

**HEALTH MANAGEMENT EDUCATION IN RUSSIA IN THE CONTEXT OF
HEALTH CARE POLICY AND REFORMS**

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Overview

The aim of this paper is to analyse the current state of health management education in Russia that is discussed in the context of

- recent public sector initiatives and
- health policy and management developments.

Current health care reforms in Russia are aimed to establish a sustainable and equitable health care system in line with the new societal realities. The major problems are created by the economic situation which makes it difficult to raise revenues for health care. In this context it is especially important to maximise the efficiency and effectiveness of the system.

Health sector reforms are mainly focused on changing organisational structures and financial flows in health care. However, it is unlikely that they will be successful without effective management. The latter becomes even more important as the main trend in the state policy towards health services is to increase their freedom in operational issues.

Traditionally in Russian health care public sector plays a leading role that makes particularly important the developments that take place in public administration as reflected in health care. Such an approach is not common to Russian health care experts first of all because at present health services are managed by physicians many having no managerial training.

Under the conditions of changing Russian health care and increasing role of management in carrying out health care reforms the present system of educating health managers needs to be improved. Health managers need training for the new skills that are required to implement reforms successfully.

As the monopoly in educating doctors belongs to medical universities the latter also succeeded in monopolising the delivery of HM education and training. Though some of medical universities have started to develop HM programmes they are definitely slow to cover the emerging needs in highly qualified health managers. Besides, medical universities lack experience in teaching management disciplines. The potential of PA schools could be used to educate health managers and in fact some of them do offer programmes on health management as one of the specialisations. But with doctor's monopoly in health care such programmes are unlikely to have much influence and gain popularity without cooperation with medical profession. It is suggested that what PA faculties can do to change the situation is to raise the

awareness of doctors in the importance of management science for the effective management of health services and promote the interdisciplinary work in health care.

Country profile: public administration in Russia

Russia is a vast country with about 144 mil inhabitants. It is a federation of 89 so called "subjects of federation", usually referred to as regions.

Nowadays Russia has been going through difficult times of reforms that are aimed to create democratic society based on market economy. Transformation of society infringes upon every aspect of the national life, including public sector. The system of public administration in Russia is undergoing serious changes as a part of market-oriented reforms in the country. The role and effectiveness of the state -- what the state should do and how it should do it -- is analysed within the general discussion about the state's role in economic and social development. It should be noted that efficiency and effectiveness of the public sector and how it is managed are on the political agenda of many governments.

Despite the wide scale privatisation public sector in Russia is still significant in scope. About 37 percent of the employed work in the public sector.

The major policy trend in Russia is minimisation of the role of the state-- especially as a direct provider-- in social services, including health, and increasing efficiency of the state administration. Government is supposed to focus on core public activities and develop mechanisms that give incentives to public officials to do their jobs better. It should be noted that Russian scientists as well as policy makers are in general well acquainted with the discussions on the issue carried on international arena, including such international organisations as OECD or World Bank. But what is characteristic of Russian reforms is that very often the rhetoric is not exactly reflected in practical measures: implementation has always been a weak point of Russian policy process.

One of the major problems for Russian PA is vertical -- between different levels of government --and horizontal -- mostly between various ministries and departments-- dispersion of authority, especially in the financial field. Though new Tax and Budget Codes were adopted in the end of 1990s the extent of the power of the regions to raise money to perform their functions-- so called fiscal federalism, is not yet clearly defined. Regional disparities in social

and economic development are substantial and the federal government faces the problem of creating effective mechanisms of redistribution of resources between regions.

In Russia "public administration" covers civil service and state-owned organisations which are particularly widespread in social sector.¹ In fact the distinction between public administration and management in Russia is rather blurred, especially in practice-- though the word "administration" is more often used to denote "management in public sector" while management means "management in the private sector» it is common to find position of manager in a public sector organisation. Such a distinction is probably more strictly followed in educational programmes.

Managing a public bureaucracy in Russia is quite a challenging task because of

- low financing (state organisations are usually under financed both in terms of the planned budgetary appropriations and the actual amounts received during the fiscal year);
- low salaries (in practice meaning low morale). There is a special salary scale for the staff of the state organisations.

Today the government promotes the reform of the system and wants to reintroduce separate scales for each branch (education, health care, science, etc.). Civil servants are in a bit better position as they are entitled to a certain privileges-- for example, better pensions. There is a discussion if people working in state organisations in the social sector (doctors, teachers) should be treated as civil servants and thus, get some privileges, too.

