

## **IPP Technical Evaluation**

- US Partner:** Association of University Programs in Health Administration (AUPHA-US)  
in affiliation with the University of Washington (UW),  
University of Kentucky (UK),  
University of Minnesota (UM),  
and Tulane University (TU)
- NIS Partner:** Association of University Programs in Health Administration (AUPHA-Russia)  
in affiliation with the National State Academy of Economics and Administration (NSAEA), Novosibirsk,  
Khabarovsk Medical Institute (KMI), Khabarovsk,  
I.M. Sechenov Moscow Medical Academy (MMA), Moscow  
and Semachko Moscow Medical Stomatological Institute (MMSI),  
Moscow
- Location/Dates** Novosibirsk on December 13, 1996  
Khabarovsk on December 16 - 17, 1996  
Moscow on December 18, 20, 1996
- Report Date:** January 1997

### **Background**

Responding to Russia's need for rapid expansion of its management capabilities in the health care sector is the goal of this unique partnership. AUPHA, in cooperation with four universities -- the University of Kentucky, the University of Minnesota, Tulane University and the University of Washington -- tackled the very large task of developing curricular programs in health care management for Russia's health care executives who are facing unpredictable changes in their finances, their markets, their employees and clients. Targeting health care leaders in three regions of Russia, the US partners set out "to create a sustainable system for the training and continuing education of health services administrators and policymakers." Partnerships were created in western Russia with the Moscow Medical Academy and the Moscow Medical and Stomatological Institute, in Siberia with the Novosibirsk State Academy of Economics and Administration, and in Far East Russia with the Khabarovsk Medical Institute.

Products resulting from the partnerships stand as important milestones in US technical assistance efforts to improve Russia's health care delivery system. An evaluation of the partnerships, their activities and their products, follows.

### **Evaluation**

**A. Discuss the Strongest Aspects of the Technical/Professional Work Being Done By this Partnership.**

The strongest aspects of the partnership's technical and professional work follow.

Partners successfully worked with the challenges of geographical distance, different time-zones, and language barriers.

Even though partnerships were formed under the auspices of AUPHA and all sought to achieve the shared objectives of the partnership, the Russian partners were given the freedom to capitalize on the unique opportunities offered in their particular region.

Early in the partnership, the partners jointly established their goals. All subsequent activities were built on these initial goals.

The partnerships were not a wholesale export of American ideas to Russia. Instead, products were an adapted, Russianized form of an American idea. A comment from a leader in the Russian partnership illustrates this point: "The US partner suggested, but we did it. Our program is not American."

The partnership has great potential in Russia - bringing diverse schools together from diverse parts of Russia and getting them to work and plan together for a sustainable goal.

Early in the project, AUPHA-US provided a resource base for Russian partners. To illustrate, AUPHA-US (1) solicited and delivered library materials to the Resource Center in Moscow and (2) introduced Russian partners to AUPHA-US and to US experts in the fields of health services research and health management.

AUPHA-US facilitated opportunities for US partners to engage their Russian colleagues. For instance, AUPHA sponsored a NIS teaching workshop for US faculty participating in the partnership project.

AUPHA has actively attempted to bring Russian partners together by conducting conferences, establishing a webpage, sponsoring the REPNet Program, and creating a Partner's Directory.

The Executive Director of AUPHA-Russia will participate in a fellowship at TU and at AUPHA-US to concentrate on organizational and administrative issues.

AUPHA collaborated with other USAID contractors working in Russia. The AIHA Hospital Partnership Program and the Zdrav Reform Project provided technical and/or financial support for the Russian partners.

The Moscow partners actively support the work of AUPHA-Russia. For example, MMA contributes the facilities which house AUPHA - Russia.

The Resource Center at AUPHA-Russia is a model for resource centers/libraries in Russia. Its collection of health management resources is unmatched in the NIS.

Products emerging from the partnerships are models for health management curricula throughout Russia.

US partner schools, including individual faculty members, gave much personal time and demonstrated considerable commitment to the project.

Russian partners express much appreciation to the US partners for their extensive involvement in the partnership, saying:

- "The programs in the US were very serious."
- "It would have taken us four years to accomplish what the partnership accomplished in one year."
- "We asked questions of our US partners and we got answers."
- "The partnership was just too short."
- "We could not have worked without them. They increased our knowledge base."

Warm, collegial relations have developed between US and Russian partners. The comment of one faculty member illustrates the kind of relationships that have formed: "The US teachers have become a part of my life. I feel no distance between us. We continue to have constant contacts by e-mail."

Russian partners repeatedly indicated their desire to continue the partnership relationships after the grant period ends. In fact, NSAEA wrote a letter to accompany this report expressing their interest in continuing the partnership program.

The inclusion of MMA and MMSI in the partnership provides a direct link to the Russian Ministry of Health.

All US partners included teacher training as a vital component of their curricular activities.

A large number of the materials used in conferences and consultations were translated into Russian.

Communication among partners has been facilitated by the establishment of e-mail, Internet connections, and the REPNet program.

Russian partners have extended their partner-sponsored activities to interested individuals and institutes in their region.

Russian partners, especially in Khabarovsk and Novosibirsk, have actively involved the regional administration and governmental agencies in their activities.

Development of a special nursing track in the management curriculum offered by NSAEA will strengthen Russia's nursing profession. This is the only management program in Russia designed specifically for nurses.

**Discuss the Weakest Aspects of the Technical/Professional Work Being Done By this Partnership.**

Complicated by the differences in culture, time-zones, and orientation to change, several weaknesses in the partnership emerged. The weakest aspects of the technical/professional work are illustrated.

There are no business plans to make specific aspects of the partnership, such as the Resource Centers, self-sustaining.

Uncertainty about financial arrangements between partners existed, and in some cases strained the relationships. A comment that most graphically depicts the situation was, "We self-funded our portion of the partnership because we were interested in international cooperation. The Americans used the grants and all we see is their visits, nothing else."

Communication problems are inevitable, but they still color the relationship and its products. For instance, two recent incidents in Khabarovsk overshadowed the many excellent products emerging from the partnership. First, Russian faculty members who were scheduled to travel to the US during December 1996 had their visas (obtained on their own time and trouble - they drove to Vladivostock some 800 kilometers away), but were not allowed to leave Khabarovsk because of money problems in the partnership. Second, from the perspective of the Russian partners, the purpose of the Fall 1996 Health Insurance Conference hosted by KMI was to bring together health insurance experts from the US and Russia. Partners at KMI took much time and effort to invite Russian health insurance executives to the conference. Then, the only two individuals who came from the US were UK consultants.

