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[American International Health Alliance]

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NATIONAL AIDS STRATEGY

Patricia Fleming's Boxes to Archives (1 of 3)

FY 1996 and January - February 1997 - Invitations without correspondence routing slip

December 1995 - Trip to Africa

July 1996 cancelled trip to Cleveland, Ohio

FY 98 Budget Statement

Farewell Reception

July 7-12, 1996 - XI International Conference on AIDS, Vancouver, Canada

1994, 1995 1996 - Travel Vouchers

Weekly Reports to DPC

Thank You notes

WH Memoranda

WH Correspondence to ONAP

Jeff Levi's Travel Vouchers

10181

[redacted]CLOSURES FILED OVERSIZE ATTACHMENTS

3 boxes filed 9/30/97

NARA 7641

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AIHA PARTNERSHIP PROGRAMS

The American International Health Alliance (AIHA) is a not-for-profit corporation dedicated to the belief that institutional health care providers in the United States can make important practical contributions to their colleagues' efforts to reform health care delivery elsewhere in the world. AIHA currently manages approximately $54 million in cooperative agreements, grants and contracts.

The World Bank and others have recognized that issues relating to the structure, organization, management and financing of health care delivery systems, especially those under public auspices, can significantly increase the costs of health care and severely undermine efforts to improve the quality of health outcomes and population health status. Delivery system reform and the introduction of improved management systems and techniques with the goal of improving both productivity and quality of care of existing providers have become high priorities for Ministries of Health throughout the world.

AIHA was established in 1992 by leading US health care organizations and associations to be the primary vehicle through which America's health care professionals could respond to requests for international technical assistance. Adapting and refining the hospital "twinning" concept adopted by EU-PHARE and others for application in Eastern and Central Europe, AIHA, in cooperation with the US Agency for International Development (USAID), began to provide technical assistance to key health care institutions in the New Independent States (NIS) of the former Soviet Union through a largely voluntary, "partnership" model. This partnership model, in which one or more leading US hospitals are paired with change agent institutions in the host countries, incorporates a peer-to-peer approach to (1) identify problems and develop practical solutions; (2) rapidly disseminate lessons learned to other institutions in the host country; and (3) ensure that partnerships develop as platforms that enable other donors to initiate programs in the most favorable environment and to maximize their effectiveness.

Under cooperative agreements with USAID, AIHA is supporting forty health care partnerships worldwide: twenty-five in eleven countries of the NIS and fifteen in seven countries of Central and Eastern Europe (CEE). These partnerships are allowing American health care institutions and systems to assist their counterparts in these post-Communist countries to address significant mortality and morbidity issues, improve health care organization and introduce market-oriented solutions to hospital and health system delivery and finance problems. In addition to working with their specific institutional counterparts, AIHA partnerships are working with related ministries of health, local and regional health system administrations, and schools of health sciences to ensure that critical areas of health education and administration are adequately addressed at these higher institutional levels as well, and that the capacity to carry out other developmental assistance efforts is enhanced. There is

overwhelming evidence that the partnerships are having a significant impact on the efficacy and productivity of health care delivery in their respective communities and are transferring their experience to the regional and national level. Within the framework of a US and NIS/CEE collaboratively developed workplan, each partnership relies upon the extensive exchange of health care professionals as the primary vehicle for the provision of technical assistance. In this manner, administrators, physicians and nurses are exposed to practical, real world problems and viable solutions applicable to the local environment and not simply theoretical approaches developed by visiting consultants. The result has been the successful development of uniquely adapted, self-sustaining approaches to improving the productivity and quality of health delivery by key institutions.

AIHA partnerships were organized to respond to the critical state of health care delivery in the newly democratic countries of the NIS and CEE. A history of insufficient investment, centralized bureaucratic control systems and a lack of up-to-date training for health care professionals had resulted in levels of productivity and health outcomes far below those of the other industrialized nations. This already inefficient and rapidly deteriorating health care system was further devastated by the fragmentation of the central economies, hyper-inflation, and political instability. Meeting their health care challenges successfully has become a key test of local, regional and national governments and of new democratic, market-oriented institutions.

To meet the most important technical assistance needs expressed by health providers in the NIS and CEE, AIHA's programs focus on (1) closing the health care knowledge gap so that preventive and curative techniques which have been successful elsewhere can be adapted and disseminated, (2) improving the efficiency and productivity of existing health providers through better clinical and administrative management and organization, and (3) training health policymakers and administrators at all levels of government so they can make informed choices and rational system changes with respect to delivery system reform. In achieving these goals, AIHA programs recognize the high level of capability and institutionalization already existing in the NIS and CEE, take into account the increased responsibility and accountability of local and regional governments, and support the introduction of democratic and market-oriented mechanisms.

Technical assistance partnerships established between hospitals and health care institutions in the United States and similar institutions in the NIS and CEE have proven to be especially cost-effective and practical approaches in support of these health care initiatives. Equality among all of the participating parties and emphasis on collaborative solutions to health care problems in both the NIS/CEE and the US are hallmarks of the program. Particular emphasis is placed on low-technology solutions which can improve productivity and are economically viable. The program has demonstrated over and over again that, once these technologies have been adapted to the specific cultural and economic circumstances in the NIS and CEE, they can be widely applied.

The AIHA partnerships are unique because they rely heavily on the voluntary efforts of many individuals and donations from many institutions in the United States. These public-private partnerships have already resulted in a tremendous commitment from non-governmental sources, with three dollars of voluntary support and donations for every US government grant dollar expended.

In addition to establishing and supporting health care partnerships, AIHA also develops and funds common training activities and programs, and sponsors regional and international educational

conferences to meet the mutual needs of partnerships in the most cost-effective manner. The AIHA program includes the preparation of orientation materials to minimize the actual exchange time needed to orient travelers. It also includes a broad range of activities to communicate information beyond the foreign partners themselves. *CommonHealth*, the AIHA quarterly publication in both English and Russian, has a circulation of nearly 15,000 copies, one half of which are distributed directly to readers abroad. The AIHA Clearinghouse of information on partnership activity and health issues in the NIS and CEE is being made available through electronic mail to the partnerships and other interested parties with electronic mail capability. Every partnership has been provided a computer and connected to an e-mail system; AIHA funds the nominal monthly connection fee for each partnership. AIHA also disseminates information through meetings and conferences held in the NIS and CEE to which many non-partnership health care providers are invited.

As an important complement to the practical training which occurs through the exchange program, more formal coursework in health administration is being provided to senior managers of NIS and CEE partner institutions through a collaborative effort with the Association of University Programs in Health Administration (AUPHA). A series of workshops have taken senior hospital and systems managers through the steps of basic management, introductory and intermediate accounting, including cost accounting, risk assessment and financial planning.

Program support and administration is provided through AIHA's headquarters in Washington, DC, and NIS regional offices in Moscow, Russia; Kiev, Ukraine; and Almaty, Kazakstan; and a CEE regional office in Bratislava, Slovakia with field offices in Zagreb, Croatia and Tallinn, Estonia. AIHA's Washington office provides program and financial oversight and administrative support in accordance with USAID requirements. In the NIS and CEE, AIHA's regional offices provide logistical support for travelers, carry out communications functions with the NIS and CEE partners, and serve as primary liaison with the national ministry and local or regional health administrations in their respective regions.

With this infrastructure, AIHA is able to provide assistance to other US government and international agencies assisting with programs in the NIS and CEE. AIHA partnerships and regional offices have also worked closely with the US Department of State in Georgia, Kyrgyzstan, Kazakstan, Russia, Moldova and Belarus to help effectively distribute much-needed medical supplies and equipment declared surplus by the US Department of Defense. AIHA is also working closely on a number of programmatic initiatives with the World Bank in Georgia, Moldova, Estonia, and Ukraine and with WHO-Europe throughout both regions.

Demonstrable progress is being made on a number of important fronts as a direct result of partnership activity. For example, virtually all partnerships report improved productivity, citing statistics of shorter lengths of stay, reductions of inpatient beds, increases in outpatient services and overall increases in the numbers of patients being treated. Similarly, evidence of improvements in infection control has been documented at every NIS partner hospital assessed. Each of the partnerships is also achieving significant change with respect to improving quality of care, and a number of important and far-reaching innovations are being implemented. Partnerships in Moscow and Yerevan, for example, have introduced model women's health clinics and family planning and maternal and child health education programs. The first poison control information centers in the NIS have been introduced in Minsk and Almaty as a result of the partnerships. Modern perinatal resuscitation techniques with the capacity of sharply reducing infant mortality have been introduced through the partnerships in Kiev,

L'viv, Tashkent, Almaty, Tblisi, Bishkek and Moscow and are being rapidly disseminated throughout the region. An exciting, community-based program in diabetes education in Dubna, Russia is currently being replicated in five additional sites within the Moscow Oblast and City with the support of the Ministry of Health and Eli Lilly & Company. Similar multiple examples of improved clinical and administrative practice with important effects on medical outcome exist with respect to each of the partnerships.

