

Health System Strengthening

A Blended Study Module



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Indian Institute of Public Health Gandhinagar

www.iiphg.org

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What is ARCADE?

The ARCADE (African/Asian Regional Capacity Development) projects use innovative educational technologies to strengthen health research across Africa and Asia. Focusing on post-graduate, doctoral and post-doctoral training, partner institutions are developing cutting-edge online courses, blended learning modules and joint programmes that will enable training of researchers in low- and middle-income countries who might not otherwise have access to such material.

Additionally, the ARCADE projects work at an institutional level to strengthen education services, financial and administrative research management, research uptake capacity, and network building.

The projects are coordinated by Karolinska Institutet in Sweden, and together involve sixteen partners across Europe, Africa and Asia. These four-year projects (2011-2015) are funded by the European Commission's 7th Framework Programme.

You can also download our ARCADE brochure here: [ARCADE-brochure](#)

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ARCADE RSDH; A focus on Research into Social Determinants of Health

In Asia, ARCADE's focus is on building capacity for research into social determinants of health (RSDH). An individual's health depends heavily on the social and physical environment they inhabit, and health disparities are often symptomatic of wider social inequities. This is particularly challenging in Asia, home to some of the largest societies on Earth.



Open access

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Health System Strengthening

Introduction

Health for everyone is considered as the fundamental human right. This can be achieved through an organized and well established healthcare delivery system. Health system has played a vital role in delivering efficient health services and contributed in attaining good health to numerous men, women & children all over the world. Over the past two decades, lots of deliberations and efforts have taken place on reforming the health systems in different countries to make it more efficient and effective. Some results are visible in terms of reduction in Infectious diseases, Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR). But new threats like emerging & re-emerging diseases are here. Diseases like H1N1, Ebola are creating pandemic threats. In addition due to urbanization and lifestyle changes across the globe, chronic & non-communicable diseases like CVD, Respiratory Diseases, Autoimmune Diseases, Obesity, Psychiatric problems, road accidents etc are increasing enormously. Government & various international health agencies are working hard to tackle these health issues globally but challenges like financing in healthcare, providing equity and quality in healthcare delivery continue to plague the program manager and policy makers.

According to current data, numerous gaps and inequity in health profile of the population can be seen among middle income & low income countries due to socioeconomic, cultural and demographic factors which are critical determinants of health. To increase the efficiency and effectiveness, the local health system should take into account such factors during planning and intervention of policies and programs. Failing to factor these important social determinants of health, the health system can not be strengthened enough to achieve ambitious health goals like MDG's, Universal coverage etc. Health system should be people centered and responsive to the needs of the community. A transformational approach to the health system which factors for dimensions like socio-cultural diversities, quality, equity & access is the need of the poor. Therefore, a strong health system is required globally which should provide equity in healthcare and financial security to everyone.

This module focuses on health system and its varying functions & components and also enlightens the steps taken worldwide to tackle the inequity in health. The module is divided into 14 online lectures which demonstrate a better understanding of health system. The session will also cover global challenges faced by health systems and financial protection schemes launched by government of various countries to provide financial protection to everyone. Program monitoring & evaluation is a very important step to deliver health services as it demonstrates the latest health status and needs of community by focusing on gaps in health services and also guide in reforming pathway to achieve a strong health system. Therefore, the module will also address the critical aspects of program planning and frameworks used to monitor & evaluate health related programs.

Pre-requisites/Minimum requirements to take the module

Candidates with graduate or post graduate degree preferably in medical, para-medical, management or social science field are suitable to apply for this course. However, candidates with at least graduate level qualification in any other stream, with keen interest and broad understanding of public health sector, are also encouraged to apply.

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Course Objectives:

Upon completion of this course, the participants will be able to perform the following:

- To appreciate systems approach of problem solving and understanding health care delivery as a system
- To appreciate the global and regional challenges faced by the health system and probable roadmap to deal with these challenges
- To understand the different components of the health system especially Human resource, Finance and their roles and interactions in shaping up the system
- To make an appropriate program planning which is context specific and addresses the complexity of the local health system
- To understand and develop an appropriate Monitoring and Evaluation system to guide the programs

Mode of Delivery

The module will be taught in blended format which includes the following activities:

1. Audio recorded lectures in powerpoint format.
2. Online Discussion forum
3. E-text book

Each session contains few essential & some additional reading lists that is available online with open access*. Once gone through the lecture with powerpoint slides, students should read the essential reading list to develop more understanding about the topic. Additional readings can be beneficial to explore the topic in depth.

*Open access links are marked as OA

Credit Hour Distribution

	Number	Hours per unit	Total Hours
Online lectures	14	1	14
Self-learning time	32	½ hr per reading	16
Self-learning Assignment	07/14	1	07
Discussion Board	3	1	03
Total			40

Assessment Methods

An assessment will be done through Multiple Choice Questions (MCQs) provided for all the sessions. Self-learning assignments and online discussions will be uploaded but submission of written assignments and participation in online discussion is not mandatory. However, a certificate will be issued **only to those** who score minimum 60% in the MCQs in aggregate.

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Faculty Details

Dr Parthasarathi Ganguly (MD, M.Phil, MBBS)

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Additional Professor at Indian Institute of Public Health Gandhinagar (IIPHG). He is a clinician and epidemiologist by primary training but also possess advanced degrees and substantial experience in Health System Management. He has more than 20 years of professional experience in public health. He had worked with WHO (India office) and different teaching/research institutions and Medical Colleges. He has also received trainings on various topics from international institutes of repute like Graduate Institute, Geneva, Nossal Institute, University of Melbourne and Liverpool School of Tropical Medicine. His core area of interest is health systems strengthening for child and maternal health and evidence based policy making in this field. He is involved in various research projects with National (ICMR, DST) and international (EU, MRC, NHRC) funders.