No longitudinal studies were initiated on the impact of the management programs on students, health care providers, clients, institutions, and governments.

Russian partner schools need to better articulate to students (1) the skills they are expected to have at graduation and (2) the anticipated job markets for graduates of the management program.

Networking among Russian partners is confined mostly to conferences. Outside of the conferences, little interaction occurs.

Relationships between Moscow and non-Moscow partners are strained. Partners from outside of Moscow say, "We feel very distant from AUPHA-Russia. Our products and programs are not valued." Moscow partners claim that they do not need the involvement of the other two partners, saying, " They should work on their own problems." Another comment from a Moscow partner was, "The partnership of the three institutions around Russia has some sickness. We are far away

from each other. Khabarovsk and Novosibirsk say to us 'we are independent,' then, as soon as they need something, they call us wanting our attention."

Few long-term, collaborative research projects have been established between faculty or universities of Russia and the US.

James Suver's health care financing textbook has not been published, even though it was translated into Russian several months ago. Copyright difficulties have plagued this project, stalling the book's publication.

In Russia, the public and even professionals in the field of management do not have a clear definition of management.

AUPHA-Russia has not expanded its membership beyond the incorporators, although many individuals have expressed an interest in joining the organization. Presently, AUPHA has no formal recruitment or membership application materials.

The Resource Center at AUPHA-Russia does not provide services beyond Moscow.

AUPHA-Russia has not developed either a short or long-term business plan. Its survival and financial stability are very questionable after the grant concludes. It has services that could raise revenue for the Resource Center, but these services need to be identified and then marketed to the Moscow community and eventually to all of Russia.

The Executive Director of AUPHA-Russia is empowered mostly in name only. He is a stable, visionary, energetic young man who is well connected, highly respected in the Moscow community, and efficient with local organization. It seems his movements are heavily dictated by the AUPHA-Russia Board of Directors, leaving him little autonomy to pursue the activities needed to keep AUPHA-Russia a viable entity beyond the grant period. Also, he is hesitant to work with AUPHA partners outside of Moscow stating, "They are a higher status than me." The Internships at TU and AUPHA-US may give him more tools for leadership.

### **Recommendations for Improvement:**

#### **B. What do the Russian or Ukrainian Partners see as the "Criteria for Success" for Their Partnership Project Activities? How Close are They to Attaining Them?**

The "Criteria for Success for Partnership Project Activities" were to improve the quality of health care (1) by improving managerial performance within hospitals and other health care delivery organizations in Russia and (2) by rapidly creating a sustainable system for the training and continuing education of health services administrators and policy makers. The achievements of the partnership are reviewed.

Outcome One: Establishment of Three Institutional Partnerships Between Russian and US Academic Centers and Programs

Four active institutional partnerships exist between Russian and US academic centers. Spanning the entire country of Russia, each of these partnerships has concentrated on the development or enhancement of a health management program. Adding to the strength of the programs and to the value of the effort for Russia has been the wide variety in the orientations of the health management programs.

The partnership in Moscow, consisting of MMA, MMSI, UM and TU, developed a health management program for administrators of hospitals, polyclinics and governmental organizations. Taking less than a year in time, this program is designed for individuals who have full-time administrative positions. Furthermore, this program is the basis for a two year curriculum in public health which began September 1996 and was also an out-growth of the partnership.

The partnership between NSAEA and UW enhanced a health management program that is unlike any other health management program in Russia. First, the program is located in an institution of higher learning that concentrates only on administration and economics, not on health-related curricula. Second, the program has designated curricular tracks for physicians and nurses. Overall, the program for physicians (one year in length) and nurses (two years in length) will have a two-fold benefit for Russia - (1) strengthening the management of health care facilities and (2) preparing leaders and educators in the medical and nursing professions which are valiantly trying to raise their status in Russia.

The partnership between KMI and UK also differs in that its management curriculum focuses heavily on health care financing. The chief players of the Khabarovsk Krai and the participants in the partnership program have made such an emphasis possible. Included in this cooperative effort are individuals representing the Krai's Health Care Administration, Regional Fund for Compulsory Medical Insurance, Medical Association, medically and health-related faculty, and family-oriented polyclinics. Already implemented is the one year continuing education program designed for established health care administrators. A two year management program for graduating medical students was prepared in the partnership, but now awaits funding from the Krai.

#### Outcome Two: Development of a Professional Association in Health Administration in Russia.

Registered on April 4, 1996, AUPHA became an official organization in Russia. AUPHA-Russia is designed to be the leader, the facilitator, and the central resource for health management programs in the country. With the appointment of a permanent Executive Director and an official Board of Directors in June 1996, it became the coordinating body for the partnership's activities. All Russian partner schools have been automatically incorporated as members of AUPHA-Russia. Thus far, AUPHA-Russia has (1) sponsored several working meetings and/or conferences on partner activities; (2) facilitated the work of the partners in Moscow; (3) continued development of a Resource Center at the AUPHA-Russia office; and (4) coordinated the country-wide activities of the partners.

#### Outcome Three: Development of Community Networks.

The partnership spearheaded the development of community networks by (1) creating computer networks, (2) outreaching to colleagues in the partners' geographic regions, and (3) collaborating with partners.

As a result of the computer networks, partners have the potential to be linked to any individual, institution, or resource in the world. With the addition of REPNet, the potential, at least, exists for social communication. Thus far, leaders in the Russian partner schools are most likely to use only e-mail. Factors prohibiting the active use of other computer network services are the quality of the phone lines, the high cost for subscriptions or on-line time, and the availability/accessibility of computers.

Frequently, partner schools have involved colleagues within their geographic regions in partnership-sponsored conferences. To illustrate, the NSAEA/UW conference on management curricula was opened to governmental and academic leaders throughout Siberia. Participants came from as far west as Perm and from as far east as Irkutsk. Partners working in Moscow have extended their management courses into the large health care community of hospitals and polyclinics in Moscow and Dubna. The KMI/UK partnership has continuously included faculty and administrators from the Khabarovsk Krai and the Far East in its educational seminars and has designated key individuals from throughout the region as faculty members in its management program.

On-going collaborations between partners have been facilitated by the Partner's Directory, the webpage, monthly conference calls, conferences, and newsletters. Russian partners have particularly valued the networking that occurs at partnership-sponsored conferences. A frequent comment, especially heard from participants in Novosibirsk and Khabarovsk, was that they now "had reason to talk together."