In addition, significant achievements are expected of the recently-launched CEE partnerships which target a range of clinical and administrative improvements. The partnership program in Vac, Hungary, for example, responds to a nationally identified need to improve efficiency and cost-effectiveness of the health care system by establishing a home health care model. In the process, the partnership will address clinical topics, such as diabetes, along with administrative areas such as medical and financial information systems. Partnerships in Latvia, Slovakia, Croatia, and Romania have also included improved information management among their workplan priorities.

The accomplishments of the partnership program derive as much from the interaction among partnerships as they do from the partner exchanges. Over the past three years, 70 partnership workshops, conferences and seminars have been held. Almost 4,900 health professionals have attended those meetings including hundreds from hospitals outside of the partnerships. The collaborative meetings have covered a broad range of issues: national health reform, financing and management, information systems, family-centered birthing, the role of nurses in cardiology, basic and intermediate emergency medical services, laparoscopy, family planning, prenatal assessment and pediatric nutrition, neonatal resuscitation, infection control, nursing education and administration, to name some of the more common themes.

Over the past year, partnership interaction has also resulted in the development of regional and national approaches to critical common problems such as infection control, emergency medical services and neonatal resuscitation. By sponsoring eight regional EMS training centers, AIHA and its partners have established models for the development of new competencies in the pre-hospital environment—competencies which can help address the enormous increases in accident-related death and better prepare communities for disasters. Collaborative efforts with the Russian Federation Ministry of Health to improve the organization of hospital infection control systems promise an equally dramatic effect on morbidity and mortality rates and on the economic efficiencies of the health care sector. And finally, many partnerships are taking a leadership role in introducing prenatal assessment and basic resuscitation for newborns and extending these critical competencies throughout the NIS and CEE.

AIHA has recently introduced two programs in CEE. With the assistance of AUPHA, AIHA so far has established five Health Management Education Partnerships in four CEE countries, designed to build the capacity for health management in the region. The centerpiece of the program will be partnerships between US educational programs in health administration and their counterparts in the CEE. Partnership efforts will focus on curriculum design and development, faculty development, program organization and financing, and relationships with the practitioner and provider community. In addition, AIHA has launched a new Healthy Communities program in Slovakia that will encompass a dynamic planning process utilizing the tools of community needs assessment. With US healthy

communities organizations serving as role models, the initiative is intended to build a capacity among local community stakeholders for implementing community-based intervention strategies.

There are currently 25 active NIS partnerships. In the CEE, there are 8 hospital partnerships, 5 health management education partnerships, and 2 healthy community partnerships. US participants include 80 hospitals and health systems and 36 medical schools and university medical programs in 36 cities and 26 states and the District of Columbia; NIS participants include 48 hospitals and health systems and 12 medical universities in 19 cities and 11 countries; CEE participants include 17 hospitals and health systems, 3 medical schools, and 12 health administration programs in 17 cities and 8 countries. Since the first NIS partnerships were established in the Fall of 1992, almost 3,300 professional exchanges involving physicians, nurses, and administrators have been conducted under the program, representing over 62,000 exchange days. The value of the voluntary contribution represented by this commitment of health professionals and their institutions over the past three years is approximately $56 million, or roughly $3 for every US government dollar invested in the program. Although the AIHA partnership program primarily involves technical assistance, almost $22.5 million worth of needed supplies and equipment were contributed by the US partners as part of this voluntary commitment.

AIHA and its US partners have also reached outside of the partnership model and organized and implemented a number of study tour and internship programs in the United States, allowing health professionals from abroad to gather first-hand knowledge of, and exposure to, operating management and clinical systems in a variety of US health care environments including public and voluntary hospitals, clinics and managed care systems. Study tours of 10-30 days have been designed for physician administrators and chief nurses, multihospital system managers, health fund and financing administrators, city, regional and national ministerial personnel, as well as educators and policymakers. Sample topics have included group purchasing, equipment planning and maintenance, cost accounting, management information systems, personnel and human resource planning, primary and outpatient clinic management, managed care, health insurance and benefits administration, quality assurance, nursing administration, emergency medical services, health care financing and health administration education.

While the partnership program was established to assist our counterparts abroad, it would not enjoy the support it has in the health care community in the United States were it not having an equally important impact here in assisting US providers of health care to better serve their own patients and communities. As our own struggle with health care reform makes clear, no country has adequately solved the problems of misallocation, inequity, inefficiency, and exploding costs in the delivery of care. Through participation in the partnership program, US health care professionals are gaining new perspectives and learning new techniques and alternative approaches.

Whether as individual partnerships or through collective activity of the partnerships as a whole, AIHA's programs share a common goal of improving the productivity and quality of health care in the long-term and a common approach of bringing practicing medical professionals and educators together to learn from each other as they search for solutions to common problems.

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CORPORATE QUALIFICATIONS

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communities and are transferring their experience to the regional and national level. Within the framework of a US and NIS/CEE collaboratively developed workplan, each partnership relies upon the extensive exchange of health care professionals as the primary vehicle for the provision of technical assistance. In this manner, administrators, physicians and nurses are exposed to practical, real world problems and viable solutions applicable to the local environment and not simply theoretical approaches developed by visiting consultants. The result has been the successful development of uniquely adapted, self-sustaining approaches to improving the productivity and quality of health delivery by key institutions.

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faculty development, program organization and financing, and relationships with the practitioner and provider community. In addition, AIHA has launched a new Healthy Communities program in Slovakia that will encompass a dynamic planning process utilizing the tools of community needs assessment. With US healthy communities organizations serving as role models, the initiative is intended to build a capacity among local community stakeholders for implementing community-based intervention strategies.

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Members of the AIHA Board of Directors

AIHA's Board of Directors represents major hospital and health system related organizations and, through these affiliations, virtually every hospital, hospital system, academic medical center, and major physician group practice in the United States. AIHA's Board:

- Daniel P. Bourque, Chairman of the Board and Senior Vice President of VHA, Inc. VHA is the nation's largest health care alliance, made up of more than 650 wholly owned, not-for-profit hospitals and their more than 185 affiliates (including HMOs, PPOs, and other managed care plans), comprising 29 regional health care systems.

- Larry S. Gage, Esq., Secretary of the Board and President of the National Association of Public Hospitals (NAPH). NAPH members include over 100 of the nation's largest urban teaching hospitals serving a disproportionate percentage of publicly sponsored patients.

- Donald W. Fisher, Ph.D., Treasurer of the Board and Executive Vice President and CEO of American Group Practice Association. This association represents nearly 25,000 physicians in approximately 250 organized member groups and clinics nationwide.

- Dennis P. Andrulis, Ph.D., Member of the Board and President of National Public Health and Hospital Institute (NPHHI). NPHHI is a private, non-profit foundation devoted to addressing the major issues facing metropolitan public and non-profit hospitals.

- Roger Bulger, M.D., Member of the Board and President, Association of Academic Health Centers. Academic Health Centers is a national, non-profit organization representing more than 100 medical center institutional members.

- Henry A. Fernandez, J.D., Member of the Board and President and CEO of Association of University Programs in Health Administration (AUPHA). AUPHA is a national organization representing more than 100 undergraduate and graduate programs in health and hospital administration.

- Christine W. McEntee, R.N., Member of the Board and Executive Vice President, American Hospital Association (AHA). AHA is the nation's most encompassing hospital trade association, representing nearly 5,500 institutional members -- from community hospitals to teaching hospitals to health care organizations -- 50,000 personal memberships, and many associate members, such as government health agencies.

- Alan Weinstein, Member of the Board and President of Premier Inc. Premier is a cooperative of hospitals, health systems and networks affiliated with more than 1,700 community and specialty hospitals representing more than 315,000 beds nationwide, representing about one-third of the nation's community hospitals.

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FOR IMMEDIATE RELEASE
May 13, 1996

Health Care Alliance/USAID Seek US Health Care Institutions for Partnership Project in Bosnia-Herzegovina

WASHINGTON, DC -- The American International Health Alliance, Inc. (AIHA) and the United States Agency for International Development (USAID) announce the planned expansion of their health care partnership program with a new partnership in Tuzla, Bosnia-Herzegovina. AIHA is soliciting expressions of interest from qualified US hospitals and health care institutions willing to devote substantial in-kind resources, mainly in the form of human resources committed on a volunteer basis, to a two-year partnership with counterparts in Bosnia.

The new health care partnership will be part of an ongoing health care development program financed through USAID and managed by AIHA which includes forty partnerships in nine countries of Central and Eastern Europe (CEE) and ten republics of the former Soviet Union. AIHA partnerships have enabled American health care providers to work with their colleagues abroad to address significant mortality and morbidity issues, improve health care organizations and introduce market-oriented solutions to health system delivery problems. The emphasis of the program is on professional exchanges involving physicians, nurses, administrators and technicians. AIHA partnerships also collaborate with related ministries of health, local and regional health systems administrations, and schools of health sciences to ensure that critical areas of health education and administration are adequately addressed at these higher institutional levels, and that the capacity to carry out other developmental assistance efforts is enhanced.

The new partnership in Bosnia is intended to further USAID's objective of promoting ethnic reconciliation and strengthening the on-going peace process. USAID and AIHA believe that the partnership will reinforce the credibility of the new Muslim-Croat Federation -- a cornerstone of the Dayton agreement -- by providing tangible evidence that the Federation can serve local needs.