Issue of corruption is very acute for Russian PA -- the general belief is that low salaries in the public sector make bribes attractive for public administrators. In the open debates a number of remedies are offered but the problem is still there and Russia share the title of one of the most corrupt countries in the world.

PA education in Russia

Today in Russia there are many faculties and programmes where students can obtain MBA or PA equivalent degree. In general the structure of PA education in Russia is the same as in any other humanitarian/social sciences specialty. In the Soviet times students studied in the

¹ The basic piece of legislation that regulates the activities of the civil servants is the Fundamentals of the civil service adopted in 1995.

university for 5 years to get graduate degree. At present the higher education in Russia is being reformed along the Western line: Bachelor (4 years) -- Master (plus 1 or 2 years=5 or 6 years) degrees are being introduced everywhere. Post graduated education include running for one of the doctorate degrees (PhD) and retraining courses.²

Among the most popular educational establishment in the field of PA education are Moscow State University (Faculty of public administration) and Academy of Management (Faculty of public (municipal) administration). They both offer under and post graduate training in PA. The leading role in the postgraduate retraining in PA belongs to the State Academy for Civil Service established under the auspices of the Office of the President that issues special certificates in PA for people working as public administrators but holding graduate degrees in other disciplines. At present this is the most popular form of staff development in public sector that enables people to improve managerial capabilities and adopt new information technology and also improves significantly their career prospects. This is also more efficient from the point of view that retraining programmes fellows are all coming back to their work while no one follows the career of students graduating from PA faculties. But it should be noted, that business management education is now much more popular in Russia, mostly because working in the private sector is more prestigious and money rewarding for young people.

One of the strategic aims of PA education in Russia is to change public sector bureaucrats who are spending public money into cost-consciousness managers accountable for results. In its importance attached to management development in the public sector Russia obviously follows the lines of the developed countries. Taking into account the fact that in the Soviet times PA education in its classical western sense was not well established Russian educational programmes in the field are highly influenced by the Western analogues and often lecturers have undergone training in Western universities. But this is where the contradiction arises between Western-based theories and practices and Russian reality. Besides, Russian educational tradition tends to favour more academic knowledge while in the managerial training there is a need to use more case studies. This results in the fact that many PA education programmes at various levels in Russia have quite strong policy component.

² In Russia there are two doctoral degrees-- *Candidat nauk* and *Doctor nauk*.

But the major problem in analysing the successes and failures of PA education in Russia is difficulty in following a huge number of new programmes that raises serious doubts about the quality of teaching.

Health care in Russia: from Semashko model to compulsory health insurance.

All the problems mentioned above apply to the state health services and the predominant majority of Russian health services are state-owned.

In Russia as an integral part of the USSR health care was financed and provided by the state (so-called Semashko model) when practicing of private medicine was a rare exception. While significant achievements of the system are generally recognised some major drawbacks are also well known. It is generally admitted that the Semashko model that showed positive outcomes in times when the principal aim of health care was to fight infectious diseases could not ensure the proper level of the treatment of chronic illnesses which share in the morbidity structure increased. The health care system continued to develop "in-width" (setting up new polyclinics and hospitals, training more professionals, etc.) while increasing its efficiency in the circumstances of the decrease of resources apportioned by society for health care under the conditions of a slowing down economic growth did not attract a proper attention of the Soviet leaders as well as researches (Korchagin,1990; Preker and Feachem,1994; Sheiman,1995; Stains,1999).

Transition to a market economy and decentralisation of decision making inevitably entailed a reform in health care. It has been strategically carried out through the introduction of compulsory health insurance (CHI) and the decentralisation of financing and management of health care.

The principals of CHI and mechanisms of their implementation were laid down in a few juridical documents to include the 1991 Law on CHI. The following arrangements were introduced:

- ü CHI with universal coverage;
- ü enterprises and organisations were bound to contribute to health insurance for the employed, local administrations were to pay for those not employed;

- ü basic CHI programme of CMI including a minimum set of medical services provided by the CMI system had to be adopted at the federal level and regional programmes could not be less in their scope than the federal one;
- ü individuals as well as organisations could participate in voluntary health insurance;
- ü the system of CHI Funds -- the Federal fund of CHI and regional funds of CHI -- were to be set up as independent state non-commercial credit and monetary agencies. They were to ensure the comprehensive character of CHI, the achievement of social justice and equality within the CHI system as well as its financial stability. The CHI funds were to accumulate contributions to CHI then transferring resources to health services either directly or via special health insurance companies (HIC) as independent non-profit organisations. The main functions of HICs were to conclude contracts with health services (hospitals, polyclinics); to reimburse them for medical services provided for the insured; to defend interests of the insured and to control the quality of health care.

