

Comparative Healthcare Systems

IPBH-3500 (3 Credits / 45 hours)

SIT Study Abroad

Kenya: Global Health and Human Rights

Please Note: This syllabus represents a recent semester. Because courses develop and change over time to take advantage of unique learning opportunities, actual course content varies from semester to semester.

Course Description

This course focuses on the principles and practice of health system analysis, the sources and utilization of information informing the development, organization and operation of health services, and frameworks for assessing the performance of different health systems. It analyses the health challenges and their impacts on healthcare delivery, and discusses the targets for health in a global world. We review health service organization and management; health policy development and planning; and characteristics of personal and community healthcare services. We examine the constitutional, legal, economic, social, and political environments within which healthcare systems operate and the various patterns that emerge. The course will explore the spatial and temporal dimensions of healthcare systems, and the processes that shape health outcomes through comparative studies of rural versus urban, capital city versus small towns, non-government versus government, public versus private, Kenya versus Rwanda versus Uganda, pre-genocide and post-genocide (Rwanda), and pre- and post- structural adjustment (Uganda).

Learning Outcomes

By the completion of *Comparative Healthcare Systems*, students will be expected to:

- Identify the principles, practices and characteristics of diverse healthcare systems in the East African region;

- Determine the factors that shape the development and design of healthcare systems;
- Explain the challenges faced in healthcare promotion across diverse settings; and
- Describe the key economic, social, and political environments that shape health care outcomes, comparatively, in Kenya, Rwanda and Uganda.

Methods of Instruction

In class sessions:

Class sessions are interactive and include lectures, discussions and student presentations. Students are required to attend all scheduled sessions. Students are also expected to complete assigned readings prior to the sessions to which they are assigned.

Excursions and site visits:

To examine, in a comparative way, the various healthcare systems in Kenya, Rwanda and Uganda, the course brings students to several site visits, organizations and lectures. This list shown below represents some of these sites. Visits may shift during the semester according to local conditions:

- **Kisumu County Health Management Teams** – Kenya implemented the 2010 Constitution in 2013 where Devolved Units (Counties) were created. Kenya has 47 county governments. Part of the excursions will involve counties that have a high burden of diseases e.g. Siaya, Kisumu, and Homa Bay Counties or are already taking the lead in healthcare system cascade e.g. Kakamega and Makueni Counties.
- Visits to private for profit and public hospitals; urban health facilities vs rural health units; healthcare systems in a post-conflict context (Rulindo Health Center in Rwanda) and health systems in non-conflict context (Kisumu County Referral Hospital in Kenya); health care systems in a liberalization context (a location in Eastern Uganda) vs health systems in a non-liberalization context (Rulindo Health Center in Rwanda).
- **Faith-based Health Centers**— Faith based organizations (FBOs) play a major role in health care provisioning in the region. A few will be samples for visits so that students can assess the coverage, range and quality of services e.g. St. Elizabeth Hospital in Siaya County.
- **Non-Governmental Organizations (NGOs)** – the governments in developing countries partner with NGOs to meet budgetary deficits in mitigating indicators that would otherwise be deplorable. The intention of these excursions is to visit NGOs in the health sector and understand how they operate at national and county levels e.g. Carolina for Kibera in Nairobi.

- **Transnational Healthcare Providers** – This visit helps appraise the operations of private players in healthcare systems e.g. Aga Khan University Hospital.
- **Private and Public Health Units** — Case studies will be made of private and public health units in Kisumu, Rwanda and Uganda to explore the political, social and economic conditions that have shaped these sectors, and how comparatively these differ among the three countries, and the implications for healthcare delivery.

Student led class discussions:

Each student will be assigned to lead a class discussions at least once during the term. Discussion leaders should plan material for about an hour. The goal is to work together to understand the themes and questions raised in the readings.

Required reading:

Students are responsible for all the required readings, and should be prepared to bring them to bear on discussions in class. The readings will help you place the classes in their context, to challenge and engage lecturers, to generate questions for class discussions and to deepen your knowledge of particular aspects discussed in class.

