



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

AGREED  
Head of the EP

(Signed)

December 6, 2022



Y.S. Khotimchenko  
(Name)

CLAIM

Director of the Department of Pharmacy and Pharmacology

(Signed)

December 6, 2022

E.V. Khozhaenko  
(Surname)

**CURRICULUM OF THE ACADEMIC DISCIPLINE**

Healthcare in foreign countries. International cooperation in the field of health

Area of study 32.04.01 "Public Health"

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

Form of training: full-time

Course 2 Semester 3

Lectures 6 p.m.

Practical training 36 hours

The total hours of classroom load are 54 hours.

Self-study 90 hours.

including 27 hours of exam preparation.

Exam Semester 3

The work program is drawn up in accordance with the requirements of the Federal State Educational Standard for the field of training 32.04.01 Public Health, approved by the order of the Ministry of Education and Science of the Russian Federation dated 31.05.2017 No. 485.

The work program was discussed at the meeting of the Department of Pharmacy and Pharmacology, minutes No. 4 dated December 6, 2022.

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

Back of the title page of the RPD

1. The work program was revised at a meeting of the Department/Department/Division (implementing the discipline) and approved at a meeting of the Department/Department/Division (Graduating Structural Unit), minutes dated " \_\_\_\_ " \_\_\_\_\_ 2022. № \_\_\_\_\_

2. The work program was revised at the meeting of the Department/Department/Division (implementing the discipline) and approved at the meeting of the Department/Department/Division (Graduating Structural Unit), Minutes dated " \_\_\_\_ " \_\_\_\_\_ 2022. № \_\_\_\_\_

3. The work program was revised at a meeting of the Department/Department/Division (implementing the discipline) and approved at a meeting of the Department/Department/Division (graduating structural unit), minutes dated " \_\_\_\_ " \_\_\_\_\_ 2022. № \_\_\_\_\_

4. The work program was revised at the meeting of the Department/Department/Division (implementing the discipline) and approved at the meeting of the Department/Department/Division (Graduating Structural Unit), Minutes dated " \_\_\_\_ " \_\_\_\_\_ 2022. № \_\_\_\_\_

5. The work program was revised at the meeting of the Department/Department/Division (implementing the discipline) and approved at the meeting of the Department/Department/Division (graduating structural unit), minutes dated " \_\_\_\_ " \_\_\_\_\_ 2022. № \_\_\_\_\_

## I. Goals and objectives of mastering the discipline:

### Purpose:

To form a holistic theoretical view of the health care system, including health care in foreign countries, to reveal the key problems of modern legislation and practice in the field of health care at the present stage in the Russian Federation and abroad.

### Tasks:

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

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

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

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

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

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

7. Introduction of an invariant approach to teaching, the use of algorithms in the classroom in order to apply them in the future 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 mastering)	Code and name of the competency indicator
Organizational and managerial	PC-3 Ability to organize, plan and control the activities of a structural unit of a medical organization	PC-3.1 Knows Standards of Care PC-3.2 Is able to assess the resources of a medical organization and implement a quality management system PC-3.3 Possesses the necessary skills in the preparation of reporting documentation, assessment of the activities of a health care institution
Organizational and managerial	PC-6 Ability to develop plans and programs, form a system of indicators for the activities of a medical organization, assess the effectiveness of the activities of a medical organization, develop options for management decisions and assess the risks associated with their implementation	PC-6.1 Knows the peculiarities of the formation of the system of indicators of a medical organization PC-6.2 Is able to assess the effectiveness of the activities of a medical organization, taking into account the formed system of indicators PC-6.3 Possesses the skills of forming performance indicators, assessing 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 competency indicator	Name of the assessment indicator (the result of learning in the discipline)
PC-3.1 Knows Standards of Care	Knows the standards of medical care Knows how to provide first aid Proficient in first aid
PC-3.2 Is able to assess the resources of a medical organization and implement a quality management system	Knows the quality management system of a medical organization Is able to assess the resources of a medical organization and implement a quality management system Proficient in assessing the resources of a medical organization and implementing a quality management system
PC-3.3 Possesses the necessary skills in the preparation of reporting documentation, assessment of the activities of a health care institution	Knows the reporting documentation of the medical organization Is able to prepare reporting documentation for a medical organization Possesses the necessary skills for the preparation of reporting documentation, assessment of the activities of a health care institution
PC-6.1 Knows the peculiarities of the formation of the system of indicators of a medical organization	Knows the specifics of the formation of the 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 assess the effectiveness of the activities of a medical organization, taking into	Knows the main performance indicators of a medical organization

account the formed system of indicators	Is able to assess the effectiveness of a medical organization, taking into account the formed system of indicators Possesses the skill of assessing the effectiveness of the activities of a medical organization, taking into account the formed system of indicators
PC-6.3 Possesses the skills of forming performance indicators, assessing 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 Is able to generate performance indicators, assess their effectiveness, and assess the risks associated with their implementation Possesses the skills of forming performance indicators, assessing their effectiveness, as well as the ability to develop management decisions with an assessment of the risks associated with their implementation

**II. Labor intensity of the discipline and types of training in the discipline**  
The total labor intensity of the discipline is 4 credits (144 academic hours).