Mr. Somen Saha (MPH, MBA)

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Assistant Professor with the Indian Institute of Public Health Gandhinagar. His work areas include health financing, and health systems convergence. Somen holds dual Masters in Public Health (University of North Carolina at Chapel Hill) and Health Management (Indian Institute of Health Management Research) and is a PhD candidate in the Nossal Institute for Global Health, University of Melbourne, Australia. His work in the past was supported by NABARD, SIDBI, CSIR, ICMR, the Children Innovation Fund Foundation, NIPI, and Welcome Trust Capacity Building Grant. Somen presented his research findings at the Global Maternal Health Conferences, International Health Economics Association, and World Health Summit Regional Meeting Asia, and published at several peer-reviewed journals including PLOS ONE, International Journal for Equity in Health, Community Development Journal, WHO South East Asia Journal of Public Health, Indian Journal of Medical Research, and the Wall Street Journal.



Mr. Anup Karan

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Associate Professor at the Indian Institute of Public Health, Gandhinagar. He holds D.Phil in Health economics from the University of Oxford and has completed research and advanced training in international health from Harvard School of Public Health as a Takemi Fellow. He has worked as faculty at different institutions in India and has completed various consultancy research projects for international organizations like WHO, World Bank, IFAD, Actionaid, IOM etc. His experience includes approximately 15 of research including six years of teaching at different institutions. His core area of research is assessing inequality in health related financial burden and its consequences on households' living status, including socio-economic determinants of financial burden in India. His current research focuses on the role of publicly funded financial risk



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pooling mechanisms in reducing the health related financial burden on households in India. His wider area of research has been equity in access to health care services and health financing. He has published papers on issues such as inequality in payments for health care, poverty and catastrophic impacts of out-of-pocket payments, economic impacts of non-communicable diseases, impacts of health insurance on financial risk protection etc. in different peer reviewed international and national journals.

Dr. Kranti Vora (PhD, MD, MPH)

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Associate Professor at the Indian Institute of Public Health, Gandhinagar. She has done MD (ObGyn) from Gujarat University, MPH from Johns Hopkins School of Public Health, USA and PhD from University of Maryland, USA. Her practical experience extends from private practice specializing in infertility to working in UNFPA led government of Gujarat project. During her research career, Dr. Vora worked on “Averting Maternal Death and Disability” project and a SIDA Project to improve midwifery practice in India at Indian Institute of Management, Ahmedabad. Before starting her doctoral program at University of Maryland, she has authored many papers including case studies on maternal health situation in India and Gujarat. After completing her PhD, she conducted



a qualitative study for evidence based policy making with RAND, Europe in India. Highlights of her public health career are establishing emergency obstetric care centers in Gujarat for the first time and Bill and Melinda Gates Foundation scholarship to pursue MPH at Johns Hopkins School of Public Health. At University of Maryland, Dr Vora was an international teaching fellow and independently taught maternal child health courses. Currently, Dr. Vora is working on an impact evaluation project funded by European Union and has successfully completed a project on drivers and impact on cleanliness in maternal wards in collaboration with University of Aberdeen, UK and BRAC, Bangladesh.

Mr. Bhaskar Purohit (MPH, PGDHM)

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Senior Lecturer and Fellow of the Future Faculty Scholarship Programme at Indian Institute of Public Health, Gandhinagar. He is an MPH from Harvard School of Public Health. He did MBA in Health Management from Indian Institute of Health Management Research (IIHMR) Jaipur. He teaches Organizational Behavior and Human Resource Management (HRM) and has published several papers focusing on Human Resource and Organizational related aspects of Public Health system. He has presented several papers and posters at International Health conferences and academic institutions. He was selected as a Young Researcher for the Emerging Voice (EV) programme in 2014. He won the Best Oral Presentation award at the 46th APACPH conference held in Malaysia 2014. He was awarded the UK based Wellcome Trust research fellowship in 2013. He has also been state lead for the Tobacco related programme in Gujarat funded by the Bill and Melinda Gates Foundation. During the early part of his career, he worked for a non-profit organization called Modicare Foundation for a year where he interacted with diverse groups like school and non school going adolescents, industrial workers like DTC workers, DMRC workers and with CRPF personnel on issues surrounding HIV and STI's. He has worked with National level organizations on diverse issues such as reproductive health and prevention of Early Marriage and Early Pregnancy funded by International organizations such a Mc Arthur Foundation and Novib- Netherlands.



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Dr. Abhishek Khanna (MPH, BDS)

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Research Associate at the Indian Institute of Public Health, Gandhinagar. After his graduation from U. P Dental College (Lucknow), he started his career as Dental Practitioner. After few years of his clinical practice, he did MPH from University of East London with special focus on Health Promotion & Challenges. He has done few research projects in past. Previously, he was working in a dental health promotion project in New Delhi. His area of interest is in research mainly related to social determinants of health.