The Bosnia partnership will share certain goals with existing CEE partnerships, namely improving medical and technological knowledge, expanding the role of nursing, and enhancing institutional management and financing skills to develop in the Bosnian institution a capacity to sustain itself financially. Moreover, the partnership will develop community-based programs impacting the populations served by the Bosnian partner institutions by, for example, improving the delivery of primary care and strengthening linkages between hospital and primary care practitioners.

According to USAID, the success of the Federation ultimately will depend on "the political will of local communities of Croats and Bosniacs to devise the institutional means to begin their own recovery." At a later stage of the partnership, AIHA anticipates that the community-based programs will develop an active multi-sector community participation that would encourage local leaders to work together to determine local priorities and implement community-based intervention strategies.

AIHA and USAID expect that the CEE partner will be located in Tuzla, a city in north-eastern Bosnia where the U.S. military presence is centered. The hospital component of the partnership may target critical medical/surgical procedures, emergency medicine, or rehabilitation at Tuzla's teaching hospital in addition to management training and development. The focus of the partnership's community outreach component will depend upon the priorities of the Bosnian partners.

AIHA/USAID is not the principal funding source for partnership activities, but rather supplements the voluntary and in-kind contributions of the partners and their respective communities in the US and abroad. Existing AIHA partnerships have leveraged nearly three dollars of voluntary support for every US government dollar expended. AIHA/USAID funds will mainly support travel and other costs essential in establishing and realizing the full potential of a partnership program, including communication and interaction with other partnerships. AIHA staff in Washington, DC and in Europe will provide logistical support and assist in monitoring the progress of the partnership.

Interested US partners must have the willingness and capacity to meet the specific health care delivery needs described above, and must satisfy the following criteria:

- Be institution-based -- e.g., a hospital or group of hospitals; health care planning consortium sponsoring a healthy communities project; other institutions engaged in the implementation and/or the evaluation of a healthy communities project. If a group of institutions is involved, a lead institution must be designated;

- Be supported by the institution's senior leadership and Board and clearly identify an overall partnership coordinator;

- Make a substantial voluntary commitment to the partnership through a significant contribution of resources, including human resources;

- Actively involve the local community served by the US partners, including any significant emigre community that may be present;

- Share information openly and participate fully in AIHA's efforts to exchange information with other US/CEE and US/NIS partnerships through the AIHA Partnership Clearinghouse and dissemination conferences and seminars;

- Adhere to AIHA's rigorous objective-setting and results-oriented approach, including:

  (a) Enter into a formal Memorandum of Understanding (MOU) and work within the overall coordination and guidance of AIHA and its designated program coordinator;

  (b) Develop demonstration-type interventions with significant training components and capacity for replication;

  (c) Establish mechanisms (such as training programs and conferences) for the diffusion of partnership successes; and

  (d) Participate in regular program evaluations to assess partnership progress and achievements.

Hospitals or health care institutions wishing to be considered for participation in the new Bosnia partnership should send a short statement (10 pages maximum) by JUNE 15, 1996 detailing their interest and ability to enter into a collaborative relationship with a Bosnian partner under the AIHA model. The statement should describe the institution's commitment to the partnership program, the human and material resources it will devote to a partnership, and specific strengths of the institution that enhance its ability to address the needs of the Bosnian partner. Working with USAID and an outside advisory panel, AIHA will select the institution or group of institutions which best match the needs of the Bosnian partner, best fulfill the criteria listed above, and offer the greatest potential for sustaining a partnership beyond the availability of AIHA funding.

Statements should be directed to :

Mr. Donn Rubin
Program Director, Central & Eastern Europe
American International Health Alliance, Inc.
1212 New York Avenue, NW, Suite 750
Washington, DC 20005

For additional information contact Mr. Rubin, or Elizabeth Schroth, Program Analyst. Telephone: (202) 789-1136; Facsimile: (202) 789-1277.

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Customized Professional Leadership Training

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Infection Control/AIDS Study Tour For Representatives From National And Regional Health Systems In The Russian Federation And Ukraine

AMERICAN INTERNATIONAL HEALTH ALLIANCE

July 6 - 18, 1996

I. TRAINING OBJECTIVE

Objective: the objective of this training program is to familiarize senior ministerial officials responsible for infection control and HIV/AIDS prevention in the Russian Federation and Ukraine with public health strategies and management of blood borne infections and HIV in order to promote understanding and replication of relevant organizational models and operational practices to improve the efficiency and quality of infection control management in Ukraine and Russia.

To achieve this objective, the study tour will strive to achieve an understanding of the public health strategies in prevention of blood borne transmission and quality assurance programs of infection diseases prevention in the US health system.

The training program will expose participants to the following:

- Prevention strategies of HIV and blood borne infection transmission through transfusions of blood and blood products. Particular attention will be paid to the multilevel safety system in blood banks.

- Organization of laboratory testing of blood borne infection and HIV. This will include the overview of quality assurance for testing, indicators for selection of the population groups to be tested, systems of reporting and notification of blood borne infection and HIV/AIDS cases.

- Mechanisms for prevention of nosocomial transmission of blood borne infection and prevention of infection-risk for hospital employees. Particular attention will be paid to mechanisms through which hospitals carry out control of nosocomial infection in the delivery rooms and operating suites of inpatient facilities. This will also include HIV/AIDS education activities targeted towards health personnel.

- Specific methods for prevention of infection diseases. This will include vaccination for children and medical personnel and quality assurance programs of infection diseases prevention.

- The organizational structure and functioning of medical and social services for people with symptomatic HIV disease or AIDS and terminal care management. Particular attention will be paid to inpatient/outpatient/day-care delivery issues. This will also include health insurance coverage for patients with HIV/AIDS.

- The importance of local outreach services, including educational campaigns with emphasis on specific prevention services for women with HIV/AIDS as a case study of targeted community-based interventions.

II. CURRICULUM

A. **Summary** - The curriculum will be composed of four training components. 1) Module 1 - To be carried out in Vancouver, B.C., this component will be in conjunction with The XI International Conference on AIDS and will be coordinated by Dennis Andrulis, PH.D., President of the National Public Health & Hospitals Institute (NPHHI) in Washington, D.C. 2) Module 2 - To be conducted in San Francisco, will focus on hospital-based management and patient care and outpatient services for AIDS patients. 3) Module 3 - To be carried out in Chicago and will focus on a review of a new AIDS Outpatient Treatment Facility at Cook County Hospital. 4) Module 4 - Participants

will complete the program in Washington, D.C. and meet with national policy leaders in the area of AIDS and review community-based care treatment and management models.

B. Module #1 - Vancouver, B.C.

1. Location/Staff -Vancouver, Canada, is hosting The XI International Conference on AIDS. The framework of the Conference Program includes Basic and Clinical Science, Epidemiology and Public Health, Social Science tracks.

2. Tentative Curriculum

Sat/July 6	PM	Participant arrival, orientation and informal dinner
Sun/July 7	AM	Conference registration Review of Abstract Volumes
	PM	Program overview and assessment of participant expectations Opening Ceremony Welcoming Reception
Mon/July 8	AM	Plenary Session. Debate "Drug Policy: Resolved that the prohibition of addictive drugs can make a significant contribution to HIV prevention and control"
		Meet the Expert Sessions: Field techniques for HIV Diagnosis and Epidemiologic Surveillance
		Poster Sessions: "Blood Safety" Poster Discussions: "Methodologic Issues in AIDS Surveillance
	PM	Oral Sessions: Epidemiology and Public Health "Determinants of Disease Progression" "Epidemiology in Western Countries" "Issues in STD Control" "STD Control in HIV Prevention" "Epidemiology in Developing Countries" Social Science: Research, Policy and Action "IDU: Intervention and Policies"
		Skills Building Workshop: "Assessing Community Needs - An Overview" "Information and Communications Technology Labs"
		Participant debriefing session
Tue/July 9	AM	Meeting with US Partners of NIS institutions to discuss infection control initiative
		Poster Sessions: "Occupational Transmission" Poster Discussions:

"Epidemiology and Prevention in Central & Eastern Europe"
"Migration and HIV"
"Direct and Indirect Costs of HIV"

PM Oral Sessions : Clinical Science
"Management Issues in Opportunistic Infections"
"Global Variability of HIV"
Epidemiology and Public Health
"Natural History"
"Modeling Forecast and Scenario Analysis"

Skills Building Workshops:
"Developing a Safe Blood Supply"
"Information and Communications Technology Labs"

Participant debriefing session

Wed/July 10 AM Plenary Session
Continuum of Care in Resource Poor Settings

PM Travel from Vancouver to San Francisco

C. Training Module #2 - San Francisco

1. Location - San Francisco General Hospital and the City of San Francisco Public Health System with the participation of administative and clinical leadership.

2. Tentative Curriculum

Thu/July 11 AM San Francisco General Hospital for a survey of one of the nation's premier treatment and research facilities in the area of AIDS.

Participants will be hosted by the Administrator of the facility, Mr. Richard Cordova. They will engage in various meetings, discussions and presentations by a variety of clinical and adminstrative staff.