### **C. (1) Describe the Technical Merit/Appropriateness of Training and Recommendations.**

The Faculty Training Programs are evaluated in this section.

#### Faculty Training Programs

Faculty training programs were dual focused. First, Russian participants were trained to enhance their teaching skills. Second, Russian participants were trained to enhance their professional and technical skills in their areas of expertise.

#### **Strengths of the Training Programs include:**

- a heavy emphasis on both theory and practice, especially in the UW/NSAEA Partnership.
- evidence of learning as reflected in the curricula and courses developed by faculty participating in the partner's training programs.
- positive comments of Russian faculty on the value of training programs.

- an on-going analysis of the training programs, especially with the UW/NSAEA Partnership.
- the evaluation of the training participants' teaching, especially in the UM, TU, MMA, and MMSI Partnerships.
- the active participation of faculty throughout the region in training seminars conducted by UK and UW.
- the pairing of Russian and US faculty sharing common areas of interest, especially in the UW/NSAEA partnership.
- the pairing of Russian faculty with US mentors from the business community, especially in the UW/NSAEA partnership.
- materials used in the training seminars were most often in the Russian language.

**Weaknesses of the Training Programs include:**

- there is never enough hands-on training, but at some point one has to "sink or swim alone." The following comments illustrate the need for more practical consulting:
  - (1) "With the partnership we got through the theory point, now we need to go on to practical."
  - (2) "Even more practical aspects could have been included in the seminars."
  - (3) "We have theoretical knowledge in our heads, but we need practical skills. The practical experience we had in the US had little relevance for Russia."
- there is a continued need for more training in areas of financing and quality control in health care.

**Recommendations to enhance the Training Program include:**

- Emphasizing collegueship and the building of one-to-one collaborative relationships between faculty.
- Continuing training in the areas of finance and quality control.
- Developing a continuing education plan to keep faculty trained during the partnership as up-to-date as possible with developments in their areas of expertise. This includes the acquisition of materials and the development of sophisticated electronic means to connect them with world resources.
- Initiating more evaluative measures to determine the impact of faculty training on teaching effectiveness, changes in teaching style, and teacher satisfaction.
- Providing more training on evaluation methods in education.

## **(2) Describe the Technical Merit/Appropriateness of Products and Recommendations.**

Products of the partnership that are evaluated include curricula from the Khabarovsk partnership, curricula from the Novosibirsk partnership, curricula from the Moscow partnership, the Public Health Curriculum in Moscow, By-Laws/Charter of AUPHA - Russia, and REPNet.

### Curricula from Khabarovsk Partnership

Two management curricula have been established because of the KMI and UK partnership:

(1) A one year program consisting of four modules trains health care managers. Implemented during Fall 1996, this program enrolled administrators of hospitals and polyclinics from throughout the Khabarovsk Krai. (2) A two year, full-time program designed for graduating medical students has been prepared, but is awaiting funding from the Krai. Because the Krai's financial situation is critical at this time, it is impossible to determine when the two year program will start.

Each module consists of lectures (50%), seminars (35%), and practice (15%).  
Comprising the curriculum are four modules having the following content:

#### *Module One - Social Hygiene and Organizing Health Care Services Within the Social/Economic Reforms in Russia*

Objective: to teach heads of medical institutions about the health care system of Russia.

A sampling of classes includes topics such as social health conception, health index, health care systems for the population, health care systems in Russia, organization technology in health care, providing medical care for the Russian citizens, organization/legal forms of medical institutions, accreditation and licensing in health care, and medical insurance.

#### *Module Two - Economics of Health Care*

Objective: to teach heads of medical institutions how to provide rational financial management and to achieve the best final results.

A sampling of classes includes topics such as macro/micro economics, services marketing, financial sources, methods of financial resources distribution, decentralized methods of financing, crediting in health care services, bookkeeping, price information processes in health care systems, payment to employees, principles of taxation in Russia, and contracts in the health care system.

#### *Module Three - Structures of Management in Health Care*

Objective: to teach the heads of medical institutions how to form the best management structure.

A sampling of classes includes topics such as management as a branch of science, systematic approaches in health care management, system analysis, economical juridical ethics, advertisement, statistical evaluation of effectiveness, supervising the fulfillment of programs, and legal aspects of management.

#### *Module Four - Communication Connections in Health Care*

Objective: to teach the heads of medical institutions of Khabarovsk Region to form management information systems within their institutions.

A sampling of classes includes topics such as communication connections in health care, grounds for creating computerized informational systems in health care, advice on planning and applying informational systems in medical institutions, risk level while making decisions, functions of informational systems on first stages of the management cycle, and organizing personnel.

**Strengths of the Management Curriculum include:**

-UK faculty presented a comprehensive seminar on teaching methods. Many faculty from throughout the Khabarovsk Krai attended the seminar and now these individuals are teaching in the Management Program at KMI.

-the curriculum is comprehensive and realistic for the challenges confronting managers of health care in Russia.

**Weaknesses of the Management Curriculum include:**

-lack of resource materials in Russian to supplement the curriculum.

-inability to use James Suver's textbook, Healthcare Financial Management, which serves as a cornerstone of the curriculum. This book was translated into Russian, but is not available for publication because of copyright difficulties.

-lack of an on-going evaluation of the program, its students and its impact.

**Recommendations to enhance the Management Curriculum at Khabarovsk include:**

- Developing and implementing an on-going evaluation of the program, its students and its impact.
- Pursuing publication of the James Suver's textbook, Healthcare Financial Management.

Curricula from Moscow Partnership

A 19 module curriculum developed during the partnership is the basis for the health management program offered jointly by MMA and MMSI in Moscow. Students in the curriculum are administrators in hospitals, polyclinics, and governmental agencies.

Each module consists of lectures (20%), seminars (30%), and practical experiences (50%). The modules focus on the following topics:

Health Care Reform in Russia  
Introduction to Management

Self Management  
 Personal Productivity  
 Changes in Management  
 Human Resources  
 Management and Motivation  
 Strategic Planning  
 Informational Systems  
 Health Care Quality Management  
 Economics of Health Care  
 Health Care Accounting  
 Health Insurance  
 Health Statistics  
 Epidemiology in Infectious Diseases  
 Communication  
 Decision Making  
 Health Care Marketing  
 Leadership  
 Control

**Strengths of the Management Curriculum include:**

-visits with students confirm that the new program has helped to change (1) their management orientation from authoritative to participatory, (2) their personnel relations from people as means to people as resources, and (3) their training approach from fragmentary to integrated.