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Sessions covered in the module

Session Name	Lecturer	Topic breakdown
Perspectives on health systems and Systems thinking	Dr. P.S Ganguly	a. Introduction
		b. Structure & Function of Health System
		c. Strengthening Health Systems
		d. Systems Thinking
Health systems challenges	Dr. P.S Ganguly	a. Major Challenges in healthcare system
		b. Steps to overcome
The WHO Building Blocks framework & The World Bank Control Knob framework	Mr. Somen Saha	a. Emergence of Building Blocks
		b. WHO objectives of health systems
		c. Six Building Blocks framework
		d. Introduction to Control knobs
		e. Illustrate use of diagnostic tree for indentifying causes of health sector performance problems
The Global Burden of Disease: health status and challenges worldwide	Dr. P.S Ganguly	a. Importance of measuring Global Burden of disease
		b. Leading causes of deaths
		c. Burden of non communicable diseases
		d. Risk factors
Universal health coverage	Mr. Somen Saha	a. To understand the historical context of current health system policy debates
		b. To gain an understanding of universal coverage as laid in WHR 2010
		c. Pathways to Universal coverage
		d. Debates around UHC
Human resource for health	Mr. Bhaskar Purohit	a. Introduction
		b. Major HRH challenges

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		c. Understanding human resource system
		d. Major functions of HR system
Partnerships in Health Systems strengthening	Dr. P.S Ganguly	a. Basic concepts & principles of partnership
		b. Public Private partnership in healthcare
		c. Strengths & challenges in PPP
Pro-poor pathways to universal health care and social health protection	Mr. Somen Saha	a. Understand the concept of pro-poor pathways and progressive universalism
		b. Understand the conceptual and design features of social health protection
		c. Understand the methodological challenges in evaluating the impact of social health protection
		d. Understand the challenges that confront governments in narrowing inequalities in the coverage of social health protection
Basics of Health Care Financing: Concept, functions and methods	Mr. Anup Karan	a. Concepts of equity in healthcare finance: Horizontal and Vertical equity
		b. Gini, Concentration and Kakwani Indices of inequality
		c. Progressivity in payments
		d. Benefit Incidence Analysis (BIA)
		e. Catastrophic impacts – headcount and gaps
		f. Poverty impacts – headcount and gaps
Equity in Health Financing: Meaning, Measurements and Impacts	Mr. Anup Karan	a. Introduction to health Financing
		b. Health Insurance: Basic concepts
		c. National Health Accounts
Critical aspects of program planning	Dr. Kranti Vora	a. Importance of planning in health programs
		b. Critical aspects of program planning

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Introduction to program monitoring & evaluation	Mr. Somen Saha	a. Identify basic components of M&E and strategic information
		b. Identify key elements in decision making
		c. Recognize the importance of data and information use in monitoring and evaluation
		d. Assess key concepts in data and information use
Framework for program monitoring & evaluation	Mr. Somen Saha	a. Identify and differentiate between conceptual frameworks, results and logical frameworks, and logic models
		b. Design goals and objectives for specific intervention programs
		c. Design frameworks for specific intervention programs
		d. Explain how frameworks are used for M&E planning
Managing health information	Dr. P.S Ganguly	a. Principles of data reporting
		b. Scope and Uses of HMIS
		c. Challenges for HMIS
		d. Developing health information system

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Lecture 1: Perspectives of health system and system's approach:

This lecture will introduce the different perspectives of health system and briefly describe the components and functions of a health system. We will also discuss in brief about importance of a strong health system and advantage of applying system's thinking to strengthen a health system.

Learning Objectives

Upon completion of this module the participant will be able to:

1. To understand health system and its functions
2. To able to appreciate systems thinking and health care delivery as a system
3. To understand systems approach of problem solving and its applications in health system

Essential Reading

1. World Health Report 2000- Health Systems: Improving Performance
OA- http://www.who.int/whr/2000/en/whr00_en.pdf
2. Systems Thinking for Health Systems Strengthening
OA- http://whqlibdoc.who.int/publications/2009/9789241563895_eng.pdf
3. Health Systems Analysis For Better Health System Strengthening
OA- <http://siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/281627-1095698140167/HealthSystemsAnalysisForBetterHealthSysStrengthening.pdf>

Additional Reading

1. Direct Response: India's Health Care System- Overview & Quality Improvements
OA- http://www.tillvaxtanalys.se/download/18.5f097bc113eacc3d6d5140/1369033657507/direct_response_2013_04.pdf
2. Health System in India: Opportunities and Challenges for Improvements
OA- <http://www.iimahd.ernet.in/publications/data/2005-07-03ramani.pdf>
3. Direct Response: China's Health Care System- Overview & Quality Improvements
OA- http://www.tillvaxtanalys.se/download/18.5f097bc113eacc3d6d513e/1369033621751/direct_response_2013_03.pdf
4. WHO Report: Health System- Thailand
OA- http://www.who.int/countryfocus/cooperation_strategy/ccsbrief_tha_en.pdf
5. WHO Report: Health System- Sri lanka
OA- http://www.who.int/countryfocus/cooperation_strategy/ccsbrief_lka_en.pdf

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Self-learning Exercise

Explain why systems approach is important in health systems. Word Limit: 800-1000 words

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Lecture 2: Health System Challenges:

This lecture aims to describe the key challenges faced by health systems. All the foremost challenges related to health system are discussed. Throughout the world, health systems face various challenges in different forms and shapes, which lead to demand of changes and reform in the current health status. Although every country faces different challenges and its diverse effects, we can still identify and categorize the overall global risks faced by health systems. Identifying these challenges helps us to take further steps to address reform them. The lecture will discuss about the current scenario of these challenges and what governments are doing to overcome these challenges.

