Comparative Healthcare Systems
IPBH-3500 (3 credits)

Kenya: Global Health and Human Rights

This syllabus is representative of a typical 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

Upon completion of the course, students will be able 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 in Kenya and Rwanda comparatively

Language of Instruction

This course is taught in English, but students will be exposed to local vocabulary related to course content through in-country expert lectures and field visits in a wide range of venues and regional locales.

Instructional Methods

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 the various healthcare systems in Kenya and Rwanda in a comparative way, the course brings students to several site visits, organizations, and lectures. This list shown below represents some of these sites. Visits and 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 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, and Rwanda 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 processing / reflection sessions:

Each student will be assigned to lead a processing / reflection session at least once during the term. Discussion leaders should plan material for a session to last 90 minutes. At least one reading will be assigned to each processing / reflection session. The goal is to work together to understand the themes and questions raised in the readings.

Required Texts
See Course Schedule for a full listing. 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 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

Assignments and Evaluation

Assignment Descriptions and Grading Criteria

Students have a choice to complete each of these assignments as a written essay, photo essay or podcast. Written essays 1 and 2 should be 1,000 to 1,200 words. Written essay 3 should be 1,800 to 2000 words. The essay should include insights from conversations with at least 6 local people (no more than one homestay family member, no more than one language teacher, homestay neighbors, etc.).

Photo essays should have at least 6 photos each accompanied by a narrative that justifies the choice of the photograph, what it conveys and insights from at least 6 local persons (no more than one homestay family member, no more than one language teacher, homestay neighbors, etc.). about each essay (200 words at the minimum for each photo). A session on obtaining consent will be covered at RME prior to this assignment.

A Podcast should be at least 1 hour in length and should include conversations addressing each of the questions raised below with 6 local people (no more than one homestay family member, no more than one language teacher, homestay neighbors, etc.). And a 600 page write up providing the students personal insights and/or additional questions emerging from the conversations.

1) Assignment #1 (25%)
Critically assess the relevance and efficacy, comparatively, of Kenya's state-run, faith-based, and traditional health care systems. In what ways are they complementary or not? What gaps do they fill? What key reforms have occurred, historically, among these 3 health care delivery systems in the last 25 years? The assignment should have at least the following elements: a description of each health care system, a critical assessment, and a conclusion (additional questions, insights, etc.).

2) Assignment #2 (25%)
Identify and assess the policies and processes that shape comparatively health outcomes in rural and urban areas of Kenya. Where are the gaps in the health care delivery systems in rural areas vs urban areas in Kenya? What recommendations can you put forward that will close the gaps?

3) Assignment #3 (40%)
Critically examine the key economic, social, and political processes that have shaped, comparatively the health care systems and health outcomes in Kenya and Rwanda. The written essay, photo essay or podcast should tell a story of the evolution of a health system in Kenya or Rwanda. The assignment may incorporate attendance/levels of utilization, state of infrastructure and levels of service, impacts on communities, etc. Some 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?

4) Participation (10%)
This includes active involvement in lectures, readings, discussions and excursions using the following criteria:
- Attendance - promptness to class and positive presence in class.
- Active Listening - paying attention in class and during field excursions, asking appropriate questions, showing interest and enthusiasm (this includes body language), entertaining contradictory perspectives, taking notes.
- Involvement in Class Discussions - either in small or large groups, sharing knowledge. This means challenging yourself to speak up if you usually do not and also means allowing others to speak if you are a person who tends to dominate class discussions.
- Group Accountability – positive participation in the group during field excursions and classes; not keeping others waiting.
- Displaying Respect – culturally appropriate interaction with hosts, SIT program staff, SIT lecturers and communities.

Assessment
       Assignment #1 – 25%
       Assignment #2 – 25%
       Assignment #3 – 40%
       Participation - 10%

Attendance and Participation

Due to the nature of SIT Study Abroad programs, and the importance of student and instructor contributions in every class session, attendance at all classes and for all program excursions is required. Criteria for evaluation of student performance include attendance and participation in program activities. Students must fully participate in all program components and courses. Students may not voluntarily opt out of required program activities. Valid reasons for absence – such as illness – must be discussed with the academic director or other designated staff person. Absences impact academic performance, may impact grades, and could result in dismissal from the program.

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

Late Assignments
SIT Study Abroad programs integrate traditional classroom lectures and discussion with field-based experiences, site visits and debriefs. The curriculum is designed to build on itself and progress to the culmination (projects, ISP, case studies, internship, etc.). It is critical that students complete assignments in a timely manner to continue to benefit from the sequences in assignments, reflections and experiences throughout the program.
Example: Students may request a justified extension for one paper/assignment during the semester. Requests must be made in writing and at least 12 hours before the posted due date and time. If reason for request is accepted, an extension of up to one week may be granted at that time. Any further requests for extensions will not be granted. Students who fail to submit the assignment within the extension period will receive an 'F' for the assignment.

Grading Scale

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

Program Expectations
- Show up prepared. Be on time, have your readings completed and points in mind for discussion or clarification. Complying with these elements raises the level of class discussion for everyone.

- Have assignments completed on schedule, printed, and done accordingly to the specified requirements. This will help ensure that your assignments are returned in a timely manner.
- Ask questions in class. Engage the lecturer. These are often very busy professionals who are doing us an honor by coming to speak.
- Comply with academic integrity policies (no plagiarism or cheating, nothing unethical).
- Respect differences of opinion (classmates', lecturers, local constituents engaged with on the visits). You are not expected to agree with everything you hear, but you are expected to listen across difference and consider other perspectives with respect.
- Storing Your Work: Keep several copies of your work as back up and keep one copy accessible to you through an online forum, such as an attachment in your email, the course learning management system, or cloud-based storage. This way your work will always be available to despite technical issues. Lost files, deleted drives, or computer crashes are not excuses for late, missing work.

SIT Policies and Resources

Please refer to the SIT Study Abroad Handbook and the Policies section of the SIT website for all academic and student affairs policies. Students are accountable for complying with all published policies. Of particular relevance to this course are the policies regarding: academic integrity, Family Educational Rights and Privacy Act (FERPA), research and ethics in field study and internships, late assignments, academic status, academic appeals, diversity and disability, sexual harassment and misconduct, and the student code of conduct.

Please refer to the SIT Study Abroad Handbook and SIT website for information on important resources and services provided through our central administration in Vermont, such as Library resources and research support, Disability Services, Counseling Services, Title IX information, and Equity, Diversity, and Inclusion resources.

Course Schedule

Please be aware that topics and excursions may vary to take advantage of any emerging events, to accommodate changes in our lecturers' availability, and to respect any changes that would affect student safety. Students will be notified if this occurs

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, Nº 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, (2102), "*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 comparatively examines the healthcare systems of Kenya and Rwanda, and how their unique social, political, and economic conditions shape health systems and health outcomes. Material for the module is covered in 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, Nº3, Pages 543-568.
- Neutens, J. & Rubinson, Laurna. (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 subcounties 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.