Fri/July 12 AM Participants will continue their review of the City of San Francisco Public
PM Health System and the outpatient treatment facility attached to San Francisco General Hospital.

Sat/July 13 AM Cultural Activities
PM

Sun/July 14 AM Travel from San Francisco to Chicago

D. Training Module #3 - Chicago

1. Location - Chicago's Cook County Hospital utilizing leadership and staff from this facility and will be coordinated by Dennis Andrulis, Ph.D., President of NPHHI.

2. Tentative Curriculum

Sun/July 14	PM	Participants will participate in a debriefing and orientation session led by Dennis Andrulis, Ph.D.
Mon/July15	AM PM	The study tour participants will survey and tour Cook County Hospitals AIDS management and treatment program with a particular focus on a new AIDS Outpatient Treatment Facility.
Tue/July 16	AM	Travel from Chicago to Washington, D.C.

E. <u>Training Module #4 - Washington, DC</u>

1. Locations - Utilizing the staff and ledership from The National AIDS Policy Office, The Office of the DC Commissioner of Health and The Whitman-Walker Clinic. Meetings coordinated by Dennis Andrulis, Ph.D., of NPHHI will be held with national policy leaders in the area of AIDS to review community-based care.

2. Tentative Curriculum

Tue/July 16	AM PM	Cultural Activities Meetings at the Embassies of Ukraine and the Russian Federation
Wed/July 17	AM	Study Tour Participants will meet with the the Acting Chief of the Infectious Disease Department at George Washington Medical Center, Washington, D.C's Commissioner of Health and officials from the National AIDS Policy Office.
	PM	Closing dinner for participants
Thurs/July 18	AM	Study Tour Participants will survey and tour the Elizabeth Taylor Center of The Whitman-Walker Clinic.
	PM	Participants' departure for Ukraine and Russia.

American International Health Alliance
AIDS Study Tour

Participants

Ukraine

Victor Marievsky, M.D., First Deputy Minister, Ministry of Health, Ukraine
Alla Schcherbinskaya, M.D., Director, Institute of Epidemiology and Infectious Disease, AIDS Prevention Center, Ukraine
Yurij Dorofeyev, M.D., Chief Sanitary Physician, Crimea Republic

Russian Federation

Inna Tymchakovskaya, M.D., Chief Specialist of Preventative Medicine and Infection Control, Ministry of Health, the Russian Federation
Alexander Goliusov, M.D., Special Advisor to the Minister of Health, the Russian Federation

AIHA Staff

Dennis Andrulis, Ph.D., President, National Public Health and Hospital Institute
Elena Bourganskaia, M.D., NIS Project Coordinator
Zoya Shabarova, Ph.D., Director of Special Programs, Ukraine Regional Office
Bruce MacNair, AIHA Program Analyst
Irina Stepanova, AIHA Interpreter

Boundary representation is not necessarily authoritative.

Russia

Geography

Location: Northern Asia (that part west of the Urals is sometimes included with Europe), bordering the Arctic Ocean, between Europe and the North Pacific Ocean

Map references: Asia

Area:
total area: 17,075,200 sq km
land area: 16,995,800 sq km
comparative area: slightly more than 1.8 times the size of the US

Land boundaries: total 20,139 km, Azerbaijan 284 km, Belarus 959 km, China (southeast) 3,605 km, China (south) 40 km, Estonia 290 km, Finland 1,313 km, Georgia 723 km, Kazakhstan 6,846 km, North Korea 19 km, Latvia 217 km, Lithuania (Kaliningrad Oblast) 227 km, Mongolia 3,441 km, Norway 167 km, Poland (Kaliningrad Oblast) 432 km, Ukraine 1,576 km

Coastline: 37,653 km

Maritime claims:
continental shelf: 200-m depth or to the depth of exploitation
exclusive economic zone: 200 nm
territorial sea: 12 nm

International disputes: inherited disputes from former USSR including: sections of the boundary with China; islands of Etorofu, Kunashiri, and Shikotan and the Habomai group occupied by the Soviet Union in 1945, administered by Russia, claimed by Japan; maritime dispute with Norway over portion of the Barents Sea; Caspian Sea boundaries are not yet determined; potential dispute with Ukraine over Crimea; Estonia claims over 2,000 sq km of Russian territory in the Narva and Pechora regions; the Abrene section of the border ceded by the Latvian Soviet Socialist Republic to Russia in 1944; has made no territorial claim in Antarctica (but has reserved the right to do so) and does not recognize the claims of any other nation

Climate: ranges from steppes in the south through humid continental in much of European Russia; subarctic in Siberia to tundra climate in the polar north; winters vary from cool along Black Sea coast to frigid in Siberia; summers vary from warm in the steppes to cool along Arctic coast

Terrain: broad plain with low hills west of Urals; vast coniferous forest and tundra in Siberia; uplands and mountains along southern border regions

Natural resources: wide natural resource base including major deposits of oil, natural gas, coal, and many strategic minerals, timber
note: formidable obstacles of climate, terrain, and distance hinder exploitation of natural resources

Land use:
arable land: 8%
permanent crops: NEGL%
meadows and pastures: 5%
forest and woodland: 45%
other: 42%

Irrigated land: 56,000 sq km (1992)

Environment:
current issues: air pollution from heavy industry, emissions of coal-fired electric plants, and transportation in major cities; industrial and agricultural pollution of inland waterways and sea coasts; deforestation; soil erosion; soil contamination from improper application of agricultural chemicals; scattered areas of sometimes intense radioactive contamination
natural hazards: permafrost over much of Siberia is a major impediment to development; volcanic activity in the Kuril Islands; volcanoes and earthquakes on the Kamchatka Peninsula
international agreements: party to - Air Pollution, Air Pollution-Nitrogen Oxides, Air Pollution-Sulphur 85, Antarctic Treaty, Climate Change, Endangered Species, Environmental Modification, Hazardous Wastes, Marine Dumping, Nuclear Test Ban, Ozone Layer Protection, Ship Pollution, Tropical Timber 83, Wetlands, Whaling; signed, but not ratified - Air Pollution-Sulphur 94, Antarctic-Environmental Protocol, Biodiversity, Law of the Sea

Note: largest country in the world in terms of area but unfavorably located in relation to major sea lanes of the world; despite its size, much of the country lacks proper soils and climates (either too cold or too dry) for agriculture

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People

Population: 149,909,089 (July 1995 est.)
note: official Russian statistics put the population at 148,200,000 for 1994

Age structure:
0-14 years: 22% (female 16,208,640; male 16,784,017)
15-64 years: 66% (female 50,711,209; male 48,247,101)
65 years and over: 12% (female 12,557,447; male 5,400,675) (July 1995 est.)

Population growth rate: 0.2% (1995 est.)
note: official Russian statistics put the population growth rate at -6.0% for 1994

Birth rate: 12.64 births/1,000 population (1995 est.)
note: official Russian statistics put the birth rate at 9.5 births per 1,000 population for 1994

Death rate: 11.36 deaths/1,000 population (1995 est.)
note: official Russian statistics put the death rate at 15.5 deaths per 1,000 population in 1994

Net migration rate: 0.7 migrant(s)/1,000 population (1995 est.)

Infant mortality rate: 26.4 deaths/1,000 live births (1995 est.)
note: official Russian statistics put the infant mortality rate at 19.9 deaths per 1,000 live births in 1994

Life expectancy at birth:
total population: 69.1 years
male: 64.1 years
female: 74.35 years (1995 est.)
note: official Russian statistics put life expectancy at birth as 64 years for total population in 1994

Total fertility rate: 1.82 children born/woman (1995 est.)

Nationality:
noun: Russian(s)
adjective: Russian

Ethnic divisions: Russian 81.5%, Tatar 3.8%, Ukrainian 3%, Chuvash 1.2%, Bashkir 0.9%, Byelorussian 0.8%, Moldavian 0.7%, other 8.1%

Religions: Russian Orthodox, Muslim, other

Languages: Russian, other

Literacy: age 15 and over can read and write (1989)
total population: 98%
male: 100%
female: 97%

Labor force: 85 million (1993)
by occupation: production and economic services 83.9%, government 16.1%

Government

Names:

conventional long form: Russian Federation
conventional short form: Russia
local long form: Rossiyskaya Federatsiya
local short form: Rossiya
former: Russian Soviet Federative Socialist Republic