Learning Objectives

At the end of this Lecture, participants will be able to:

- Identify what they see as the major challenges facing their national and local health care system.
- Steps taken worldwide to tackle those challenges

Essential Reading

1. Global health care outlook Shared challenges, shared opportunities
OA- <https://www2.deloitte.com/content/dam/Deloitte/global/Documents/Life-Sciences-Health-Care/dttl-lshc-2014-global-health-care-sector-report.pdf>
2. Challenges for health systems in Member Countries of the Organisation for Economic Co-operation and Development
OA- [http://www.who.int/bulletin/archives/78\(6\)751.pdf](http://www.who.int/bulletin/archives/78(6)751.pdf)

Additional Readings

1. A Comparison of the Health Systems in China and India
OA- http://www.rand.org/content/dam/rand/pubs/occasional_papers/2008/RAND_OP212.pdf
2. India's Healthcare: Building on Gains, Facing Challenges
OA- http://orfonline.org/cms/export/orfonline/modules/orfseminarseries/attachments/seminarseriesissue12_1378805959342.pdf

Self- learning Exercise

Identify 5 major challenges in the health system of your country and justify why you think they are major challenges. Word Limit: 800-1000 words

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Lecture 3- WHO Building Blocks and World Bank Control knobs:

This session will focus on the WHO Building Blocks and ‘control knobs’ framework by the World Bank. The Building blocks will explore their origin in the World Health Report 2000, look at the blocks in depth, investigate declared goals of this framework, and provide examples of real-life applications of this framework from the literature. The Control Knobs approach is presented as a tool for analysis rather than a prescription for policy. It focuses attention on financing, payment, organization, regulation and behaviour.

Learning objectives

1. Understand how the WHO building blocks approach emerged and its objectives
2. Understand each of the six blocks of the framework
3. Understand the implications for a health system/an intervention of using the WHO building blocks approach
4. To improving performance and equity in the financing of health systems using the World Bank Control knobs framework
5. Understand the strengths and limitations of this approach

Essential Reading

1. WHO'S Framework for Actions
OA- http://www.who.int/healthsystems/strategy/everybodys_business.pdf
2. Getting Health Reform Right
OA-http://www.jointlearningnetwork.org/uploads/files/resources/Getting_Health_Reform_Right.pdf
3. Monitoring building blocks of health systems
OA- http://www.who.int/healthinfo/systems/WHO_MBHSS_2010_full_web.pdf

Additional Readings

1. The World Bank Flagship Program
OA- <http://wbi.worldbank.org/wbi/Data/wbi/wbicms/files/drupal-acquia/wbi/Reflections%20on%20WBI%20Capacity%20Building%20in%20Health.pdf>
2. A Common Analytical Model for National Health Systems
OA- <http://isites.harvard.edu/fs/docs/icb.topic1418653.files/A%20Common%20Analytical%20Model%20for%20National%20Health%20System.pdf>
3. Building on Health Systems Frameworks for developing a Common Approach to Health systems Strengthening
OA- <http://siteresources.worldbank.org/INTHSD/Resources/376278-111411154043/1011834-1246449110524/HealthSystemFrameworksFINAL.pdf>

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Self-learning Exercise

1. Which of the building blocks are critical in ensuring health equity?
2. Discuss the function of control knob in health systems strengthening. Word Limit: 800-1000 words

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Lecture 4: Global burden of disease

This lecture elaborates the global burden of disease borrowing substantially from the Global Burden of Disease study. This will describe the pattern of disease worldwide and will give a picture of global health status in terms of mortality and morbidity. The lecture will focus on the leading causes of mortality and its burden worldwide in high, middle and low income countries. We will end up the session by explaining transition of disease pattern and focus to combat burden of non communicable diseases and its risk factors.

Learning Objective

By the end of this module, a participant should be able to:

1. Describe how disease burden is measured and the concept of DALY in measuring disease burden
2. Discuss the rationale behind the Global Burden of Disease estimate
3. Describe the concept of disease transition

Essential Readings

1. Global health risks: mortality and burden of disease
OA- http://www.who.int/healthinfo/global_burden_disease/GlobalHealthRisks_report_full.pdf
2. Global status report on non communicable diseases 2010
OA- http://www.who.int/nmh/publications/ncd_report_full_en.pdf

Additional Readings

1. Caring for people with chronic conditions A health system perspective
OA- http://www.euro.who.int/_data/assets/pdf_file/0006/96468/E91878.pdf
2. WHO methods and data sources for country- level causes of death 2000- 2012
OA- http://www.who.int/healthinfo/statistics/GlobalCOD_method.pdf
3. THE GBD APPROACH TO TRACKING HEALTH PROGRESS AND CHALLENGES
OA- http://www.healthdata.org/sites/default/files/files/policy_report/2013/WB_EuropeCentralAsia/IHME_GBD_WorldBank_EuropeCentralAsia_GBDapproach.pdf
4. The Global Burden of Disease: Generating Evidence Guiding Policy
OA- http://www.healthdata.org/sites/default/files/files/policy_report/2013/GBD_GeneratingEvidence/IHME_GBD_GeneratingEvidence_FullReport.pdf

Self- learning Exercise

Find out major disease burdens in your country from different data sources and give some relevant figures (data) with their sources. Word Limit: 800-1000 words

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Lecture 5: Universal Health Coverage

Since the World Health Report of 2010, most of the world's nations have signed up to the objective of Universal Health Coverage, just as they did to Primary Health Care at Alma Ata in 1978. This session will trace the primary health care movement from its roots through the difficulties countries encountered in achieving its full implementation in the 1980s and 1990s and the strategies to tackle those difficulties embedded in the Universal Health Coverage approach.