-faculty teaching in the curriculum have received extensive training in teaching methods and in the content areas as a result of the partnership program.

-the AUPHA Resource Center provides resources which complement the curriculum.

-topics covered in the curriculum provide an excellent base for management into the next century and for management in a dramatically changing country.

-plans call for the inclusion of case study materials from Dubna into the curriculum.

-the program has the potential to be self-sustaining.

-the program has the potential to positively influence the Russian Ministry of Health because of its location and influential faculty.

**Weaknesses of the Management Curriculum include:**

-lack of resource materials in Russian to supplement the curricula.

-lack of a marketing plan.

-lack of an on-going evaluation of the program, its students and its impact.

**Recommendations to enhance the Management Curriculum at Moscow include:**

- Developing a marketing plan to bring in more students, thereby strengthening its financial base.
- Working with the Ministry of Health in Russia to obtain country-wide statistics and data bases that could strengthen the research base of the curricula.
- Developing and implementing an on-going evaluation of the program, its students and its impact.

Curricula from Novosibirsk Partnership

The partnership of NSAEA and UW produced a three block curriculum to prepare "specialists in economics and management in public health." With two inter-related tracks, the program accepts only physicians and nurses. The physician track is a one year program for physicians who are graduates of medical institutions and now work as head doctors and chiefs of laboratories. The nurse track is a two year program for nurses who are graduates of a nursing institution and are continuing their education, while working only part-time. The content of the two programs is exactly the same, except nurses take additional courses in communication technologies and basic arts, such as philosophy, literature, communication, ethics, and mathematics. Self-directed student learning combined with lectures and faculty guided projects make up the teaching methods used in this program.

Components of the three curricular blocks are as follows:

Block One: A Theoretical/Methodical Block covers topics in marketing, economics, sociology, management, business, personnel management, statistics, and epidemiology.

Block Two: A Professional Block covers topics in economics, health care organization, financial management, quality control in health care, law and health care, information systems in health care, medical services marketing, medical statistics, and bookkeeping in health care.

Block Three: A Special Courses Block covers topics in health care reform, health insurance, resource management, communications, and population health status.

**Strengths of the Management Curriculum include:**

-focus areas of the curriculum were developed collaboratively by administrators and faculty at NSAEA and consultants from UW.

-once the focus areas of the curriculum were determined, partner activities concentrated on building the knowledge and resource base of these areas.

-the Academy specializes in the teaching of economics and administration, so it is well prepared to give health professionals the theory and practice needed to make them expert administrators.

-the curriculum strategically builds on the students' professional knowledge base.

-continuous, active support of the Novosibirsk Oblast Health Care Committee, even though the Committee makeup changed during the middle of the partnership program. During December 1995, a new governor was elected in the Novosibirsk Oblast and he in turn appointed a new Health Care Committee Administration.

-a very well organized, committed, visionary, and knowledgeable director of the Management Program for Health Professionals.

-the inclusion of influential and experienced physician administrators as core faculty in the program.

-faculty of NSAEA report being very satisfied with the curriculum.

-the inclusion of materials and the use of teaching strategies, advocated during UW sponsored conferences and faculty exchanges, in the management curriculum. I reviewed the syllabus for a marketing class that was prepared by a faculty member who has participated in conferences at the UW and is involved in seminars sponsored by the partners in Novosibirsk. Lectures and student assignments were clearly based on the partnership experiences. Class topics include the Nature of Medical Institutions Marketing, Characteristics of Marketing Research, Advancement of the Medical Care System, Organizational Structure and Personnel in Systems of Medical Care, Planning the Marketing Complex, Donorship Marketing, and the Methodology of Completing a Marketing Program.

-content within the curriculum is appropriate for a graduate level program in health care management.

**Weaknesses of the Management Curriculum include:**

-lack of resource materials in Russian to supplement the curriculum.

-lack of an on-going evaluation of the program, its students and its impact.

-interviews with nursing students enrolled in the management curriculum revealed intense apathy and a lack of information about the aims of the program and the type of work they will be prepared for upon graduation from the program. After I visited with the 30 students, the students literally descended upon the Program Director, requesting information on these questions and others.

**Recommendations to enhance the management curriculum at Novosibirsk include:**

- Developing and implementing an on-going evaluation of the program, its students and its impact.
- Developing informational materials about the Management Curriculum to use as a marketing tool for potential students and an orientation guide for enrolled students.
- Conducting on-going informational meetings with students enrolled in the program.

Curricular Materials Developed by UM, MMA and MMSI for the New School of Public Health

An ambitious goal, to open a School of Public Health in Moscow, the first in Russia, was realized in September 1996 when the first students were admitted. Cooperating in this effort were the UM, TU, MMA, MMSI, and the Leaden High School of the Netherlands. Financial assistance was provided by USAID through the Zdrav Reform Program.

The two year curriculum consists of the following topics:

Social, ethical aspects of public health services, ecology and hygiene of an environment, information technologies in public health management, organization forms and methods of health care, management, marketing, systems of continuous improvement of health care quality, economy and financing of a public health service, bookkeeping and reporting, medical insurance, social and medical psychology, and legislation in public health services.

**Strengths of the Public Health Curriculum include:**

- it builds on the 19 modules developed for the management curriculum.
- faculty in the School of Public Health participated in the Train-the-Trainer Programs sponsored by the partners program.
- the program is being piloted locally, before opening it up to students from throughout Russia.
- plans include making the program self-sustaining by charging tuition.
- plans include making it part of a free-standing Institute of Public Health Management.

**Weaknesses of the Public Health Curriculum include:**

- the curriculum lacks content on emerging infectious diseases, strategies for program development, the most recent WHO and international communities' objectives for health and health delivery, research needs and strategies, and world-level health care resources.

-lack of international certification and affiliations, although MMA administrators have fluctuated about whether or not international affiliations should be pursued and if so, which ones would be best.

**Recommendations to enhance the Public Health Curriculum include:**

- Including more class content on emerging infectious diseases, strategies for programmatic development, the most recent WHO and international communities' objectives for health and health delivery and their implications for Russia, research needs and strategies, and world-level health care resources.
- Pursuing recognition and certifications from appropriate international agencies.
- Pursuing affiliations with international Schools of Public Health.