Online sources of health care systems data around the world:

World Bank: <http://data.worldbank.org>

OECD: <http://www.oecd.org>

United Nations Development Program: <http://www.undp.org>

Commonwealth: http://www.cmwf.org/topics/topics.htm?attrib_id=12009

Kaiser Family Foundation: <http://www.globalhealthfacts.org>

Kaiser Family Foundation: <http://www.globalhealthreporting.org>

European Observatory on Health Systems and Policies:

<http://www.euro.who.int/observatory>

Module One: Introduction and course overview

This module introduces the key concepts in public health and reviews the broad institutional framework, principles that shape the character of Kenya's healthcare system, and the basic concepts in health system analysis. This module provides the foundation, and the framework within which students will engage with the material that students encounter over the course of the semester.

Assigned reading

- Johnson, J. & Stoskopf, C, eds., *Comparative Health Systems: Global Perspectives*, Jones & Bartlett Publishers, 2010, Chap 1, Introduction to Health Systems.

- Navarro, Vicente, “*The World Health Situation*”, International Journal of Health Services, Vol. 34, N° 1, 2004, Pgs. 1-10.
- Pwason, Ray, Greenhalgh, Joanne & Glidewell, Elizabeth, (2014), “*Do reviews of healthcare interventions teach us how to improve healthcare systems?*”, Social Science and Medicine, 114, pp. 129-137.
- Weiss, Gregory & Lonnquist, Lynne, *The Sociology of Health, Healing, and Illness*, Prentice Hall, 1999, Chap.17, "Comparative Health Care Systems" pgs. 363-383.

Module Two: Utilization of information in the development, organization and operation of health services

This module reviews the ways in which different health information and health information systems inform the organization, delivery, operation of health services, health service organization and management, health policy development and planning. Material for the module is covered at different parts of the semester when the program visits Rwanda and Uganda, respectively.

Assigned reading

- Kruk, Margaret Elizabeth; Porgnon, Denis & Van Lerberghe, Peter, (2010), “*The contribution of primary care to health and health systems in low-and middle-income countries: A critical review of major primary care initiatives*”, Social Science & Medicine, 70.6, 904-911.
- M.L. Lassey, W.R. Lassey and M.J. Jinks, eds. *Health Care Systems around the World: Characteristics, Issues, Reforms*. Prentice Hall, Upper Saddle River, NJ. 1997.
- Pavolini, Emmanuele, (2002), “*Is decentralization good for your health? Transformations in the Italian NHS*”, Current Sociology, 60 (4) 472-488.

Module Three: Healthcare systems in the developing world

This module examines, comparatively, the healthcare systems of Kenya, Rwanda and Uganda, and how their unique social, political and economic conditions shape health systems and health outcomes. Material for the module is covered at different parts of the semester when the program visits Rwanda and Uganda, respectively.

Assigned reading

- Amanda, G., Ursula, G. Yuna, S. & Peter, C. S. (2016). Defining a Health Benefits Package: What Are the Necessary Processes? *Health Systems & Reform*, 2:1, 39-50.
- Horton, R. (2003). The Health of Peoples: Predicaments facing a reasoned Utopia. *International Journal of Health Services*, Vol.33, N°3, Pages 543-568.
- Neutens, J. & Rubinson, Lurna. (2002). *Research Techniques for the Health Sciences*. Benjamin Cummings.

- Punch, K. (2008). Quantitative and Qualitative Approaches. In Sarah Earle & Gayle Letherby (Eds), *The Sociology of Healthcare: A Reader for Health Professionals*. Palgrave Macmillan, New York, Chap. 6, 51-65.
- Sara, B. & David, H. P. (2015) *Assessing National Health Systems: Why and How*, Health Systems & Reform, 1:1, 9-17.
- Veney, J. (2002). Introduction to the countries. In B.J. Fried & L.M. Gaydos, *World Health Systems: Challenges and Perspectives*, Health Administration Press. Chicago, Illinois, pages 57–66.

Module Four: Healthcare systems: the role of scale, space, ownership and control in shaping delivery and outcomes

This module explores the spatial and temporal dimension of and processes that shape healthcare systems and health outcomes across several rural versus urban e.g. rural sub-counties versus urban sub-counties, capital city versus small towns e.g. Nairobi versus Kisii, non-Government versus Government (Matibabu versus Ministry of Health facility e.g. Ugunja Sub-county hospital), public versus private (NHIF versus HMOs).