By the year of 2000 the Federal Funds of CHI, 90 regional funds of CHI with 1129 branches and 362 HIC were set up in Russia.

At present CHI funds are regionally based in two aspects: first, regional CHI funds are independent bodies but not branches of the Federal fund of CHI as it is, for example, the case with the Pension Fund.³ Second, CHI funds collect contributions from employers, on one hand, and regional administrations, on the other hand. The employers' CHI contribution is fixed at 3,6% of payroll divided between the Federal CHI fund (0.2 percent) and a regional CHI fund (3.4 per cent) covering the employed only and not including their dependants. The CHI contributions of regional authorities are to cover medical treatment for those not employed (children, pensioners).⁴

By the end of 1990s it became evident that introduction of CHI failed to bring about evident positive results, namely improvement in access to or quality of medical services. On the contrary, the quality and scope of medical services provided as well as health status of population continue to decline. Hospitals and polyclinics suffer from the lack of equipment and

³ Social funds in Russia include four out-of-budget funds: The Pension Fund, The Employment Fund, The Social security fund and funds of CHI.

⁴ In accordance with the new Tax Code starting from 2000 CHI contributions are collected by the tax inspections as a share of a new unified social tax

medication. People run into the same problems of the access to and quality of medical services provided in the places, which in many cases need major renovations and re-equipment. In quite a number of hospitals a patient has to provide medication, food and even bed linen for oneself.

Development of the CHI itself has also encountered serious problems. First, it is characterised by extreme irregularity that has created, in particular, a grave problem of using insurance policies issued by a regional fund to get medical treatment outside its area. Besides by 2000 only about 30 per cent, or 8210 health services to include 5649 hospitals, 1900 primary care/policlinics and 661 dental clinics joined the CHI system.

As a result three CHI models have been taking shape in the course of health care reforms. In some Russian regions reforms develop as envisaged by the legislation in force. Regional CHI funds accumulate the resources and conclude contracts with HICs which act as insurers and directly deal with health services. Thus, CHI money is received by the latter through HIC.

In 15 regions only funds of CHI function that collect money and act as insurers. HICs have not been set up there and health services receive money from funds of CHI or their branches directly. In the rest of the regions a combined system has been formed -- funds of CHI and their branches as well as HICs act as insurers. Their shares substantially vary depending on a region.

Second, the collection of payments to CHI is in a quandary. Enterprises as well as regional administrations often do not fulfil their commitments. In many regions health authorities are unwilling to make contributions for the economically non-active population. According to the Federal fund data, the share of payments by the employers amounts to about 60 per cent of all CHI receipts whereas contributions for the not employed made about 26 per cent.

At present as average over 65 per cent of resources to cover health care needs are coming from the budgets of different levels, including 80 per cent from local budgets, the rest of 35 per cent being the share of CHI. It should be noted that there are substantial regional variations in the share of CHI in total health care expenditures that fluctuates from 2 per cent in the Saratov region to nearly 78 per cent in the Samara region.

The reforms in health care have not been accompanied by relevant organisational changes. In fact new structures -- CHI funds-- were just implanted into the old administrative system which remained practically intact. It could not but led to springing up of a conflict between various players in the health care field five main being the Ministry of Health, regional and local

health authorities, the federal and regional CHI funds, health insurance companies and health services. This failed to add to effectiveness of health care.

Relations between the CHI agencies and regional and local health authorities have not been forming easily. Both sides have been fighting for supremacy in the health care system and often cannot come to mutual understanding and find a compromise. The structure of health care system itself has not improved: the number of the notorious beds which became the banner of the criticism of the Soviet model has not in fact substantially lessened and no principal changes for the better in primary health care has occurred. What has reduced is the number of medical personnel mainly due to the fact that wages/salaries in health care system are still one of the lowest in the country. As a result, many medical professionals has to occupy two positions simultaneously which enables them to get two salaries but definitely lead to work overload and poor quality of medical treatment. Such a situation also leads to gratitude payments to medical staff being quite widespread in Russia.

