The duration of residency in the United States is

- 2 years
- 3 years
- 4 years
- 5 years

25. According to the US Department of Health, by 2017, medical expenses will amount to

- 15.5% of GDP
- 11% of GDP
- 17.5% of GDP
- 19.5% of GDP

26. What types of insurance are provided by US employers

- "fee for services"
- "managed services"
- "all inclusive"

27. What is the minimum cost of health insurance for 1 month in the USA

- 50 dollars
- 130 dollars
- 150 dollars
- 300 dollars

28. Which of the US presidents created programs Medicare and Medicaid?

- Johnson
- Truman
- Carter
- Reagan
- Obama

29. Longest Lifespan

- in USA
- In Canada
- in Russia

30. What is Canada's main health problem?

- poor quality of medical care
- long waiting lines
- high prices for medical services
- shortage of doctors
- shortage of nurses
- low salaries of doctors
- paid physiotherapy treatment

31. Canadian health law

- prohibits the provision of paid medical services
- allows the provision of paid medical services
- allows the provision of paid medical services that are not provided for in municipal health plans

32. Hospitals in Canada are mostly

- private
- state
- municipal

33. Which country has the highest availability of doctors

- in USA
- In Great Britain
- in France

-in Russia

34. Which country has the highest availability of nurses

-in USA

-In Great Britain

-in France

-in Russia

35 Smokes in Canada

-15% of the population

-18% of the population

- 23% of the population

-26.5% of the population

36. Cuban health spending in 2012 was

- 8.2% of GDP

- 12% of GDP

- 4.3% of GDP

-4.5% of GDP

-8.6% of GDP

37. What is the main public health problem in Cuba?

- poor quality of medical care

- long waiting lines

- high prices for medical services

- shortage of doctors

- shortage of nurses

- low salaries of doctors

- paid physiotherapy treatment

Test task on the topic "International experience in the organization and management of healthcare"

001. There are the following number of healthcare models in the world:

a) 3

b) 2

+c) 4

d) 6

e) 8

002. Infant mortality is the lowest:

a) in the USA

b) in Sweden

c) in the UK

+d) in Japan

e) in Canada

003.The most effective use of the bed fund:

+ a) in the USA

b) in Japan

c) in the UK

d) in Germany

e) in Denmark

004. Highest health spending per capita in Europe

a) in Belgium

+ b) in France

c) in Germany

d) in the UK

e) in Russia

005. The public health model works

a) in Belgium

b) in Germany

c) in Japan

d) in Holland

+ e) in the UK

006. Radical public health reform most pronounced

but in Russia

b) in Denmark

c) in Finland

d) in the USA

+ e) in the UK

007. Primary health care as a global program launched

a) USA

b) Great Britain

c) WHO

+d) Russia

e) China

008. Family doctors are the most common

but in Russia

b) in Finland

c) in the USA

+d) in the UK

e) in Japan

009. The share of public subsidies in health care financing is the highest (specify 2 countries)

a) USA, France

b) in Italy, Denmark

+c) in Sweden, Russia

010. Healthcare is as decentralized as possible

a) in the UK

b) in Japan

c) in Russia

d) in Australia

+ e) in the USA

011. WHO is:

a) private, not commercial

b) non-governmental

+ c) government

d) philanthropic

e) commercial

012. The largest contributor to WHO's regular budget is

a) Japan

b) Germany

+ c) USA

d) Saudi Arabia

e) Iran

013. An important achievement of WHO in the world is:

a) malaria eradication

b) eradication of poliomyelitis

+ c) eradication of smallpox

d) elimination of cholera

e) elimination of the plague

014. Not a priority for WHO in modern conditions

+a) direct financial support for national programs

b) collection and dissemination of information and provision of expert advice

c) development of international classifications, standards, regulations, rules

015. WHO exists

a) 10 years

- b) 30 years old
- + c) more than 50 years

016. WHO brings together

- a) 28 countries
- b) 100 countries
- + c) about 200 countries

017. Russia as the assignee of WHO is included

- A) to the WHO Eastern Mediterranean Region
- b) to the WHO African Region
- c) WHO Region of the Americas
- d) to the region of Southeast Asia
- + e) to the European Region
- e) to the Western Pacific region

018. The fundamental purpose of WHO, as enshrined in its Constitution, is

- a) disease control
- + b) the achievement by all peoples of the possibility of a higher level of health
- c) improving health services

019. The functions of WHO do not include

- a) act as the governing and coordinating authority in the field of international health
- b) encourage and develop disease control and medical research
- c) provide technical assistance to governments upon their request
- +d) make decisions binding on its member states
- e) develop and disseminate international standards

020. The main social goal of WHO and its Member States - health for all means

- a) deliverance of mankind from all diseases
- +b) providing the entire population with access to medical care and reducing the gap in the health status of the population of different countries

021. WHO planned to minimize the prevalence of the following diseases by 2001

- +a) neonatal tetanus, leprosy, measles
- b) ischemic heart disease
- c) flu

022. The European regional targets for health for all stipulate that 2000, there should be no local cases in the region, except

- a) poliomyelitis
- b) diphtheria
- c) neonatal tetanus
- + d) hepatitis
- e) mumps
- e) rubella
- g) measles

023. The WHO Regional Organization for Europe has set a target for life expectancy at birth by 2010 to be at least

- a) 70 years old
- + b) 75 years old
- c) 80 years old

024. World Health Day, established by WHO, is celebrated annually

- a) January 1
- b) May 30
- + c) April 7