Designation	Types of Study Sessions and Student Work
Lek	Lecture
Lek electr.	
Ave	Practical exercises
Pr electr.	
WED:	Student's independent work 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

**Structure of the discipline:**

**Form of study – full-time**

№	Section Name Discipline	Se me ster	Number of hours by type of training and work of the student						Forms of intermediate attestation	
			Lek	Lab	Ave	OK	WE D	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, Developmental Features (2 hours)

Topic 3. United States Health System (2 hours)

Topic 4. Canada's Health Care System, Basic Principles of Health Care (2 hours)

Topic 5. Cuba's Health Care System, Priorities in Providing Medical Care to the Population (2 hours)

Topic 6. The health care system of Great Britain, the peculiarities of the organization of the activities of a general practitioner (2 hours)

Topic 7. Health System of the People's Republic of China and Korea (Advantages and Differences) (2 hours)

Topic 8. Japan's Health Care System, Insurance System (2 hours)

Topic 9. International cooperation in the field of health care. International Medical Organizations (2 hours)

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

Practical training (36 hours), including 10 hours with the use of MAO

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

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

**Class 2. Healthcare in the Russian Federation. Public Health Care System in the Russian Federation (4 hours)**

Healthcare in the Russian Federation. The system of public health protection 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.

**Class 3. U.S. Health System (4 hours)**

Structure of the U.S. health care system. Government programs. U.S. doctors. Medical expenses. Medical insurance. U.S. health care reform during Barack Obama's presidency. Organizational and legal foundations of certification in the Russian Federation and abroad. Approach and ways to solve the problem of quality in the United States.

**Class 4. Canada Health System (4 hours)**

History. Structure of the medical service. Private Medicine. Rationing and control in health care. Medical staff. Financing and payment system. The essence of the concept of quality management (closed loop control). The role of health care providers and management in the quality assurance process.

**Class 5. Cuba's Health System (4 hours)**

The Cuban healthcare system is the best in the world. Institute of Family Physicians. Medical education in Cuba. Preventive orientation of Cuban medicine. Problems of health care in Cuba. Prerequisites for the advantages of the Cuban model of health care.

**Class 6. UK Healthcare System (4 hours)**

History. Structure of the medical service. Private medicine. Rationing and control in health care. Medical personnel. Financing and payment system. Similarities and differences between the healthcare systems of the UK and Russia. Specifics of the British Quality Management System.

**Class 7. Healthcare System of China and North Korea (4 hours)**

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

**Class 8. Japan's Health System (4 hours)**

Insurance system in Japan. Features of the Japanese health care system. Japan's Health Care and Technological Progress. Distinctive features of the integrated approach to the organization of quality management in Japan.

**Class 9. Tasks of the International Organization for Standardization (ISO) (4 hours).**

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

Schedule of independent work in the discipline

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

<b>№ p/n</b>	<b>Due Date/Deadlines</b>	<b>Type of independent work</b>	<b>Approximate time limits for execution</b>	<b>Form of control</b>
1	Week 1-6	Preparation of abstracts	30	Protection
2	Week 7- 12	Preparing a presentation	33	Protection
3	Week 13-18	Exam Preparation	27	Exam

Students' independent work consists of preparing for practical classes, working on recommended literature, writing reports on the topic of the seminar, preparing presentations and essays.

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

#### **List of Types of Student's Independent Work**

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 a discussion constitute the content of the student's independent work. Lecture notes, professional literature, educational and methodological support of the discipline can become material for preparation. Forms of current control: survey, group discussion, control tasks, presentation of the report.

One of the necessary components of successful completion 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 Evaluating Students' Independent Work**

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

The answer to independent tasks, in which the material is presented systematically, logically and consistently, is graded as "excellent".

A "good" assessment presupposes knowledge of the material and the ability to draw independent conclusions, comment on the material presented; A response with minor flaws.



"Satisfactory" is the assessment of the assimilation of the material when the student has not studied some sections deeply enough, allows unclear formulations, gives incomplete answers.

"Unsatisfactory" is given in the case when the student does not know a significant part of the educational material, makes significant mistakes; Knowledge is haphazard.

### **Guidelines for writing and formatting an abstract**

An essay is a creative activity of a Master's student, which reproduces in its structure research activities to solve theoretical and applied problems in a certain branch of scientific knowledge. For this reason, coursework is the most important component of the educational process in higher education.

An essay, 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 research can 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 a report 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 the supervisor and involves the acquisition of skills in building business cooperation based on the ethical standards of scientific activity. Purposefulness, initiative, disinterested cognitive interest, responsibility for the results of one's actions, conscientiousness, competence are the personal qualities that characterize the subject of research activities that correspond to the ideals and norms of modern science.

An essay is an independent educational and research activity of a master's student, a graduate student and a job seeker. The supervisor provides advisory assistance and evaluates the process and results of the activities. He provides an approximate topic of abstract work, clarifies the problem and 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 review at least ten days before the defense.