The main innovation that reforms declared in primary health care was introduction of the general practitioner. At present this is proclaimed to be the major development in organisation of health care in Russia. But despite the positive experience of GP in other countries its introduction in Russia is likely to bring about many problems their solution being subject to considerable additional investments.

The main problem with the health reforms underway in Russia is that they were not well thought conceptually and their implementation was not thoroughly prepared. For example, regional administrators are entitled to define the amount of their contributions themselves taking into account the structure of population and its health status while those of enterprises and organisations are fixed by the federal legislation and a fine is imposed for non-payment. Though the dependency ratio is increasing the contribution of regional authorities make only 31 per cent of those paid by employers. Regional administrators have been, in practice, cutting down expenditures on health care by paying CHI contributions for those not employed from their health budgets thus simply redistributing budget means.

As a result, the necessity to introduce certain changes into health care system is recognised even by the proponents of CHI. But at this stage it is not very clear what will happen as different proposals are discussed. One of the them promoted the idea of combining social and health insurance via merging CHI funds and Social Insurance Fund. Pension Fund is strongly lobbying

the possibility to manage CHI money for pensioners. But whatever proposal is successful; it is likely to support the general trend of developing CHI in Russia.

Health management education

Today the importance of health management education is acknowledged by virtually everyone in Russia. In all statements made by the health official of various status -- from members of the State Dumas (Lower Chamber of the Russian Parliament) to the Minister of Health and heads of CHI funds -- it is stressed that there is a need to improve the quality of management in the health system as organisation and management of health care services provide a vital link in the efficient delivery of quality care. Such statements result from the increased recognition that competent management is essential in every organisation and program at every level. Thus, changes in organisation and financing of health care have created a need for well-qualified people who can manage health services in new realities and who received management training in cost constraint, quality assurance and access to health care.

At present there are about 4 mln people working in health care (in the system of Ministry of Health), among them 680000 doctors and 1,6 mln nurses and other medical staff, or 45 doctors and 100,2 other medical staff per 10000 of population, the ratio being 1/2,5.

Traditionally people who occupy managerial positions in health care system are almost all doctors. In fact, health care system in Russia is managed by physicians. There is a very strong believe in medical profession that only doctors can manage health services. It is reinforced by the fact that Minister of Health and other senior health officials, members of Parliament, who work in Health Committee -- they are all doctors. The dominant culture of health services has been static for years.

Most of doctors work in the public sector and are state employees and salaried. The salary of health administrators depends on the size of the institution which is measured as a number of beds for hospitals of various types and number of doctor's positions for polyclinic and other primary care health services. There are 5 qualification groups. Doctors working in dangerous conditions are entitled to extra payments, for example, tuberculosis wards -- 15 percent, psychiatric wards -- 25 per cent, leprosarium-- 30 per cent.

Health service administrative positions include:
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- chief physician (head);
- deputy chief physician;
- seniour nurse;
- head of departments, laboratories, units

HM education can be grouped along two lines-- type of university and type of degree.

Type of university	Type of degree
Medical university	Graduate
Non medical university	Post graduate/retraining

Both medical and non medical universities offer graduate and post graduate degrees in what is traditionally understood as HM. However, there are several characteristics features of health management education in Russia.

a). Since top level administrators in health services delivery system are MD, health management programs are physically and organisationally located in medical schools under administrative control of the Ministry of Health.

In general, medical education is under a strict control of the medical profession. There are 59 medical institutes, universities and academies in Russia, that are controlled by the Ministry of Health. There are three basic stages of medical education in Russia:

- graduate degree (6 years of study);
- postgraduate professional training (2 years either *ordinatura* or *internatura*)
- post graduate studies to apply for a research degree (PhD) (*aspirantura*);
- professional retraining (very often in a new speciality).

The Ministry of Health with cooperation of the Ministry of Education develops the curriculum. There is a special group on high medical and pharmaceutical education in Russia the Ministry of Education that adopts educational standards in medical education (*UMO*-- teaching and methodological unit).

Every year about 100000 people graduate from medical universities. Starting from 1994 the admission rate is fixed in accordance with planned need in doctors of various specialities-- about

21200 every year all together, including 19800 full time. There is also a system of so-called targeted admissions -- for specific regions and programmes -- separate competition. The competition to enter medical universities is quite high-- about 5 people per place as average.