Learning objectives

1. To understand the historical context of current health system policy debates.
2. To evaluate alternative health financing policies.
3. To evaluate alternative strategies for service delivery.
4. To be aware of how strategies have been applied in a range of countries, and with what results (with a view to supporting objectives 2. and 3.).

Essential Reading

1. High Level Expert Group (HLEG) Report
OA- http://planningcommission.nic.in/reports/genrep/rep_uhc0812.pdf
2. Long Road to UHC
OA- <http://www.rockefellerfoundation.org/uploads/files/23e4426f-cc44-4d98-ae81-ffa71c38e073-jesse.pdf>
3. Health systems financing: the path to universal coverage; World health report 2010
OA- http://www.who.int/whr/2010/whr10_en.pdf?ua=1

Additional Reading

1. BRICS countries' in the post-2015 health debate: state of play
OA- <http://www.internationalhealthpolicies.org/brics-countries-in-the-post-2015-health-debate-state-of-play/>
2. Advancing Towards Universal Health Coverage: Learning from the Flagship Course
OA- <https://wbi.worldbank.org/wbi/Data/wbi/wbicms/files/drupal-acquia/wbi/Advancing%20towards%20UHC%20and%20Flagship-Course%20Intro%20note.pdf>
3. Monitoring progress towards universal health coverage at country and global levels
OA- http://www.who.int/healthinfo/country_monitoring_evaluation/UHC_WBG_DiscussionPaper_Dec2013.pdf

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Self-learning Exercise

The health financing team of the country-based WHO office

Your group comprises the health systems strengthening team of the WHO office in the country you choose. The role of the WHO is to provide advice and technical assistance to the Ministry of Health about strategies and priorities for health systems strengthening. The team has prepared recommendations based on the newly released World Health Report 2010 on universal coverage. The country has a shortage of health facilities and health staff, especially in rural areas, and most health funding is provided by out-of-pocket payments by patients. You will recommend to the Minister to develop new proposals for inclusion in the national health plan to address these issues.

Your task is to prepare a concise report of about 800 words. The report should explain the problem, the evidence and your recommendation. The report should:

1. Explain the challenge/problem you have identified and justify your selection.
2. Describe the immediate context of this challenge
3. Present the evidence you have gathered about the nature of the challenge and the proposal you will make.
4. Make a recommendation for policy change to the Minister and justify your proposal.
5. Make a crisp summary of your case.

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Lecture 6: Human Resource for Health

Although the Human Resource for Health (HRH) is the most important resource of all resources in any health system, the HRH related issues have only received little attention until recently. Nonetheless HRH relates issues and management have found some way towards an important agenda for researchers, reformers and ministries of health.

The module will first discuss how the HRH is defined and why is it important to focus on HRH. The module will give a general overview about the key global challenges relating to HRH and some possible ways to address these challenges. The module not only focuses on addressing the numeric inadequacy and inequitable distribution of HRH but also discusses why it is important for health systems to focus on retention and management of available HRH for achievement of health related goals. One of the main focus of the module is to introduce the participants to WHO's framework on assessing performance of HRH.

The module will help the participants develop a general understanding about the main global HRH related issues and challenges and to appreciate the importance of Human Resource Management in managing the HRH.

Learning Outcomes

- Define health workers
- Understand the Global size and distribution of Health workers
- To Understand the functions and structure of Human Resource System(HRS)
- Understand basic terms used in Human Resource Management (HRM)
- Enumerate the main factors that determine and influence health workforce's performance
- To develop an understanding about the global issues and challenges in Human Resource Management

Essential Reading

The World Health Report (WHR) 2006- Working Together for Health (Chapter 1-5)

OA- http://www.who.int/whr/2006/whr06_en.pdf

Additional Reading

- James Buchan (2004): What difference does ("good") HRM make? Human Resources for Health 2004, 2:6
- Martinez J and Martineau T: (1998) Rethinking human resources: an agenda for the millennium. Health Policy and Planning; 13(4): 345-358
- Carmen Dolea, Laura Stormonta and Jean-Marc Braichet: (2010) Evaluated strategies to increase attraction and retention of health workers in remote and rural areas: Bull World Health Organ 2010; 88:379-385 (doi:10.2471/BLT.09.070607)

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- Inke Mathauer and Ingo Imhoff (2006): Health worker motivation in Africa: the role of non-financial incentives and human resource management tools: *Human Resources for Health* 2006, 4:24 (doi:10.1186/1478-4491-4-24)

Self-learning Exercise

What are the most critical challenges concerning Human Resources for Health? What recommendations do you suggest to address these challenges?

(In answering the first and second part of the question, you may point out specific HRH challenges of your country or region. In doing so, please suggest the country/region name and indicate the source from where you have taken information. You may also refer to essential and recommended reading in answering the question. Please feel free to refer to any additional literature in answering both parts of the question. In answering the second part of the question about recommendations, suggest why you think particular recommendations may work in your country context by providing evidence from available literature. Write up should be of 1200-1500 words).

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Lecture 7: Partnerships in Health Systems Strengthening

This lecture aims to critically appraise public private partnerships as a tool to reform health system. Most of the health systems reform advisories are encouraging partnership with private sector to provide more efficient health services. This chapter will introduce the understanding about various types of partnerships and enumerate the strengths, challenges and limitations of public private partnership in healthcare sector.