By-Laws/Charter of AUPHA - Russia

The By-Laws/Charter of AUPHA - Russia submitted for review is dated April 13, 1993 and reflects only the AUPHA - US organization. It is uncertain how this document was changed to reflect (1) the Russian Federation's requirements for a registered organization, (2) the differences in cultural and social expectations of an organization in Russia, and (3) the unstable financial climate in Russia which will influence membership stability, recruitment and participation.

REPNet

Operating since December 1995, REPNet has opened the doors of communication between US and Russian partners. Russian partners are very enthusiastic about the program, but they are also aware of its limitations. For the most part, REPNet is best used for basic, social, non-technical communication. Its largest limitation is that it has not yet developed the sophistication necessary to be highly accurate for technical communication.

**(3) Describe the Technical Merit/Appropriateness of Resource/Learning Centers and Recommendations.**

During the partnership project each of the Russian partners, with the assistance of their US partner, established a Resource Center. An overview of each Resource Center by city is presented.

Khabarovsk

The Resource Center really does not exist as a separate entity. Instead, it is submerged within the KMI Library and Computer Center. UK donated a large number of books about health care management, financing, and administration, to the library. The two computers purchased by the partnership are available for faculty and student use in the Computer Center. Several faculty

associated with the partnership project routinely use the computers for teaching-related projects and for e-mail.

**Strengths of the Center include:**

-the intense enthusiasm of Center staff to expand its resource and electronic capabilities out into the world.

-the large collection of English language resources, including America's most current and most reputable books in health care.

**Weaknesses of the Center include:**

-low user numbers especially for the English language materials. Very few health professionals in Khabarovsk speak English.

-lack of financing to get maximum use of the computers donated with the partnership. The staff would like to develop a multi-computer lab, but financing constrains them.

-none of the many USAID sponsored materials (written in Russian) are present in the Resource Center.

-the Center's Library Directors have little experience or know-how in computer technologies that could benefit the Center and expand its usefulness.

-no relationship exists between other Centers involved with the Russian partnership.

**Recommendations to enhance the Center at Khabarovsk include:**

- Continuing regular communication between UK and KMI colleagues.
- Keeping abreast of KMI's need for English language resources in health care management, etc.
- Continuing to add current Russian language resources to the Center, especially in the field of health care management, health care reform, etc.
- Adding the many USAID-sponsored health care reform materials (written in Russian) to the Center.
- Providing intensive training to the Center's Library Directors on computer and electronic capabilities that could benefit the Center and enhance its usefulness.
- Expanding the capacity and increasing the enthusiasm of the Center in Moscow to reach out to the Centers in Khabarovsk and Novosibirsk.

## Moscow

Dedicated October 1995, the Resource Center is centrally located in Moscow's Garden Ring Road District. It is the main repository in Russia for educational materials in health management, as well as a training site and meeting ground for the management program. Its operations are now under a highly educated, very ambitious, professional librarian. All of its resources have been catalogued and are available for use to the Moscow community.

### **Strengths of the Center include:**

- it has the most current holdings on management available in Russia.
- holdings include Russian language journals and books. The journals come on a regular basis and represent Russia's finest literature in medicine and health care.
- holdings include English language journals and books. The books represent some of the most current hard copy materials on health care, health care systems, health care financing, and management.
- its librarian is well connected in Moscow and has superb know-how to access electronic resources, and to develop and market the Center.
- because of its connection to AUPHA-Russia and the Moscow partners, the Center has the ability to serve as a resource to the Ministry of Health in Russia and to the country's health care leaders.

### **Weaknesses of the Center include:**

- English language journals have been donated and are not available on an on-going basis (through subscriptions).
- user numbers of Center resources and services are low.
- no formal sustainability plan has been drafted for the Center.
- fifty percent of the Center's users come for library searches and e-mail exchanges, but after the grant terminates, there is no provision to continue funding this service.
- the Center has not reached out as a country-wide resource to other partner programs or health professionals in Russia.

### **Recommendations to enhance the work of the Center in Moscow include:**

- Assisting the Center to purchase or to obtain without cost on-going subscriptions to select English language journals and electronic resources in management and health care systems.

- Assisting the Center to develop and implement business, marketing, and sustainability plans.
- Including the Center's Librarian and the AUPHA-Russia staff in developing the short and long-term plans for the Center.
- Developing collegial, reciprocal relationships initially with the other Russian partner's Resource Centers and eventually with other health management programs in Russia.
- Developing at the Center an "Expert Center for Russia on Electronic Resources in Health Care." Included as services in the Center could be (1) classes on accessing or creating electronic resources, (2) classes on administering an electronic resource center, and (3) written materials about electronic resources. The "sky is the limit on such a venture" because the Resource Center could extend its services for a fee into the private and public sectors throughout Russia.
- Retaining the Center's Librarian/Director as she has other lucrative job offers from private and public firms. She has the potential to make the Center into a world class venture in Russia.

#### Novosibirsk:

No official Resource Center exists. Instead, it is subsumed within a large two floor library at NSAEA. Computers donated by the partnership are used by NSAEA's faculty and students. Written and electronic materials donated by the partnership have mostly been placed within individual faculty offices for their use in curriculum development and teaching.

#### **Strengths of the Center include:**

-faculty use partnership-donated resources.

-e-mail connections are available to all principle players in the partnership.

-faculty trained in electronic technology during exchanges to the UW are very skilled and willingly use this skill to enhance the activities of faculty and students at NSAEA, not just in the area of health management.

#### **Weaknesses of the Center include:**

-no relationship exists with other Centers involved with the Russian partnership.

-it needs more current Russian language literature in health care.

-none of the many USAID sponsored materials (written in Russian) are present in the Resource Center.

-it is impossible to access Internet resources from NSAEA because they do not have the financing or the sophisticated telephone lines needed.

**Recommendations to enhance the Center in Novosibirsk include:**

- Expanding the capacity and increasing the enthusiasm of the Center in Moscow to reach out to the Centers in Khabarovsk and Novosibirsk.
- Continuing regular communication between UW and NSAEA colleagues.
- Keeping abreast of NSAEA's need for English language resources in health care management, etc.
- Continuing to add current Russian language resources to the Center, especially in the field of health care management, health care reform, etc.
- Adding the many USAID-sponsored health care reform materials (written in Russian) to the Center.
- Facilitating the acquisition of Internet capabilities at NSAEA.

