



Global and Public Health

PUBH 250: *Public Health System and National Health Policies*

Course Description

An understanding of health system and policy issues is quite vital for both public health practice and research. This course introduces the students to the concept of health system and health policy. India has launched a number of initiatives to tackle the important public health problems of the country known as the national health programmes. This course gives an overview of the national health programmes of India-the need for the programme, human resources involved, different components of the programmes including monitoring and supervision.

Learning Objectives

Organization and Organizational Structure of Public Health Systems:

- Analyse the organizational pattern, role, legal basis, responsibility and relationships of official and voluntary health agencies.
- Discuss the background, general characteristics, and categories of private and public health insurance coverage (i.e. Medicare and Medicaid) and managed care.
- Analyse and differentiate the problems in funding and delivery of the different categories of health insurance.
- Classify the characteristics of community hospitals and specialty hospitals, including but not limited to acute general hospitals, mental hospitals, and long-term care institutions.
- Illustrate the contemporary fiscal and management issues in health care facilities, with emphasis on cost containment.
- Explain the legal issues confronting the health care field in public and private sectors, including health facilities.
- Analyse the contemporary issues in health policy at state and national levels.
- Explain the past and current legislation relating to Indian health care delivery systems.
- Recognize commonly used jargon, abbreviations and terminology in health care delivery.

National Health Programmes in India:

- Review the present status of health care in India in terms of needs and availability of services and the response of health, hospital and pharmaceutical sectors.
- Identify challenges before health, hospital and pharmaceutical sectors.
- Deliberate on potential paths to meet these challenges individually and collectively.

Future Challenges for Public Health:

- Identify the issues that will impact the growth of public health workforce.
 - Describe how these issues will affect the distribution and composition of public health workforce in the future.
 - Discussing the role of competency frameworks in public health workforce development efforts.
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Course Schedule

Session 01/14 An overview of the concept of health system

- Evolution of the health systems
 - Definition of Health system
 - Three generations of health system reform
 - Three goals of health system
 - Activity planned – Presentation and discussion
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Session 02/14 Introduction to concept of health policy and an overview of an framework for health policy

- Health policy triangle
 - Rationale for studying health policy
 - Definition of health policy
 - Health policy triangle framework with examples
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Session 03/14 National Health Policy (NHP) 2002

- Evolution of national health policy in India
 - National health policy-1983:brief introduction
 - Goals and objectives of NHP 2002
 - Strategies under the NHP 2002
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Session 04/14 National Population Policy 2000

- Evolution of national family welfare programme
- Trends in demographic indicators
- Goals and objectives of the policy and strategies to achieve them

Session 05/14 National AIDS Control Programme (NACO)

- Problem statement-HIV/AIDS
- Goals and objectives of the programme thrust areas and priorities, Components related to care: support ,treatment and prevention, Indicators for monitoring &evaluation
- HIV/AIDS surveillance

Session 06/14 MID-TERM EXAMINATION

Session 07/14 National Vector Borne Disease Control Programme (NVBDCP)

- Vector borne disease problem statement,
- Malaria control strategies
- Urban malaria scheme
- Dengue- vector and vector control strategies
- Filarial control strategies
- Lymphatic filariasis elimination, Mass Drug Administration(MDA)
- Kala azar control efforts and elimination Japanese encephalitis- control,
- Chikungunya-strategies for control

Session 08/14 Revised National Tuberculosis Control Programme (RNTCP)

- Problem statement-Tuberculosis
- Flowchart for diagnosis of tuberculosis
- Administration of treatment
- Monitoring and supervision under the programme

Session 09/14 National Leprosy Eradication Programme (NLEP)

- Leprosy-Problem statement
- Diagnosis and treatment for leprosy under NLEP
- Management of disability component under the programme
- Supervision and monitoring of NLEP

Session 10/14 Universal Immunization Programme (UIP) & India's Polio Eradication Initiative