Digraph: RS

Type: federation

Capital: Moscow

Administrative divisions: 21 autonomous republics (avtomnykh respublik, singular - avtomnaya respublika); Adygea (Maykop), Bashkortostan (Ufa), Buryatia (Ulan-Ude), Chechnya (Groznyy), Chuvashia (Cheboksary), Dagestan (Makhachkala), Gorno-Altay (Gorno-Altaysk), Ingushetia (Nazran'), Kabardino-Balkaria (Nal'chik), Kalmykia (Elista), Karachay-Cherkessia (Cherkessk), Karelia (Petrozavodsk), Khakassia (Abakan), Komi (Syktyvkar), Mari El (Yoshkar-Ola), Mordovia (Saransk), North Ossetia (Vladikavkaz), Tatarstan (Kazan'), Tuva (Kyzyl), Udmurtia (Izhevsk), Yakutia - also known as Sakha (Yakutsk); 49 oblasts (oblastey, singular - oblast'); Amur (Blagoveshchensk), Arkhangel'sk, Astrakhan', Belgorod, Bryansk, Chelyabinsk, Chita, Irkutsk, Ivanovo, Kaliningrad, Kaluga, Kamchatka (Petropavlovsk-Kamchatskiy), Kemerovo, Kirov, Kostroma, Kurgan, Kursk, Leningrad (St. Petersburg), Lipetsk, Magadan, Moscow, Murmansk, Nizhniy Novgorod, Novgorod, Novosibirsk, Omsk, Orel, Orenburg, Penza, Perm', Pskov, Rostov, Ryazan', Sakhalin (Yuzhno-Sakhalinsk), Samara, Saratov, Smolensk, Sverdlovsk (Yekaterinburg), Tambov, Tomsk, Tula, Tver', Tyumen', Ul'yanovsk, Vladimir, Volgograd, Vologda, Voronezh, Yaroslavl'; 6 krays (krayev, singular - kray); Altay (Barnaul), Khabarovsk, Krasnodar, Krasnoyarsk, Primorskiy (Vladivostok), Stavropol'; 10 autonomous okrugs; Aga (Aginskoye), Chukotka (Anadyr'), Evenkia (Tura), Khantia-Mansia (Khanty-Mansiysk), Koryakia (Palana), Nenetsia (Nar'yan-Mar), Permyakia (Kudymkar), Taymyria (Dudinka), Ust'-Onda (Ust'-Ordynskiy), Yamalia (Salekhard); 1 autonomous oblast (avtomnykh oblast'); Birobijan
note: the autonomous republics of Chechnya and Ingushetia were formerly the autonomous republic of Checheno-Ingushetia (the boundary between Chechenia and Ingushetia has yet to be determined); the cities of Moscow and St. Petersburg are federal cities; an administrative division has the same name as its administrative center (exceptions have the administrative center name following in parentheses)

Independence: 24 August 1991 (from Soviet Union)

National holiday: Independence Day, June 12 (1990)

Constitution: adopted 12 December 1993

Legal system: based on civil law system; judicial review of legislative acts

Suffrage: 18 years of age; universal

Executive branch:
chief of state: President Boris Nikolayevich YEL'TSIN (since 12 June 1991); election last held 12 June 1991 (next to be held NA 1996); results - percent of vote by party NA; note - no vice president; if the president dies in office, cannot exercise his powers because of ill health, is impeached, or resigns, the premier succeeds him; the premier serves as acting president until a new presidential election is held, which must be within three months
head of government: Premier and Chairman of the Council of Ministers Viktor Stepanovich CHERNOMYRDIN (since 14 December 1992); First Deputy Chairmen of the Council of Ministers Oleg SOSKOVETS (since 30 April 1993) and Anatoliy CHUBAYS (since 5 November 1994)

Security Council: originally established as a presidential advisory body in June 1991, but restructured in March 1992 with responsibility for managing individual and state security
Presidential Administration: drafts presidential edicts and provides staff and policy support to the entire executive branch
cabinet: Council of Ministers; appointed by the president
Group of Assistants: schedules president's appointments, processes presidential edicts and other official documents, and houses the president's press service and primary speechwriters
Council of Heads of Republics: includes the leaders of the 21 ethnic-based Republics
Council of Heads of Administrations: includes the leaders of the 66 autonomous territories and regions, and the mayors of Moscow and St. Petersburg
Presidential Council: prepares policy papers for the president

Legislative branch: bicameral Federal Assembly
Federation Council: elections last held 12 December 1993 (next to be held NA); results - two members elected from each of Russia's 89 territorial units for a total of 176 deputies; 2 seats unfilled as of 15 May 1994 (Chechnya did not participate in the election); Speaker Vladimir SHUMEYKO (Russia's Democratic Choice)
State Duma: elections last held 12 December 1993 (next to be held NA December 1995); results - percent of vote by party NA; seats - (450 total) Russia's Democratic Choice 78, New Regional Policy 66, Liberal Democrats 63, Agrarian Party 55, Communist Party of the Russian Federation 45, Unity and Accord 30, Yavlinskiy-Boldyrev-Lukin Bloc (Yabloko) 27, Women of Russia 23, Democratic Party of Russia 15, Russia's Path 12, other parties 23, affiliation unknown 12, unfilled (as of 13 March 1994; Chechnya did not participate in the election) 1; Speaker Ivan RYBKIN (Agrarian Party); note - as of 11 April 1995, seats were as follows: Russia's Democratic Choice 54, New Regional Policy 32, Liberal Democrats 54, Agrarian Party 51, Communist Party of the Russian Federation 45, Unity and Accord 25, Yavlinskiy-Boldyrev-Lukin Bloc (Yabloko) 28, Liberal Democratic Union of 12 December 9, Women of Russia 22, Democratic Party of Russia 10, Russia's Path 12, Duma 96 23, Russia 35, Stability 36, affiliation unknown 14

Judicial branch: Constitutional Court, Supreme Court (highest court for criminal, civil, and administrative cases), Superior Court of Arbitration (highest court that resolves economic disputes)

Political parties and leaders:
pro-market democrats: Party of Russian Unity and Accord, Sergey SHAKHRAY; Russia's Democratic Choice Party, Yegor GAYDAR; Russian Movement for Democratic Reforms, Anatoliy SOBCHAK; Yavlinskiy-Boldyrev-Lukin Bloc (Yabloko), Grigoriy YAVLINSKIY; Liberal Democratic Union of 12 December, Boris FEDOROV
centrists/special interest parties: Civic Union for Stability, Justice, and Progress, Arkadiy VOL'SKIY; Democratic Party of Russia, Sergey GLAZ'YEV; Women of Russia, Alevtina FEDULOVA; Social Democratic Peoples' Party, Vasiliy LIPITSKIY; New Regional Policy (NRP), Vladimir MEDVEDEV
anti-market and/or ultranationalist parties: Agrarian Party, Mikhail LAPSHIN; Communist Party of the Russian Federation, Gennadiy ZYUGANOV; Liberal Democratic Party of Russia, Vladimir ZHIRINOVSKIY; Derzhava, Aleksandr RUTSKOY
note: more than 20 political parties and associations tried to gather enough signatures to run slates of candidates in the 12 December 1993 legislative elections, but only 13 succeeded

Other political or pressure groups: NA

Member of: BSEC, CBSS, CCC, CE (guest), CERN (observer), CIS, EBRD, ECE, ESCAP, IAEA, IBRD, ICAO, ICRM, IDA, IFC, IFRCS, ILO, IMF, IMO, INMARSAT, INTELSAT, INTERPOL, IOC, IOM (observer), ISO, ITU, MINURSO, NACC, NSG, OAS (observer), OSCE, PCA, PFP, UN, UN Security Council, UNAMIR, UNCTAD, UNESCO, UNIDO, UNIKOM, UNITAR, UNMIH, UNOMOZ, UNPROFOR, UNTSO, UPU, WHO, WIPO, WMO, WTO, ZC

Diplomatic representation in US:
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chancery: 2650 Wisconsin Avenue NW, Washington, DC 20007
telephone: [1] (202) 298-5700 through 5704
FAX: [1] (202) 298-5735
consulate(s) general: New York, San Francisco, and Seattle

US diplomatic representation:
chief of mission: Ambassador Thomas R. PICKERING
embassy: Novinskiy Bul'var 19/23, Moscow
mailing address: APO AE 09721
telephone: [7] (095) 252-24-51 through 59
FAX: [7] (095) 956-42-61
consulate(s) general: St. Petersburg, Vladivostok, Yekaterinburg

Flag: three equal horizontal bands of white (top), blue, and red

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Economy

Overview: Russia, a vast country with a wealth of natural resources, a well-educated population, and a diverse industrial base, continues to experience formidable difficulties in moving from its old centrally planned economy to a modern market economy. President YEL'TSIN's government has made substantial strides in converting to a market economy since launching its economic reform program in January 1992 by freeing nearly all prices, slashing defense spending, eliminating the old centralized distribution system, completing an ambitious voucher privatization program, establishing private financial institutions, and decentralizing foreign trade. Russia, however, has made little progress in a number of key areas that are needed to provide a solid foundation for the transition to a market economy. Financial stabilization has remained elusive, with wide swings in monthly inflation rates. Only limited restructuring of industry has occurred so far because of a scarcity of investment funds and the failure of enterprise managers to make hard cost-cutting decisions. In addition, Moscow has yet to develop a social safety net that would allow faster restructuring by relieving enterprises of the burden of providing social benefits for their workers and has been slow to develop the legal framework necessary to fully support a market economy and to encourage foreign investment. As a result, output has continued to fall. According to Russian official data, which probably overstate the fall, GDP declined by 15% in 1994 compared with a 12% decline in 1993. Industrial output in 1994 fell 21% with all major sectors taking a hit. Agricultural production in 1994 was down 9%. The grain harvest totaled 81 million tons, some 15 million tons less than in 1993. Unemployment climbed to an estimated 6.6 million or about 7% of the work force by yearend 1994. Floundering Russian firms have already had to put another 4.8 million workers on involuntary, unpaid leave or shortened workweeks. Government fears of large-scale unemployment continued to hamper industrial restructuring efforts. According to official Russian data, real per capita income was up nearly 18% in 1994 compared with 1993, in part because many Russians are working second jobs. Most Russians perceive that they are worse off now because of growing crime and health problems and mounting wage arrears. Russia has made significant headway in privatizing state assets, completing its voucher privatization program at midyear 1994. At least a portion of about 110,000 state enterprises were transferred to private hands by the end of 1994. Including partially privatized firms, the private sector accounted for roughly half of GDP in 1994. Financial stabilization continued to remain a challenge for the government. Moscow tightened financial policies in late 1993 and early 1994, including postponing planned budget spending, and succeeded in reducing monthly inflation from 18% in January to about 5% in July and August. At midyear, however, the government relaxed austerity measures in the face of mounting pressure from industry and agriculture, sparking a new round of inflation; the monthly inflation rate jumped to roughly 15% per month during the fourth quarter. In

