

Semester: I
Core Course

5. Course Code & Title: MPC 51 05 & Introduction to Health Systems and Policy
Credits: 4

Course objectives:

The objectives of this course are to provide students with basic understanding of a health system with respect to its evolution, levels, functions, types and building blocks. The objective is also to sensitize students with the nitty gritty of health policy making, its analyses and implications on health services delivery and health outcomes.

Course outcomes:

On successful completion of the course, students will be able to:

1. Learn the WHO health system framework and its important building blocks.
2. Analyze important components of the Indian public and private healthcare systems and compare it with other emerging economies.
3. Understand the theories and concepts related to public policy.
4. Understand the political context of making policies and the role of government as policy maker
5. Compare the global and national health policies in the context of changing global health policy environment
6. Understand health policy making, analysis and actors involved in the process.
7. Identify the gaps and opportunities in health policies and systems in India.

Skills Developed:

On successful completion of the course the students will be able to gain skills in health systems strengthening and health policy analysis.

Teaching methods: This course will be delivered using a variety of methods and modalities such as classroom and online lectures, self-study, seminars, field visit, group work.

Units and Topics	Teaching Methods								Mandatory Readings
	L	FW	FV	CS	GW	SS	SP	P	
Unit-I: Introduction to Health Systems									

1.1 Definitions, evolution, functions and types of health systems.	X					X			<p>Gilson L (2012). Health policy and systems research: a methodology reader.</p> <p>WHO (2010). Monitoring the building blocks of health system: a handbook of indicators and their measurement strategies.</p> <p>World Health Organization. (2007). Everybody's business--strengthening health systems to improve health outcomes: WHO's framework for action.</p>
1.2 Health systems of developing and developed countries (Including Indian Health System)									
1.3 WHO building blocks of health systems and their linkages: (i) service delivery, (ii) health workforce, (iii) health information systems, (iv) access to essential medicines, (v) financing, and (vi) leadership/governance	X					X			
1.4 Micro (Individual interactions), meso (organizational structure and community) and macro (Policy) framework of a health systems.	X					X			
Unit-II: Global Health Initiatives and Health Programmes in India									
2.1 Alma Ata Declaration, MDGs, and SDGs	X					X			
2.2 Universal Health Coverage (UHC)									
2.3 National Health Programmes, NHM, NUHM and ICDS.									
2.4 Role of NITI Ayog, and five-year plans.									
Unit-III: Introduction to Health Policy									
3.1 Introduction to core concepts and definitions - public and private policies, policy makers and actors, policy instruments, policy transfer, power in policy	X					X			<p>Buse, K., Mays, N., Walt, G. (2005). Making Health Policy: Understanding Public Health. Open University Press.</p>

3.2 Health Policy: Definition and importance, Evidence-based policy making, Role of government as policy maker and the political context of making health policies								Wildavsky, A. (1979). Doing better and feeling worse: the political pathology of health policy. In the <i>Art and Craft of Policy Analysis</i> (pp. 284-308). Palgrave Macmillan, London.
Unit-IV: Health policy making and analysis								
4.1 Policy making process: Theories – multiple-streams theory, punctuated equilibrium theory 4.2 Policy making cycle: Agenda setting, formulation of policy, adoption, implementation and evaluation. 4.3 Decision making - Linear/rational model, incrementalist model and mixed scanning model 4.4. Dichotomy between policy making and implementation: Bottom-up and top-down implementation, Street level bureaucracy 4.5 Health Policy analysis - Policy triangle framework (Walt and Gilson 1994), cost-benefit and cost-effective analysis	X		X	X	X	X		Buse, K., Mays, N., Walt, G. (2005). Making Health Policy: Understanding Public Health. Open University Press. Walt, G., & Gilson, L. (1994). Reforming the health sector in developing countries: the central role of policy analysis. <i>Health policy and planning</i> , 9(4), 353-370. Walt, G., Shiffman, J., Schneider, H., Murray, S. F., Brugha, R., & Gilson, L. (2008). ‘Doing’health policy analysis: methodological and conceptual reflections and challenges. <i>Health policy and planning</i> , 23(5), 308-317.
Unit-V: Global and National Health Policies, Changing Global Health Policy Environment and Emerging Concepts								
5.1 Global Health Policies: Role of World health organization in setting norms and standards, e.g. International Health Regulations, Framework Convention on Tobacco Control (FCTC) 5.2 National health policies: Overview of health policies from developing and	X		X		X	X		Lee, K., Kamradt-Scott, A. (2014). The multiple meanings of global health governance: a call for conceptual clarity. <i>Globalization and Health</i> , 10:28. https://www.who.int/

developed countries. 5.3 Health policies of India – National and state health policies 5.4 Global health governance to global governance for health: Role of agencies such as World Trade Organization, International Monetary Fund, World Bank, Donors and philanthropic organizations 5.5 Global health security and diplomacy 5.6 Health in All Policies 5.7 Health and activism 5.8 Health Policy and Systems Research									Adams, V., Novotny, T. E., & Leslie, H. (2008). Global health diplomacy. <i>Medical anthropology</i> , 27(4), 315-323. WHO. (2014). Health in All Policies (HiAP) framework for country action; 2014. Gilson L. Health policy and systems research: a methodology reader. WHO; 2012. ISBN 978 92 4 150313 6. Loewenson R (2013). Activism for health. <i>The Lancet</i> , 381(9884):2157.
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L- Lecture; FW- Field work; FV - Field Visit; CS - Case study; GW- Group work; SS- Self-study; SP- Seminar presentation; P-Practical

Evaluation - As per CBCS guidelines, this course will be evaluated for 100 marks with a Continuous Evaluation (CA) component of 40 marks and End-Semester Evaluation (ESA) component of 60 marks.

Additional readings:

1. Ramani, K. V., & Mavalankar, D. (2006). Health system in India: opportunities and challenges for improvements. *Journal of health organization and management*.
2. De, P., Dhar, A., & Bhattacharya, B. N. (2012). Efficiency of health care system in India: an inter-state analysis using DEA approach. *Social Work in Public Health*, 27(5), 482-506.
3. Krupp, K., & Madhivanan, P. (2009). Leveraging human capital to reduce maternal mortality in India: enhanced public health system or public-private partnership? *Human Resources for Health*, 7(1), 1-8.
4. Lakshminarayanan, S. (2011). Role of government in public health: Current scenario in India and future scope. *Journal of Family and Community Medicine*, 18(1), 26.