Learning Objectives

On completion of this module the participant will be able to:

1. Understand the principles of partnership
2. Gain knowledge of different types of partnership in health
3. Appreciate the merits and demerits of Public Private Partnership (PPP) in health care delivery
4. Make decisions to use PPP as a tool to strengthen health system

Essential Readings

1. UNICEF's engagement with the GAVI Alliance
OA- http://www.unicef.org/partners/Partnership_profile_2012_GAVI_Alliance_V7_approved.pdf

Additional Readings

1. Public Private Partnership in Health Care Services in India
OA- <http://www.pppinharyana.gov.in/ppp/sector/health/report-healthcare.pdf>
2. Improving Health and Education Service Delivery in India through Public-Private Partnerships
OA- http://pppinindia.com/pdf/health-education-delivery-india-ppp_adb_dea.pdf

Self- learning Exercise

Find out two examples of private public partnership in health system in your area and critically analyze their outcome. Word Limit: 800-1000 words

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Lecture 8: Pro-poor pathways to universal health coverage and social health protection

To address the health inequity gap between the rich and poor, government need to adopt a pro-poor pathway to universal health coverage. This is also termed as progressive universalism. Over the last decade, social protection has emerged as an important policy tool to tackle poverty, vulnerability and social exclusion. Increasingly, Governments in low- and middle-income countries have taken steps towards incorporating social protection programmes into national poverty reduction strategies. In response to growing evidence that costs associated with the use of health care represent a significant economic burden for households and induce poverty, social health protection policies have taken an important place in national social protection frameworks. This session will discuss the concept of pro-poor pathways to universal health coverage, and social health protection and its emergence as a key tool to enhancing health, social cohesion and sustainable human and economic development.

Learning objectives

1. Understand the concept of pro-poor pathway to Universal Health Coverage
2. Understand the conceptual and design features of social health protection
3. Understand the methodological challenges in evaluating the impact of social health protection
4. Understand the challenges that confront governments in narrowing inequalities in the coverage of social health protection

Essential Reading

1. Gwatkin D, and Ero A. 2011. **Universal health coverage: friend or foe of health equity?** The Lancet 2011
2. World Social Protection Report 2014/15 Building economic recovery, inclusive development and social justice
OA- http://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_245201.pdf
3. Social Health Protection An ILO strategy towards universal access to health care
OA- http://www.ilo.org/wcmsp5/groups/public/---ed_protect/---soc_sec/documents/publication/wcms_secsoc_5956.pdf

Additional Reading

1. Social Health Protection Definition, Financing,
OA- [http://www.mjphm.org.my/mjphm/journals/Volume10.1/\(6\)%20SOCIAL%20HEALTH%20PROTECTION%20DEFINITION.pdf](http://www.mjphm.org.my/mjphm/journals/Volume10.1/(6)%20SOCIAL%20HEALTH%20PROTECTION%20DEFINITION.pdf)
2. Social protection assessment based national dialogue: Towards a nationally defined social protection floor in Thailand
OA- http://www.socialprotectionfloor-gateway.org/files/ABND_Thailand.pdf

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3. Social Health Protection

OA-

https://www.google.co.in/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&cad=rja&uact=8&ved=0CCUQFjAB&url=http%3A%2F%2Fwww.socialsecurityextension.org%2Fgimi%2Fgess%2FRessourceDownload.action%3Fressource.ressourceId%3D15464&ei=96XLVKebI6bXmgWS34LgAQ&usq=AFQjCNE_n_FJphhs9yGrV2EDz7oWEmXOfwQ

Self- learning Exercise

The Department of Planning at the Ministry of Health

Your group is a team from the Department of Planning at the MOH. In your country, the MOH has traditionally been the main provider of formal health services to the population. In recent years, however, there has been a rapid growth in the number of private sector providers, including government health staff, who also work privately, to deliver services outside working hours. Out of pocket expenditure on treatment is high in your country due to lack of social health protection, unregulated private practice, and high cost of treatment. Your Department has been tasked devised a plan to make a Universal Health Insurance plan for the country.

Report: Your task is to prepare a concise report of about 800 words. The report should explain the problem, the evidence and your recommendation. The report should:

1. Explain the challenge/problem you have identified and justify your selection.
2. Describe the immediate context of this challenge
3. Present the evidence you have gathered about the nature of the challenge and the proposal you will make.
4. Make a recommendation for policy change to the Minister and justify your proposal.
5. Make a crisp summary of your case.

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Lecture 9: Basics of Health Care Financing: Concept, Functions and Methods

Part A: Equity in healthcare finance: concept and methods of measuring inequality

Healthcare systems are concerned with a fair and socially just distribution of the access to and financing of healthcare, so that health outcomes are distributed equally across society. Financial implications of healthcare, however, restrict many poor households to seek healthcare on the one hand and on the other causes severe disruption in the living status of many others who go for purchasing even the bare essentials of healthcare. In general, equity is defined as a positive term representing a progressive arrangement of social goods in favour of those who has less 'ability to pay. Accordingly, equity in healthcare finance essentially implies poor and other socially less advantaged population groups should be protected from financial burden of healthcare so that they should have equal and/or progressive access to healthcare. This session will introduce meaning of equity in healthcare financing and techniques of measuring inequality in distribution of resources and healthcare payments.

Learning Outcomes

- Understand what is meant by equity in healthcare finance
- Learning the techniques of measuring the extent of inequality in any healthcare financing system.

Part B: Who pays for and who benefits from healthcare system

The main aim of this session will be to explore the extent of equity in healthcare financing in terms of progressivity in the system. The session provides details on which financing system are progressive and how much that payment system protects poor and other less advantaged population groups from financial risk of healthcare. The session also provides learning on assessing the share of benefits from state subsidy to health system going to poor and other less advantaged population groups. It presents how inequality in healthcare payments, through out-of-pocket (OOP) payments, impacts national economy in general and households at the ground level in particular. The session particularly introduces the concept of catastrophic payments by households and impacts on poverty in the country.