Traditionally, there is a certain structure of the abstract, the main elements of which, in the order of their arrangement, are the following:

1. Title page.
2. Task.
3. Table of Contents.
4. List of symbols, symbols and terms (if necessary).

5. Introduction.
6. Main part.
7. Conclusion.
8. References.
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 brief as possible and fully correspond to its content.

The table of contents (contents) 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 the 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 significant difficulties. However, it is the high-quality introduction that is the key to understanding the entire work, testifying to the professionalism of the author.

Thus, the introduction is a very important part of the abstract. The introduction should begin with a justification of the relevance of the chosen topic. When applied to an abstract, the concept of "relevance" has one peculiarity. How the author of the essay is able 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 training.

In addition, in the introduction, it is necessary to identify the methodological base of the abstract, 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 familiarity with specialized literature, his ability to systematize sources, critically consider them, highlight the essential, and 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, the purpose and objectives, and the chronological framework of the study.

The introduction concludes with a statement of general conclusions about the scientific and practical significance of the topic, the degree of its study and provision with 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 provided as an argument and to illustrate the proposed provisions. The author needs to demonstrate 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 conditioned by the logic of the research, which is in the form of a synthesis of the scientific information accumulated in the main part. This synthesis is a consistent, logically harmonious presentation of the results obtained and their correlation 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 the theoretical materials.

So, the Abstract Conclusion should contain: a) the conclusions of the study; 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 the references. This list is one of the essential parts of the abstract and reflects the independent creative work of the author of the abstract.

A list of the sources used is placed at the end of the work. It is drawn up either in alphabetical order (by the author's surname 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 the writing of 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.

### **Abstract Topics**

1. Comparative analysis of health care 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 significance.
7. WHO – history of origin.
8. WHO - tasks, functions.
9. Comparison of the healthcare system of the UK and Russia.
10. Comparison of the U.S. and Russian healthcare systems.
11. North Korea's health care system.
12. Healthcare system in France.

13. Denmark's healthcare system.
14. Approaches to the classification of health systems.

## **V. EDUCATIONAL AND METHODOLOGICAL SUPPORT OF STUDENTS' INDEPENDENT WORK**

Independent work is defined as individual or collective learning activities carried out without the direct supervision of the teacher, but according to his tasks and under his supervision. Independent work is a cognitive learning activity, when the sequence of the 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 students' independent work is to acquire the necessary competencies in their field of training, experience in creative and research activities.

Forms of independent work of students:

- work with basic and additional literature, Internet resources;
- independent acquaintance with the lecture material presented on electronic media in the library of the educational institution;
- preparation of abstract reviews of periodical sources, 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 classroom tests;
- doing home tests;
- performing test tasks, solving problems;
- compilation of crosswords, schemes;
- preparation of reports for presentation at a seminar or conference;
- filling out a workbook;
- writing essays, term papers;
- preparation for business and role-playing games;
- resume writing;
- preparation for tests and exams;
- other Views Activities Organized and carried out by the educational institution and student self-government bodies.

## VI. MONITORING THE ACHIEVEMENT OF THE COURSE OBJECTIVES

Item No.	Supervised modules/sections/topics of the discipline	Codes and Stages of Competency Formation		Valuation Tools - Name	
				Current control	Intermediate Attestation
1	Section 1 Health Care in Foreign Countries Section 2 International cooperation in the field of health	PC-3.1; PP-3.2; PP-3.3; PP-6.1; PC-6.2; PP-6.3	• Knows the basics of planning and organizing activities to ensure the protection of public health, including medical care; Readiness to properly execute official medical documents, to implement measures to ensure public health, including at the international level	interview	Exam Questions 1-51
				Tests	
				presentation	

## VII. EDUCATIONAL AND METHODOLOGICAL SUPPORT OF THE DISCIPLINE

### Reference citations

1. Fundamentals of Law. Leontiev O. V., Bagnenko S. F., Lyadov A. O., Iskakov I. Zh. - St. Petersburg. SpetsLit Publ., 2009. - 142 p. Mode of access: <http://www.studentlibrary.ru/book/ISBN9785299003925.html>
2. Lisitsin Yu.P., Ulumbekova G.E. Public Health and Healthcare. - GEOTAR-Media. – 2013. 544 p. (in Russian). Mode of access: <http://www.studentlibrary.ru/book/ISBN9785970426548.html>
3. Petrov V.I., Nedogoda S.V. Evidence-Based Medicine by GEOTAR-Media. – 2012. 144 p. (in Russian). Mode of access: <http://www.studentlibrary.ru/book/ISBN9785970423219.html>
4. Health Economics: Textbook. 2nd ed. Ed. by A.V. Reshetnikov. Moscow, GEOTAR-Media Publ., 2010. - 272 p. (in Russian). Mode of access: <http://www.studmedlib.ru/book/ISBN9785970416044.html>

### Further reading

1. Aleksandrova O.Yu., Ushakova N.V., Kadyrov F.N., Gabueva L.A. Legal Foundations of Russian Health Care. Institutional Model, Delo Publishing House, RANEPa, 2012, 296 p.

