CENTRAL UNIVERSITY OF KERALA
DEPARTMENT OF PUBLIC HEALTH AND COMMUNITY MEDICINE

Minutes of the Board of Studies meeting held on July 8, 2020

1. The 2nd board of studies meeting for the Department of Public Health and Community Medicine was held on July 8th 2020 from 10 am to 1pm. The meeting was attended by the following members**.**

Sl.	Name of the expert	Capacity	Designation & Affiliation
1	Dr Elezebeth Mathews	Chairperson	HOD (In-charge), DPH&CM, CUK
2	Prof. (Dr.) KR Thankappan	Member	Professor, DPH&CM, CUK
3	Assoc. Prof. Dr. Rajendra Pilankatta	Member	Dean, School of Medicine & Public Health, CUK
4.	Dr Sibasis Hense	Member	Asst. Professor, DPH&CM, CUK
5	Prof. (Dr.) Raman Kutty V	Member	Epidemiologist and Data Science Consultant, Amala Institute of Medical Sciences, Thrissur, Kerala
6	Prof. (Dr.) Unnikrishnan B	Member	Associate Dean and Professor Department of Community Medicine, Kasturba Medical College, Mangalore MAHE.

7	Dr. Shailendra Kumar B Hegde	Member	Senior Vice President - Public Health Innovations at Piramal Swasthya, Hydearabad (India)
8.	Dr. C.K. Jagadeesan	Member	State Nodal Officer of ARDRAM Mission and Deputy Director, Directorate of Health Services, Govt. of Kerala
9.	Dr. K Vijayakumar	Member	Professor, Dept. of Community Medicine, Amrita Institute of Medical Sciences, Kochi.
10.	Mr. Prakash Babu Kodali	Faculty member	Department of Public Health and Community Medicine, Central University of Kerala
11	Ms. Jayalakshmi Rajeev	Faculty Member	Department of Public Health and Community Medicine, Central University of Kerala

2. The Department proposed for a change in the eligibility criteria for admission to the MPH program due to the increasing number of applications from life sciences and biomedical stream. Faculty members envisioned that if there are more applications with relaxed eligibility criteria, the competition to the program will be tougher and best students can be selected to the program.

Current Eligibility criteria: MBBS/BDS/B.Sc. Nursing (4 years)/any Branch of Engineering (4 years)/ B.Pharma/Bachelor of Phototherapy/ B. AYUSH/ B.Vety/B.V.Sc./ Master in Social Work/ Economics/ Policy Science/ Sociology/Nutrition/ Development Economics/ Public Administration/Psychology/ Law. No upper age limits.
Proposed eligibility criteria: Bachelor's degree in the following disciplines are eligible: Medicine / AYUSH / Dentistry / Veterinary Sciences/ Nursing/ Allied Health Sciences / Life Sciences / Statistics / Biostatistics / Demography / Population Studies / Nutrition / Sociology /

Psychology / Anthropology / Social Work/ Engineering/ Bio-medical sciences/ Law/ Management Studies/ Public Policy & Administration/ Economics. No upper age limits.

The members of the Board of Studies deliberated on the eligibility criteria proposed by the department and approved the same.

3. The MPH curriculum was revised as per the curriculum promulgated by the Ministry of Health and Family Welfare, adhering to the CBCS guidelines of University Grants Commission. The revised curriculum has also incorporated value addition courses from Massive Open Online Courses from SWAYAM program of Government of India as electives.

   The revised MPH programme consists of 72 Credits, of which 59 and 13 credits are offered through core and elective courses (including MOOC courses) respectively. **Semester- I** consist of 20 credits; **Semester- II** consist of 20 Credits; **Semester-III** consist of 18 Credits; and **Semester -IV** consist of 14 credits.

   The revised program structure was approved by the members.

4. Dr. Vijayakumar recommended that disaster management be included in Principles of Practices of Public Health course and the same has been incorporated.
5. Dr. Jagadeesan suggested the need to include health systems based internship to students to get them acquainted with the functioning of the health system. He further suggested that the course on Health Promotion methods and approaches shall also include the approaches in decentralized system. The same has been incorporated.
6. The courses and the syllabi was reviewed and approved by the members.

Semester: II
Core Course

7. Course Code & Title: MPC 52 02 & Health Economics and Finance
Credits: 3

Course objectives:

1. To provide students with a basic understanding of Health economics and Health Care financing.
2. Enable students understand health care markets, and demand and supply of medical care within them.
3. To orient students to various health financing mechanisms and enable them appreciate the characteristics of each of them.
4. To sensitize students on health insurance and its role in influencing the demand and access to health care.
5. To enable students', identify the role of various stakeholders (Governments, Patients, Providers and Private Players) in impacting the supply and demand of health care.

Course outcomes: On successful completion of this course, students will be able to

1. Understand health care markets and health care financing systems.
2. Understand health insurance and its role in universal health coverage.
3. Develop competence to conduct economic evaluation of health interventions.

This is an employment focussed skill development course. On successful completion of the course, the students shall be able to manifest skills in Assessing the demand for health care, conduct economic evaluation of health interventions and understand functioning of health insurance and health care financing mechanisms.

Teaching Methods: This course will be delivered using a variety of teaching methods which include (but not limited to) classroom lectures, online classes, webinar's, assignments, field work and group work.