Besides medical schools there are also several universities that traditionally have medical faculties (the Moscow State University named after Lomonosov and University named after Patris Lumumba in Moscow). Medical faculties are also open in some other Russian humanitarian universities (Petrozavodsk, Chebiksari, Nalchick, Saransk, Yakutsk, Tula, Novgorod). But they mostly offer biological specializations, psychology, social work in health and health economics.

However, at present a number of non-medical universities – both humanitarian and polytechnics– offer health management programs. But it is virtually impossible to tell how many such programs do exist. Though the general feeling is that the number of such programs has a tendency to grow.

Ministry of Health uses its authority to keep the leading positions of doctors in health management. For example, it issued a special decree (n337/1999), stipulating what medical qualification should managers have in order to be appointed to administrative positions in health services (see table below)

Administrative position	Medical qualification required
chief doctor	social hygiene and organisation of health care* or any clinical speciality
deputy chief doctor	social hygiene and organisation of health care or any clinical speciality
head of department	clinical speciality (main profile of the department)

* social hygiene and organisation of health care includes therapy, surgery, trauma and orthopaedic, endocrinology and physiotherapy.

b). There are two basic types of health management programmes according to the degree awarded.

- 1) Graduate training in health services administration is a relatively new phenomenon in Russia. In fact there was no any graduate programme in health management for

people to be appointed as health managers until mid 1990s. Doctors usually had no special managerial training, except that they were required to take re-training courses-- as all other state employees-- every 5 years.

The first degree-granting programme in the medical university was established only in 1996 at the Faculty of health management in Moscow Medical Academy named after Sechenov (MMA). It is an equivalent of 2-year *ordinatura*, which trains health managers. The faculty also provide retraining courses for health managers and for lecturers in health management. It actively uses funds provided by international organisations such as TACIS.

Health management programmes offered by non-medical universities are designed along the standard lines for humanitarian/social sciences education (see section on PA education). Health management is offered as a specialisation for managers (public and municipal administration or management in social sector).

The major problem is that medical universities formally do not grant management degrees-- according to diploma students graduate as “social hygiene and organization of health care” specialists and curriculum is definitely dominated by medicine related disciplines. Probably this is to stress that they are doctors first. Ministry of Health only plans to introduce a new degree – “public health and management”. As to non-medical universities, the situation seems to be the opposite. They usually introduce health management as a specialisation within management or public administration degrees. This means that students graduate first of all as managers and do not have any training in medicine.

All this together with the quite loose state educational standards for management leads to the situation when universities have a lot of freedom to develop a health management curriculum within the very general obligatory framework. For example the Moscow Medical Academy programme mentioned above includes 6-month placement with one of the health services or local health administrations. The curriculum includes courses in public health, health policy, health economics and statistics.

It should be noted that formal professional education for the management of health services is well established in most developed countries. Master's degree is recognised as the ideal qualification for administrative practice. Administrative specialisations for clinicians reflect increasing efforts to ensure competence of those who manage scarce resources.

2) There are a number of retraining courses that are designed for those who currently hold administrative positions. Their major advantage is that after finishing training most of fellows will return to work at their original institutions. At present they are mostly offered by specialised retraining centres affiliated to medical universities. They are validated and provide students with formal certificates that are valid for 5-years retraining cycle. It seems that at this stage retraining courses developed by non-medical universities are mostly informal – people obtain new knowledge but receive no formal certificates.

c) Changes in health management produced a good chance for nurses to raise their status of in the Russian health care. Now they can study – after finishing nursing colleges– at medical universities for 4 years and get graduate degrees in management. In 2000 in Russia 22 medical universities offered students such a degree (full time, part time and distant learning format). 947 graduate nurses (managers) graduated from Russian medical universities for the period of 1996 to 2000. Every year about 250 nurses (managers) get their degrees. 748 nurses-managers are working for health authorities and in health services. But the problem is that graduate nurses/managers can not take administrative positions of doctors' managerial hierarchy-- they can work as chief nurses or directors of nursing homes or hospices, or – subject to 5 year work experience– move up hierarchy within nursing.

d) There is an evident lack of cooperation between medical and non-medical universities in training health managers. Even more, both sides do not seem to be willing to promote such cooperation. Medical profession considers any attempts of other professional to develop health management as a treat to its dominance in health care.

Main dilemmas in HM education in Russia

Managing changes that will result from emerging public policy will be the most significant responsibility of health services managers. This will require broad knowledge of issues and options, and new approaches to management.

Position of doctors as managers results in a difficulty to reconcile managerial and professional culture. Doctors have always regulated access to health care-- they have always taken decisions as to whether patients should be treated and with what level of intervention. So called clinical freedom when a doctor makes a decision in the best interests of the patient.