2. Burago V.A., Burago T.V. Statistical Methods of Medical and Ecological Mapping / Vladivostok: FESTAUEU Publ., 2003. 244 c

3. Gleckler M., Debus M., Heine R., Gierke M. Ethical issues of medicine. Conscience. Community education. The Path of Healing. Lane. Akulenko I., Rykina / M. Gleckler, M. Debus, R. Heine, M. Gierke. Moscow, Demetra Publ., 2010. 224 p. (In Russian).

4. Egorov, E.V. Comparative Analysis of Health Care Systems. Studies. Textbook / E.V. Egorov. Moscow, Economist Publ., 2008. 205 p. (in Russian).

5. Leonard Berry, Kent Seltman Mayo Clinic Management Practice. Lessons from the world's best service organization, Mann, Ivanov and Ferber. – 2013 – 400 p.

6. Comparative analysis of health systems. Textbook for Higher Educational Institutions edited by A.V. Reshetnikov, GEOTAR Media – 2007. 272 p. (in Russian).

7. Federal Law "Fundamentals of the Legislation of the Russian Federation on Health Protection of Citizens" No. 323-FZ of November 9, 2011 (as amended by Federal Laws No. 89-FZ of 25.06.2012, No. 93-FZ of 25.06.2012).

8. Economic and Social Problems of Russia: Collection of Scientific Papers, Russian Academy of Sciences, Institute of Scientific Information on Social Sciences; Ed. col. : N. A. Makasheva (prev.) et al.; Ed. by S. S. Kostyaev. – 2011. 155 p. (in Russian).

9. Elias Mossialos, Sarah Thompson Voluntary Health Insurance in the European Union – Worldwide. – 2006. 224 p. (in Russian).

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 World's Countries. International Health/2011 <http://rosmedportal.com>

12. Alekseev V.A., Borisov K.N. Paradoxes in the Assessment of the Canadian Health Care 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. Mezhdunarodnaya zdravookhraneniye, Moscow, 2012, pp. 8-240

14. Vartanyan F.E., Alekseev V.A., Shurandina I.S. Osobennosti nepreryvnogo professional'nogo obrazovaniya organizatsii zdravookhraneniya [Features of continuous professional education of health care organizers]. Moscow, 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. Campion, M.D., 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 Health Care? Ask Cuba Published: January 12, 2005

[http://www.nytimes.com/2005/01/12/opinion/12kris.html?\\_r=0](http://www.nytimes.com/2005/01/12/opinion/12kris.html?_r=0)

21. Peter Lind Failure of American Health Care

<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

[http://www.forbes.com/2008/05/05/physicians-training-prospects-lead-careers-cx\\_tw\\_0505doctors.html](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/#.U5rISPl\\_uCk](http://www.unesco.org/new/en/member-states/single-view/news/alfabetizacion_en_salud_la_unesco_santiago_imparte_taller_en_cuba/#.U5rISPl_uCk)

24. WHO praises Cuba's health care system

[http://news.xinhuanet.com/english/health/2012-03/28/c\\_131493136.htm](http://news.xinhuanet.com/english/health/2012-03/28/c_131493136.htm)

25. Alex K. The Health System in Cuba <http://cyberland.ws/687-sistema-zdravoohraneniya-na-kube.html>

26. Alekseev V.A., Borisov K.N., Rozhetskaya S.V. To the Head of Healthcare Facilities / International Health Care / Volume 2 2011 / U.S. Health Care 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](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 Repository

<http://apps.who.int/gho/data/node.main.75?lang=en>

29. National Health Expenditure Data (U.S.) 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](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. A History of the U.S. Health Care System <http://www.svoboda.org/content/transcript/1882910.html>
32. Health care in Cuba (adapted from health-ua.com) [http://kpu-ch.com/news/zdravookhranenie\\_kuby/2012-05-24-841](http://kpu-ch.com/news/zdravookhranenie_kuby/2012-05-24-841)
33. Cancedailo T. Healthcare in Cuba: 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. USA: A Brief Overview of Sberbank of Russia's Health Care Reform 2010 [http://www.sbrf.ru/common/img/uploaded/files/pdf/press\\_center/Review\\_us\\_health\\_reform.pdf](http://www.sbrf.ru/common/img/uploaded/files/pdf/press_center/Review_us_health_reform.pdf)
36. Cuban Health Care Card Named a Benchmark of World Quality <http://medkarta.com/?cat=new&id=4121&s=0>
37. National Center for Health Statistics <http://www.cdc.gov/nchs/>
38. 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 an impoverished country treat its citizens better than Russia? Arguments and Facts No 38 (1195) [http://gazeta.aif.ru/online/aif/1195/15\\_01](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 of health systems. The path to universal health coverage. World health report 2010. – 106. p. [http://www.who.int/whr/2010/whr10\\_ru.pdf?ua=1](http://www.who.int/whr/2010/whr10_ru.pdf?ua=1)
43. Social Insurance Fund of the Russian Federation - <http://www.fss.ru/ru/>
44. Center for Medical Law <http://pravo-med.ru/>
45. Shvedova N. U.S. Health Care (Economist's View) <http://www.narcom.ru/publ/info/574>



### **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 in lectures, since a lecture is the main form of education, where the teacher gives the basic concepts of the discipline.