Assigned reading

- Brunn, H., and Elverdam, B. (2006). Los Naturistas –Healers Who Integrate Traditional and Biomedical Explanations in Their Treatment in the Bolivian Health Care System. *Anthropology & Medicine*. 13(3), pp 273-283.
- Cutler, David. (2002). *Equality, efficiency, and market fundamentals: The dynamics of international medical care reform*. *Journal of Economic Literature* 40(3), 881-906.
- Frenk, Julio (2002). Globalization and the challenges to health systems. *BMJ*. 325 (7355), 95-97.
- Jim, Y. K., Irwin, A., Millen, J., Gershman J., Young, J. (2000): *Dying for Growth: Global Inequality and the Health of the Poor*. Publisher: Common Courage.
- Twaddle, A. and Hessler, R., *A Sociology of Health*, Macmillan Publishing Company, 1987, Chap.15 (The Health Care System), pp. 320-328.

Evaluation and Grading Criteria

Assignments

Timely completion of all assignments is expected. Late hand-ins will be penalized. All assignments are evaluated according to organization, analytical quality, and depth of understanding, argumentation and presentation of evidence.

Assignment One-20%:

Identify and discuss the major research findings obtained from reviewing five (5) recent journal articles (published 2017 onwards). The new findings that you learn and report should be related to the topics covered in this course.

Assignment Two-20%:

Identify and discuss the major lessons you learned from the most recent report (published after 2015) issued by international agencies (e.g., the World Bank, WHO and UNDP) about the progress of health reforms in one or two selected countries.

Assignment Three-30%: Oral presentations on single or multiple country report:

Students are encouraged to synthesize the homework assignments to develop a topic for a 15 minute oral presentation in class. The major purpose of the oral presentation is to tell a story of the evolution of a health system in Kenya, Uganda or Rwanda. The assignment may incorporate: attendance/levels of utilization, state of infrastructure and levels of service, impacts on communities, etc. Some of the key questions could be: what kind of healthcare model achieves what kind of results in particular settings? How does context (history, politics, financing, leadership, etc.), shape healthcare delivery and health outcomes? Why are levels of attendance higher in private for profit units than in public health units? Is it simply an issue of cost, or quality of care?

Assignment Four-30%: Case study report

Students are encouraged to form a research team to prepare a case study report as the term paper for the class that will be due at the end of the semester. The World Health Report 2013 contains 12 case studies that provide rich information and benchmarks for students to learn how to write a case study report in the field of health system reforms. Specifically, the case study is the written output through a combined effort from the research team. The topic of the case studies should be related to the health systems discussed in class, which could be based on a reform issue or experience of health reform in a single country or a comparison between two or among three countries. Each team should include three students. However, two or four students in a team are acceptable as a special case if the total number of students in the class cannot be evenly divided by three. Students are encouraged to combine their individual efforts presented in the home assignments and oral presentations and add some new materials as the case study report. However, students also have an option to choose a brand new topic that is totally unrelated to the materials presented in the home assignments and oral presentations. The length of the case study report could be in the range of 15 to 25 pages (double spaced), excluding figures, tables, and references.

Grading Scale:

The grading scale for all classes is as follows:

94-100% A

90-93% A-

87-89% B+

84-86% B

80-83% B-

77-79% C+

74-76% C

70-73% C-

67-69% D+

64-66% D
Below 64 F

Grading Criteria

An A grade for an assignment entails superior (not just —very good) performance in terms of structure and organization of assignments, analysis, logical argumentation, consistency, and the provision of factual, numerical and/or historical evidence. In terms of Class Participation, an —A grade refers to full attendance, punctuality, attentive listening and active engagement in all Academic Seminar lectures, discussions, field trips and other activities. It also means polite and respectful behavior. The level, frequency, and quality of student participation will be monitored and taken into account.

All written assignments should be typed and double-spaced. Always remember to keep back up files or email files to yourself so that nothing gets accidentally lost or erased.

Disability Services: Students with disabilities are encouraged to contact Disability Services at disabilityservices@sit.edu for information and support in facilitating an accessible educational experience. Additional information regarding SIT Disability Services, including a link to the online request form, can be found on the Disability Services website at <http://studyabroad.sit.edu/disabilityservices>.