

Syllabus Module 227

Module # 227	Module 227 “Health policies and health system analysis in Low & Middle Income Countries”
UE coordinator	Bertrand Lefebvre, Institut Français de Pondichéry, bertrand.lefebvre@ifpindia.org Ariadna Nebot Giralt, GRIP, University of Paris, ariadna.nebot-giralt@u-paris.fr
Dates	Week 03: 15 to 19 January 2024
ECTS	3
Duration	Number of days: 5
Location	Room : XXX, EHESP 20 Avenue George Sand 93210 LA PLAINE ST DENIS
Description	<p>Over the past 30 years, health systems in Low & 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 inequalities in the access to health care services and in improving health (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 compare them to health policy theories and models. This module aims at offering a rich overview on how health policies and health reforms in LMICs are designed, and implemented with sometimes unexpected results. Building on students' diverse professional experiences and geographic origins, their involvement will be actively encouraged through debates and group participation.</p>
Prerequisites	Advanced Core modules in Information sciences and biostatistics, in social & behavioral sciences in public health and in management & policy sciences.
Course learning objectives	<p>Learning competences / objectives:</p> <ul style="list-style-type: none"> ▪ Understand health systems' structure, governance, funding mechanisms and how health-care services are organized (1.10) ▪ Able to compare and contrast health and social service delivery systems between countries, which reflect diverse political, organizational and legal contexts (3.3) ▪ Understand the principles of systems thinking and can apply them within systematic inquiry to analyze, model and improve public health organizations and services at different strategic levels (5.9)
Structure (details of session)	<p>Health Policies and Health System Analysis: Concepts and Models – B. Marchal, J. Michielsen Institute of Tropical Medicine (ITM), Antwerp, A. Nebot Giralt, University of Paris</p> <p>Tuesday, Jan 16</p> <ol style="list-style-type: none"> 1. Making sense of UHC programs through models 2. A Dynamic Health Systems Perspective <p>Wednesday, Jan 17</p> <ol style="list-style-type: none"> 3. Multipolar performance framework <p>Health Policies and Health System Analysis: Case Studies and Group Work – B. Lefebvre, IFP, B. Marchal, J. Michielsen Institute of Tropical Medicine (ITM), Antwerp, A. Nebot Giralt, University of Paris, Madeleine Webb, Camber Collective</p> <p>Monday, Jan 15</p> <ol style="list-style-type: none"> 4. Case Studies: Health Sector Reforms and Universal Health Coverage in LMICs 5. Case Studies: Health Sector Reforms and Universal Health Coverage in LMICs <p>Tuesday, Jan 16</p> <ol style="list-style-type: none"> 6. Case Studies: Health Sector Reforms and Universal Health Coverage in LMICs <p>Thursday, Jan 18</p> <ol style="list-style-type: none"> 7. Public-Private Partnerships in LMICs: the case of Somalia 8. Group Work <p>Friday, Jan 19</p> <ol style="list-style-type: none"> 9. Group Work 10. Group Work - presentations and Q&A
Resources	Students will be provided with textbooks and papers for each session described below through REAL platform
Course requirement	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.
Grading and assessment	<p>Group work: Students presentation (50%) and executive summary (50%)</p> <p>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>
Course policy	Attendance & punctuality

	<p>Regular and punctual class attendance is a prerequisite for receiving credit in a course. Students are expected to attend each class. Attendance will be taken at each class.</p> <p>The obligations of attendance and punctuality cover every aspect of the course: - lectures, conferences, group projects, assessments, examinations, as described in EHESP Academic Regulations http://mph.ehesp.fr EHESP Academic Regulation Article. 3).</p> <p>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>Lateness: Students who are more than 10 minutes late may be denied access to a class. Repeated late arrivals may be counted as absences (See http://mph.ehesp.fr EHESP Academic Regulation Article. 3 Attendance & Punctuality)</p> <p>Maximum absences authorized & penalty otherwise 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>Exceptional circumstances 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 http://mph.ehesp.fr EHESP Academic Regulation Article 4 Examinations).</p> <p>Courtesy: All cell phones/pages MUST be turned off during class time. 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>
Valuing diversity	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.
Course evaluation	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.