The sequence of presentation of the material in lectures is aimed at forming an indicative basis for students' subsequent assimilation of the material in independent work.

Practical exercises of the course are conducted in all sections of the curriculum. Practical work is aimed at developing students' skills of independent research work. In the course of practical classes, the master performs a set of tasks that allow him 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, there is the development of skills of independent research in the process of working with scientific literature, periodicals, the formation of the ability to defend one's point of view with arguments, listen to others, answer questions, and conduct discussions.

When writing essays, it is recommended to find literature for it on your own. The abstract reveals the content of the problem under study. Work on the abstract helps to deepen the understanding of individual issues of the course, to form and defend one's point of view, to acquire and improve the skills of independent creative work, to conduct active cognitive work.

For current control and intermediate certification, an interview and a survey are conducted.

### **IX. MATERIAL AND TECHNICAL SUPPORT OF DISCIPLINE**

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 Self-Study Rooms	List of Main Equipment
690922, Primorsky Krai, Vladivostok, Russky Island,	Multimedia audience:

Saperny Peninsula, Ajax village, 10, School of Biomedicine, room M 422, area 158.6 m <sup>2</sup>	Electric Screen 236*147cm Trim Screen Line; DLP projector, 3000 ANSI Lm, WXGA 1280x800, 2000:1 EW330U Mitsubishi; CP355AF Avervision visualizer, MP-HD718 Multipix camcorder; CORSA-2007 Tuarex Specialized Equipment Fastening Subsystem; Video Switching Subsystem: Audio Switching and Sound Reinforcement Subsystem: Power Amplifier, Wireless LAN Based on 802.11a/b/g/n 2x2 MIMO(2SS) Access Points.
690922, Primorsky Krai, Vladivostok, Russky Island, Saperny Peninsula, Ajax Village, 10, School of Biomedicine, aud. M 419, area 74.9 m <sup>2</sup>	Multimedia audience: Electric Screen 236*147cm Trim Screen Line; DLP projector, 3000 ANSI Lm, WXGA 1280x800, 2000:1 EW330U Mitsubishi; CP355AF Avervision visualizer, MP-HD718 Multipix camcorder; CORSA-2007 Tuarex Specialized Equipment Fastening Subsystem; Video Switching Subsystem: Audio Switching and Sound Reinforcement Subsystem: Power Amplifier, Wireless LAN Based on 802.11a/b/g/n 2x2 MIMO(2SS) Access Points.
690922, Primorsky Krai, Vladivostok, Russky Island, Saperny Peninsula, Ajax Village, 10, Oud. M612, area 47.2 m <sup>2</sup>	Computer class for 22 workplaces: HP RgoOpe 400 All-in-One 19.5 (1600x900), Core i3-4150T, 4GB DDR3-1600 (1x4GB), 1TB HDD 7200 SATA, DVD+/-RW, GigEth, Wi-Fi, VT, 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 collection (building A - level 10)	HP RgoOpe 400 All-in-One 19.5 (1600x900), Core i3-4150T, 4GB DDR3-1600 (1x4GB), 1TB HDD 7200 SATA, DVD+/-RW, GigEth, Wi-Fi, VT, 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 displays and Braille printers; equipped with: portable devices for reading flat-printed texts, scanning and reading machines, a video magnifier with the ability to adjust color spectrums; magnifying electronic magnifiers and ultrasonic markers

## X. VALUATION FUND

### WOS 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 mastering)	Code and name of the competency indicator
Organizational and managerial	PC-3 Ability to organize, plan and control the activities of a structural unit of a medical organization	PC-3.1 Knows Standards of Care PC-3.2 Is able to assess the resources of a medical organization and implement a quality management system PC-3.3 Possesses the necessary skills in the preparation of reporting documentation, assessment of the activities of a health care institution

Task type	Code and name of professional competence (result of mastering)	Code and name of the competency indicator
Organizational and managerial	PC-6 Ability to develop plans and programs, form a system of indicators for the activities of a medical organization, assess the effectiveness of the activities of a medical organization, develop options for management decisions and assess the risks associated with their implementation	PC-6.1 Knows the peculiarities of the formation of the system of indicators of a medical organization PC-6.2 Is able to assess the effectiveness of the activities of a medical organization, taking into account the formed system of indicators PC-6.3 Possesses the skills of forming performance indicators, assessing 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 competency indicator	Name of the assessment indicator (the result of learning in the discipline)
PC-3.1 Knows Standards of Care	Knows the standards of medical care Knows how to provide first aid Proficient in first aid
PC-3.2 Is able to assess the resources of a medical organization and implement a quality management system	Knows the quality management system of a medical organization Is able to assess the resources of a medical organization and implement a quality management system Proficient in assessing the resources of a medical organization and implementing a quality management system
PC-3.3 Possesses the necessary skills in the preparation of reporting documentation, assessment of the activities of a health care institution	Knows the reporting documentation of the medical organization Is able to prepare reporting documentation for a medical organization Possesses the necessary skills for the preparation of reporting documentation, assessment of the activities of a health care institution
PC-6.1 Knows the peculiarities of the formation of the system of indicators of a medical organization	Knows the specifics of the formation of the 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 assess the effectiveness of the activities of a medical organization, taking into account the formed system of indicators	Knows the main performance indicators of a medical organization Is able to assess the effectiveness of a medical organization, taking into account the formed system of indicators Possesses the skill of assessing the effectiveness of the activities of a medical organization, taking into account the formed system of indicators
PC-6.3 Possesses the skills of forming performance indicators, assessing 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 Is able to generate performance indicators, assess their effectiveness, and assess the risks associated with their implementation