**(4) Describe the Technical Merit/Appropriateness of Consulting Services and Recommendations.**

US partners actively engaged in consultation with their Russian partners. After the partners jointly determined the nature of their curricular work in the area of management, subsequent consultations focused on achieving the partners' goals.

**Strengths of the Consulting Services include:**

-Visit of Laura Larsson, Librarian at the UW, opened the eyes of Center librarians to the world.

-UW very skillfully paired Russian faculty with US faculty in their areas of expertise to facilitate the Russian faculty's acquisition of practical skills.

-UW featured consultants from the academic and business arenas to reinforce their curriculum development efforts. To illustrate, Phil Sandifer, CEO of Island Hospital and a member of Washington State Association of Hospitals, and Dennis Stillman, CFO, UW Medical Center, met with senior health leaders in Novosibirsk to discuss (1) the role and importance of health management education for physician and nurse leaders in Siberia and (2) the importance of close collaborative relationships between NSAEA and health care practitioners for purposes of curriculum development and teaching.

-Faculty and administrators from all Russian partner schools express their desire to continue the consulting relationships with their US colleagues.

-US consultants gave considerable time and effort to provide a solid base for the development and implementation of the partner programs. Two faculty in particular spent long periods of time on-site to assist with curriculum development. Thomas Samuel of UK used his six month sabbatical leave from UK to actively participate in the Khabarovsk Health Insurance Conference. Bright Dornblaser of UM spent much of his summer vacation in Moscow working with faculty of MMA to develop the new public health program.

-Faculty at the Russian partner schools actively participated in the consultation visits of US faculty even though the Russian faculty at times were receiving no compensation from their Russian institutions.

-Consultations between partners are on-going via e-mail connections.

**Weaknesses of the Consulting Services include:**

-the visit of Laura Larsson, Librarian at the UW, lacked hands-on experience and information about the practical application of computer software and Russian language materials. The comment of one librarian illustrates the value of the consulting visit, "I know ProCite is a wonderful program, but I know nothing more about it."

**Recommendations to enhance the Consulting Services include:**

- Providing intensive practical education for Resource Center librarians on computer and electronic programs. Supportive materials in the Russian language must be included in the educational session and left at the Centers for their continued use.
- Providing regular, on-going follow-up training and an information network for Center Directors and librarians in Russia.

**D. What Additional Technical Assistance could the NIS Partners Use to Improve Their Work in General?**

Russian partners need additional technical assistance to better accomplish the established outcomes. Recommendations follow.

1. Partners should prepare briefs and concise manuals in Russian on the products developed during the partnership.
2. Partners should provide publishing support for curricular materials developed at each of the partnerships using CD-ROM technology and printed manuals. For example, curricular materials at NSAEA are on hard disk, but should be published in a booklet format. NSAEA does not have the financial means to do this.

3. Materials from the partnership should be widely disseminated by (1) AUPHA-Russia staff and partnership coordinators personally delivering them to the Russian Ministry of Health and other designated government leaders and (2) AUPHA-Russia staff and partner schools offering them for a fee to administrators of other health management programs in Russia.
4. Partners should conduct a Russian-wide conference on health management to present the work of partner schools, to increase the visibility and credibility of AUPHA-Russia as a leader in the health management arena in Russia, and to disseminate materials prepared during the partnership.
5. The Public Health Program at MMA needs to prepare for international certification and affiliations, although MMA administrators have fluctuated about whether or not international affiliations should be pursued and if so, which ones would be best.
6. A longitudinal evaluation of the project should have been implemented, but it is better to get this evaluation procedure in place later, than not at all. Evaluation should occur in areas such as (1) student outcomes - their employment opportunities and placement after graduation, their satisfaction of the program, and their acquisition of knowledge, (2) institutional outcomes - management changes, financial outcomes, economic gains, employer-employee relations, financial/economic outcomes, and quality of service products, and (3) regional outcomes - decision-making, reforms initiated, changes in health care services, and changes in the health status of consumers.
7. US partners should provide short-term consultation in the following areas:
  - Faculty of MMA would like more work on preparing financing modules in the management curriculum.
  - Resource Center Directors/Librarians need comprehensive training in computer and electronic programs.
  - AUPHA-Russia needs immediate consultation to develop and operationalize a realistic sustainability plan.
8. Each Resource Center Librarian/Director needs to be involved in intensive training about current practices in librarianship, resource sharing, computer and electronic technology, Internet/Web capabilities, current Western management literature and resources, and current information management and dissemination practices.
9. Other USAID-sponsored projects in Russia have produced valuable written materials on reforms in (1) the health care delivery system, (2) professional organizations, and (3) health management sectors. These materials were notably absent from the Resource Centers in Novosibirsk and Khabarovsk. USAID and AUPHA-Russia need to get these materials to the partner's Resource Centers and to the administrators of the management programs at partner schools.
10. AUPHA needs to work with US journal companies to obtain on-going, low cost or free subscriptions for partner schools. Subscription copies could be provided by hard copy, CD-

ROM, or electronically. Journals needed with this arrangement include the Executive, American Journal of Public Health, Health Care Management Review, Health Service Management Research, Hospital and Health Services Administration, Hospital Topics, Journal of Community Health, Journal of Health Administration Education, Journal of Law, Medicine and Ethics, Public Health Reports, Topics in Health Care Financing, Healthcare Forum, Health Affairs, Journal of Epidemiology and Community Health, and Topics in Health Information Management.

**E. What New Directions are a Natural Follow-on to the Partnership? Are There Others Working in the Sector That This Group Might Contact and/or Collaborate With?**

The collaborative efforts of the Russian and US partners took the concept of management in Russia to new heights in just two years. Repeatedly, Russian partners applauded the amount of work that was accomplished, allowing them to establish and implement programs that previously had been only a dream. Now, the expansion and increased visibility of these programs is a natural follow-on to the partnership. Recommendations for this new work follows.

For Expansion

- Russian partners and Russian schools of Health Management need more resources translated into Russian. Presently, there are few materials available in Russian in the area of health management.
- USAID and US partners need to develop distance education capabilities at designated regional centers in Russia. Using distance modalities, (1) continuing education can be provided for faculty, (2) specialized management classes can be provided for students, (3) conferences on health management topics can reach a large number of health care experts in Russia, and (4) research symposia can facilitate the collaborative research efforts begun during the partnership. Distance education capabilities should extend between the US and Russia and also within Russia. Russian partner schools should serve as Distance Education Centers so they can broadcast their programs to health professionals throughout Russia.