Professionals are guided in their activities first of all by the interests of their clients while managers have to think about the interests of the organisation as a whole and very often society at large. In health care this "conflict" is even more evident as there is a need for both professional and managerial expertise to take decisions in health care to ensure quality, assess and efficiency.

Russian health managers are professionals who perform management functions. This means that they typically perform clinical work-- from the Minister of Health, who travels on a regular basis from Moscow to St. Petersburg to operate patients in St. Petersburg military hospital to heads of the departments or units in hospitals or polyclinics. They had to combine general managerial tasks with the management of clinical activities and physicians.

Physicians had little if any management training to assume this responsibility. Their expectations are established by means of an education that is hospital, technology and specialty centred. Thus, balancing managerial and professional functions puts additional pressure on physicians. For example, one of the studies on social portrait of health managers carried out in Krasnoyarsk showed that health administrators lack knowledge of how to deal with people.

Professional and managerial career are interlinked in Russian health care. Administrative position is to a large extent a form of recognition of doctor's talents and qualifications. Doctors are salaried employees of a state-run organisation, and managerial position is high and means moving up the career ladder. Today administrators need not only specific managerial knowledge but also the ability to be proactive and risk taking. Therefore becoming managers doctors, on one hand, get high salary and more prestige, and, on the other hand, need to change some of their approaches to people and work.

Of course, it would be too strong to state that doctors are not capable of managing health services. But there is a number of reservations that should be taken into consideration in solving doctor-manager dichotomy, namely

- It is widely acknowledged that there is a difference between professional and managerial culture. Doctors focus on treating patients while managers are concerned with institutional sustainability.

- Cost considerations seem also to be important-- it is much more expensive to train a doctor than to train a manager. Therefore, diverting doctors from performing their primary tasks is quite expensive for the society that claims lacking resources for health care.

-- Lack of formal managerial education makes life of a doctor-manager difficult because he/she has to learn from his/her mistakes.

At present there are four major dilemmas in health management education in Russia.

First, there is a tension between doctors' monopoly on health administration, on the one hand, and the promotion of managerial culture in the society that emphasise the increased role of management in the new conditions of decentralisation, promote and raise the status of managers. This raises the problem of whether we need physician manager or full time general manager/public administrator with no clinical functions? Here cost considerations should also be taken into account as it is very expensive both in terms of time and money the train doctors-- do we need to use them as managers diverting from performing clinical functions?

The complexity of the challenge and the consequences for community mandate purposeful preparation for a career in health services management. Previous training in medicine, nursing is useful but not sufficient. Individuals with clinical backgrounds need in-depth knowledge of management and social sciences as they apply to health. Those with management training need systematic knowledge of medicine and health. As a rule medical schools do not teach management and management schools do not teach health. The way out might be establishing partnerships between them in training managers for health care. But at present this seems to be a challenging task as medical profession evidently tries to preserve its ultimate control in health care.

In fact, PA schools – if they want to stay in HM education for whatever reasons, including prestige and money – need to lead the process of establishing effective cooperation with medical profession in educating health managers. Good points to start could be new domains in education that are now gaining popularity and both moral and financial support from the state authorities:

- joint training of doctors and social workers to promote interdisciplinary work with socially vulnerable groups of population;
- re-training personnel for CHI bodies.

Second, the state monopoly in health care – both in financing and delivery– is being questioned in Russia. There are already a number of private clinics in the country and there is a tendency for their increase in numbers. Charging fees for service has also become quite common even in the state health services that mean that they are likely to favour patients who can pay. What model of management-- public or private-- should Russia adopt in promoting health

management education? Or, probably, health management education should be diversified according to the needs of a particular organisation? Anyway, programs should combine the content that is essential to successful management in the health sector.

Third, there are different layers of health management (Ministry of Health-- chief doctors-- heads of departments). It makes sense to vary accordingly health management degrees. At this stage I think health management education should also address the needs of health policy makers, as there is no other opportunity for them to get any knowledge in policy making by means other than through health management programs.

Fourth, in order to further develop HM education there is a need to have relevant information on its state in Russia. It turned out to be very difficult-- if possible at all-- at this stage to

- evaluate the quality of teaching, and
- follow graduates career. It is unclear if graduates have a chance to use their knowledge at their workplace and whether they really occupy managerial positions in health services.

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