response, Moscow announced a fairly tight government budget for 1995 designed to bring monthly inflation down to around 1% by the end of 1995. According to official statistics, Russia's 1994 trade with nations outside the former Soviet Union produced a $12.3 billion surplus, up from $11.3 billion in 1993. Foreign sales - comprised largely of oil, natural gas, and other raw materials - grew more than 8%. Imports also were up 8% as demand for food and other consumer goods surged. Russian trade with other former Soviet republics continued to decline. At the same time, Russia paid only a fraction of the roughly $20 billion in debt that came due in 1994, and by the end of the year, Russia's hard currency foreign debt had risen to nearly $100 billion. Moscow reached agreement to restructure debts with Paris Club official creditors in mid-1994 and concluded a preliminary deal with its commercial bank creditors late in the year to reschedule debts owed them in early 1995. Capital flight continued to be a serious problem in 1994, with billions of additional dollars in assets being moved abroad, primarily to bank accounts in Europe. Russia's physical plant continues to deteriorate because of insufficient maintenance and new construction. Plant and equipment on average are twice the age of the West's. Many years will pass before Russia can take full advantage of its natural resources and its human assets.

National product: GDP - purchasing power parity - $721.2 billion (1994 estimate as extrapolated from World Bank estimate for 1992)

National product real growth rate: -15% (1994 est.)

National product per capita: $4,820 (1994 est.)

Inflation rate (consumer prices): 10% per month (average 1994)

Unemployment rate: 7.1% (December 1994) with considerable additional underemployment

Budget:
revenues: $NA
expenditures: $NA, including capital expenditures of $NA

Exports: $48 billion (f.o.b., 1994)
commodities: petroleum and petroleum products, natural gas, wood and wood products, metals, chemicals, and a wide variety of civilian and military manufactures
partners: Europe, North America, Japan, Third World countries, Cuba

Imports: $35.7 billion (f.o.b., 1994)
commodities: machinery and equipment, consumer goods, medicines, meat, grain, sugar, semifinished metal products
partners: Europe, North America, Japan, Third World countries, Cuba

External debt: $95 billion-$100 billion (yearend 1994)

Industrial production: growth rate -21% (1994)

Electricity:
capacity: 213,100,000 KW
production: 876 billion kWh
consumption per capita: 5,800 kWh (1994)

Industries: complete range of mining and extractive industries producing coal, oil, gas, chemicals, and metals; all forms of machine building from rolling mills to high-performance aircraft and space vehicles; ship- building; road and rail transportation equipment; communications equipment; agricultural machinery, tractors, and construction

equipment; electric power generating and transmitting equipment; medical and scientific instruments; consumer durables

Agriculture: grain, sugar beets, sunflower seeds, meat, milk, vegetables, fruits; because of its northern location does not grow citrus, cotton, tea, and other warm climate products

Illicit drugs: illicit cultivator of cannabis and opium poppy; mostly for domestic consumption; government has active eradication program; used as transshipment point for Asian and Latin American illicit drugs to Western Europe and Latin America

Economic aid:
recipient: US commitments, including Ex-Im (1990-94), $15 billion; other countries, ODA and OOF bilateral commitments (1990-93), $120 billion

Currency: 1 ruble (R) = 100 kopeks

Exchange rates: rubles per US$1 - 3,550 (29 December 1994), 1,247 (27 December 1993); nominal exchange rate still deteriorating but real exchange rate holding steady

Fiscal year: calendar year

Transportation

Railroads:
total: 154,000 km; note - 87,000 km in common carrier service (49,000 km diesel; and 38,000 km electrified); 67,000 km serve specific industries and are not available for common carrier use
broad gauge: 154,000 km 1.520-m gauge (1 January 1994)

Highways:
total: 934,000 km (445,000 km serve specific industries or farms and are not available for common carrier use)
paved and graveled: 725,000 km
unpaved: 209,000 km (1 January 1994)

Inland waterways: total navigable routes in general use 101,000 km; routes with navigation guides serving the Russian River Fleet 95,900 km; of which routes with night navigational aids 60,400 km; man-made navigable routes 16,900 km (1 January 1994)

Pipelines: crude oil 48,000 km; petroleum products 15,000 km; natural gas 140,000 km (30 June 1993)

Ports: Arkhangel'sk, Astrakhan', Kaliningrad, Kazan', Khabarovsk, Kholmsk, Krasnoyarsk, Moscow, Murmansk, Nakhodka, Nevel'sk, Novorossiysk, Petropavlovsk, St. Petersburg, Rostov, Sochi, Tuapse, Vladivostok, Volgograd, Vostochnyy, Vyborg

Merchant marine:
total: 800 ships (1,000 GRT or over) totaling 7,295,109 GRT/10,128,579 DWT
ships by type: barge carrier 2, bulk cargo 26, cargo 424, chemical tanker 7, combination bulk 22, combination ore/oil 16, container 81, multifunction large-load carrier 3, oil tanker 111, passenger 4, passenger-cargo 5, refrigerated cargo 19, roll-on/roll-off cargo 62, short-sea passenger 16, specialized tanker 2
note: in addition, Russia owns 235 ships (1,000 GRT or over) totaling 5,084,439 DWT that operate under Maltese,

Cypriot, Liberian, Panamanian, Saint Vincent and the Grenadines, Honduran, Marshall Islands, Bahamian, and Vanuatu registry

Airports:
total: 2,517
with paved runways over 3,047 m: 54
with paved runways 2,438 to 3,047 m: 202
with paved runways 1,524 to 2,437 m: 108
with paved runways 914 to 1,523 m: 115
with paved runways under 914 m: 151
with unpaved runways over 3,047 m: 25
with unpaved runways 2,438 to 3,047 m: 45
with unpaved runways 1,524 to 2,438 m: 134
with unpaved runways 914 to 1,523 m: 291
with unpaved runways under 914 m: 1,392

Communications

Telephone system: 24,400,000 telephones; 20,900,000 telephones in urban areas and 3,500,000 telephones in rural areas; of these, total installed in homes 15,400,000; total pay phones for long distant calls 34,100; about 164 telephones/1,000 persons; Russia is enlisting foreign help, by means of joint ventures, to speed up the modernization of its telecommunications system; in 1992, only 661,000 new telephones were installed compared with 855,000 in 1991, and in 1992 the number of unsatisfied applications for telephones reached 11,000,000; expanded access to international E-mail service available via Sprint network; the inadequacy of Russian telecommunications is a severe handicap to the economy, especially with respect to international connections
local: NMT-450 analog cellular telephone networks are operational and growing in Moscow and St. Petersburg
intercity: intercity fiberoptic cable installation remains limited
international: international traffic is handled by an inadequate system of satellites, land lines, microwave radio relay and outdated submarine cables; this traffic passes through the international gateway switch in Moscow which carries most of the international traffic for the other countries of the Commonwealth of Independent States; a new Russian Raduga satellite will link Moscow and St. Petersburg with Rome from whence calls will be relayed to destinations in Europe and overseas; satellite earth stations - INTELSAT, Intersputnik, Eutelsat (Moscow), INMARSAT, Orbita

Radio:
broadcast stations: AM 1,050, FM 1,050, shortwave 1,050
radios: 48.8 million (radio receivers with multiple speaker systems for program diffusion 74,300,000)

Television:
broadcast stations: 7,183
televisions: 54.2 million

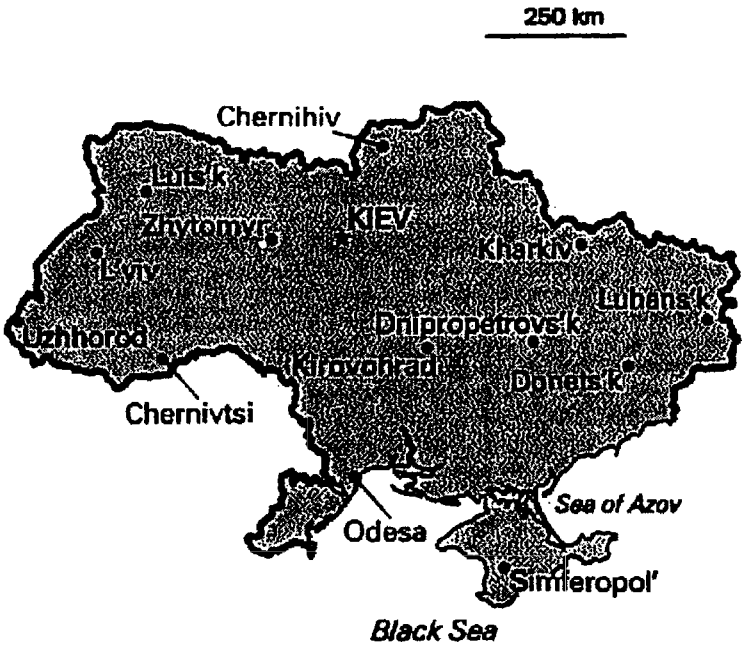
Defense Forces

Branches: Ground Forces, Navy, Air Forces, Air Defense Forces, Strategic Rocket Forces

Manpower availability: males age 15-49 38,264,699; males fit for military service 29,951,977; males reach

military age (18) annually 1,106,176 (1995 est.)