Learning Outcomes

- Understand the meaning of finance-mix in payments for healthcare and progressivity in different financing mechanism and assess the extent of comparative progressivity across the systems of payments;
- Familiarity with the techniques of benefit incidence analysis (BIA) and assessing the extent of progressivity in distribution of state subsidy for healthcare.
- Understand what is meant by catastrophic and poverty impacts of OOP payments for healthcare;
- Learning the techniques of assessing the catastrophic and poverty impacts of OOP.

Essential Reading

1. Culyer, A.J. &Wagstaff, A, 1993. "Equity and equality in health and health care," Journal of Health Economics, Elsevier, vol. 12(4), pages 431-458.

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2. O'Donnell O, van Doorslaer E, Wagstaff A and Lindelow M. Analyzing Health Equity using Household Survey Data, A guide to techniques and their implementation 2008: World Bank Institute, The World Bank, Washington DC.

Additional Readings

1. Wagstaff, A & van Doorslaer, E, 2000. "Chapter 34 Equity in health care finance and delivery" Handbook of Health Economics, in: A. J. Culyer & J. P. Newhouse (ed.), Handbook of Health Economics, edition 1, volume 1, chapter 34, pages 1803-1862 Elsevier.
2. O'Donnell, van Doorslaer E, et al., Who Benefits from Public Spending on Health in Asia. Equitap Working Paper #3. [downloadable at: <http://www.equitap.org/publications/wps/EquitapWP3.pdf>]
3. O'Donnell O, Doorslaer E, et al., Who pays for health Care in Asia? *Journal of Health Economics* 2008; 27: 460-475.
4. Mahal A, Singh J. et al. Who Benefits from the Public Health Spending in India Results of a Benefit Incidence Analysis for India. New Delhi 2002; National Council of Applied Economic Research.
5. Wagstaff A. The economic consequences of health shocks: Evidence from Vietnam. *Health Economics* 2007; 26(1); 82-100.
6. Xu K, Evans DB et al. Household catastrophic health expenditure: A multicountry analysis. *The Lancet* 2003; 362(9378); 111-117.
7. Xu K, Evans DB et al. Protecting households from catastrophic health spending. *Health Affairs* 2007; 26(4); 972-983.

Self-learning Exercise

What do you understand by equity in healthcare finance? How inequality in healthcare finance is measured and when do you call a system of finance progressive and regressive. Word limit: 800-1000 words.

A good discussion on this is available in Chapter 2 and Chapter 3 of the World Health Report 2010; http://whqlibdoc.who.int/whr/2010/9789241564021_eng.pdf

Can you add to this discussion in the context of your country?

On the measurement techniques, see

<http://siteresources.worldbank.org/INTPAH/Resources/Publications/459843-1195594469249/HealthEquityFINAL.pdf>

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Lecture 10: Equity in Health Financing: Meaning, Measurements and Impacts

Part A: Introduction to health Financing

Health financing is defined by a process, through which how financial contributions to a health system are *collected* from different sources, how these contributions are *pooled* so that the risk of having to pay for health care is not borne by each contributor individually, and how these contributions are used to *purchase* effective health services. Financing is one of the most important health system functions and it is interconnected with the other elements of health system.

This session will introduce basic concepts of health financing, various financing functions; describe the major models of health financing around the world, study the role of state in these systems and develop a comparative perspective

Learning Outcomes

1. Basic definitions, concepts in health financing and financing functions of health system
2. Understanding of various health financing system around the world and develop comparative analysis of health financing systems and relevance of these systems for developing countries like India
3. Understand the role of state in health financing around the world
4. Health financing reforms in developing countries

Part B: Health Insurance: Basic concepts

Since illness outcomes cannot be predicted and illness involves huge costs of treatment health insurance has emerged as one of the major forms of pooling risks and cross-subsidisation. The session will introduce the reader to various concepts of health insurance and discuss the problems with private health insurance and role of state in that context.

Learning Outcomes

1. Basic definitions, concepts of health insurance
2. Understand the problems of health insurance: moral hazards, adverse selection etc.
3. Understand the various purchasing mechanisms and demand side measures to overcome problems of insurance

Part C: National Health Accounts

National health accounts are designed to answer precise questions about a country's health system. They provide a systematic compilation and display of health expenditure. They can trace how much is being spent, where it is being spent, what it is being spent on and for whom, how that has changed over time, and how that compares to spending in countries facing similar conditions (WHO 2003).

Learning Outcomes

- Understand the basic definitions and boundaries of NHA
- Understand the classifications under NHA
- Map the different data sources for NHA in the country context

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- Application of country data to develop basic NHA matrices

Essential Reading

1. Hsiao, William C., (2007), “Why Is a Systemic View Of Health Financing Necessary?”, Health Affairs, 26, no.4, pp. 950-961.
2. OECD, Eurostat, WHO (2011), A System of Health Accounts, OECD Publishing.doi: 10.1787/9789264116016-en

Additional Reading

1. The World Bank (1993), Investing in Health, World Development Report, World Bank, Washington.
2. The Handbook of Health Economics (Anthony J. Culyer and Joseph P. Newhouse, eds., Elsevier Science, 2000

Self- learning Exercise

What is the role of insurance in health care? What are the various problems with insurance? Define moral hazards; supply induced demand and adverse selection? Discuss how some of these problems could be addressed? Word Limit- 800-1000 words

Lecture 11: Critical aspects of program planning

Planning is to define goals and devise effective strategies to achieve them. It also helps to know what resources are available, what challenges one would face if one wants to achieve those goals and which strategies to employ to address these challenges. This lecture focuses on importance of planning in healthcare programs and will thoroughly discuss the critical aspects of program planning. This lecture will also discuss the different frameworks and evaluation methods used to plan a health program.