	Possesses the skills of forming performance indicators, assessing 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 the course objectives

Item No.	Supervised modules/sections/topics of the discipline	Codes and Stages of Competency Formation		Valuation Tools - Name	
				Current control	Intermediate Attestation
1	Section 1 Health Care in Foreign Countries Section 2 International cooperation in the field of health	PC-3.1; PP-3.2; PP-3.3; PP-6.1; PC-6.2; PP-6.3	• Knows the basics of planning and organizing activities to ensure the protection of public health, including medical care; Readiness to properly execute official medical documents, to implement measures to ensure public health, including at the international level	interview	Exam Questions 1-51
				Tests	
				presentation	

### Scale for assessing the level of competence formation

Code and Competency Statement	Stages of competence formation		criteria	Indicators	Points
PC-3 Ability to organize, plan and control the activities of a structural unit of a medical organization	Knows (Threshold)	Fundamentals of planning, organization and implementation of the activities of a structural unit of a medical organization	Knowledge of the basics of planning and control of the activities of a structural unit of a medical organization	Ability to draw up the necessary documentation for planning and controlling the activities of a structural unit of a medical organization	61-70
	Can (Advanced)	analyze and evaluate the performance indicators of a structural unit of a medical organization	ability to analyze and evaluate the performance indicators of a structural unit of a medical organization	ability to substantiate the criteria for evaluating the organization, planning and control of the activities of a	71-84

				structural unit of a medical organization	
	Proficient (High)	Skills Preparation of the justification of the volumes medical care in accordance with the necessary resources in the structural unit of the medical organization	methods of justifying the volume of medical care in a structural unit of a medical organization	ability to prepare the necessary calculations for the organization, planning and control of the activities of a structural unit of a medical organization	85-100
PC-6 ability to develop plans and programs, form a system of indicators for the activities of a medical organization, assess the effectiveness of the medical organization, develop options for management decisions and assess the risks associated with their implementation PC-6 ability to develop plans and programs, form a system of indicators for the activities of a medical organization, assess the effectiveness of the medical organization, develop	Knows (Threshold)	Fundamentals of planning and principles of organization and implementation of 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 health of the population and is able to assess the effectiveness of the activities of a medical organization	application of the basics of planning measures to ensure the health of the population, the 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; develop plans and programs, form a system of indicators for the activities of a medical organization	properly execute official medical documents, maintain primary medical records, develop options for management decisions and assess the risks associated with their implementation	realize measures to ensure the protection of public health, to form a system of indicators for the activities of a medical organization, to assess the effectiveness of the activities of a medical organization	71-84
	Proficient (High)	skills in planning, organizing and implementing measures to ensure the protection of public health	skills in preparing the justification of the volume of medical care in accordance with the resources of the medical organization and	substantiation of the scope of medical care in accordance with the resources of the medical organization and the needs of the population,	85-100

options for management decisions and assess the risks associated with their implementation			the needs of the population	options for management decisions and assessment of risks associated with their implementation	
	Knows (Threshold)	Fundamentals of planning and principles of organization and implementation of 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 health of the population and is able to assess the effectiveness of the activities of a medical organization	application of the basics of planning measures to ensure the health of the population, the system of indicators of the activities of a medical organization, taking into account management decisions	65-71

### I. Assessment Tools for Intermediate Attestation

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

#### Exam Questions

1. Emergence and development of social (public) medicine in Russia.
2. Emergence and development of social (public) medicine in foreign countries.
3. Foreign experience in the organization of medical care (Germany, Great Britain).
4. The U.S. Health Insurance System and the Canadian Budget Insurance System.
5. Healthcare system in Belgium and Sweden
6. Japan and China Health Care Organization.
7. Medical Information Systems: Classification, Functions, Use in the Work of Medical and Preventive Institutions.
8. Marketing in Healthcare: Basic Concepts. Classification of medical services. Market of medical services.
9. Remuneration of medical workers in Russia and in foreign countries. Forms of remuneration.
10. Pricing in Healthcare. Main groups of prices for medical services. Cost of medical services

11. The Concept of Development of the Health Care System in the Russian Federation until 2020

12. Three main forms of the health care system in the Russian Federation and abroad.

13. Medical personnel. Availability of medical personnel.

14. Sistema podgotovki meditsinskikh kadrov v Rossii [System of training medical personnel in Russia].

15. The General Practitioner and His Role in the [Health Care System](#)

16. Features of training of health care managers.

17. Features of training 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 health care in the context of health insurance in Russia.

23. Financing of health care in the context of medical insurance abroad.

24. Medicinal assistance to the population of the Russian Federation.

Regulatory and legal framework for the circulation of medicines.

