

### Syllabus Module 227

<b>Module # 227</b>	<b>Module 227 “Health policies and health system analysis in Low &amp; Middle Income Countries”</b>
<b>UE coordinator</b>	Bertrand Lefebvre, Department of Environmental and Occupational Health and Sanitary Engineering, EHESP School of Public Health, bertrand.lefebvre@ehesp.fr
<b>Dates</b>	Week 50: 10 to 14 December 2018
<b>ECTS</b>	3
<b>Duration</b>	Number of days: 5
<b>Location</b>	Room : Grande Salle, EHESP 20 Avenue George Sand 93210 LA PLAINE ST DENIS
<b>Description</b>	<p>Over the past 30 years, health systems in Low &amp; Middle Income Countries (LMICs) have been faced with considerable challenges in providing affordable and quality care to all their populations. From international agencies and donors contradictory injunctions, to local financial and human resources constraints, and issues related to the management of the public and private health care services, LMIC countries have experimented with various models and programs to achieve the universalization of health care services. Through the MDGs and SDGs, new models have emerged to reduce the inequalities in the access to health care services and regarding health status of the populations (Universal Health Coverage).</p> <p>While there has been a clear move from the "one size fits all" approach among the main actors of international public health (WHO, WB), there is still a need to analyze these initiatives between them and compared to health policy theories and models. This module aims at offering a rich overview on how health policies and health reforms in LMIC are designed, implemented with sometimes unexpected results.</p>
<b>Prerequisites</b>	Advanced Core modules in Information sciences and biostatistics, in social & behavioral sciences in public health and in management & policy sciences
<b>Course learning objectives</b>	<p>At the end of the module, the students will be able to:</p> <ul style="list-style-type: none"> <li>- Identify tracks of action, in reference to the recognized strategies, programming interventions</li> <li>- Implement and monitor an action plan.</li> <li>- Analyze the strengths and weaknesses of health systems in LIMCs by using appropriate tools.</li> <li>- Discuss and propose the most efficient strategies in a contextualized intervention.</li> </ul>
<b>Structure (details of session)</b>	<p><b>Health Policies and Health System Analysis: Concepts and Models – B. Marchal, Tropical Medicine Institute</b> Monday, Dec 10</p> <ol style="list-style-type: none"> <li>1. Care Structures Systems</li> <li>2. A Dynamic Health Systems Perspective</li> </ol> <p>Tuesday, Dec 11</p> <ol style="list-style-type: none"> <li>3. Multipolar performance framework</li> <li>4. Policy-making</li> <li>5. Decision Making</li> </ol> <p><b>Health Policies and Health System Analysis: Case Studies and Group Work – B. Lefebvre, EHESP</b> Wednesday, Dec 12</p> <ol style="list-style-type: none"> <li>6. Public-Private Partnerships in LMICs</li> <li>7. Universal Health Coverage</li> </ol> <p>Thursday, Dec 13</p> <ol style="list-style-type: none"> <li>8. Group Work: Appraising Health Insurance Programs for the Poor in India</li> <li>9. Group Work: Appraising Health Insurance Programs for the Poor in India</li> </ol> <p>Friday, Dec14</p> <ol style="list-style-type: none"> <li>10. Group Work: Appraising Health Insurance Programs for the Poor in India</li> <li>11. Group presentations</li> </ol>
<b>Resources</b>	Students will be provided with textbooks and papers for each session described below
<b>Course requirement</b>	Students are expected to attend all lectures and group works. Students will be required to arrive to each class well prepared by reading materials provided on REAL, online course EHESP platform. Beyond 4:00 pm,