- Evolution of UIP
- Current situation of VPD in the country,

- Current coverage of vaccines under UIP
 - Problem areas and strategic action to address them
 - Historical background of polio eradication initiative in India-present status
 - Strategies for polio eradication
 - New initiatives
 - Post eradication scenario
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Session 11/14 National Iodine Deficiency Disorder Control Programme & National Mental Health Programme

- Problem statement-Iodine deficiency disorders
 - Evolution of NIDDCP-organizational structure,
 - Strategies under the programme
 - NIDDCP in the 12th five year
 - Burden of mental diseases in the country-aims and objectives of national mental health programme
 - Strategies under the programme
 - District mental health programme
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Session 12/14 National Programme for Control of Blindness (NPCB) & National Programme for Prevention and Control of Deafness

- Burden of blindness in the country-evolution
 - Goals and objectives of the programme
 - Organizational structure
 - Strategies under the programme
 - New initiatives,
 - Burden of deafness
 - Objectives of NPPCD-organizational structure and activities under the programme
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Session 13/14 National Tobacco Control Programme & National Programme for cardiovascular disease, stroke, diabetes and cancer

- Burden of disease due to tobacco
- Key findings of the GATS-India survey,
- WHO FCTC
- Tobacco control efforts in India-activities of the at national, state and district level
- Burden of non-communicable disease in India
- Objectives of NPCDCS-strategies and package of services under the programme

Required Course Materials

Please note that copies of all assigned reading will be provided to students in country. Purchase of these texts by individuals is not required

Texts

World Health Organization. *The World Health Report – 2000 Health Systems; Improving Performance*.

Integrated Disease Surveillance Programme. National Centre for Disease Control, Directorate General of Health Services. National Centre for Disease Control, Directorate General of Health Services. Ministry of Health & Family Welfare, Government of India.
<http://idspl.nic.in/index4.php?lang=1&level=0&linkid=313&lid=1592>

Asthana, S. “AIDS-related policies, legislation and programme implementation in India”.
<http://www.naco.gov.in/nacp-iv-components>

Dash, AP et al. (2008). “Malaria in India: Challenges and Opportunities”. US National Library of Medicine, National Institutes of Health.

Ghaffar, A. et al. (2004). “Burden of non-communicable diseases in South Asia.” *The BMJ* 328(7443): 807-810.

John, T. J. and Vashishtha, V. M. (2013). “Eradicating Poliomyelitis: India’s journey from hyperendemic to polio-free status.” *Indian Journal of Medical Research* 137(5): 881-894.

Kaur, J. and Jain, D. C. (2011). “Tobacco control policies in India: implementation and challenges.” *Indian Journal of Public Health* 55(3): 220-227.

Murthy, G. V. S., et al. (2008). “Current status of cataract blindness and Vision 2020: The right to sight initiative in India.” *Indian Journal of Ophthalmology* 56(6).

Murthy, R. S. (2011). “Mental health initiatives in India (1947-2010). *The National Medical Journal of India* 24(2): 26-35.

Pandav, C. S. et al. (2013). “Iodine deficiency disorders (IDD) control in India.” *Indian Journal of Medicine* 138(3): 418-433.

Taneja, D.K. (2005). “National rural health mission—a critical review.” *Indian Journal of Public Health* 49(3): 152-155.

Online Resources

Ministry of Health and Family Welfare, Government of India. (2014) www.mohfw.nic.in

National Vector Borne Disease Control Programme, Ministry of Health and Family Welfare, Government of India:

<http://nvbdcp.gov.in/malaria-new.html>

<http://nvbdcp.gov.in/DENGU1.html>

<http://nvbdcp.gov.in/filariasis-new.html>

<http://nvbdcp.gov.in/kala-new.html>

<http://nvbdcp.gov.in/je-new.html>

<http://nvbdcp.gov.in/Chikun-main.html>

Training Module for Medical Practitioners, Revised National Tuberculosis Control Programme, Government of India: <http://www.tbcindia.nic.in/showfile.php?id=2908>