25. Medicinal assistance to the population of foreign countries. Regulatory and legal framework for the circulation of medicines.

26. Procedure for preferential and free provision of the population in case of outpatient treatment. Procedure for Issuing Prescriptions for Medicines on Preferential Terms.

27. Procedure for the purchase of medicines at the expense of citizens' own funds.

28. Legal Basis for Circulation of Narcotic Drugs and Psychotropic Substances.

29. Registration, storage, prescribing and use of narcotic drugs and psychotropic substances in hospitals and outpatient clinics.

30. Strengthening the health of the population. Contemporary Problems of Prevention

in the Russian Federation and abroad.

31. Medical and social aspects of the population's way of life. 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 non-governmental organizations in the protection of public health.
34. Healthcare in foreign countries. International cooperation in the field of health.
35. Public health care system.
36. Health Insurance System.
37. Private Entrepreneurial Health Care System.
38. Main directions of health system reform in the countries of Central and Eastern Europe.
39. Health Organization in Developing Countries.
40. International cooperation in the field of health care. World Health Organization.

### **Test Questions**

**1. The World Health Organization lists the factors influencing 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 finances the health care system in Canada?**

- Financing is provided by local taxes
- Financing is provided by state income taxes
- Financing is carried out at the expense of employers
- Financing is carried out through the purchase of insurance poles
- health care in Canada is paid

**3. Who finances the health care system in Cuba?**

- Financing is provided by local taxes
- Financing is provided by state income taxes
- Financing is carried out at the expense of employers
- Financing is carried out through the purchase of insurance poles
- Healthcare in Cuba is paid

**4. Who finances the U.S. health care system?**

- Financing is provided by local taxes
- Financing is provided by state income taxes
- Financing is carried out at the expense of employers



- Financing is carried out through the purchase of insurance poles
- Healthcare in the United States is paid

**5. Who finances the UK's healthcare system?**

- Financing is provided by local taxes
- Financing is provided by state income taxes
- Financing is carried out at the expense of employers
- Financing is carried out through the purchase of insurance poles
- Healthcare in the UK is paid

**6. Who finances South Korea's healthcare system?**

- Financing is provided by local taxes
- Financing is provided by state income taxes
- Financing is carried out at the expense of employers
- Financing is carried out through the purchase of insurance poles
- Healthcare in South Korea is paid

**7. Who Finances North Korea's Health Care System?**

- Financing is provided by local taxes
- Financing is provided by state income taxes
- Financing is carried out at the expense of employers
- Financing is carried out through the purchase of insurance poles
- Healthcare in North Korea is paid

**8. Who finances Japan's healthcare system?**

- Financing is provided by local taxes
- Financing is provided by state income taxes
- Financing is carried out at the expense of employers
- Financing is carried out through the purchase of insurance poles
- Healthcare in Japan is paid

**9. Which country voted the best health care system in the world in 1978?**

- in Canada
- Cuba
- in the USA
- in the UK
- in Japan
- in Russia

**10. Which country ranked the best healthcare system in the world in 2012?**

- in Canada
- Cuba
- in the USA

-in the UK

-in Japan

- in Russia

**11. In which country did the formulary system originate?**

-in Canada

- Cuba

-in the USA

-in the UK

-in Japan

- in Russia

**12. What does the Canadian Health Act guarantee?**

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

- Every resident of Canada has the right to health care by the country's health care facilities and workers

- The health care system in Canada is managed by government representatives and elected officials.

• Health care costs are paid from taxes collected from the population.

- Representatives are accountable to the people of Canada.

- immigrants with a residence permit and conventional refugees are not entitled to medical care

**13. The Canada Public Health Act was enacted into law**

- in 1947

-in 1984

-in 2005

-in 2013

**14. The U.S. is the leader in terms of**

- the level and effectiveness of scientific research

-Lifespan

-Incidence

- the number of Nobel laureates in the field of medicine

- Availability of the most modern medical equipment

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

-56th place in the world

-1st place in the world

-2nd place in the world

72nd place in the world

**16. Does the U.S. guarantee its citizens a universal and comprehensive health insurance system?**

-Yes

-No

- The U.S. does not work under health insurance programs

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

- 45,000 additional deaths per year

- 14,000 additional deaths per year

- 78,000 additional deaths per year

- There is no health insurance in the United States, medical care is funded by the state

**18. The functions of the U.S. Department of Health and Human Services include**

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

- Supervision of medical science

- Monitoring of the health situation

- Monitoring the provision of medical care to all U.S. citizens

**19. U.S. Medicine Operates on the Following Levels**

-Primary Health Care

- Family Medicine

- Hospital care

-High-tech assistance

-Public Health

**20. Is there a single centralized health care management in the United States?**

- Yes, there is, its functions are performed by the US Department of Health and Human Services

- Yes, there is, its functions are performed by a department of the U.S. Government

- There is no unified centralized management

**21. What Types of Hospitals Are There in the US**

-State

-Municipal

- Private profitable

-private "non-profit"