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

1.1 Introduction	X								Santerre, R. E., & Neun, S. P. (2012). Health economics: Theory, insights, and industry studies. Cengage Learning.
1.1 Common terminologies used in health economics	X					X			
1.2 Demand, Supply and Market Equilibrium	X					X			
1.3 Utility and demand	X					X			
1.4 Health as an economic good	X					X			
Unit-II: Demand for health									
2.1 Demand for health capital-Grossman's model	X					X			Grossman, M. (2000). The human capital model. In Handbook of health economics (Vol. 1, pp. 347-408). Elsevier. Available at http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.455.9173&rep=rep1&type=pdf Santerre, R. E., & Neun, S. P. (2012). Health economics: Theory, insights, and industry studies. Cengage Learning. Cuyler, A., & Newhouse, J. 2000. Handbook of health economics.
2.3 Demand for medical care	X					X			
2.3 Utility maximization and demand for medical care.	X					X			
2.4 Economic and non-economic determinants of demand for medical care.	X					X			Santerre, R. E., & Neun, S. P. (2012). Health economics: Theory, insights, and industry studies. Cengage Learning.
2.5 Demand for medical care in the context of health insurance	X					X			Besley, T. (1989). The demand for health care and health insurance. Oxford Review of Economic Policy, 5(1), 21-33.
Unit III: Health care markets									
3.1 Structure, conduct and performance paradigm	X				X	X			Santerre, R. E., & Neun, S. P. (2012). Health economics: Theory, insights, and industry studies. Cengage Learning.
3.2 Market power and market types	X					X			
3.3 Market competition	X					X			

3.4 Medical care production & costs in Health care markets	**X**					**X**			
Unit-IV: Health Insurance									
4.1 The anatomy of health insurance	**X**								Cutler, D. M., & Zeckhauser, R. J. (2000). The anatomy of health insurance. In Handbook of health economics (Vol. 1, pp. 563-643). Elsevier.
4.2 Types of health insurance	**X**					**X**			
4.3 Theory of demand for health insurance	**X**					**X**			Nyman, J. A. (2008). Health insurance theory: the case of the missing welfare gain. The European Journal of Health Economics, 9(4), 369-380. Nyman, J. A. (2004). Is 'moral hazard inefficient? The policy implications of a new theory. *Health Affairs*, *23*(5)
4.4 Private health insurance industry	**X**					**X**			Robinson, J. C. (2006). The commercial health insurance industry in an era of eroding employer coverage. Health Affairs, 25(6), 1475-1486.
4.5 Provider Insurer Relationships TPAs and HMOs.	**X**								
4.6 National Health Protection Scheme (Ayushman Bharat)	**X**					**X**			Lahariya, C. (2018). 'Ayushman Bharat' program and Universal Health Coverage in India. Indian Pediatrics, 55(6), 495-506.
4.7 Issues and challenges in insurance	**X**					**X**			
Unit-V: Role of Government in Health care									
5.1 Government interventions in health care	**X**					**X**			Santerre, R. E., & Neun, S. P. (2012). Health economics: Theory, insights, and industry studies. Cengage Learning.
5.2 Government as Health Insurer	**X**				**X**	**X**			
Unit-VI: Economic Evaluation									
6.1 Introduction	**X**								Cuyler, A., & Newhouse, J. 2000. Handbook of health economics.
6.2 Cost-effectiveness analysis	**X**				**X**	**X**			Quade, E. S. (1966). Cost-effectiveness: an introduction and overview. Transportation Journal, 5-13.

6.3 Cost-utility analysis	X				X	X			
6.4 Cost-benefit analysis	X				X	X			Johannesson, M. (1995). The relationship between cost-effectiveness analysis and cost-benefit analysis. Social science & medicine, 41(4), 483-489. Bartlett, E. E. (1995). Cost-benefit analysis of patient education. Patient education and counseling, 26(1-3), 87-91.
Unit-VII: Health care financing									
7.1 Concept and Functions of Health Financing and Universal Health Coverage	X					X			Evans, D. B., Hsu, J., & Boerma, T. (2013). Universal health coverage and universal access. Available at https://www.scielosp.org/article/bwho/2013.v91n8/546-546A/
7.2 Models of health care financing	X					X			
7.3 Modes of Health Financing - Tax and revenue - Social security/social insurance - Private/voluntary Insurance - International (donor) Funding - Out of Pocket Expenditure (OOPE)	X					X			World Health Organization. (2005). *Designing health financing systems to reduce catastrophic health expenditure* (No. WHO/EIP/HSF/PB/05.02). World Health Organization.

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. CA would be conducted through Examinations, Assignments and Presentations.

Additional readings:

1. Kutzin, J. (2001). A descriptive framework for country-level analysis of health care financing arrangements. *Health policy*, *56*(3), 171-204. Available at https://apps.who.int/iris/bitstream/handle/10665/45367/WHF_1994_15%284%29_p323-328.pdf

2. Neumann, P. J. (2004). Using cost-effectiveness analysis to improve health care: opportunities and barriers. Oxford University Press. Available at http://respati.ac.id/Gberita/ebook/D-EBK-000000000000001015-%200-19-517186-1%20-full-text.pdf
3. Glied, S. A. (2008). *Health care financing, efficiency, and equity* (No. w13881). National Bureau of economic research. Available at https://www.nber.org/papers/w13881.pdf