USAID needs to initiate a focused program on Quality in the Health Care Delivery System. While this was a component of each of the partner school's Management Curricula, a repeated comment was, "We have more questions, than answers in the area of quality." Quality in health care was also a focus area within the USAID funded Zdrav Reform Program, so components of a large scale program in quality already exist in the NIS. Such a program should be on the definition of quality, the development of realistic quality standards, the measurement of quality, the implementation of quality control measures, the development of quality experts, etc. Within Russian governmental and academic circles, the issue of quality has been fiercely debated, yet no clear resolution has emerged. Now, the time seems right to focus on quality as an issue in education, practice, and research.

For Visibility

- USAID should establish Regional Centers for Health Resources. Logical locations would be at the present partnership sites. Included at these Centers should be (1) a continuous infusion of current health-related resources such as journals, books, audio-visual, and computerized programs on health management, finance, reform, and organizations, (2) dissemination capabilities for distributing health management literature throughout Russia, (3) a staff well-educated on the administration of a resource center, continuing education programs, computer technologies, and distance education programming, (4) a conference center with distance education capabilities to disseminate programs on health management throughout Russia, and (5) sophisticated electronic and communication capabilities to link Russia with the world's most current resources on health management.
- USAID should support a massive effort to establish a clearinghouse of resources created in the NIS by US Government sponsored initiatives. Then, these resources need to (1) be given to the regional Resource Centers throughout Russia and (2) made available for wide dissemination throughout the NIS.

**F. Discuss the Partnerships Sustainability Plan. How Close are the Partners to Meeting These Goals?**

A three page Sustainability Plan for Russia drafted April 1, 1996, and later reconfirmed by letter on July 9, 1996, clearly indicates what activities are needed for the partnership projects to remain viable, long-term entities in Russia. Goals identified in the sustainability plan are underlined and the accomplishments toward the achievement of the goals are evaluated.

AUPHA-Russia with the first fully developed Resource Center and the REPNet communication system, will continue to attract health care organizations in Russia and offer the AUPHA Russia membership.

The Resource Center and REPNet are fully developed and functioning at the AUPHA-Russia Resource Center. Members of health management programs and other health care organizations in Russia have been frequent visitors to the Resource Center, primarily because of its conference capabilities. The potential to dramatically expand AUPHA's membership exists, but AUPHA-Russia does not have membership recruitment or application materials, therefore, it has not actively marketed its program or actively recruited members. Presently, the AUPHA-Russia membership consists of the Russian partners involved in the AUPHA partnership program. Directors of AUPHA-Russia state that they would like to charge membership dues beginning September 1997. Such a fundraising strategy may threaten the viability of AUPHA-Russia because most government-funded educational institutions are experiencing great financial difficulties, some of which are even unable to pay for faculty salaries and utilities.

MMA and MMSI will continue to offer 16 module courses for the managers in Health Administration field throughout Russia. AUPHA-US and AUPHA-Russia will work closely on converting and translating six curricula modules that have been developed based on a traditional AUPHA Introductory Workshop and will be disseminated by AUPHA Russia.

The management curriculum developed, piloted, and implemented by the UM, TU, and Moscow Partners, consists of 19 modules. Thus far, three classes have been started for hospital and polyclinic administrators from Moscow and health care leaders and governmental administrators from Dubna. Although, there are no formal plans to offer the course in other locations in Russia, it is considered to be a money-making venture, and will undoubtedly encourage faculty to venture beyond the Moscow region to help make the program self-sustaining.

Several of the modules have been published in individual manuals. The work of editing and publishing is on-going. Presently, there are no plans to officially disseminate these materials in Russia, although AUPHA-Russia willingly gives copies to Russian partners.

MMA and MMSI have been incorporating new teaching approaches, pedagogical tools, and case studies to their traditional courses that have been taken from the 16 modules jointly developed for the executive management course as a result of faculty exchange and cooperation.

Individual participants were enthusiastic about the comprehensive way US partners presented content and approaches to teaching methodologies. Initially, this information was used in the development, piloting, and presentation of the 19 modules making up the Management Curriculum. Then, the Moscow partners applied their knowledge on new teaching approaches, pedagogical tools, and case studies to the curricula of the new Public Health Program which began September 1996. The Management and Public Health Curricula will continue as routine programs of the MMA and MMSI, but no plans exist for continuing the "train the teacher" programs.

NSAEA has enrolled two groups of students (nurses and physicians) for a two year program in Health Administration. NSAEA has started to teach their courses in Managing for Quality, Finance, Marketing, and the use of epidemiological information and methods to make health management decisions in a new way, as a result of a one year faculty exchange and partnership collaboration.

Since September 1995, NSAEA has enrolled physicians and nurses in its Health Administration Management Program. Enrollment numbers are as follows:

1995 -20 Physicians and 40 Nurses enrolled  
 1996 - 7 Physicians and 17 Nurses enrolled  
 1997 -15 Physicians and 20 Nurses are projected to be enrolled

Core contents consists of topics in quality, finance, marketing, and the use of epidemiological information. While the overall approach using self-directed teaching continues as before the partnership, a review of course syllabi showed that teachers having direct involvement with the partner's numerous activities on teaching methods have made substantial changes in the way they (1) design the course objectives and class topics (2) present their classes, and (3) assign class activities. The Management Curriculum for physicians and nurses will continue with funding from NSAEA. Leaders of the partner project at NSAEA have differing viewpoints on how they will continue to provide continuing education for faculty after the partnership grant concludes. First,

continuing education will be obtained through electronic means, except NSAEA can not afford to provide Internet services for such a venture. Second, continuing education will be provided via international faculty exchanges, although NSAEA will be unable to provide financial support for country to country exchanges. Third, continuing education will be provided country to country via distance education technology. Directors of NSAEA have drafted a letter for inclusion with this report expressing their interest in a future distance education partnership.

University of Kentucky has given six textbooks to the Russian partners in Khabarovsk with the permission to translate and publish one of them, James Suver's textbook on Healthcare Financial Management.

UK has donated far more than six textbooks to KMI. In fact, the English collection of books on topics of health care delivery, health care financing, organizational management, rural health care, etc., stands as an impressive collection in the KMI library. Suver's book on Healthcare Financial Management has been translated into Russian, but unfortunately it has not been published because of copyright difficulties. Presently, eleven copies of the draft Russian manuscript are used by KMI faculty. The book in Russian is desperately needed by the faculty at KMI because it serves as a valuable resource in the management curriculum. Also, the book could serve as a valuable work for all health management schools in Russia.