National Leprosy Eradication Programme, Government of India:

<http://nlep.nic.in/about.html>

<http://nlep.nic.in/strategy.html>

National Iodine Deficiency Disorders Control Programme, National Health Mission, Government of India: <http://nrhm.gov.in/nrhm-components/national-disease-control-programmes-ndcps/iodine-deficiency-disorders.html>

National Programme for Control of Blindness (NPCB), Government of India:

<http://npcb.nic.in/index1.asp?linkid=29&langid=1>

http://www.vision2020india.org/wp-content/uploads/2016/10/ceh_21.pdf

Evaluation

Evaluation framework

Component	Percentage of final grade
Midterm Exam	30
Final Exam	40
Field Reports	15
Attendance	10
Participation	5
TOTAL	100

Mid-term Exam

- There will be total of 10 questions
- Total of 2 marks per question
- 5 minutes for each question
- Total duration 50 minutes

Final Exam

- There will be total of 10 questions
- Total of 2 marks per question
- 5 minutes for each question
- Total duration 50 minutes

Field Reports

Field visits to local health departments and organizations occur every Friday from 9AM to 1 PM. Students are required to attend all field visits to earn credit from this class. Please see the Field Visits Schedule document for a full list of sites visited, the topic focus of each visit, and required readings.

A 500 word (minimum) field report is due to both Aarthy Ramaswamy (aarthu28@gmail.com) the Wednesday following your field visit. Late submissions will result in grade deduction.

The report should include your name, the field visit locale and site in the heading, and should briefly address topics and/or questions identified in the field visit information sheet for the particular visit.

Field Report Evaluation Structure: NOTE – a 10 point penalty is applied against all late field report submissions

Element	Marks
Thoroughly addresses assigned questions	50
Includes specific references to field observation and/or lecture	30
Word count, grammar, spelling and citation	20
Total	100

A note on citation: Not all reports will contain referenced works, but citation is required whenever a work is referenced. Any citation style is acceptable, so long as referenced works are noted in either footnotes or a bibliography.

Attendance

A student is allowed 2 excused absences. An excused absence is an absence related to a medical or other emergency about which the student has communicated to the Resident Director and concerned faculty prior to class.

Any additional absence or ANY unexcused absence results in a two point loss to the overall attendance score. Please note attendance requirements through your program as well.

Participation

Faculty give full participation marks to students who are punctual, attentive and engaged in class. Students who are late or inattentive will have points removed from their participation score at the faculty's discretion.

Grading

Alliance programs utilize the follow standard grading policy well accepted by most US institutions.

Excellent	A	93-100%	Good	B+	87-89%	Acceptable	C+	77-79%
	A-	90-92%		B	83-86%		C	73-76%
				B-	80-82%		C-	70-72%
						Unsatisfactory	D+	67-69%
							D	63-66%
							D-	60-62%
						Failing	F	<60%

Course Policies

Exams and Assignments

Students are required to take all regularly scheduled exams in courses for which they are registered, and to submit all assignments on time. Any compelling academic, personal, or

medical reason that might justify a rescheduled exam or assignment must be brought up to both the Resident Director and program faculty. Failure to take scheduled exams or submit the requisite assignments for a course will adversely affect your grade as per the stated grading criteria for each course.

Classroom Conduct

Student punctuality is extremely important in China and India. Please do not be late for classes or other activities, as it is considered impolite to do so. It is improper to eat in class, to engage in other activities such as texting, or to slump or nap. Students are expected to be alert and engaged as a sign of respect for their professors.

Attendance

Class attendance is mandatory. It is essential that the students participate fully in the coursework and all required academic activities. Authorized absences may only be approved by the Resident Director, and students are expected to make up any missed work. Unauthorized absences will adversely affect a student's grades.