Defense expenditures: $NA, NA% of GDP
note: the Intelligence Community estimates that defense spending in Russia fell about 15% in real terms in 1994, reducing Russian defense outlays to about one-fourth of peak Soviet levels in the late 1980s; although Russia may still spend as much as 10% of its GDP on defense, this is significantly below the 15% to 17% burden the former USSR carried during much of the 1980s; conversion of military expenditures into US dollars using the current exchange rate could produce misleading results



Ukraine

Geography

Location: Eastern Europe, bordering the Black Sea, between Poland and Russia

Map references: Commonwealth of Independent States - European States

Area:
total area: 603,700 sq km
land area: 603,700 sq km
comparative area: slightly smaller than Texas

Land boundaries: total 4,558 km, Belarus 891 km, Hungary 103 km, Moldova 939 km, Poland 428 km, Romania (southwest) 169 km, Romania (west) 362 km, Russia 1,576 km, Slovakia 90 km

Coastline: 2,782 km

Maritime claims:
continental shelf: 200-m or to the depth of exploitation
exclusive economic zone: undefined
territorial sea: 12 nm

International disputes: certain territory of Moldova and Ukraine - including Bessarabia and Northern Bukovina - are considered by Bucharest as historically a part of Romania; this territory was incorporated into the former Soviet Union following the Molotov-Ribbentrop Pact in 1940; potential dispute with Russia over Crimea; has made no territorial claim in Antarctica (but has reserved the right to do so) and does not recognize the claims of any other

nation

Climate: temperate continental; Mediterranean only on the southern Crimean coast; precipitation disproportionately distributed, highest in west and north, lesser in east and southeast; winters vary from cool along the Black Sea to cold farther inland; summers are warm across the greater part of the country, hot in the south

Terrain: most of Ukraine consists of fertile plains (steppes) and plateaux, mountains being found only in the west (the Carpathians), and in the Crimean Peninsula in the extreme south

Natural resources: iron ore, coal, manganese, natural gas, oil, salt, sulphur, graphite, titanium, magnesium, kaolin, nickel, mercury, timber

Land use:
arable land: 56%
permanent crops: 2%
meadows and pastures: 12%
forest and woodland: 0%
other: 30%

Irrigated land: 26,000 sq km (1990)

Environment:
current issues: inadequate supplies of potable water; air and water pollution; deforestation; radiation contamination in the northeast from 1986 accident at Chornobyl' Nuclear Power Plant
natural hazards: NA
international agreements: party to - Air Pollution, Air Pollution-Nitrogen Oxides, Air Pollution-Sulphur 85, Antarctic Treaty, Environmental Modification, Marine Dumping, Nuclear Test Ban, Ozone Layer Protection, Ship Pollution; signed, but not ratified - Air Pollution-Sulphur 94, Air Pollution-Volatile Organic Compounds, Biodiversity, Climate Change, Law of the Sea

Note: strategic position at the crossroads between Europe and Asia; second largest country in Europe

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People

Population: 51,867,828 (July 1995 est.)

Age structure:
0-14 years: 21% (female 5,217,850; male 5,407,450)
15-64 years: 65% (female 17,563,924; male 16,334,299)
65 years and over: 14% (female 4,976,893; male 2,367,412) (July 1995 est.)

Population growth rate: 0.04% (1995 est.)

Birth rate: 12.31 births/1,000 population (1995 est.)

Death rate: 12.67 deaths/1,000 population (1995 est.)

Net migration rate: 0.71 migrant(s)/1,000 population (1995 est.)

Infant mortality rate: 20.5 deaths/1,000 live births (1995 est.)

Life expectancy at birth:
total population: 70.11 years
male: 65.59 years
female: 74.87 years (1995 est.)

Total fertility rate: 1.81 children born/woman (1995 est.)

Nationality:
noun: Ukrainian(s)
adjective: Ukrainian

Ethnic divisions: Ukrainian 73%, Russian 22%, Jewish 1%, other 4%

Religions: Ukrainian Orthodox - Moscow Patriarchate, Ukrainian Orthodox - Kiev Patriarchate, Ukrainian Autocephalous Orthodox, Ukrainian Catholic (Uniate), Protestant, Jewish

Languages: Ukrainian, Russian, Romanian, Polish, Hungarian

Literacy: age 15 and over can read and write (1989)
total population: 98%
male: 100%
female: 97%

Labor force: 23.55 million (January 1994)
by occupation: industry and construction 33%, agriculture and forestry 21%, health, education, and culture 16%, trade and distribution 7%, transport and communication 7%, other 16% (1992)

Government

Names:
conventional long form: none
conventional short form: Ukraine
local long form: none
local short form: Ukrayina
former: Ukrainian Soviet Socialist Republic

Digraph: UP

Type: republic

Capital: Kiev (Kyyiv)

Administrative divisions: 24 oblasti (singular - oblast'), 1 autonomous republic* (avtomnaya respublika), and 2 municipalites (mista, singular - misto) with oblast status**; Cherkas'ka (Cherkasy), Chernihivs'ka (Chernihiv), Chernivets'ka (Chernivtsi), Dnipropetrovs'ka (Dnipropetrovs'k), Donets'ka (Donets'k), Ivano-Frankivs'ka (Ivano-Frankivs'k), Kharkivs'ka (Kharkiv), Khersons'ka (Kherson), Khmel'nyts'ka (Khmel'nyts'kyy), Kirovohrads'ka (Kirovohrad), Kyyiv**, Kyyivs'ka (Kiev), Luhans'ka (Luhans'k), L'vivs'ka (L'viv), Mykolayivs'ka (Mykolayiv), Odes'ka (Odesa), Poltavs'ka (Poltava), Respublika Krym* (Simferopol'), Rivnens'ka (Rivne), Sevastopol'**, Sums'ka (Sevastopol'), Ternopil's'ka (Ternopil'), Vinnyts'ka (Vinnytsya), Volyns'ka (Luts'k),

Zakarpats'ka (Uzhhorod), Zaporiz'ka (Zaporizhzhya), Zhytomyrs'ka (Zhytomyr)
note: names in parentheses are administrative centers when name differs from oblast' name

Independence: 1 December 1991 (from Soviet Union)

National holiday: Independence Day, 24 August (1991)

Constitution: using 1978 pre-independence constitution; new constitution currently being drafted

Legal system: based on civil law system; no judicial review of legislative acts

Suffrage: 18 years of age; universal

Executive branch:
chief of state: President Leonid D. KUCHMA (since 19 July 1994); election last held 26 June and 10 July 1994 (next to be held NA 1999); results - Leonid KUCHMA 52.15%, Leonid KRAVCHUK 45.06%
head of government: Acting Prime Minister Yeuben MARCHUK (since 3 March 1995); First Deputy Prime Ministers Yevhen MARCHUK and Viktor PYNZENYK (since 31 October 1994) and six deputy prime ministers
cabinet: Council of Ministers; appointed by the president and approved by the Supreme Council
National Security Council: originally created in 1992, but signficantly revamped and strengthened under President KUCHMA; members include the president, prime minister, Ministers of Finance, Environment, Justice, Internal Affairs, Foreign Economic Relations, Economic and Foreign Affairs; the NSC staff is tasked with developing national security policy on domestic and international matters and advising the president
Presidential Administration: helps draft presidential edicts and provides policy support to the president
Council of Regions: advisory body created by President KUCHMA in September 1994; includes the Chairmen of Oblast and Kiev and Sevastopol City Supreme Councils

Legislative branch: unicameral
Supreme Council: elections last held 27 March 1994 with repeat elections continuing through December 1998 to fill empty seats (next to be held NA); results - percent of vote by party NA; seats - (450 total) Communists 91, Rukh 22, Agrarians 18, Socialists 15, Republicans 11, Congress of Ukrainian Nationalists 5, Labor 5, Party of Democratic Revival 4, Democrats 2, Social Democrats 2, Civil Congress 2, Conservative Republicans 1, Party of Economic Revival of Crimea 1, Christian Democrats 1, independents 225; note - 405 deputies have been elected; run-off elections for the remaining 45 seats to be held by December 1998