Sessions 1-3	Module 227 "Health policies and health system analysis in Low & Middle Income Countries"
Session Title	Health Policies and Health System Analysis: Concepts and Models
Lecturer	Bruno MARCHAL, Associate Professor, Institute of Tropical Medicine, Antwerp BMarchal@itg.be Joris MICHIELSEN, Senior Researcher, Institute of Tropical Medicine, Antwerp, jmichielsen@itg.be Ariadna NEBOT GIRALT, GRIP, University of Paris, ariadna.nebot-giralt@u-paris.fr
Session outline	<ul style="list-style-type: none"> - Making sense of UHC programs through models - A Dynamic Health Systems Perspective - Multipolar Performance Framework - 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? <p>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</p>

	(i.e. Multipolar Performance Framework).
Learning Objectives	<ul style="list-style-type: none"> - Analyze the strengths and weaknesses of health systems in LMICs by using appropriate tools. - Discuss and propose the most efficient strategies in a contextualized intervention.
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., & 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, http://www.biomedcentral.com/1471-2458/14/378</p> <p>Van Olmen, J., Criel, B., Bhojani, U., Marchal, B., Van Belle, S., Chenge, F., & 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	9 hours
Dates	Tuesday January 16 th 2024, 1:00 pm to 4:00 pm Wednesday January 17 th 2024, 9.00 a.m.-12.00 a.m. & 1:00 pm to 4:00 pm
Training methods	Lecture, group work Active participation of the students
Validation	Group work assignment will rely on the mobilization of the models presented in this session

Sessions 4-10	Module 227 "Health policies and health system analysis in Low & Middle Income Countries"
Session Title	Health Policies and Health System Analysis: Case Studies
Lecturer	<p>Bertrand LEFEBVRE, Researcher, Institut Français de Pondichéry, Pondicherry (India), bertrand.lefebvre@ifpindia.org</p> <p>Bruno MARCHAL, Associate Professor, Institute of Tropical Medicine, Antwerp BMarchal@itg.be</p> <p>Joris MICHIELSEN, Senior Researcher, Institute of Tropical Medicine, Antwerp, jmichielsen@itg.be</p> <p>Ariadna NEBOT GIRALT, Scientific Coordinator, GRIP, University of Paris, ariadna.nebot-giralt@u-paris.fr</p> <p>Madeleine WEBB, Consultant, Camber Collective, madeleine.emma@gmail.com</p>
Session outline	<ul style="list-style-type: none"> 📄 Health Sector Reforms and Universal Health Coverage in LMICs 📄 Public-Private Partnerships in LMICs: the case of Somalia 📄 Group Work <p>The course looks at the difficulties of implementing new models of health care in the context of LMICs. Why were some innovative models of health care delivery 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? Looking at Africa's and Asia's experiments in PPP, UHC and 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. This session will rely heavily on case studies and group work. As the week will progress students will incorporate models presented in the other session to analyze the case studies presented to them.</p>
Learning Objectives	<ul style="list-style-type: none"> - Identify tracks of action, in reference to the recognized strategies, programming interventions - Assessing health care programs and designing strategies to improve performance

Reading	<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>Narasimhan, H., Boddu, V., Singh, P., Katyal, A., Bergkvist, S., & 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:https://doi.org/10.5195/hcs.2014.163</p> <p>Ridde, V., & Morestin, F. (2010). A scoping review of the literature on the abolition of user fees in health care services in Africa. <i>Health policy and planning</i>, 26(1), 1-11.</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. http://doi.org/10.1257/0002828041301902</p>
Duration	21 hours
Dates	<p>Monday January 15th 2024, 9.00 a.m.-12.00 a.m. & 1:00 pm to 4:00 pm</p> <p>Tuesday January 16th 2024, 9.00 a.m.-12.00 a.m</p> <p>Thursday January 18th 2024 9.00 a.m.-12.00 a.m. & 1:00 pm to 4:00 pm</p> <p>Friday January 19th 2024, 9.00 a.m.-12.00 a.m. & 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 (50%) and executive summary (50%)