	attendance to group works is not required but permitted for preparing the final presentation.
<b>Grading and assessment</b>	<p>30% group work (Student's presentations) and 70% for a 2 Hour in-class essay exam. Students are not allowed to use any form of course materials (books, notes or computer).</p> <p>Note also that students will complete a questionnaire that assesses their own and their teammates' contributions to group work. All team members will receive the same grade except if it is clear that a student has not participated effectively (attended and contributed to meetings; made timely, helpful contributions; been constructive, etc.). In that case, the student's grade will be lowered accordingly.</p>
<b>Course policy</b>	<p><b>Attendance &amp; punctuality</b>  <b>Regular and punctual class attendance is a prerequisite for receiving credit in a course.</b> Students are expected to attend each class. Attendance will be taken at each class.  The obligations of attendance and punctuality cover every aspect of the course: - lectures, conferences, group projects, assessments, examinations, as described in EHESP Academic Regulations <a href="http://mph.ehesp.fr">http://mph.ehesp.fr</a> EHESP Academic Regulation Article. 3).  If students are not able to make it to class, they are required to send an email to the instructor and to the MPH program coordinating team explaining their absence prior to the scheduled class date. All supporting documents are provided to the end-of-year panel.</p> <p>Students who miss class are responsible for content. Any student who misses a class has the responsibility for obtaining copies of notes, handouts and assignments. If additional assistance is still necessary, an appointment should be scheduled with the instructor. Class time is not to be used to go over material with students who have missed class.</p> <p><b>Lateness:</b> Students who are more than 10 minutes late may be denied access to a class. Repeated late arrivals may be counted as absences (See <a href="http://mph.ehesp.fr">http://mph.ehesp.fr</a> EHESP Academic Regulation Article. 3 Attendance &amp; Punctuality)</p> <p><b>Maximum absences authorized &amp; penalty otherwise</b>  Above 20% of absences will be designated a fail for a given class. The students will be entitled to be reassessed in any failed component(s). If they undertake a reassessment or they retake a module this means that they cannot normally obtain more than the minimum pass mark (i.e. 10 out of 20)</p> <p><b>Exceptional circumstances</b>  Absence from any examination or test, or late submission of assignments due to illness, psychological problems, or exceptional personal reasons must be justified; otherwise, students will be penalized, as above mentioned. Students must directly notify their professor or the MPH academic secretariat before the exam or before the assignment deadline. Before accepting the student's justification, the professor or the MPH academic secretariat has the right to request either a certificate from the attending physician or from a psychologist, or from any other relevant person (See <a href="http://mph.ehesp.fr">http://mph.ehesp.fr</a> EHESP Academic Regulation Article 4 Examinations).</p> <p><b>Courtesy:</b> <u>All cell phones/pages MUST be turned off during class time.</u>  Students are required to conduct themselves according to professional standards, eating during class time is not permitted during class time, such as course or group work.</p>
<b>Valuing diversity</b>	<p>Diversity enriches learning. It requires an atmosphere of inclusion and tolerance, which oftentimes challenges our own closely-held ideas, as well as our personal comfort zones. The results, however, create a sense of community and promote excellence in the learning environment. This class will follow principles of inclusion, respect, tolerance, and acceptance that support the values of diversity. Diversity includes consideration of: (1) life experiences, including type, variety, uniqueness, duration, personal values, political viewpoints, and intensity; and (2) factors related to "diversity of presence," including, among others, age, economic circumstances, ethnic identification, family educational attainment, disability, gender, geographic origin, maturity, race, religion, sexual orientation and social position.</p>
<b>Course evaluation</b>	<p>EHESP requests that you complete a course evaluation at the end of the school year. Your responses will be anonymous, with feedback provided in the aggregate. Open-ended comments will be shared with instructors, but not identified with individual students. Your participation in course evaluation is an expectation, since providing constructive feedback is a professional obligation. Feedback is critical, moreover, to improving the quality of our courses, as well as for instructor assessment.</p>
Sessions 1-5	Module 227 "Health policies and health system analysis in Low & Middle Income Countries"

Session Title	<b>Health Policies and Health System Analysis: Concepts and Models</b>
Lecturer	Bruno MARCHAL, Associate Professor, Institute of Tropical Medicine, Antwerp <a href="mailto:BMarchal@itg.be">BMarchal@itg.be</a>
Session outline	<ul style="list-style-type: none"> <li>- An introduction to module Major 227 with a presentation of the lecturers and of the main goals of this module</li> <li>- Health System Analysis: Care, Structures, Systems</li> <li>- A Dynamic Health Systems Perspective</li> <li>- Multipolar Performance Framework</li> <li>- Policy-making</li> <li>- Decision Making</li> <li>- Different concepts and models that are at the heart of health policies and health systems analysis will be discussed. What kind of “good” is health care? What kind of goals do we assign to health systems? What principles guide health service organization? What is performance in health care? How do we assess performance? How do different levels of policy and health systems interact? How do we build consensus in the framing of health policies and health programs? Students will be provided with original conceptual frameworks designed at the Institute of Tropical Medicine (Antwerp) to analyze health care organization and health policies in the context of LMIC (Multipolar Performance Framework, Dynamic Health Perspective).</li> </ul>
Learning Objectives	<ul style="list-style-type: none"> <li>- Analyze the strengths and weaknesses of health systems in developing countries by using appropriate tools.</li> <li>- Discuss and propose the most efficient strategies in a contextualized intervention.</li> </ul>
Reading	<p>Glouberman, S., Zimmerman, B. (2002). <i>Complicated and complex systems: what would successful reform of Medicare look like?</i> Commission on the Future of Health Care in Canada, Discussion Paper n°8</p> <p>Snowden, D. J., &amp; Boone, M. E. (2007). A leader's framework for decision making. <i>Harvard business review</i>, 85(11), 68.</p> <p>Marchal et al., 2014, Building on the EGIPPS performance assessment: the multipolar framework as a heuristic to tackle the complexity of performance of public service oriented health care organisations, <i>BMC Public Health</i>, 14:378, <a href="http://www.biomedcentral.com/1471-2458/14/378">http://www.biomedcentral.com/1471-2458/14/378</a></p> <p>Van Olmen, J., Criel, B., Bhojani, U., Marchal, B., Van Belle, S., Chenge, F., &amp; Kegels, G. (2012). The Health System Dynamics Framework: The introduction of an analytical model for health system analysis and its application to two case-studies. <i>Health Culture and Society</i>, 2(1), 1-21.</p>
Duration	12 hours
Dates	Monday December 10 <sup>th</sup> 2018, 9.00 a.m.-12.00 a.m. & 1:00 pm to 4:00 pm Tuesday December 11 <sup>th</sup> 2018, 9.00 a.m.-12.00 a.m. & 1:00 pm to 4:00 pm
Training methods	Lecture Active participation of the students
Validation	None (at the end of the Module)