AUPHA -Russia Resource Center is serving as an educational center and resource center.

The Resource Center at AUPHA-Russia has the most up-to-date and extensive resources on health management in Russia. In all, the Center consists of three spacious rooms. The library is a well-lighted, well-planned room, making it the most conducive for serious study. With the addition of equipment and office furniture donated by the USAID-sponsored Zdrav Reform Project, the conference room is now capable of hosting small or large (100 people) meetings.

Center holdings include:

US periodicals x 22 titles, 1992-95 donated, but not on-going

Russian periodicals x 14 titles, 1996-97, on-going

Dictionaries

Guides

Monographs

Textbooks in Health Management and Psychology (200 titles in English, 80 title in Russian)

Discs for the Training Program

CD-ROM Program for Russian Medicine, 1988-95, journal file

Encyclopedias

Numerous Software Programs

Services offered by the Center include:

A Reading Room

Conference Center including the availability of AV equipment  
 Reference Services  
 Inter-library Loan  
 On-line Publisher Access Catalog  
 Photo Copying  
 Internet Search

Approximately fifteen individuals use the Center each week, although the Center has not actively marketed its holdings and services, nor developed a user relationship with other partner Resource Centers in Russia. While AUPHA-Russia and Resource Center staff have ideas for making the Center self-sustaining, a business plan for sustainability after the grant period has not been drafted. It is assumed the Center will begin charging a fee for its service training courses, library resources, and use of its conference center.

Partnership presence in each major geographic sector of the country: West, Siberia, and Far East.

This partnership extends throughout the vast country of Russia. MMA and MMSI have a large presence particularly in Moscow, but also extending into western Russia. NSAEA's influence extends throughout Siberia. KMI is a leader in medical education and a pioneer in health management education for the Far East. AUPHA-Russia has already demonstrated its potential, bringing the Russian partner schools together as advocates for health management in Russia.

A new school of Public Health is being planned for the MMA with assistance from UM. Working together under the IPP, the partners see establishing a new school of Public Health at MMA as the next logical step in their cooperation.

As a result of intensive collaboration between UM, TU and MMA, a new Program of Public Health was established at MMA in 1996. Twenty-four students entered the two year program in September 1996. Discussions with the Director of the Public Health Program indicated additional partnership activities have not been identified, although UM and TU faculty, along with faculty from other public health schools throughout the world, will be considered guest lecturers in the Program.

Faculty of TU and MMSI have been planning an additional faculty development course and activities that will extend beyond the duration of the REP Project.

TU in cooperation with MMA and MMSI have initiated a distance education program at Dubna that will focus on faculty development and management courses.

Based on the partnership interaction, faculty of TU and MMA have developed the joint set of interests in some comparative articles on long-term care.

Discussion on joint projects in the area of long-term care have been on-going, but no articles have been written in that area.

Joint efforts of UK- KMI partnership have resulted in an article co-authored by Russians and Americans on the problems of healthcare reform in the Khabarovsk region.

Articles about healthcare reform, co-authored by Russians and Americans, have been published in regional health care journals of the Far East.

REP partners will continue to correspond by e-mail and fax to explore future opportunities for collaboration on similar projects. REPNet is serving and assisting the partnerships.

All the Russian partner schools have workable e-mail and fax connections. REPNet deserves credit for making connections between Russian and English speaking colleagues possible. Especially enthusiastic about the e-mail accessibility are partner participants from Novosibirsk and Khabarovsk. In Novosibirsk, twelve faculty have active, on-going e-mail connections with colleagues at UW. Using e-mail has facilitated the work of the marketing faculty who are writing marketing manuals that will be used in NSAEA's Management Curriculum. In Khabarovsk, faculty enthusiastically demonstrated their use of REPNet in e-mail communications with UK. It was very evident that e-mail communications between KMI and UK are frequent, almost daily. These connections will enhance their joint research study on the organization and effectiveness of health care systems. Once the grant period concludes, e-mail connections will be self-funded by the Russian partner schools, but the ability to self-fund is questionable for AUPHA-Russia because it has not created or implemented a sustainability plan.

Faculty from NSAEA will travel to the UW to attend a special summer training institute on Health Care Management.

Four faculty from NSAEA participated in the Public Health Leadership Conference during the summer of 1996. Complementing the specialized program in health care management was a specifically designed practicum, whereby Russian faculty were paired with an American colleague in their area of expertise. Participants report that the dual-focused training was very valuable for them. The learning that occurred during the training was very evident as I spoke with the confident and knowledgeable participants. An issue is how such continuing education opportunities will continue after the grant concludes because administrators at NSAEA claim they will be unable to fund an exchange program.

### **Individuals Interviewed During the Evaluation Visit**

#### Khabarovsk

Nicholi Kapitonenko, Executive Director, Khabarovsk Regional Fund for Compulsory  
Medical Insurance

Valentina Tropnikova, Public Health Board Deputy Head, Administration of Khabarovsk  
Territory

Natalia Osipova, Senior Librarian, Resource Center, Far-Eastern Medical Center

Anatoly Nagavkin, Department Manager, Far-Eastern Regional Urgent Medical Care Center

Nicholi Ovsyannikov, Head, Analytic Department, Far-Eastern Medical Center

Moscow

Vladimir Kucherenko, Professor, Moscow Medical Academy

Pavel Salmanov, Head, Department of Medical Informatics, Moscow Medical Stomatological Institute

Alexander Airapetov, Training Programs Coordinator, Assistant Professor, Department of Management, Moscow Medical Academy

Irina Ibraghimova, Administrator/Librarian, Resource Center, AUPHA

Sergey Boyarsky, Executive Director, AUPHA - Russia

Galina Shahkova, Faculty, Management Department, Moscow Medical Stomatological Institute

Michael Alexeev, Deputy Doctor, Expert in Health Care Process, Savior's Hospital

Victor Chiccolini, Faculty, Higher Nursing Education, Moscow Medical Academy

Novosibirsk

M.V. Udalova, Vice Rector, Novosibirsk State Academy of Economics and Administration, Partnership Coordinator

Ludmilla Rivalova, Faculty, Finance Department, Novosibirsk State Academy of Economics and Administration

Natasha Nosova, Professor, Economical Data Processing, Novosibirsk State Academy of Economics and Administration

Natasha Medivala, Student, at Novosibirsk State Academy of Economics and Administration Class in Personnel Management, 30 students, Novosibirsk State Academy of Economics and Administration