**22. The following services are provided by the U.S. Medicaid program**

- Inpatient and outpatient treatment

- Consultations with surgeons
- Consultations with ophthalmologists
- stay in nursing homes,
- Laboratory diagnostics
- X-ray examination methods

**23. Duration of Residency for a Cardiac Surgeon in the US**

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

**24. The duration of residency in the U.S. is**

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

**25. According to the U.S. Department of Health and Human Services, by 2017, medical spending will be**

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

**26. What types of insurance are provided by U.S. employers?**

- "Service Fee"
- "Managed Services"
- "All Inclusive"

**27. What is the Minimum Cost of Health Insurance for 1 Month in the US**

- \$50
- \$130
- \$150
- \$300

**28. Which U.S. president created Medicare and Medicaid?**

- Johnson
- Truman
- Crankcase
- Reagan
- Obama

**29. Life expectancy is the most**

-in the USA

-in Canada

- in Russia

**30. What is Canada's main health problem?**

- Poor quality of medical care
- Long queues waiting for an appointment
- high prices for medical services
- Shortage of doctors
- Shortage of nurses
- Low salaries of doctors
- Paid physiotherapy treatment

**31. Canadian Health Act**

- prohibits the provision of paid medical services
- allows the provision of paid medical services
- Authorizes the provision of paid health 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 the USA

-in the UK

-in France

-in Russia

**34. Which country has the highest provision of nurses**

-in the USA

-in the UK

-in France

-in Russia

**35 In Canada Smoking**

-15% of the population

-18% of the population

- 23% of the population

-26.5% of the population

**36. Cuba's health budget in 2012 was as high as**

- 8.2% of GDP

- 12% of GDP

- 4.3% of GDP

-4.5% of GDP

-8.6% of GDP

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

- Poor quality of medical care

- Long queues waiting for an appointment

- 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 models of health care in the world:**

(a) 3

b) 2

+c) 4

d) 6

e) 8

**002. Infant mortality is the lowest:**

(a) In the United States

b) in Sweden

c) in the UK

+d) in Japan

e) in Canada

**003. The most efficient use of beds is as follows:**

+a) in the United States

b) in Japan

c) in the UK

d) in Germany

e) in Denmark

**004. Highest per capita expenditure on health care in Europe**

(a) In Belgium

+b) in France

c) in Germany

d) in the UK

e) in Russia

**005. The Public Health Care Model Works**

(a) In Belgium

b) in Germany

c) in Japan

d) in the Netherlands

+e) in the UK

**006. Radical reform of public health care is most pronounced**

a) in Russia

b) in Denmark

c) in Finland

d) in the United States

+e) in the UK

**007. Primary health care as a global programme**

(a) United States of America

b) United Kingdom

c) WHO

+d) Russia

e) China

**008. Family doctors are the most common**

a) in Russia

b) in Finland

c) in the United States

+d) in the UK

e) in Japan

**009. The share of government subsidies in health financing is highest**

**(specify 2 countries)**

a) in the USA, France

b) in Italy, Denmark

+c) in Sweden, Russia

**010. Health care is as decentralized as possible**

(a) In the United Kingdom

b) in Japan

c) in Russia

d) in Australia

+e) in the U.S.

**011. WHO is:**

(a) Private, non-commercial

- b) non-governmental
- +c) government
- d) philanthropic
- e) commercial

**012. WHO's largest contributor to the regular budget**

- (a) Japan
- b) Germany
- +c) United States
- d) Saudi Arabia
- e) Iran

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

- (a) Malaria elimination
- b) polio eradication
- +c) eradication of smallpox
- (d) Eradication of cholera
- e) eradication of the plague

**014. Not a priority for WHO in the current context**

- +a) Direct financial support for national programmes**
- b) collection and dissemination of information and provision of expert and advisory assistance
- c) development of international classifications, standards, norms, rules

**015. WHO exists**

- (a) 10 years
- b) 30 years
- +c) more than 50 years

**016. WHO brings together**

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

**017. Russia, as the successor to WHO, is part of the**

- (a) The WHO Eastern Mediterranean Region
- b) to the WHO African Region
- c) to the WHO Region of the Americas
- d) to the region of South-East Asia
- +e) to the European Region
- (e) To the Western Pacific region

**018. The main objective of WHO, as enshrined in its Constitution, is to**

- (a) Disease control



+b) the attainment by all peoples of the possibility of the highest level of health

c) improving health services

**019. The functions of WHO do not include**

(a) To act as the governing and coordinating body in the field of international health

(b) To promote and develop the control of disease and medical scientific research

c) provide technical assistance to governments at their request

+d) take decisions binding on its Member States

e) develop and disseminate international standards

**020. The main social objective of WHO and its Member States, health for all, means**

(a) To rid humanity of all diseases

+b) ensuring access to health care for all and reducing health disparities

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

+a) neonatal tetanus, leprosy, measles

b) CHD

c) Influenza

**022. The European regional targets for health for all stipulate that by the year 2000 there should be no indigenous cases of the disease in the region, with the exception of**

(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 of at least life expectancy at birth by 2010**

(a) 70 years

+b) 75 years old

c) 80 years old

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

(a) 1 January

b) May 30

+c) April 7