Learning Outcomes

At the end of the Lecture, you will be able

- To understand the importance of planning in health programs
- To appreciate critical aspects of program planning

Essential Readings

1. Basics of Project Planning

OA- http://www.zilicus.com/Articles/Basics_Of_Project_Planning.pdf

2. A Planning Framework for Public Health Practice Planning Framework

OA- <http://www.health.vic.gov.au/archive/archive2014/nphp/publications/phpractice/planfrwk.pdf>

3. Guidance for Selecting and Using Core Indicators for Cross-Country Comparisons of Health Facility Readiness to Provide Services

OA- <http://www.cpc.unc.edu/measure/publications/wp-07-97>

Additional Readings

1. Guidelines for managing programmes: Understanding programmes and Programme Management

OA- https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/31978/10-1256-guidelines-for-programme-management.pdf

2. Handbook on Planning, Monitoring & Evaluating for Development Results (UNDP)

OA- <http://web.undp.org/evaluation/handbook/documents/english/pme-handbook.pdf>

Self-learning Exercise

Select a program that you want to plan for your province. (Word limit: 800-1000 words)

1. State the goal of the program
2. State objectives of the program that reflects the goal
3. Why did you choose this goal and objectives

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Lecture 12: Introduction to program monitoring & evaluation

This session provides an introduction to both theory and application of program monitoring and evaluation concepts and principles. Participants will examine the fundamental concepts and distinction between monitoring and evaluation, and gain an understanding of good practices in managing evaluations.

Learning objectives

1. Identify basic components of M&E and strategic information
2. Identify key elements in decision making
3. Recognize the importance of data and information use in monitoring and evaluation
4. Assess key concepts in data and information use

Essential Reading

1. The World Bank. 2004. Monitoring & Evaluation: Some tools, methods & approaches.
2. Challenges of Monitoring and Evaluating Maternal and Child Health Program in Developing Countries by Jalandhar Pradhan.
3. Saroj K. Adhikari and Caryn Bredenkamp. Moving Towards An Outcomes-Oriented Approach to Nutrition Program Monitoring: The India ICDS Program. HNP Discussion Paper. World Bank.

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Lecture 13: Framework for program monitoring & evaluation

In this session participants will gain a detail understanding of the principles and applications of important frameworks used for program monitoring and evaluation, including conceptual framework, results framework, and logical framework. Examples from different public health programs will be used to illustrate the application of each of the frameworks in program M&E.

Learning objectives

At the end of the lecture, you would be able to:

1. Identify and differentiate between conceptual frameworks, results and logical frameworks, and logic models
2. Design goals and objectives for specific intervention programs
3. Design frameworks for specific intervention programs
4. Explain how frameworks are used for M&E planning

Essential Reading

1. Jody ZallKusek, and Ray C. Rist. Ten Steps to a Results-Based Monitoring and Evaluation System. The World Bank.
2. The LogFrame Handbook by the World Bank
3. Nancholas, S. (1998). A logical framework. *Health policy and Planning*, 13(2), 189-193.

Self-learning Exercise

A district program M&E plan

District A has to develop a program to address lack of compliance of malaria treatment. Your group is hired as a consultant to identify the problem, and develop a program M&E plan.

Report: Your group will prepare a concise report of about 800 words. The report should explain the problem, the evidence and your recommendation. The report should:

1. Explain the challenge/problem you have identified and justify your selection.
2. Describe the immediate context of this challenge
3. Present the evidence you have gathered about the nature of the challenge and the proposal you will make.
4. Make a recommendation for policy change to the Minister and justify your proposal.
5. Make a crisp summary of your case.

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Lecture 14: Managing health information

Reliable information for translation into effective policies is the need of the hour. Developing countries face a challenge in the collection, analysis, dissemination and use of relevant data for programmatic and policy purposes. Developing countries usually have an under investment in health information systems. The need for reliable data has further increased especially in the context of health sector reforms and the Millennium Development Goals (MDGs). The module will acquaint participants with the data collection system/ Health information management systems (HMIS) operating at various levels in the country. It will also seek to highlight routine and special data collection efforts with their advantages and limitations.

Learning objectives

On completion of this module the participant will be able to:

1. To appreciate the role of data and its conversion to decision support system (DSS) in health system
2. To understand different type of HMIS in place and their relative merits and demerits
3. Understand the principles of data collection and analysis and establishing an effective HMIS for health

Essential readings

1. Data Utilization and Evidence-Based Decision Making in the Health Sector- A World Bank Report 2009
https://nrhm-mis.nic.in/PubOther_Publications/Data%20Utilization%20and%20Evidence-Based%20Decision%20Making%20-%20a%20World%20Bank%20study.pdf

Additional readings

1. Service providers' manual
2. Health Program Managers' manuals

Can download the above from:

http://nhsrindia.org/index.php?option=com_content&view=article&id=174&Itemid=477

Self- learning Exercise

You have established an emergency referral (ambulance) service in your area. How will you develop a HMIS system for effective functioning of this referral service? Word Limit: 800-1000 words

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