Judicial branch: joint commission formed in April 1995 to define a program of judicial reform by year-end

Political parties and leaders: Green Party of Ukraine, Vitaliy KONONOV, leader; Liberal Party of Ukraine; Liberal Democratic Party of Ukraine, Volodymyr KLYMCHUK, chairman; Democratic Party of Ukraine, Volodymyr Oleksandrovych YAVORIVSKIY, chairman; People's Party of Ukraine, Leopol'd TABURYANSKYY, chairman; Peasants' Party of Ukraine, Serhiy DOVHRAN', chairman; Party of Democratic Rebirth (Revival) of Ukraine, Volodymyr FILENKO, chairman; Social Democratic Party of Ukraine, Yuriy VUZDUHAN, chairman; Socialist Party of Ukraine, Oleksandr MOROZ, chairman; Ukrainian Christian Democratic Party, Vitaliy ZHURAVSKYY, chairman; Ukrainian Conservative Republican Party, Stepan KHMARA, chairman; Ukrainian Labor Party, Valentyn LANDYK, chairman; Ukrainian Party of Justice, Mykhaylo HRECHKO, chairman; Ukrainian Peasants' Democratic Party, Serhiy PLACHINDA, chairman; Ukrainian Republican Party, Mykhaylo HORYN', chairman; Ukrainian National Conservative Party, Viktor RADIONOV, chairman; Ukrainian People's Movement for Restructuring (Rukh), Vyacheslav CHORNOVIL, chairman; Ukrainian Communist Party, Petr SYMONENKO; Agrarian Party; Congress of Ukrainian Nationalists, S. STESTKO; Civil Congress, O. BAZYLUK; Party of Economic Revival of Crimea; Democratic Party Of Ukraine, Serhiy DOVMAN', chairman

Other political or pressure groups: New Ukraine (Nova Ukrayina); Congress of National Democratic Forces

Member of: BSEC, CCC, CE (guest), CEI (associate members), CIS, EBRD, ECE, IAEA, IBRD, ICAO, ICRM, IFC, ILO, IMF, IMO, INMARSAT, INTELSAT (nonsignatory user), INTERPOL, IOC, IOM (observer), ISO, ITU, NACC, OSCE, PCA, PFP, UN, UNCTAD, UNESCO, UNIDO, UNPROFOR, UPU, WHO, WIPO, WMO

Diplomatic representation in US:
chief of mission: Ambassador Yuriy SHCHERBAK
chancery: 3350 M Street NW, Washington, DC 20007
telephone: [1] (202) 333-0606
FAX: [1] (202) 333-0817
consulate(s) general: Chicago and New York

US diplomatic representation:
chief of mission: Ambassador William Green MILLER
embassy: 10 Yuria Kotsyubinskovo, 252053 Kiev 53
mailing address: use embassy street address
telephone: [7] (044) 244-73-49, 244-37-45
FAX: [7] (044) 244-73-50

Flag: two equal horizontal bands of azure (top) and golden yellow represent grainfields under a blue sky

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Economy

Overview: After Russia, the Ukrainian republic was far and away the most important economic component of the former Soviet Union, producing more than three times the output of the next-ranking republic. Its fertile black soil generated more than one-fourth of Soviet agricultural output, and its farms provided substantial quantities of meat, milk, grain, and vegetables to other republics. Likewise, its diversified heavy industry supplied equipment and raw materials to industrial and mining sites in other regions of the former USSR. In early 1992, the Ukrainian government liberalized most prices and erected a legal framework for privatization, but widespread resistance to reform within the government and the legislature soon stalled reform efforts and led to some backtracking. Loose monetary and fiscal policies pushed inflation to hyperinflationary levels in late 1993. Greater monetary and fiscal restraint lowered inflation in 1994, but also contributed to an accelerated decline in industrial output. Since his election in July 1994, President KUCHMA has developed - and parliament has approved - a comprehensive economic reform program, maintained financial discipline, and reduced state controls over prices, the exchange rate, and foreign trade. Implementation of KUCHMA's economic agenda will encounter considerable resistance from parliament, entrenched bureaucrats, and industrial interests and will contribute to further declines in output and rising unemployment which will sorely test the government's ability to stay the course on reform in 1995.

National product: GDP - purchasing power parity - $189.2 billion (1994 estimate as extrapolated from World Bank estimate for 1992)

National product real growth rate: -19% (1994 est.)

National product per capita: $3,650 (1994 est.)

Inflation rate (consumer prices): 14% per month (1994)

Unemployment rate: 0.4% officially registered; large number of unregistered or underemployed workers

Budget:
revenues: $NA
expenditures: $NA, including capital expenditures of $NA

Exports: $11.8 billion (1994)
commodities: coal, electric power, ferrous and nonferrous metals, chemicals, machinery and transport equipment, grain, meat
partners: FSU countries, China, Italy, Switzerland

Imports: $14.2 billion (1994)
commodities: energy, machinery and parts, transportation equipment, chemicals, textiles
partners: FSU countries, Germany, Poland, Czech Republic

External debt: $7.5 billion (yearend 1994)

Industrial production: growth rate -28% (1994 est.); accounts for 50% of GDP

Electricity:
capacity: 54,380,000 kW
production: 182 billion kWh
consumption per capita: 3,200 kWh (1994)

Industries: coal, electric power, ferrous and nonferrous metals, machinery and transport equipment, chemicals, food-processing (especially sugar)

Agriculture: accounts for about 25% of GDP; grain, vegetables, meat, milk, sugar beets

Illicit drugs: illicit cultivator of cannabis and opium poppy; mostly for CIS consumption; limited government eradication program; used as transshipment point for illicit drugs to Western Europe

Economic aid: $550 million economic aid and $350 million to help disassemble the atomic weapons from the US in 1994

Currency: Ukraine withdrew the Russian ruble from circulation on 12 November 1992 and declared the karbovanets (plural karbovantsi) sole legal tender in Ukrainian markets; Ukrainian officials claim this is an interim move toward introducing a new currency - the hryvnya - possibly in mid-1995

Exchange rates: karbovantsi per 1$US - 107,900 (end December 1994), 130,000 (April 1994)

Fiscal year: calendar year

Transportation

Railroads:
total: 23,350 km
broad gauge: 23,350 km 1.524-m gauge (8,600 km electrified)

Highways:
total: 273,700 km
paved and graveled: 236,400 km

unpaved: earth 37,300 km

Inland waterways: 1,672 km perennially navigable (Pryp"yat' and Dnipro Rivers)

Pipelines: crude oil 2,010 km; petroleum products 1,920 km; natural gas 7,800 km (1992)

Ports: Berdyans'k, Illichivs'k, Izmayil, Kerch, Kherson, Kiev (Kyyiv), Mariupol', Mykolayiv, Odesa, Pivdenne, Reni

Merchant marine:
total: 379 ships (1,000 GRT or over) totaling 3,799,253 GRT/5,071,175 DWT
ships by type: barge carrier 7, bulk 55, cargo 221, chemical tanker 2, container 20, multifunction large-load carrier 1, oil tanker 10, passenger 12, passenger-cargo 5, railcar carrier 2, refrigerated cargo 5, roll-on/roll-off cargo 32, short-sea passenger 7

Airports:
total: 706
with paved runways over 3,047 m: 14
with paved runways 2,438 to 3,047 m: 55
with paved runways 1,524 to 2,437 m: 34
with paved runways 914 to 1,523 m: 3
with paved runways under 914 m: 57
with unpaved runways over 3,047 m: 7
with unpaved runways 2,438 to 3,047 m: 7
with unpaved runways 1,524 to 2,438 m: 16
with unpaved runways 914 to 1,523 m: 37
with unpaved runways under 914 m: 476

Communications

Telephone system: 7,886,000 telephone circuits; about 151.4 telephone circuits/1,000 persons (1991); the telephone system is inadequate both for business and for personal use; 3.56 million applications for telephones had not been satisfied as of January 1991; electronic mail services have been established in Kiev, Odesa, and Luhans'k by Sprint
local: an NMT-450 analog cellular telephone network operates in Kiev (Kyyiv) and allows direct dialing of international calls through Kiev's EWSD digital exchange
intercity: NA
international: calls to other CIS countries are carried by land line or microwave; other international calls to 167 countries are carried by satellite or by the 150 leased lines through the Moscow gateway switch; INTELSAT, INMARSAT, and Intersputnik earth stations

Radio:
broadcast stations: AM NA, FM NA, shortwave NA
radios: 15 million

Television:
broadcast stations: NA
televisions: 20 million

Defense Forces

Branches: Army, Navy, Air and Air Defense Forces, Republic Security Forces (internal and border troops), National Guard

Manpower availability: males age 15-49 12,324,832; males fit for military service 9,667,642; males reach military age (18) annually 359,546 (1995 est.)

Defense expenditures: 544.3 billion karbovantsi, less than 4% of GDP (forecast for 1993); note - conversion of defense expenditures into US dollars using the current exchange rate could produce misleading results

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JOURNAL OF THE AMERICAN INTERNATIONAL HEALTH ALLIANCE

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Beyond Hospital Walls: Creating Healthy Communities Through Partnerships