Sessions 6-11	Module 227 “Health policies and health system analysis in Low & Middle Income Countries”
Session Title	<b>Health Policies and Health System Analysis: Case Studies</b>
Lecturer	Bertrand LEFEBVRE, Associate Professor, Ecole des Hautes Etudes en Santé Publique, Rennes <a href="mailto:Bertrand.lefebvre@ehesp.fr">Bertrand.lefebvre@ehesp.fr</a>

Session outline	<ul style="list-style-type: none"> <li>- Rethinking Public-Private Partnerships in LMIC Health systems</li> <li>- Universal Health Coverage: Finally reaching “Health for All” in the new millennium?</li> <li>- Group Work: Appraising Health Insurance Programs for the Poor in India</li> <li>- The course looks at the difficulties of implementing new models of health care in the context of LMICs. Why some innovative models of health care delivery were successful in some countries and failed in some others? How do governments and international agencies design and implement health care programs? What instruments can we mobilize to measure and assess the performance of these programs? Mostly based on India’s experiments in PPP, UHC and new health insurance programs, students will be reminded of the importance of considering local institutional, political and socio-economic factors in appraising the successes and failures of health care delivery models. Based on the first-hand and second-hand data, the group work will present the students with an opportunity to reflect on actions to be taken in order to improve the design and the functioning of one of the largest health insurance program for the poor in India.</li> </ul>
Learning Objectives	<ul style="list-style-type: none"> <li>- Identify tracks of action, in reference to the recognized strategies, programming interventions</li> <li>- Implement and monitor an action plan.</li> <li>- Assessing health care programs and designing strategies to improve performance</li> </ul>
Reading	<p>Narasimhan, H., Boddu, V., Singh, P., Katyal, A., Bergkvist, S., &amp; Rao, M. (2014). The Best Laid Plans: Access to the Rajiv Aarogyasri community health insurance scheme of Andhra Pradesh. <i>Health, Culture and Society</i>, 6(1), 85-97. doi:<a href="https://doi.org/10.5195/hcs.2014.163">https://doi.org/10.5195/hcs.2014.163</a></p> <p>Marten, Robert et al. (2014). An assessment of progress towards universal health coverage in Brazil, Russia, India, China, and South Africa (BRICS) <i>The Lancet</i> , Volume 384 , Issue 9960 , 2164 – 2171</p> <p>Xu, K., Evans, D.B., Carrin, G. et al. (2007). Protecting Households From Catastrophic Health Spending, <i>Health Affairs</i>, vol. 26 no. 4 972-983, doi: 10.1377/hlthaff.26.4.972</p> <p>Banerjee, A., Deaton, A., Duflo, E. (2004). Health, Health care, and Economic Development: Wealth, Health, and Health Services in Rural Rajasthan. <i>The American Economic Review</i>, 94(2), 326–330. <a href="http://doi.org/10.1257/0002828041301902">http://doi.org/10.1257/0002828041301902</a></p>
Duration	18 hours
Dates	<p>Wednesday December 12th 2018, 9.00 a.m.-12.00 a.m. &amp; 1:00 pm to 4:00 pm</p> <p>Thursday December 13th 2018, 9.00 a.m.-12.00 a.m. &amp; 1:00 pm to 4:00 pm</p> <p>Friday December 14th 2018, 9.00 a.m.-12.00 a.m. &amp; 1:00 pm to 4:00 pm</p>
Training methods	<p>Lecture, Group Work</p> <p>Active participation of the students</p>
Validation	Group Work (Students presentation) based on these sessions will account for 30% of the module grade.